



**ADDIS ABABA UNIVERSITY**

**COLLEGE OF EDUCATION AND LANGUAGE STUDIES**

**SCHOOL OF PSYCHOLOGY**

**Values and Beliefs of Society about People with Disability and Their  
Socio - Economic Activities in Kolfe Keranio Sub-City**

**By Yordanos Werotaw**

**Advisor: Dawit Mekonen (PhD)**

**JUNE 2025**

**ADDIS ABABA, ETHIOPIA**

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This Thesis is submitted to the School of Psychology of AAU in Partial  
Fulfillment of the Requirements for M.A Degree in Social Psychology

JUNE, 2025

ADDIS ABABA, ETHIOPIA

## **CERTIFICATE**

This certifies that the thesis conducted by Yordanos Werotaw on the subject of " Values and Beliefs of Society about People with Disability and Their Socio - Economic Activities in Kolfe Keranio Sub-City " is entirely original with the potential to be submitted for consideration for an MA Degree in Social Psychology. As a university adviser, I have given my consent for this project paper to be submitted for review.

Signature

Date

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Dawit Mekonen (PhD)

Advisor

## **DECLARATION**

This is to declare that the thesis entitled “Values and Beliefs of Society about People with Disability and Their Socio - Economic Activities in Kolfe Keranio Sub-City” is my own work and has never been submitted to any other institution for any other degree or certification. The assistance and support I received during the course of this investigation have been properly acknowledged.

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This is to certify that the thesis work entitled “ **Values and Beliefs of Society about People with Disability and Their Socio-Economic Activities in Kolfe Keranio Sub-City**” was carried out by Yordanos Werotaw Bezabih under the supervision of Dawit Mekonen (PhD) and submitted in partial fulfilment of the requirements for the degree of Masters of Arts in Social Psychology compiles with the regulations of the university and meets the required standards with respect to originality and quality.

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## **Dedication**

This research is dedicated to all Ethiopian People with Disabilities including me.

## **Acknowledgments**

First and foremost, I would like to thank God for giving me this beautiful opportunity to contribute to the lives of People with Disabilities. Secondly, I would love to show my gratitude and appreciation to my Advisor Dr. Dawit Mekonen for his dedication, willingness and continuous guidance. Then, I would like to thank my mother and father for their encouragement and assistance whenever I am in need. I would also love to show my gratitude to my sister Gelila Werotaw for helping me in the process of data collection. Tsega Shiferaw, who helped me with data collection, deserves my sincere thanks. Last but not least, I thank the participants of both the interview and focus group discussion for their willingness and time.

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## ***Abstract***

*This research seeks to know what society believes and values about people with disabilities and their lives. The basic questions were what are the beliefs and values of PWOD? What are the beliefs of PWOD? What are the barriers and the facilitators of the socioeconomic activities of PWDs? The method that this research used is a qualitative method and the approach was exploratory. It is analyzed by using thematic analysis. The research found that there are positive and negative beliefs in the society. The values that it studies exist but are not practical. It was verified through the interviews. The positive beliefs that it found capabilities in education, social life, societal contribution, and wealth accumulation. The negative beliefs are the way society sees and treats people with disabilities with sympathy and marital issues in inter-ability marriages. Society believes that people with disability have less possibility to marry a person without disability. The four values that this study wanted to investigate were the value of dignity, the value of compassion, the value of justice, and the value of humility. It was found that these values were impractical but theoretically exist in people's minds. That was found in the interview answers. However, compassion exists in a more practical way than the other values. But it is not real compassion and it comes from sympathy for people with disabilities. Nevertheless, there are people with disabilities who are successful in every aspect of life.*

**ACRONYM**

ECDD	Ethiopian Center for Disability and Development
ENDA	Ethiopian National Disability Action
FGD	Focused Group Discussion
PWD	People with Disabilities
PWOD	People without Disabilities
U.N	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
W. H. O.	World Health Organization

## Chapter one

### 1 Introduction

#### 1.1 Background of the Study

According to (Retief, et.al, 2018), there are nine predominant points of view about disability. However, this research used five of them. These are the moral (religious) perspective, the social model, the charity model, the medical model, and the economic model. The oldest theory of disability, known as the moral/religious model, is present in many religious traditions, including the Judeo-Christian tradition (Pardeck & Murphy 2012). Disability should be understood as God's retribution for a specific sin or crime that the disabled person may have committed, the primary suggestion of the religious or moral model of disability, disability is the cause of God's response for the sins of wrongdoing that a person with a disability did in the past (Pardeck & Murphy 2012) cited in (Retief, et.al, 2018).

According to Olkin (1999), the medical model of disability sees impairment as a medical issue affecting a person's body system, with the objectives of intervention being cure, amelioration, and rehabilitation. It highlights how crucial it is for people with disabilities to have access to a range of services and receive help from qualified specialists. Olkin (1999) Cited in (Retief, et.al, 2018). The medical model's shortcomings gave rise to the social model of disability, which contends that social change, not individual adjustment, is the primary means of resolving disabilities and holding society accountable for them. This approach, which drew inspiration from the 1976 manifesto *Fundamental Principles of Disability* by the Union of the Physically Impaired against Segregation, highlights the idea that disability is a social construct that must be

eradicated via social conditions, professional cooperation, and control (D'Alessio 2011:44), and (Barnes, Mercer & Shakespeare 2010:163) Cited in (Retief, et.al, 2018).

The charity model posited that people with disabilities should be shown sympathy because of their disability. It also suggests that they are suffering and it is a misfortunate event. They should be helped by people without disability. They have special needs that could be helped by institutions. This often gives a negative connotation that people with disability are helpless, hopeless, depressed, and dependent on someone to protect and assist. (Duyan 2007:71) and (Seale 2006:10) cited in (Retief, et.al, 2018).

Disability is the incapability to contribute to employment and labour production. The economic model emphasizes civil rights and accommodation for people with disability. The government used the economic model to develop the disability policy. The criteria for people having a disability is having an impaired body part that limits their admission and progression in employment. (Armstrong, Noble & Rosenbaum 2006:151), and (Smart 2004:37) cited in (Retief, et.al, 2018).

Rokeach (1973) suggested that values are ingrained beliefs that one way of doing or outcome is better than the other. He believed values are acquired in an absolute way, ensuring personality continuity. However, as people mature, their ideals shift, leading to conflicts. Rokeach viewed this flexibility as beneficial for portraying personality rather than features. Rokeach (1973) cited in (Cieciuch, et.al, 2015). Schwartz (1992) defines values as trans-situational objectives with variable significance, acting as a compass for individuals or groups.

Early psychological approaches shared five qualities: beliefs connected to emotions, goals inspiring action, transcending specific situations, serving as criteria for evaluation, and forming a hierarchical system. Schwartz argued that values rarely influence daily actions and that competing values determine the direction of actions or attitudes Schwartz (1992) cited in (Cieciuch, et.al, 2015). This study will seek to find out the value of Compassion, Dignity, Justice, and Humility within normal society about disability and the socio-economic activities of people with disabilities. According to (Cingel, 2022) there are various ways to define compassion, it is generally understood to be having empathy or feeling sorry for someone who is suffering.

Dignity is the inherent worth of all humans, regardless of age, sex, socioeconomic status, health condition, ethnic origin, political opinions, or faith, and is universal, non-negotiable, and degree-neutral. (Spiegelberg, 1970) cited in (Andorno, 2014).

John Rawls' "Justice as fairness" focuses on protecting fundamental liberties like speech, movement, and political freedom for achieving justice and the ability to create and modify a good conception. It prioritizes these liberties over allocating cooperation benefits to maximize the prospects of the least fortunate (John, 2001) cited in (Intropi, 2019).

Humility is a psychological posture that aligns with ethical and epistemological principles, allowing individuals to understand and experience themselves as a finite, fallible human being with a limited perspective on the vast universe beyond themselves (Jennifer, et.al, 2017).

Beliefs in cognitive science are propositional attitudes that represent the world as existing in one or more states (Schwitzgebel, 2021). According to Stephens and Graham (2004), beliefs consist of two primary characteristics: presumed veracity and some representational content. Beliefs contain certain representational content that presents the sources of sensations agency, events, and objects in a particular light (Rimell, 2021). When interpreted in this way, they play a major role in cognition, influencing our actions, perceptions, and executive functions. Ideas do not need to be conscious or verbally expressed; in fact, most beliefs can be considered sub-personal, meaning they remain unconscious (Majeed, 2022) cited in (Albarracin, et.al, 2022). Beliefs and values are related because value is the deepest part of our belief system. Because of negative beliefs about disability and people with disabilities, people can be stigmatized, discriminated against, and alienated.

The word "handicap" has been brought to Africa, objectifying people and going against African philosophy. It mostly refers to a person's religious and spiritual mission in Africa. For instance, a sterile lady despite being beautiful is viewed as diminished since she has not changed physically or mentally. It is considered a handicap if this heavenly task is not fulfilled.

In the African community, these beliefs are common: Some people with disabilities are highly respected in their community. Certain infirmities can bring good fortune. Messengers are among the disabled. Some people with disabilities are essential. Some people with disabilities might not live with others. (Holzer, 1998)

The beliefs that this research seeks to know are whether the following researcher's assumptions are true:

1. People with disability are from God's wrath,
2. Disability is caused by witchcraft, People with disabilities have equal potential and opportunities,
3. It is a curse or an evil spirit,
4. People with disabilities are not worthy of a Spouse or life partner,
5. People with it cannot have a job, cannot be leaders, cannot have legacies, financial strength and assets, cannot participate in social gatherings, in organizing social activities, and in leadership activities,
6. They don't have talent,
7. They don't know what is going on in their life, in the town, in their family, in the country, in the world,
8. They cannot have education and cannot participate in research work individually or in group, and excel or be equal to their peer group in education and work,
9. They are treated like children,
10. They cannot build families,
11. They are not creative and not successful with what they are doing,
12. Disability is caused by a social hindrance and a manmade problem etc.

### **1.1.1 Operational Definition of Disability, Value, and Belief**

Disability is defined by using an eclectic approach. From the religious model, it is considered as God's response to a specific sin (Pardeck & Murphy 2012) cited in (Retief, et.al, 2018). The medical model of disability sees impairment as a medical issue affecting a person's body system, with the objectives of intervention being cure, amelioration, and rehabilitation. It highlights how crucial it is for people with disabilities to have access to a range of services and to receive help from qualified specialists. Olkin (1999) Cited in (Retief, et.al, 2018). The social model of disability defines disability as a social construct that must be eradicated via social conditions, professional cooperation, and control (D'Alessio 2011:44), and (Barnes, Mercer & Shakespeare 2010:163) cited in (Retief, et.al, 2018).

The charity model posited that people with disabilities should be shown sympathy because of their disability. It also suggests that they are suffering and it is a misfortunate event. This often gives a negative connotation that people with disability are helpless, hopeless, depressed, and dependent on someone to protect and assist. (Duyan 2007:71) and (Seale 2006:10) cited in (Retief, et.al, 2018). The economic model emphasizes civil rights and accommodation for people with disability. The focus of this model is how much people with disability can work and contribute to the economic development of their country. (Armstrong, Noble & Rosenbaum 2006:151), and (Smart 2004:37) cited in (Retief, et.al, 2018).

Rokeach (1973) suggested that values are ingrained beliefs that one way of doing or outcome is better than the other. He believed values are acquired in an absolute way, ensuring personality continuity. However, as people mature, their ideals shift, leading to conflicts. Rokeach viewed this flexibility as beneficial for portraying personality rather than features. Rokeach (1973) cited in (Cieciuch, et.al, 2015).

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## **1.2 Statement of the problem**

According to the World Health Organization (2011), 15% of people worldwide have at least one type of disability. Some would even contend that considering the variations in how disability is defined across national borders, this number is low. People with disabilities are underrepresented in the workforce, with unemployment rates twice as high in countries with civil rights laws compared to those without disabilities, and possibly even higher in countries without such laws. The poverty rate for people with disabilities is significantly higher globally, and the issue of disability and employment has gained global prominence to combat extreme poverty. (WHO, 2011, p.4) and (United Nations Department of Economic and Social Affairs, 2016) cited in (Katharina.et.al, 2018).

By establishing a connection between the stigma associated with impairments and the presumed ability to participate, systematic hermeneutical injustice can be defined as a technique for explaining the nature of the exclusion of people with disabilities. This clarifies why people with disabilities may experience a lack of voice and a failure to give their testimony more weight and regard, even in situations where participation is possible. Various origins, such as the wrongdoings of ancestors, supernatural forces, or divine punishment, might give rise to misconceptions regarding the reasons for infirmity. Discriminatory behaviour can result from a

fear of unfavorable outcomes. People with impairments are assumed to have certain abilities, traits, and behaviors. Policies that discriminate lead to unfair treatment. While societal conventions and traditional ideas are frequently the source of misconceptions, not all of them result in unfavorable opinions (Brown, Macintyre & Trujillo 2013:50), (Fricker 2006:100), (Giladi & McMillan 2018:1), cited in (Breffka, et.al, 2023).

The number of people with disabilities has been increasing because of poverty. However, the effort to improve their quality of life is of no avail. Due to the lack of facilities for PWD, they cannot take part in the day-to-day activities. PWD have shortcomings in the workplace due to barriers. PWD face challenges in Ethiopia (Dagnachew, 2011), cited in (Tilahun, 2023).

Gender and disability experiences overlap as well. Only lately have studies focused on the lived experiences of women with disabilities, despite their often more limited access to opportunities and resources (eds. Baron & Amerina 2007). Access to full social participation for people with disabilities in Ethiopia is hindered by factors such as poverty, negative attitudes, infrastructure, policy, communication, and physical environment barriers. Cultural practices, lack of proper childcare, civil war, drought, famine, and lack of early preventive actions are particularly problematic. Political instability and violence contribute to increased disability, and poverty hinders access to critical resources (Getachew 2011; Tefera et al. 2015; Tekola et al. 2020), (Tesfaye & Mekuriya 2021) (eds. Baron & Amerina 2007) cited in (Terry, et.al, 2022).

In most countries of the world, the employment rate of PWD is low. Because of the poor knowledge about the specificity of different types of disability in society and poor social perception about disability, there is inequality in access to health care and employment benefits. Many researches have shown the attitude of employers and colleagues without disabilities can affect the adaptation of people with disability in the workplace. The main problem of people with

disability in the workplace is their employers' negative attitude (Getachew 2011; Tefera et al. 2015; Tekola et al. 2020), (Tesfaye & Mekuriya 2021) (eds. Baron & Amerina 2007) cited in (Urszula, et.al, 2020)

Discrimination negatively impacts daily life, social interactions, employment, education, health services, housing, and criminal justice. Individuals with disabilities may face unemployment, social isolation, poor health, and an increased risk of aggression, abuse, violence, and sexual harassment. This highlights the importance of addressing discrimination and promoting equal opportunities for all (D.A., 2022)

Individuals with disabilities face social exclusion due to obstacles in daily activities, including environment, transportation, communication, attitudes, society, and policies. They have poorer educational attainment and higher unemployment rates due to early policy failures. Social isolation is more common due to these obstacles. Social networks of disabled individuals, particularly those with neurodevelopmental and mental health conditions, are smaller and contain fewer reciprocal relationships (Barnes & Sheldon, 2010; Dimakos & Kamenetsky, 2016; Galer, 2014; Isaac & Dharma Raja, 2010) & (Mithen & Aitken, 2015; Orsmond & Shattuck, 2013; van Asselt-Goverts & Embregts, 2018), Cited in (Mayhew, 2023).

Approximately 80% of PWD live in developing countries, and disability perpetuates the cycle of exclusion and poverty. They face food insecurity, lack of access to safe water and sanitation, education and healthcare rights, poor housing, and limited access to decent work and financial services. Disability encompasses physical, mental, cognitive, and sensory disability, making it difficult to generalize experiences. Adolescents with visual and cognitive disabilities face stigma and exclusion, but their needs for care and support differ. Research on young people with disabilities by disability type is limited. Adolescents with intellectual, multiple, or severe

disabilities are most likely to be out of school, require complex adaptations, and face lower parental support for education. Cognitive disabilities, especially girls, are at a higher risk of sexual violence (Aguilar 2017; World Health Organization (WHO) and World Bank 2011), (Walker 2013), (Mitra et al. 2013) cited in (Nicola, et.al, 2021).

People with disabilities are not actively involved in the socioeconomic development of the Same Sub County through communication, transportation, infrastructure, and education. They are frequently shut out of social services, public transportation, education, social protection, justice, and community autonomy, among other organizations. Increased emphasis should be given to these individuals as socioeconomic rights holders, autonomous from their group (Nancy et.al, 2022)

Significant obstacles stand in the way of long-term employment and steady, enough income for people with disabilities. Severe physical or mental disabilities might make it difficult for a person to work and may result in a long-term or permanent need for government support through disability compensation programs. Even if less severe disabilities may not prohibit work, they nonetheless severely restrict it. As a result, it can be difficult for persons with disabilities to continue working and to provide a sufficient income for their families. Stated differently, it is difficult for people with disabilities to lead pleasant "working class" lifestyles.

(Leila, et.al, 2021).

Negative attitudes toward people with disability are also known as invisible barriers because of their effect on the experience, help-seeking behavior, opportunities, and activities of people with disabilities. According to Thornicroft, et.al, (2007), stigma encompasses issues with information (ignorance/stereotyping), attitude (prejudice), and behavior (discrimination). According to Lam, et.al, (2006), stigma is a behavioral chain that begins with the stigmatizing mark (such as

race/ethnicity, gender, or disability), moves through attitude structures (such as stereotypes and prejudices), and ends with discrimination that is frequently detrimental to people with disabilities cited in (Fong et.al, 2009). The gap of the above research is: that it doesn't include societal value in the study, and all researchers have not studied the root cause of these beliefs about disability.

### **1.3 Objectives**

#### **1.3.1 General Objective**

The general objective of this research is to explore the values and beliefs held by the society of People without Disability about disability and people with disabilities.

#### **1.3.2 Specific Objectives**

- ✓ To identify beliefs about disability
- ✓ To examine the value of society about people with disabilities
- ✓ To explore the barrier of socioeconomic activities of PWDs
- ✓ To study the facilitators of the socioeconomic activities of PWDs

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

This study will be useful to those who give training about disability as an input to prepare and conduct the training. It will also help the government make a better policy, projects and strategies to increase the economic activities of PWDs. This study will also pave the way for another study to know why these beliefs and values are held by society and how they affect PWDs. Most researchers ask people with disability about the beliefs of the PWOD on disability. However, this research asked PWOD about their beliefs and values on disability. That means this

research gives an insight into PWOD about their opinions of people with disability. This study will be helpful to the communities who have disabilities. It will be given to the Ethiopian Center for Disability Development (ECDD) and The Ethiopian National Disability Action Network (ENDA) so that it can be used as a tool to bring change in society.

### **1.5 Scope of the Study**

The research design is qualitative and the sample size of this research is 16 participants. The by variables are beliefs and values, where values are ingrained beliefs that one way of doing or outcome is better than the other. Rokeach (1973) cited in (Cieciuch, et.al, 2015). Beliefs in cognitive science are propositional attitudes that represent the world as existing in one or more states (Schwitzgebel, 2021). (Rimell, 2021) (Majeed, 2022) cited in (Albarracin, et.al, 2022). The participants' age is from 18-60 years. This research will not include people with mental disability.

## **Chapter Two**

### **2. Literature Review**

#### **2.1. Introduction**

This literature review discusses definitions of disability, society and disability, the economic status of people with disabilities, and the marital status of people with disabilities. The review encompasses articles, research papers, books, and web pages published between 2015 and 2025.

#### **2.2. Definitions of Disability**

Disability is a complex term that is caused by the interaction of people with disabilities, their attitude, societal attitude, and environmental limitations that make them less participants within the society on an equal basis. There are four major categories of disability, such as sensory disability, psychosocial disability, intellectual disability, and physical disability. Disability can and does occur at any stage of life. (MoLSA, 2021) & (UN, 2006), Cited in (Tilahun, 2023).

On the other hand, disability is a condition affecting an individual's activities due to gender, role, and cultural expectations. It is a general term referring to impairment and limitations in activities, negative interactions, and personal and environmental factors. Mental health and economic well-being significantly impact quality of life. Participation is crucial for well-being. Moreover, it encourages physical health and emotional, social, and psychological well-being. Studies on the social activity of people with disabilities show how the quality of life and well-being are affected by the social involvement of people with disabilities. Item phase is the higher the physical activities and social engagement, the better the overall wellbeing of persons with disabilities. The documented data shows factional impairments have negative relationship with social engagement

(Guccione et al., 2012; Dahl, 2002; Fayers et al., 1999; Loeb et al., 2011), cited in Pasin T et al., (2024). It was defined from the perspective of both the social model and the medical model.

WHO and WB reports show that there are about one billion people that live with disabilities. However, there is little empirical evidence about the prevalence of disability in low income countries such as Ethiopia. In Ethiopia, there is a lack of data about disability. People with disabilities experience exclusion and poverty in both developing and developed countries. People with disabilities face challenges with employment, education, and health services because of their limited social interaction and environmental obstacles that are caused by societal attitudes, cultural practices, and beliefs. Attitudinal and environmental obstacles affect people with disabilities in their social, cultural, and economic participation. The outcomes of these barriers are social exclusion and creating barriers in access to education, employment and health care services. Here, disability was defined from an economic and social perspective (Mont, 2007) & (World Health Organization, 2011a), cited in (Tilahun, 2023).

Disability can be a physical or mental limitation, such as psychosocial disability, autism spectrum disorder, intellectual disability, and physical disability. The severity of disability can be classified from minor to severer depending on the day-to-day activity limitation. However, people with disabilities can have a good life with an inclusive society and support of technology and significant others. But people with disabilities experience discrimination in day-to-day activities, which makes their lives hard. Moreover, discrimination negatively affects their access to health care services, employment opportunities, social interaction, housing, and negative treatment in criminal justice. The researcher defined disability from a social model (Rouch,

2022).) However, this research will define disability from the medical, social, charity, moral (religious) and economic models of disability.

### **2.2.1. Disability and Society**

Individuals who have physical disabilities or functional limitations typically have less opportunity to engage in social activities. These limitations may have an impact on people's health and well-being in addition to violating fundamental human rights. Continuous positive interactions with one's immediate social environment, such as family, friends, and the workplace, have been shown to have a positive impact on health and well-being. On the other hand, poor health and a higher risk of death are linked to social isolation or a lack of deep social ties. Due to their limited social participation, people with physical disabilities are most affected by these relationships, which also apply to the broader population. One of the main costs of disease globally, and especially among populations with disabilities, has decreased mental health in terms of psychiatric diseases (Bickenbach, et.al, 1999; 48), (UNCRPD, 2006), (Berkman, et.al, 2014), (Holt, et.al, 2010), (Albrecht, et.al, 1999)& (Whiteford, et.al, 2013) cited in (Hannah et.al, 2017).

There is strong evidence that mental health is negatively impacted by unhealthy social interactions. The linkages between social relationships and mental health in populations without disabilities have been compiled by systematic reviews thus far, but no systematic review has been conducted to record the current status of research in people with physical disabilities. Mental health has historically been viewed as a multifaceted construct of symptoms related to sickness. It is crucial to consider the individual's subjective assessment of their well-being. Because disability has a widespread impact on significant aspects of daily life. More specifically, the idea of mental health is complemented by well-being, which is the subjective evaluation of

one's functioning, mood, and level of life satisfaction. By examining the links between social ties and mental health and well-being independently, this review takes this divergence into account (Hannah et. al, 2017).

People with disabilities were portrayed in the public eye for two millennia as being ill, illiterate, semi-idiotic, asexual, and incapable of taking care of themselves. They required others to perform tasks for and on their behalf. They were deserving impoverished individuals who were granted permission to beg, and some of them were placed in institutions for ongoing rehabilitation before being reintegrated into society, which lacks facilities for disabled people. People with disabilities continued to be shut out of all communal service systems, including work, education, transportation, sports, and recreation. Social, cultural, political, and economic structures did not address disability issues (Brigitte, 1998).

Society usually devaluates disability. Mostly, research on disability focuses on psychology, education, medicine, social policy, and rehabilitation sciences. Although Social support and rehabilitation are important for people with disabilities, impairment is a normal part of life and a minority's unique social identity. Disability is not recognized, because people in the modern world are categorized as "normal" and "abnormal". Moreover, the traditional rehabilitation sciences and the relationship between disability study fields such as philosophy, anthropology, history, sociology, literary studies, linguistics, media studies, and religious studies are more important in addressing this. The benefit of using culture as an analytical tool and the significance of disability studies are still questionable (Anne et.al, 2017).

People's perceptions of disability are shaped by cultural and social factors. "Otherness" is characterized both in physical and behavioral distinctions. People with disability are grouped as "the other" and are kept away from people without disability. The belief of being "normal" is

new, because of formalized data ranges and measurements. Societal norm shows us what we should be, and outsiders are perceived as outsiders. The way that disability is seen is greatly influenced by social and cultural factors. Reid-Cunningham (2009:99) talks about cultural relativity, which is the idea that a disability is influenced by culture.

According to Clara Devlieger (2018), disability is a type of difference that arises when a person with an impairment is "disabled" from social engagement due to material circumstances and normative expectations. According to Ginsburg and Rapp (2013:53), disability is not only a physical impairment but also an illness of social interactions. The incompatibility of defective bodies with societal norms and settings, rather than the impairment itself, is what causes disability (Reid-Cunningham 2009:99), (Clara Devlieger 2018), (Ginsburg and Rapp 2013:53) written in (Terceiro, 2022).

### **2.2.2. Economic Status of People with Disabilities (PWD)**

The relationship between poverty and disability remains intact. However, the evidence of it is multifaceted and scarce. Although livelihood is a complex matter that integrates different aspects of the lives of people, researches focus on employment and income. According to the study of Telaye, in Ethiopia, researches are rare on the livelihood of people with disability (Braithwaite & Mont 2009; Lord et al., 2010; Mitra, Posarac & Vick 2011; Mwendwa, Murangira & Lang 2009; Palmer 2011; Yeo 2005; Elwan 1999) Cited in (Telaye, 2021). Disability is studied through various approaches, including the medical and social models. It is a holistic view influenced by personal and structural factors. Poverty is a multifaceted social occurrence, influenced by various factors. The relationship between disability and poverty is complex and situation-specific, with potential hidden relationships between poverty and disability that have not yet been discovered. (Eide & Ingstad, 2013) cited in (Kallio, 2019).

Disability is a general word that is used to express limitations in daily life and participation. They are disabled by their environment and their bodies. Disability is not only a medical case but also a social and environmental construct. People with disabilities are underrated in terms of employability and participation of the workforce in the economy. The unemployment rate doubles when it comes to disability. Most people with disabilities would love to and could work. However, the unemployment rate of people with disabilities causes a shortage of labor in many industries in Europe. The poverty rate is higher for persons with disabilities than their counterparts. Globally, disability and unemployment are centres of attention due to their stretched areas in the United Nations Development Plan (WHO, 2011, p.4), (Colella & Bruyère, 2011), & (Macias, DeCarlo, Wang, Frey, & Barreira, 2001) cited in (Katharina, et.al, 2018).

People with disabilities have faced strong and continuous hindrances of participation due to social, political, environmental, economic, transformational, and attitudinal factors. The unemployment rate of people with disabilities is higher compared to the general population because of their low educational accomplishments. The prevalence of their social isolation is highest because of the obstacles in the activities of daily life of people with disabilities. People with disabilities have few reciprocated relationships particularly those who have a mental disability or psychosocial disability and neurodevelopmental disabilities. The quality and quantity of social relationships have a significant role in maintaining one's mental and physical health (Granovetter, 1973), (Honey & Kariuki, 2014); (WHO & World Bank, 2011), & (Goodley, 2018) cited in (Mayhew, 2023).

People with disabilities have been economically poor, isolated, and invisible to the world around them historically. The estimated number of people with disabilities is 10% of the world population. People with disabilities have lower employment rates than their counterparts. In a country with the lowest economic development, up to 90% of the population is unemployed. In Ethiopia 60% of people with disabilities are unemployed. Some are self-employed in rural areas with activities such as forestry, agriculture and animal husbandry (Tirussew et al. 1995), UNICEF (2006), & (Unger, 2002) cited in (Beyene, 2016).

Disability and poverty are intimately related, and they have a particularly significant relationship in low-income regions like sub-Saharan Africa. This group is becoming more and more marginalized and vulnerable as a result of governments' limited ability to engage in social inclusion due to a lack of awareness about disabilities and the inadequate resources available in these contexts. In many African contexts, faith-based organizations and charities have historically been the ones working to better the lives of persons with disabilities by offering health care, livelihood, and education services through a variety of focused, albeit frequently small-scale, initiatives. Although there is no denying that many people have benefited from these parallel services, their distinct delivery has exacerbated the concept of "segregation" and even inadvertently excused governments from funding services that are available to all citizens (Action on Disability Development 2017), & (Filmer, 2006), cited in ( Emma, et.al, 2018).

Disability's role in sustaining the cycle of poverty and exclusion is becoming more and clearer (Walker 2013). According to WHO and the World Bank (2011) and Mitra et al. (2013), people with disabilities are more likely to face food insecurity, inaccessibility to safe water and sanitation, denial of their rights to healthcare and education, substandard housing, and lack of

access to decent work, assets, and financial services, among other aspects that promote the development of human capabilities. Between 93 and 150 million children and adolescents under the age of 18 are estimated to have a disability by the World Health Organization and World Bank, with the majority residing in low- and middle-income (LMIC) nations in sub-Saharan Africa. At least one impairment affects 17.6% of Ethiopians, including 2.5 million children. The 1995 Constitution, the UN CRPD, and the National Plan of Action for Persons with Disabilities are just a few of the pledges the Ethiopian government has made to assist people with disabilities. Nonetheless, there is currently insufficient data in the nation to support programs and policies for adolescents with disabilities (Walker 2013), (WHO and the World Bank 2011), and (Mitra et al. 2013) cited in (Nicola, et.al, 2021).

People with physical disabilities are not active participants in their everyday activities. Most importantly, they are not active in their workplace because of inaccessible factors. Due to cultural perceptions of disability, which frequently centre on physical ability, more than 1 billion persons with impairments experience prejudice globally. Their work, income, involvement in college, and physical activity are all impacted by this perception, which results in poor self-esteem and self-concept. Their self-esteem and confidence are undermined by the stigmatized view of disability as incapacity, which impacts their functioning and leaves them feeling helpless and excluded. This discrimination is also influenced by cultural beliefs and variables such as age, gender, socioeconomic level, and living areas.

Although there is little factual proof that poverty causes disability, there is a high correlation between poverty and disability. Different people, groups, and communities have different ideas about what poverty is. The World Bank employs a poverty level of less than \$1 per day, but the UN defines poverty as the lack of possibilities for human growth. It is challenging to think of a

general definition of poverty because it is multifaceted and influenced by different causes. In the majority of Asian and developing nations, poverty is a major cause of impairment. Despite attempts made by development organizations to eradicate poverty, there is no meaningful program for people with disabilities (UN, 2006), & (World Health Organization 2011a) cited in (Tilahun, 2023).

### **2.2.3. Marital status of people with disabilities**

In history, people excluded and pitted people with disabilities. In societies, sex is seen as an achievement, but people with disability are not allowed to have sexual fantasies and desires.

They are considered 'oversexed perverts' if they show their sexuality (Brown 1994, 125).

Societies without disability believe that if a person has revealed sexual desire, he or she has to be physically capable and the reverse is true. Society has a negative attitude towards the sexuality of people with physical disabilities and dating people without disabilities. In South Africa, there is a scarcity of literature on attitudes toward people with disabilities and sexuality (Brown 1994, 125), & (Author et al., 2016) cited in (Xanthe, et.al, 2017).

The majority of the data regarding societal perceptions of the sexuality of those with physical disabilities in South Africa is either anecdotal or extrapolated from the global literature.

Literature on disability and sexuality from the viewpoint of people with disabilities themselves has emerged (e.g., Chappell 2016). The sexual potential and access to sexual health information of individuals with physical limitations may be impeded by negative cultural attitudes regarding their sexuality. Because of the stigma, some men or women without disabilities may conceal their sexual relationships with men or women with impairments, which can result in problematic partnerships. Sexual violence against women with physical limitations is even more common,

and because of unfavourable social perceptions, victims may not report the violence. This can be due to their desire to avoid the suffering caused by subpar legal and medical care (e.g., Chappell 2016), (O’Dea et al., 2012; Sakellariou, 2006; Sakellariou and Algado, 2006; Siebers, 2012), (Cheausuwantavee, 2002; Seidel et al., 2014), ( Rohleder and Swartz, 2012), & (Astbury and Walji, 2014) cited in (Xanthe, et.al, 2017).

According to research, people without disabilities frequently don't think of persons with impairments as compatible spouses. Fewer people without disabilities would think about dating someone with a disability, but many would want friendships with them. When dating someone with a disability, those without impairments may feel awkward and uneasy out of fear of being stigmatized. Attitudes about dating people with physical disabilities are influenced by several factors, such as the perception that it would be too much work, socially awkward, sexually unsatisfying, and dependent. Compared to less obvious disabilities, attitudes towards those with physical disabilities may be more negative. The Global South is home to almost 80% of the world's disabled population, with approximately 2,870,130 living in South Africa. In this setting, disability research mostly focuses on access to healthcare, education, and basic services. Despite some significant exceptions, the majority of research on disability and sexuality has concentrated on the HIV epidemic in South Africa (Groce et al., 2013),& ( WHO, 2006: 5) cited in (Xanthe Hunt, et.al, 2017).

For people with disabilities to be fully included, they must have the opportunity to meet possible partners and build enduring connections. Data on the partnering behaviours of disabled men and women, including the initiation and termination of relationships, are, nevertheless, lacking.

According to little evidence, disabled people are more likely than their contemporaries without disabilities to stay unmarried. Despite contradicting data, married disabled people are more likely

to separate and be divorced. Relationship formation obstacles include living limited lifestyles, being discouraged from recognizing themselves as potential relationship partners and being brought up to feel that intimacy, love, and marriage are not for them. The ignorant notion that disabled women are asexual, dependent, and unsuited for parenting may cause them to be "selected out" as possible marital partners (Charles and Stephens 2004; Clarke and McKay 2014; Liu and Zhang 2013; Nosek et al. 2001; Taleporos and McCabe 2003), (Charles and Stephens 2004; Clarke and McKay 2014; Liu and Zhang 2013; Nosek et al. 2001; Taleporos and McCabe 2003), (Kallianes and Rubenfeld 1997; Nemeth 2000; O'Toole 2002). Crawford and Ostrove (2003), & (Crawford and Ostrove 2003; Parish, Rose, and Andrews 2009) cited in (Amber, et.al, 2016).

Depending on the type of impairment, level of functioning, and commencement of the ailment, disabled men and women have different partnership patterns. Finding a partner, developing a committed relationship, and beginning a family are frequently more difficult for women with cognitive disability. In the past, many women with cognitive impairment were sterilized and placed in institutions to keep them from getting married and starting a family. In high-income nations today, family members and professionals oppose the marriage of women with a cognitive disability, frequently due to a false belief that they are inherently incompetent (Ali et al. 2012; Emerson 2007; Hall et al. 2005; Kijak 2013; Lesseliers and Van Hove 2002; MacInnes 2011; Young, Gore, and McCarthy 2012) cited in (Amber, et.al, 2016).

Social and physical limitations in society cause disempowerment and opportunity deprivation for people with disabilities. Their historical societal representation as "sick and suffering" makes it challenging for them to conform to social norms. In matters pertaining to sexual and

reproductive health, they are equally marginalized. Due to stigma, prejudice, and limited knowledge, many people choose not to get married or start a family, even though they prefer marriage and family life. With females being the most disadvantaged, young individuals with functional impairments are more likely to have negative career, educational, and relationship outcomes as adults. The degree to which asexuality might question prevailing standards. And the severity of the impairment determines how stigmatized it is (IFPA 2007), (Wiman et al. 2002), (Almaz, 2011), (WHO 2009; Tanabe et al. 2015; Meza et al., 2017), & Goodall et al. (2017), cited in (Bewunetu, et.al, 2021).

The only socially accepted institution in India that gives two people the right to engage in sexual activity is marriage. On the other hand, disability and marriage are seen as mutually exclusive. For many with impairments, marriage appears to be an unachievable ideal. It is difficult for people with various physical limitations to find a spouse. The challenges that people with impairments, and women with disabilities in particular, encounter while trying to be married are well documented (Bhambani, 2005) cited in (Adhikari, 2020).

People with intellectual impairments have the right to marriage, sexual relationships, and birth since sexual desire is a normal human need. The sexual rights of individuals with intellectual impairments are protected by international organizations such as the United Nations and the World Health Organization. However, their sexual life is restricted because of their career views, which prevent them from making decisions and working on their own throughout their lives. Religious and cultural views on sexuality differ, and some sexuality-related topics, including marriage and having children, are contentious. Islamic culture in Iran, which permits marriage within the parameters of marriage but places limitations on women, has an impact on meeting sexual desires. Finding the barriers that prevent women with intellectual impairments from

embracing marriage is essential to examine their sexual lives and sexual rights (Gürol, et.al, 2014), (Kandel, et.al, 2005), (Gascon, et.al, 2012), & (Pan, et.al, 2012) cited in (Ziba, et.al, 2020).

Marriage is one of the three major life events, along with birth and death. Marriage fulfils societal well-being, maintains gender continuity, and legitimizes interactions between men and women. It has a significant impact on their right to a life of dignity, which is safeguarded by most legislation in different countries. The way these relationships are governed aligns with human values. In society, scholarship, and the media, marriage and disability are seen as a marginalized issue. However, despite its importance to a wide spectrum of parents, activists, and people involved with their problems in Jordanian society and the Arab world, it has not gotten enough attention or examination, Buchy et al,2017), & (Al-Zboon & Hatmal, 2016), cited in (Feras Ali, et.al, 2024).

The belief that people with disability are flawed, asexual, and incapable of getting married, and starting a family comes from Asian's judgment of women based on appearance and attitude that having a great body is being sexual. People with disabilities' parents usually focus on maintaining their optimal physical, sensory, or intellectual functions by rehabilitation ignoring gender issues and sexuality. Finding friends and dates is difficult for teenagers with disabilities because of the lack of sex education. In societal perception, where physical attractiveness is considered a barrier to marriage, especially women with disabilities believe they have no right to marry. Their exclusion of people with disabilities and their sexuality results in societal misconceptions and restrictions about sexual and reproductive rights, Cole (2022), & (Bao, 2020) cited in (Feras Ali, et.al, 2024).

Research by Cuskelly and Bryde (2004) stated that attitudes towards the sexuality of adults with intellectual disabilities were correlated with age, with parents being more conservative. This contradiction could create uncertainty for adults with intellectual disabilities. The topic of sexual and reproductive health care for people with disabilities in Vietnam has been excluded as many people consider marriage as a significant goal from infancy to adulthood. Single women are viewed as "too ugly, blind, or weak," but single males are viewed as unfulfilled individuals. (Cuskelly and Bryde, 2004) Cited in (Feras Ali, et.al, 2024).

In conclusion, research and books have been trying to tackle a few aspects of disability. However, in this research, the researcher tried to address as many aspects as possible. This research attempted to measure these dimensions of people with disability from the normal people's perspective such as work and employability, marriage, societal participation, and economic participation of people with disabilities.

### **2.3. Theories and Models of Disability, Value, and Beliefs**

#### **2.3.1. Theories and Models of Disability**

#### **2.3.2. Theory of disability**

There are many theories of disability. However this research use two theories. These are the system theory of disability, and stigma theory.

#### **2.3.3. The System Theory of Disability**

Every system or organization that makes up society has a unique characteristic .The establishment is made by a certain method of operation that is replicated throughout the system. Every system has a self-generating mechanism called autopoiesis that continuously produces new ideas from old ones. Consciousness is the psychic system made up of this connection and

coherence. Thoughts are inextricably linked to a number of processes and cannot be imported or exported from the outside. Another kind of action that creates society is communication, or the reciprocal relationship between people. Even though it can be measured and seen, communication reduces complexity by simplifying itself. Reconstructing actions as outcomes of communications is the goal of Luhmann's phenomenological grounded version of systems theory (Luhmann, 1995, & Esposito, 1996) cited in (Michailakis, 2003).

Unlike biological systems, social systems are defined by communication. The environment serves as the social system's context, and they only exist in relation to one another. Society starts to communicate about people's economic, emotional, psychological, and physical health. Disability as a phenomenon can only be analyzed in connection to the distinction system/environment. People with disabilities are associated with a particular system because of its particular codification, which influences how they perceive it. Different social systems have different ways of communicating about things like politics, medical issues, money, and the worth of goods. By concentrating on particular elements chosen through distinctions, each system seeks to simplify events. Social systems are closed environments in which every phenomena is subject to cognition and knowledge, (Luhmann, 1995), cited in (Michailakis, 2003).

A group of discrete categories that may be combined to form another system while still being regarded as pure matter is called a system. Through objective validity, these systems' underlying logic unites communicate on. Every system has unique characteristics that ensure its independence and prevent it from Every system or organization that makes up society has a unique characteristic. The establishment is made by a certain method of operation that is replicated throughout the system. Every system has a self-generating mechanism called autopoiesis that continuously produces new ideas from old ones. Consciousness is the psychic

system made up of this connection and coherence. Thoughts are inextricably linked to a number of processes and cannot be imported or exported from the outside. Another kind of action that creates society is communication or the reciprocal relationship between people. Even though it can be measured and seen, communication reduces complexity by simplifying itself.

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A group of discrete categories that may be combined to form another system while still being regarded as pure matter is called a system. Through objective validity, these systems' underlying logic unites communication. Every system has unique characteristics that ensure its independence and prevent it from being substituted by another. Different systems have different ways of communicating about people with disabilities, and information unique to one system cannot be transferred to another. This is due to the fact that the differences cannot be stated

uniformly across all social systems and are irreducible. The fact that economic, legal, or medical terminology is used to characterize the circumstances of people does not mean that these systems can go beyond their bounds. Rather, it seeks to impose what belongs elsewhere into the system by interpreting these conditions in terms of economics, law, or medicine. (Luhmann, 1995), cited in (Michailakis, 2003). being substituted by another. Different systems have different ways of communicating about people with disabilities, and information unique to one system cannot be transferred to another. This is due to the fact that the differences cannot be stated uniformly across all social systems and are irreducible. The fact that economic, legal, or medical terminology is used to characterize people's circumstances does not mean that these systems can go beyond their bounds. Rather, it seeks to impose what belongs elsewhere into the system by interpreting these conditions in terms of economics, law, or medicine, (Luhmann, 1995), cited in (Michailakis, 2003).

#### **2.3.4. Stigma Theory of Disability**

Disability is a social oppression that leads to significant inequalities in many aspects of lives such as employment, housing, transport, healthcare, and education. People with disabilities face vast amount of barriers in these areas, like having lower salary, living in poverty, inaccessible education, being manual occupation, and inaccessible leisure facilities. People with disability are prevented to fully engage in the society because of disabling factors. People who have disabilities face cultural, structural, and material barriers as suggested by sociologist Goffman. Stigma is a powerful factor that can switch and spoil their perception. There are two kinds of stigmatizing conditions. The first one is discrediting stigmatization, which usually uses physically visible conditions such as eczema, stammering and psoriasis. Goffman suggested that

master status of a person might be their physical or psychological conditions such as wheelchair and cane (Goffman, (1963).

The second one is the idea of "courtesy stigma," which has been described as a tendency for stigma to range from the stigmatized individual to his close connections. It is also worth taking into consideration that in this context it can affect the whole family. In general, inequality and disability are the most important issues which affect persons with disability and their family (Goffman, (1963).

### **2.3.5. Models of Disability**

There are many models, which define disability. But this research uses five models, among others, to define it. These include religious model, economic model, charity model, medical model, and social model. It is useful to have these five models because they help the researcher to see disability from different perspectives.

### **2.3.6. Religious Model**

Disability is a retribution from God for a certain sin that a person with disability did. The religious model is the oldest and most prominently found in religious traditions especially in the Judeo-Christian tradition. This model has a demoralizing effect on preaching. It excludes people with disability from communal participation. The second idea that comes with religious model is that disability is a test from God. This model suggests that people with disabilities and their family are specially chosen from God to get a disability. It is an opportunity for people with disability to change themselves through flexibility, strength, and virtue. However, if they are not physically healed, it is considered as faith insufficiency. Another form of religious model of

disability considers disability as difficulty with disability as God's gift to change personal Character. This idea views development and deepening of character as the first and most important plan of God. People may see people with disability as blessed because they have opportunity to understand some important life lessons that people without disability could not get to learn. The religious model is not prominent as before. However, the basic philosophy is still dominant when people are asked to explain the reason why disability is there. Some culture still dominantly use the religious model. The basic idea of religious model leads to the exclusion of people with disabilities from societies and infant abandonment. Most recent biblical scholar reject this model (Pardeck & Murphy 2012) cited in ( Retief, et.al, 2018).

The moral or religious model considers disability as a mirror of personal characteristics, action and fate. It stigmatizes, guilt and dishonor people with disability. However, this model can also signify strength and fate because of belief that people with disability are chosen by God. It can also symbolize survivalist, achievement of unique goal, and strength (Rhoda, 2022).

### **2.3.7. Medical Model**

Medical model becomes dominant by the mid-1800s replacing religious model. In this model, disability is considered as a health condition that comes from trauma, injury, and physical abnormality. It focuses on rehabilitation and cure. People with disability are expected to accept the rehabilitation services that are available for them. It can be negatively understood because it can see person with disability as a personal tragedy. Disability is considered as a bad thing that has to be prevented or cured if it is possible (Olkin 1999) cited in ( Retief, et.al, 2018).

For medical model, disability is an illness within the body system. The aim of this model is to recover the body to normal. The terms that are used in this model are hemiplegia and half lesion at T4 level. Medical model understands from the perspective of mental health, health, and

education. This model has been deceiving people through movie. In those movies people with disability are seen as hopeless, helpless, dependent, and depressed (Rhoda Olkin, 2022).

People with disability reported that they feel pressure to fit in social norm, undervalued, excluded, and treated like they are not capable. When people with disabilities are pitied, they feel frustrated. Even when they are talking about positive side of their disability, people pity them.

(Anne Waldschmidt, Hanjo, Berressem, Moritz Ingwersen, 2017) One of the main issues that people with disabilities face is exclusion from society because of physical, social, institutional, and cultural structure, (Olive 1996), (Silvers,2003), & (Kent, 2000) cited in (Goering, 2015).

Medical model of disability perceives people with disabilities as a handicapped, spastic, cripple, invalid, and retarded. It encourages the idea that people with disabilities are lower than their counterparts. Medical model makes people without disabilities think that they are somehow better. The medical professionals who follow this model treat people with disability as a problem to be solved. However, it fails to consider the barriers aspect of a person's life. This model gives a terrific power to the medical professionals to diagnose by using criteria. However, this model is a failure because many disabilities have no cure. In every social context, people with disabilities are expected to take a sick person's role due to several factors cited in ( Retief, M., et.al, 2018).

Firstly, sick persons are not allowed to participate in social gatherings and duties. The second one is an ill person is not accountable for his or her condition. A sick person is limited in the criminal system that's why it is completely denied legitimacy. Lastly, a sick person is always in need of help. Medical professionals expect people with disability to take the sick person role, if

they want the service. However, there is a short coming in this idea because people with disabilities consider themselves as normal persons cited in (Retief, M. & Letšosa, R, 2018).

### **2.3.8. Social Model**

Social model of disability suggests that people with disabilities are disabled because of society. Changing a person's disability is not a solution rather making society accept persons with disability is. Disability is a concept that the society construct. Disability is a phenomenon that is caused by social circumstance. It is a must that a society eliminate exclusion in all aspect of life of people with disabilities such as mobility, isolation, employment, and controlling their life.

This model emphasize on social aspect of disability. It focuses on the limitation that social environment and physical disability has imposed on people with disabilities (D'Alessio 2011:44), and (Barnes, Mercer & Shakespeare 2010:163) cited in ( Retief, et.al, 2018).

People with disability perceive themselves as a normal human being. They are minority in a society. People without disability think of disability as incapability, of working and having social connection. This calls for an inclusive structure. Moreover, beyond the environmental and social change there has to be an inclusion for all body type. This model gives attention to the attitudinal barriers that people with disability has to face in their day today life. The disability or impairment division is a powerful tool support people with disabilities who face maltreatment and the extent to medicalize their sickness cited in (Goering, 2015).

According to the Universal People with Disabilities Act (UPIAS) (1976) impairment is the lack of or defective organ. However disability is the restriction of activities by social organization that exclude people with physical disabilities from participating in social activities. The other idea of social model is that disability is imposed on people with disability by social construction and

oppression. It has a philosophical effect on how disability is conceptualized and how social policy is shaped at both national and international level. Eiesland (2002) argued that there is a need for social and theological change since the church supported the societal attitude that have seen people with disability as paternalism and an object of pity. It was urged to examine the biblical foundation for disabling people and the result of theological aspect of disability that affect the body and lives of people with disability. Eiesland (1994) was one of pioneer in social model that challenge the church to stop oppressive social and ecclesial structures to include people with disability in the Christian community Eiesland (2002) and Eiesland (1994) cited in (Retief, et.al, 2018).

Some people with disability accept this model as freeing and insightful. However some are skeptical about it because social model forget about their painful truth of their sickness. The division of impairment and disability are rejected by medical sociologists since they think of it as artificial. However social model theorists suggest they don't deny the fact some type of sickness has disabling effect and the role of medical professionals in treating the sickness, (Olkin, 1999), cited in ( Retief, M., et.al, 2018).

### **2.3.9. Economic model**

Disability is incapability to contribute to employment and labor production. The economic model emphasize on the civil right and accommodation for people with disability. The focus of this model is how much people with disability are able to work and contribute to the economic development of their country. The government used the economic model to develop the disability policy. The criteria of people having disability is having an impaired body part that limits their admission and progression in employment. This model has been disapproved for its

focus is on profit and loss ignoring the other aspect of disability (Armstrong, Noble & Rosenbaum 2006:151), and (Smart 2004:37) cited in (Retief, M., et.al, 2018).

The economic model study the benefit and cost of participation of people with disability. In this model disability is defined as incapability to be employed and add values in the economy.

However it is not as popular as other model. From the economic model perspective, if a person with disability perform the work and contribute to the society, this person does not have disability. But it fell to see in excluding and disabling society, it's not up to people who have disability to decide whether they want to participate or not, (Smart 2004, 37–38), & (Deborah, 1984) cited in (Grue, 2024).

#### **2.3.10. Charity model**

The charity model sees people with disability as a victim of circumstance that want to be pitied. This model is similar to medical model in which disability is a problem and the people are victims. Person who has disability has to be helped since he or she use assistive device. This model consider a person who has disability as aggressive, sad, or inspirational. This model does not see the real problem such as employment (Kofi, 2013).

### **2.4. Theories of value**

#### **2.4.1. Rokeach theory of value**

Rokeach believe that value exist in personality. He adopted the cognitive perspective. For Rokeach, personality is consist of subsystems that are connected to each other which comes from the central part of the personality. The central part of personality is a set of values next to beliefs. Value is a permanent beliefs that predict a person's character or an end existence to the socially

acceptable characteristic. Values are learned in absolute manner all or none way. He considers values are not permanent they change through experience and maturation when the absoluteness of beliefs comes in to clash, (Rokeach, 1973) cited in (Cieciuch, et.al, 2015).

The flexibility of values are showing both the changeability and stability of human beings. The main division of defining value is belief and values are the core part of personality. Rokeach wanted to form list of value that can be as complete as conceivable. He studies these catalogs based on instinctual, theoretical and empirical foundation by asking people. People have a unique combination of value but relatively similar to the society. Rokeach suggested 36 list of terminal values. He developed an instrument for his survey which is known as the Rokeach value survey. The classification of this survey is efficient to show the real value of the person, (Rokeach 1973), cited in (Cieciuch,, et.al, 2015).

#### **2.4.2. Schwartz's Theory of Values**

Values are the rules that guide society by going through generations. Schwartz propose that the five features of values are similar to previous psychological approaches. Values are belief system that has relationship with emotions. It is a guide that motivate action for a desirable goals. Values are the result of certain actions. It is used to monitor policy, people, actions, and events. Values are unconscious. Action or attitudes are the result of guidance of different but important value (Schwartz, 1992), cited in (Cieciuch, et.al, 2015).

Schwarz differences between the classified values and the connection of values with each other. Each person has his or her own order of values that guide behavior. His major discovery was that the link between values are innate arranged that are most likely universal. Regardless of theoretical ground any list of value can be consider as an incomplete. The list of values are

increasing because of the discovery of new social group, (Schwartz, 1992), cited in (Cieciuch, et.al, 2015).

## **2.5. Theories of belief**

### **2.5.1. Cognitive theory of belief**

The concept of belief is usually raised in everyday life conversation. However in academia especially cognitive psychology belief is the mental process in which someone acts, understands, and gives response to social and physical environment. The investigation of belief is hard and few because of cognitive evidences, philosophical debates, and acceptance. But these problem can be addressed by the innate complication of belief that exist in a network of beliefs that had connection with lower level of mental process. The validity of cognitive research is questionable because some researchers suggested that beliefs cannot be divided in to autonomous sub types (Schwitzgebel, 2010), (Quine and Ullian, 1970), & (Fodor, 1983) cited in (Connors, et.al, 2022).

Cognitive neuropsychiatry is a school that study about the symptoms of neuropsychiatric damages complain to the normal mental process. It has a hopeful technique that help practical difficulties. For example, delusion is pathological beliefs that usually reflect in a situational dysfunction in one's mental process. Researches are helpful to show the impact of delusion and proposing understanding in the mental process of formation of delusion and belief. Delusion is an incorrect belief that has been substituted by fake that shows the prospective of the cognitive neuropsychiatry in explaining the delusional beliefs study has reported that many patients have shortage of independence response to familiar faces as a result of an unexpected logic of being unfamiliar with others, (Connors and Halligan, 2015, 2017, 2020), & (Halligan and David, 2001), cited in (Connors, et.al, 2022).

### **2.5.2. The feeling theory of belief**

The feeling theory of belief suggested that belief is signal that a person feels when a matter happens. Belief is the most proper act of sensitiveness not cognitive nature of human beings. It is a feeling that is challenging to perfectly elaborate. Belief is concerned with energy of an idea. There are two mistakes the first one is belief is not a signal of specific feelings. It is not an emotionally arousal matter rather it is a result of belief. The second mistake is to see every different feelings have different beliefs. It does not show what believed is but it shows the belief is happening written in (Leicester, 2008).

This theory shows what belief is and how it can be accepted. However it is difficult to show the cause of beliefs. Hence it avoid any unjustifiable beliefs. It accept the existence of delusional beliefs. This theory does not show the consequence of belief. It accept the fact that belief is the cause of behaviors. It is similar to intellectualistic theory. This theory does not accept eliminativist theories since belief is a real thing. The evidence of this theory comes from introspection, Hume 1739/1925 written in (Leicester, 2008).

### **2.6. Method of pervious research**

One research in Ethiopia use descriptive and explanatory research design with cross sectional approach. Unlike this research it also used a quantitative method. This study used survey method for its data collection (Bewunetu,et.al, 2021). The other study done in South Africa which is similar to the current study used qualitative method. But it used different kind of qualitative method which is a story completion method. It also used mixed survey for data collection. The research explore perception about different aspects of physical disability and sexuality (Xanthe, et, al, 2017). This research used qualitative approach and semi structured interview for data

collection. It is the most similar approach and data descriptive research used Keele assessment of participation (Pasin, et.al, 2024). While another study from Jordan used a descriptive approach. It used a questionnaire method for data collection (Feras, et.al, 2024).

A research in India used mixed method approach that include triangulaization, qualitative and quantitative approach. It also used semi structured interview which makes it very similar to the current research but this current study will not use the quantitative approach (Adhikari, 2020). A research in Ethiopia used descriptive research design and both qualitative and quantitative approach. It also used an open ended questionnaire (Tilahun, 2023). Another study in Canada used an archive data. It also used a cross sectional data from Canadian community health survey. Researchers also used an interview from past (Amber, et.al, 2016).

Still another research in Switzerland used archive data from website and researches. It is a systematic review (Hannah, et.al, 2017). A literature review used both published and unpublished researches, Journals, and electronics data base within 5 West African countries (Emma, et.al, 2018). A research from Ethiopia used qualitative method with a semi structured interview, focus group discussion and field observation (Telaye, 2021). While another research in Sera Leon used a semi structured interview and focused group discussion. It also used archive data (Kallio, 2019). A study in Ethiopia used mixed research approach with quantitative and qualitative approach. The quantitative approach used survey method and the qualitative one used interview (Nicola, et.al 2021). The study in Iran used a qualitative approach. It also used in depth semi structured interview for data collection (Ziba, et.al, 2020). While still another report from Ethiopia used mixed approach that employed both qualitative and quantitative method. Qualitative method was used in the form of case study while the quantitative method used survey method (Beyene, 2016). However, this research used exploratory triangularization and

qualitative approach. In this research it will be use an in depth and semi structured interview.

This research will try to show societal values about disability and people with disability from those who does not have disability.

## Chapter Three

### 3. Methods

#### 3.1. Research Design

This research used triangulation approach. This approach is used in qualitative research for new researches to see from different perspectives (Biggerstaff, 2012). Another research approach that this research used was exploratory approach. Exploratory research design is a more flexible design that is used for a new research topic. This research has integrated value in disability studies. Which is a new type of variable in social psychology. It is used to show basic knowledge. When the problem of the study is broad the researcher uses an exploratory research design. It paves the way for another deeper research (Swaraj, 2019). This study does not show correlational relationship and cause and effect relationship.

#### 3.2. Setting

The site of this research is Kolfe Keranio sub-city. Kolfe Keranio is a sub-city of Addis Ababa, Ethiopia, situated next to the Gefersa Reservoir in the western section of the city. The sub-cities of Lideta, Addis Ketema, Gullele, and Nifas Silk-Lafto encircle it. The overall area of Kolfe Keranio is 61.25 square kilometers. Kolfe Keranio had 546,219 residents as of 2011. During Ethiopia's communist era, Kolfe Keranio served as a detention facility for political detainees. Monuments and plaques are honoring their battle, and many ex-offenders still reside in the region. Squatter communities: After 1994, when natural vegetation and agricultural land were turned into urban areas, squatter communities started to appear in Kolfe Keranio. It is chosen by convenience sampling technique. This site was chosen because it is the living sub-city of the researcher.

### **3.3. Population and Sample Size**

The target population of this research is any adult that is raised and is living in wereda 04 at Kolfe Keranio sub-city. But this group are people without disability (PWOD}. The population is chosen because the research wants to show values and beliefs of PWOD on PWD. The sample size of this research is 6 persons for interview and 10 persons for focus group discussion. These people are living without disability. This sample size is chosen to include more middle age and elderly people. Since this people might have instill their beliefs and values on younger generation.

### **3.4.Sampling Technique**

In this study, purposeful sampling was used. The idea behind purposeful sampling is that samples with a wealth of information should be chosen in order to gain a comprehensive understanding of the phenomenon (Shaheen et al., 2016). Only after multiple site observations is it feasible to choose a respondent. The visit aids in finding and choosing the sample that best suits the goal and purpose of the research. Researchers may use criteria like age, gender, experience, functional role, or organization philosophy as a starting point to focus on a study location (Patton, 1990) cited in (Musarrat, et.al, 2019).

In this research, there will be 6 persons from different age groups. The age group are young adults (18-30), adults (31-50), middle age one female and one male (51-60) and elderly one female one male (above 60) and there will be focused group discussion.

### **3.5.Data Collection Method**

The data in this study was collected by a female psychologists. However, the researcher did not collect data to protect the research from biased information and falsehood, because the researcher

has a disability (Athetoid cerebral palsy). For the data collector and the interviewees, the researcher paid. At kolfe keranio sub-city, wereda 4 office in a silent and comfortable place for both interviewers and interviewees. The interview took place in the morning. It was semi-structured interviews. The participant answered the questions in depth.

### **3.6.Data Analysis Method**

The data was collected using voice recorder. Then each voice was inscribed into paper. The inscribed data was analyzed through what the interviewees said repeatedly. The researcher used quotations. The researcher thematically analyzed the interview by using themes and encoding the whole interview.

### **3.7. Ethical consideration**

This research respected the privacy of the participants and their right not to respond to any question. Participants had the right to get out of this research any time they wanted. It protected participants from any harm that will come with being a participant. The research did not deceive participants in any way that was harmful to them. Participants knew the purpose of the research. They were asked for consent.

## **Chapter Four**

### **4. Research Findings**

#### **4.1. Introduction**

The findings of the research on beliefs and values of society about PWD in their socio-economic activities, which are taken from six individual interviewees and one focus group discussion are discussed in the following paragraphs.

#### **4.2. Demographic Characteristics of Participants**

There were four male participants and two female participants in an individual interview. The range of ages of the participants starts at 18-50. The mean age is 33.33. Four of the participants studied up to university, and two of the participants learned up to secondary school. Two of the participants were married, the other two were single, and one was divorced and one was widowed. The focus group discussion has five male and five female participants. The range of the ages of participants is 18-40. The mean age is 27.45. Nine of the participants were educated up to university, and one was educated up to primary school. 8 of the participants were married, and two were single.

#### **4.3. Results of Individual Interview**

There were 53 questions designed for the interview. The questions and the responses of the six participants for each question are analyzed below. The first four questions are demographic characteristics of participants.

## **1. Perceived Causes of Disability**

The participant's reply showed three primary themes: social model, medical model, and external factors. Four people replied the cause of disability is natural disasters and accidents that make environmental and external issues the most dominant topics. While two participants said sickness, birth complications, and strokes under the second subject, which is the medical model. A third subject, the social model, arose from specific references to conflict and famine.

These answers show a complex understanding of the causes of disabilities that is influenced by both firsthand knowledge and a more general awareness of social and environmental issues in Ethiopia.

## **2. Societal First Impression of PWD**

Three core themes were found Neutral perception, Charity model which sees disability as a tragic phenomenon, and perceived limitations or capabilities. One participant showed neutral perception by stating they "do not feel anything." Charity model was seen in three answers expressions of sadness, a desire to help, and recognition of hardship. The third theme, Perceived Limitations or Capabilities (social model), included opposite views. One saw potential in disabled individuals to live and work, while another believed they couldn't work like non-disabled people.

The responses show different social beliefs, ranging from accepting and supporting people with disabilities to internalized assumptions about ability.

### 3. Facilitators and Barriers of Belief

#### 3.1. Capability of PWD in schools as compared to PWOD

In response to the 3rd question, all six participants answered yes, expressing their strong belief in the educational potential of PWD.

The follow-up question, “Why?” provoked explanations that revealed two dominant themes:

**belief in capacity and potential** and **the importance of supportive conditions** and social model.

#### Facilitators of beliefs

- Under Belief in Capability and Potential, participants emphasized that PWD can learn and achieve equally or even more than people without disabilities. Phrases like “they can attain even more” and “of course they can learn” reflect a deep confidence in their intellectual ability and potential.
- In the second theme, the participants showed the importance of supportive conditions and social model, which highlighted reflection of mentioning the need for a “conductive environment” and the importance of internal acceptance. This shows that while participants believe in the inherent abilities of PWD, they also recognize that environmental and psychological support are essential for their success

Together, these responses reflect a generally inclusive and positive outlook. Acknowledging both the potential of PWD and the contextual factors that influence their educational experiences.

#### **4. The Belief on Talents of PWD**

In response to question number 4, all participants answered yes, reflecting a common belief in the presence of talent among PWDs.

When asked to explain why, two main themes were seen: recognizing the different abilities and the role of social model.

The theme recognition of different abilities showed in statements such as “they have talents in music, art, and also different other talents” and “they have talents like anybody else.” These answers reflect an understanding that PWDs have a broad range of skills and abilities like anyone else in society.

The second theme was the social model that was dominant in the comment “They are gifted by God, if we facilitate a suitable environment that allows them to use it.” This emphasizes while talent is natural, whether the talent is expressed usually depends on accessible and enabling conditions and inclusive societal beliefs.

Overall, these responses show a strong acknowledgment of PWD’s potential, combined with an awareness that social and structural inclusion is essential for that potential to be realized and recognized.

## **5. The Belief on the Ability of PWD to Work**

In response to question number 5, all participants said yes, indicating a united belief in the work potential of PWD.

When asked why, two key themes emerged: Acknowledgment of Ability to Work, and Recognition of Limitations Based on Disability Type or Degree.

The first theme, Acknowledgment of Ability to Work was reflected in most responses. Reflected in statements like “they can work more than PWOD,” “there is nothing that can stop PWD to work,” and simply, “they can work.” These comments show a positive perception of PWD as capable contributors to the workforce.

The second idea was Recognition of Limitations. It appeared in responses such as “they can work according to their disabilities” and “unless their disability degree hinder them.” These views acknowledge that while PWD can work, the type and degree of their disability influence the kind of work they can do.

Generally, the interviews highlight more supportive belief towards the employment of PWD. It also recognizing the importance of matching work to individual abilities and needs.

## **6. The Belief on PWD to participate in Arts and Crafts**

In response to the 6th question, all participants answered yes. Showing a united belief in PWD’s participation in creative activities.

When asked why, two main themes are expressed: belief in capability and talent, and consideration of the severity of disability.

The theme Belief in Capability and Talent was dominant. It was answered like “they can even concentrate more than PWOD,” and “they have talents in arts and crafts designing.” It shows confidence in PWD’s abilities and artistic potential.

The theme Consideration of Disability Severity appeared in one response stating, “It depends on the level of their disabilities,” It recognizes that the degree of severity of disability may affect participation.

Generally speaking, the responses show positive belief towards PWD’s involvement in arts and crafts. It was shaped by some awareness of individual differences due to the severity of disability.

## **7. The Abilities of PWD to Compete and Win in Sports**

According to the 7th question, all six participants answered yes, demonstrating common confidence in PWD’s athletic potential.

When asked why, two key themes were found. These are Recognition of Competitive Achievement, and Importance of Accessibility and Supportive Environments.

In the theme Recognition of Competitive Achievement was found in references to PWD participating and winning in Paralympic games. These are football, swimming, and other sports. Statements like “They can bring cups for their team and their country” and “There are PWD who brought cup in Paralympic for their country” These expressions showed that PWD awareness of real-life examples of exceeding in sports

The other theme is the Importance of Accessibility and Supportive Environments. There were comments like “They can participate using their wheelchair” and “They have the potential to participate if conducive environments are created.” This showed the importance of appropriate infrastructure and support for enabling participation and success.

In general, all participants showed strong belief in PWD’s capacity to compete and succeed in sports. If suitable accommodations and environments are fulfilled.

### **8. The Belief of Capabilities of PWD in Research Activities Privately and in Group**

All respondents this question of strongly responded that PWD can participate in research activities privately and in group.

Here appeared two key concepts from their explanations. The first one is participants recognized the intellectual ability of PWD. It shows that earlier accomplishments at higher positions are in need of research involvement. The second one is that few of the participants stressed that in order to facilitate successful involvement, social approval and sufficient support are important. For instance, some stated that PWD might cultivate a sense of inclusion and enhance their skills by working in groups.

In general, the answers suggest a strong belief in the research ability of PWD, alongside recognition that encouragement and an inclusive environment are key to their success.

### **9 .The Belief on Whether PWD Can Create Abundant Assets for the Coming Generation**

To the 9th question, all the participants answered yes.

Although only a few provided detailed explanations. The responses that were shared point to a theme of Inter-generational Contribution by Work and Effort. Participants expressed that PWD

have the capacity to work, create wealth, and contribute meaningfully to future generations. The comments like “they can work and contribute for generations” and “they are able to create and accumulate wealth for the next generation” reflect this belief.

Although there was no explanations, the general response suggests a positive outlook on the long-term economic impact PWD can make.

#### **10. The belief of PWOD on PWD’s abilities to participate and Perform Well in Social Activities**

Answer to the 10th question, five participants said yes. However, one answered with disagreement.

The majority of answers highlighted the theme of Active Social Engagement, with statements like “they are living and participating in social activities” and “they are doing what they have to do.” These answers showed that many see PWD as already involved and contributing to social life.

However, one participant introduced a negative point of view under the theme of Barriers to Inclusion. Saying both internal limitations and external social attitudes affect the social engagement of PWD. They stress that PWD are usually “undermined” and “isolated.” It shows the persistent challenges in social acceptance and inclusion.

This mix of views reveals that while societal attitudes toward inclusion may be improving, significant barriers still exist for some individuals with disabilities.

### **11. The Belief of PWOD on Creativity and Innovation Capability of PWD.**

All participants said yes to the question number 11. They showed the shared belief in PWDs' ability of creativity and innovation. From the interviews, two themes were found: **Inherent Talent and Capability**, and **Conditional Ability Based on Disability Type**.

Most of the participants stressed that PWD are “gifted by nature” or are able to use and create innovations in their work and life. One participant stated real life examples from other countries, suggesting global recognition of PWD innovation. But one participant recognizes that the extent of disability might influence this capability.

The participants in general show strong confidence in the creative potential of PWD, with a few noting the role of individual circumstances.

### **12. The Belief of PWOD on the Leadership Capacity of PWD**

In the question number 12, all participants replied yes, expressing shared confidence in the leadership potential of PWD.

The explanations suggest two repeated themes: leadership capability based on mental strength and barriers of opportunity and inclusion.

Participants pointed out that as long as cognitive ability is undamaged, PWD are fully capable of leading. Additionally, some noted that regardless of this potential, societal support and opportunity are missing. Comments such as “they can, but in our country they are not included” and “if they get societal support”. These reflect a recognition that structural and cultural barriers still hinder PWD to be in leadership position.

While the belief in ability is strong, the responses also highlight a gap between potential and tangible representation.

#### 1. Thoughts of PWOD on the Observation Power and Knowledge of PWD about Changes

In response to the 13th question, five participants said yes. However, one showed doubt.

The answers highlight two main themes: access to information through inclusive means, and limitations due to environmental and technological gaps.

Many participants stressed that by using sign language, hearing aids, and accessible media, PWD can remain informed and aware. But, lack of inclusivity in media and limited access to technology raised concern. Especially in rural areas these things hinder PWD's access to information. One participant expressed straight skepticism, that they didn't believe PWD are well-informed.

In general, the responses showed a general belief in PWD's ability to stay aware of societal changes, while acknowledging that technological and systemic barriers still limit equal access to information.

#### **14. Thoughts of PWOD on Whether PWD Have Their Role in National and International Changes**

In the question number 14, all participants answered yes. Reflecting a strong belief in the relevance and capacity of PWD to contribute on broader societal levels.

The subject of civic engagement and societal impact is reflected in the replies. Participants recognized that PWD had the ability and the right to affect changes, just like any other citizen.

The substantial percentage of PWD in Ethiopian and worldwide populations, as mentioned by

one respondent, supports the idea that their participation is not only feasible but also essential.

Another highlighted practical contributions by citing instances of PWD in senior roles.

The comments in general, even without explanation support the idea that PWD may play an important role in influencing social, national, and international events.

### **15. Thoughts of PWOD on Contributions and Record Breakings of PWD in National and International Endeavors**

In response to the question number 15, five participants said yes. However, one responded no.

A clear theme that was found is Recognition of Role Models and Underrepresented Achievements. Many participants named influential figures such as Yetnebersh Nigussie and Megabi Haddis Alemayehu in Ethiopia, and global icons like motivational speaker Nick Vujicic and a pilot with a physical disability. These people highlight that PWD have certainly made meaningful contributions both nationally and internationally.

But, one participant showed doubt, and another said that while such individuals exist, they are “not shown on media.” This reflects an evident Gap that suggested lack of representation may limit public awareness of these achievements.

In summary, while belief in PWD’s contributions is strong, there is also recognition that their stories are often hidden from public view.

### **16. Thoughts of PWOD on marital Issues of PWD (16-24)**

A series of questions was asked to know the participants’ beliefs regarding the potential of people with disabilities (PWD) to marry, especially in relation to people without disabilities (PWOD). The initial question, “Do you think that PWD can marry?” received united affirmation from all participants. This consistent agreement showed a fundamental belief in the right and

ability of PWD to form marital relationships. It suggest strong support for Equal Social Participation.

However, when the question extended to inter-ability marriages PWD marrying PWOD the responses showed more difference. Five participants agreed that it is possible, while one showed doubt, stating that such relationships are “really hard to accept and support.” Another said that it is possible but it requires personal acceptance and persistence. Some participants supported their point of views with real-life examples. They said that they have friends or acquaintances in successful inter-ability marriages. These answers show the themes of Conditional Acceptance and Social Proof through Experience. It indicate that people are more likely to support inter-ability marriage when they have seen it successfully modeled.

When the participants were asked specifically whether individuals with sensory or mobility disabilities such as blindness, deafness, or movement disability can marry PWOD, their responses varied. For blind individuals (both for men and women), all participants responded positively. They showed a strong belief in their capacity to form such unions. This shows that blindness is perceived as less of a barrier to relationship compatibility, possibly due to the availability of alternative communication methods or broader social awareness.

In contrast, questions regarding deaf individuals showed slightly more hesitation. While the majority still agreed that a deaf person could marry someone who hears, one participant expressed concern particularly around communication challenges. The participant noted that such a marriage might only work “if the partner learns sign language,” and they stated outright that they had never seen it happen. These responses show the theme of communication barriers as a limiting factor. It reflect the practical concerns that may shape attitudes even when participants are otherwise supportive.

For men and women with movement difficulties marrying able-bodied partners, four participants said they can, while two said no. The majority answered positively but not agreed upon response reflects the theme of physical disability and marital acceptance. Where some participants perceive physical impairments as potential obstacles, yet most maintain that such unions can succeed.

Generally, these answers show a broad authorization of marriage rights for PWD. It is strengthened by concerns about social acceptance, communication, and gender norms. The complexity of this idea showed that inclusive standards are generally accepted but individual opinions about certain kinds of inter-ability marriages are nonetheless influenced by pragmatic and cultural considerations.

### **25. Thoughts of PWOD on the Ability of Couples with Disabilities to Manage Their Home Affairs and Look after Their Children**

All six participants said that spouses with impairments are capable of taking care of their children and managing their household matters. They emphasized themes of responsibility and capability, highlighting that PWD couples often demonstrate heightened attentiveness, carefulness, and responsibility in managing family life. Some described them as role models and risk takers who handle household duties effectively, sometimes even exceeding couples without disabilities. Few answers were brief. However, the general answers encourage confidence in the ability of PWD couples to maintain their homes and provide proper care for their children. This reinforces positive societal beliefs about family roles among PWD.

## **26. Beliefs of PWOD on What Happens when PWD Marry PWOD**

When the participants were asked if something new could happen when people with disabilities (PWD) marry people without disabilities (PWOD). The answers were different but leaned to doubt. Three participants said no, citing that positive outcomes depend heavily on societal attitudes and internal acceptance. One said that in case contradictions happen in such marriages, it could lead to divorce. It reflects potential relational challenges. One person point out that disability is sometimes perceived as a curse. While the other two were either uncertain or confirmed that acceptance problems continue because of stigma.

Generally, the theme of social attitudes and acceptance as key factors emerged as central to the success or failure of inter-ability marriages.

The following questions and responses (27-to the end) are related to values of PWOD on PWD

### **The Value of Compassion (27 to 34)**

#### **27 and 28. The Indicators of Compassion in the Society of PWOD for PWD**

Four participants answered affirmatively when they were asked whether the individuals they know are sufficiently empathetic towards individuals with disabilities (PWD). It indicate a favorable assessment of their immediate social circle. Their responses reflected themes of empathy and acceptance, with one pointing out that disability should be seen as a “gift” and that respect is important. However, two participants disagreed, pointing to a theme of inconsistent kindness. It suggests that acceptance is still low or varied in the broader community.

On the other hand, all six respondents affirmed that they themselves are kind to PWD. This common agreement reflects a strong sense of personal responsibility and shows the distinction between individual values and perceived societal behavior.

### **29-33 Willingness to Support PWD**

All six participants expressed that they would stand by people with disabilities when they are victims, reflecting a strong theme of solidarity and human dignity. Some emphasized that PWD are human beings equal to others and deserving of support, while others simply affirmed their commitment without elaboration.

Regarding previous support or assistance to PWD, five out of six said *yes*, indicating a general willingness to offer help. One participant added that they are *still serving* PWD, highlighting ongoing engagement. The topic of empathetic involvement was further reinforced when five respondents said that they had directly experienced the difficulties faced by PWD and looked for solutions, with one identifying it as a component of their daily work.

Finally, all six participants reported having listened to PWD share their life experiences.

Although most did not elaborate, this unanimous response suggests a common theme of active listening and emotional presence, which is essential for inclusive social relationships.

Together, these answers point to a largely supportive attitude toward PWD on a personal level, even as broader social attitudes may still be mixed.

### **34. Sincerity of PWOD towards PWD**

When asked if they pretend while speaking with PWD, five out of six participants firmly responded no, expressing a theme of honesty and genuine interaction. Their explanations

emphasized respect, sincerity, and the belief that PWD are equal or even, as one participant put it, “more than us.” This implies a deliberate attempt to interact with PWD in a real manner, free from pity or patron.

Only one participant admitted to pretending, indicating a theme of discomfort or social pressure. It possibly reflect internal conflict or societal expectations when interacting with disabled individuals. Generally, responses show a strong preference for honest communication, though hidden challenges in social dynamics may still exist for some.

## **The Value of Dignity (35-39)**

### **35-36. Respect towards PWD**

All participants agreed that it is necessary to respect and give attention to PWD. It shows a strong and consistent theme of moral obligation and equal treatment. Some participants stressed that respect should be shown equally to both PWD and people without disabilities (PWOD).

Some participants described it as a duty or necessity. This shows a shared belief that respect is not optional but an important component of interacting with all members of society.

When they were asked if they show proper respect to PWD, all participants again answered yes, reinforcing a theme of personal accountability in inclusive behavior. But not all explained the consistency of responses indicates a high level of awareness and commitment to respectful engagement with PWD on an individual level.

### **37. Attention by the Government to PWD**

When asked whether PWD are given considerable attention by the government, five participants said yes, while one responded no. The “yes” responses appear to reflect a general belief or hope rather than strong confidence, forming a theme of Assumed or Superficial Government Support.

One participant referenced a specific policy from a previous administration that allowed duty-free car imports and employment incentives, though they expressed uncertainty about the current government's efforts—highlighting a theme of policy discontinuity.

The lone dissenting voice stated that government attention is insufficient and should begin from birth, pointing to a theme of systemic gaps in support. This view suggests that while some may perceive attention being given, it may not be comprehensive or well-integrated into long-term planning for disability inclusion.

Overall, while the majority believed the government does give attention to PWD, the depth and effectiveness of that attention seem uncertain, and at least one participant clearly believes much more needs to be done.

### **38. Attention of PWOD to PWD in Communication**

All participants answered yes when they were asked if they personally give sufficient attention to listening to PWD. This consistent agreement reflects a clear theme of personal engagement and respectful listening. The answers recommend that participants see listening to PWD as an important component of recognizing their experiences and needs. While no detailed justifications were provided in this particular set of answers. The uniformity supports the idea that there is a strong individual commitment to treating PWD with dignity and attentiveness in personal interactions.

### **39. Respect for Bosses with Disabilities**

All participants said yes. They would show proper respect if their boss were a person with disabilities. This strong agreement shows the theme of professional respect regardless of disability. Participants underlined that authority and leadership roles secure respect, regardless of a person's physical or sensory condition. One participant shared a personal experience working with a blind supervisor and openly noted giving them "big respect." It highlighted a theme of Lived Respect and Practical Inclusion.

Other responses showed the idea that respect is tied to role and responsibility, but not to physical ability. It encouraged a view of equality in workplace hierarchies. One respondent strongly stated

that disability does not diminish a boss's legitimacy" as far as they give me orders, I will obey without doubt," further affirming the theme of Merit-Based Professional Regard.

This set of answers suggests a commendable readiness among participants to uphold dignity and professionalism in inclusive workplace settings.

### **The Value of Humility (40-48)**

#### **40. Priorities in Serving PWD**

All participants answered yes to giving priority of serving people with disabilities (PWD). It shows a clear theme of conscious support and service prioritization. The Explanations given reflect both personal values and practical actions taken in daily life. Some participants framed it as a moral or internal duty. "It is my obligation for myself and my mind" demonstrating the theme of ethical responsibility.

Others mentioned specific situations, such as offering seats or space in transport, reflecting a theme of day-to-day inclusion practices. Although not all provided detailed reasons, the uniform affirmation across participants suggests a socially deep-rooted recognition of the importance of prioritizing and supporting PWD in communal services.

This finding reflects positive societal value in accommodating the needs of PWD in shared spaces.

#### **41. Respect of Many PWOD to PWD**

When asked 'Do you think that PWD are respected by many people?'

Answers to this question were different, with three participants answering yes and three answering no. It shows a divided perception about societal respect toward people with

disabilities (PWD). This suggests two dominant and competing themes: perceived social respect and ongoing social barriers.

Those who believe PWD are respected mentioned general positive attitudes “They are respected by most people” and conditional respect based on the “type and level of disability,” indicating a degree of disabilities may be given more acceptance than others.

Equally, other participants showed doubt in lack of awareness and continuous stigma. “I do not think so,” and “It depends on the awareness created by people.” These answers reflect a theme of conditional acceptance and social misunderstanding. Respect is not universal but shaped by societal attitudes, education, and exposure.

Generally, the data suggest that while there is a growing sense of inclusion, significant gaps remain in achieving consistent and unconditional respect for PWD.

### **Respectful Communication as Part of Humility**

#### **42-46**

For the set of questions related to attitudes and behaviors towards people with disabilities (PWD):-

The answers for these questions reflect strong themes of respectful communication and positive attitudes towards PWD. All participants agreed that they carefully choose their words when speaking with PWD. It shows a theme of considerate and sensitive language use aimed to avoid harm or discouragement.

Similarly, every participant reported approaching PWD with humility, reinforcing a theme of humility and equality in social interactions. One participant emphasized that their social circle also shares this respectful approach, suggesting a broader cultural or community value.

All participants do not ever underestimate PWD, showing a theme of recognition of competence and worth. This is supported by their common claim of holding positive attitudes towards PWD and treating them with humility.

Generally, these findings show a widespread commitment among the participants to nurture inclusive, respectful, and empathetic relationships with PWD.

### **The Value of Justice (47-50)**

#### **47. Fair Treatment of PWOD for PWD**

The majority of participants (5 out of 6) expressed concern when people with disabilities (PWD) face unfair justice, revealing a strong theme of empathy and advocacy for fair treatment. They indicated that both they and those around them are bothered by injustice toward PWD, suggesting an awareness of and sensitivity to social equity issues.

One participant said no, showing that not everyone shares the same degree of the concern of justice. It introduces a theme of varied levels of social awareness and engagement of concerning justice for PWD.

Generally, these answers show a predominantly sympathetic standpoint among participants toward the rights and fair treatment of PWD. However, they also point to potential gaps in widespread societal empathy.

#### **48. Fair Job Opportunities**

For this question, “Do you think that PWD have fair job opportunities?”

The answers show a clear theme of perceived inequity in employment opportunities for people with disabilities (PWD). Five out of six participants said that PWD do not have fair access to jobs, highlighting systemic barriers and limited advancement: “They do not get jobs,” “It is not fair,” and “Most have not reached the higher stage.” This shows a widespread perception of exclusion and discrimination in the labor market.

However one participant believed PWD have fair job opportunities, suggesting a minority view that progress is being made, even though slowly. They said, “They are making progress.”

Generally, the main theme stresses the ongoing difficulties or problems faced by PWD in accessing equitable employment. It indicates a need for more inclusive policies and practices.

#### **49. Fair Justice on Physical Violation on PWD**

When asked, do you think that when PWD are physically violated, they get fair justice?

The responses reveal different perceptions about if people with disabilities (PWD) receive fair justice after physical violations. Four participants believe justice is fairly served or even more strongly in such cases. It reflects a theme of legal protection and increased penalties for PWD.

One said that penalties can be doubled due to the severity. Another showed the existence of laws and regulations that support PWDs rights.

On the contrary, two participants expressed doubt, pointing to justice system challenges such as distortion of justice or barriers that prevent victims from accessing courts, emphasizing practical problems in obtaining justice.

Thus, while legal frameworks exist, concerns about enforcement and accessibility remain prominent.

## **50. Public and Private Service Delivery Equality to PWD and PWOD**

When asked, do you think that PWD can get services from public and private providers as equally as PWOD?" The majority of participants (five out of six) responded positively, indicating that people with disabilities (PWD) generally receive equal services compared to people without disabilities (PWOD). A common theme is found, which is perceived equality in access. The participants mention that PWD are sometimes given priority especially in job competitions and education. However, one participant showed an opposite view, showing a gap in government safety net services for PWD. It suggests that service gaps exist in some areas. This reflects different views about equality in service provision between PWD and PWOD.

### **Focus Group discussion**

The group discussion consists of 10 people, of which 5 are male and 5 are female. The discussion was conducted at Gesem Academy from 10: 00 to 11:00 A.M. This academy is found at woreda four in Kolfe-Keranio sub-city. The group discussion aims at identifying the beliefs of participants on disabilities and the value and places they give to PWD. The focus group discussion contains 14 basic issues, of which the first four were demographic information.

#### **1. Perceived Causes of Disability**

Participants provided about the cause of disability. They use medical model environmental and behavioral factors to explain the cause of disability. The major theme that was found was medical model, prenatal causes e.g. being born with disability and exposure to harmful substances such as smoking drinking alcohol or medication error. This shows the acknowledgement of the role of maternal health care in the development of disabilities.

Accident and environmental factors were another theme that was used by participants. This include factors such as, car accident, fire incident, and injuries during childhood. However the injuries during childhood indicate the medical model.

The last theme was natural disaster showing unpredictable events can cause disability.

Generally, the group discussion reflects a different and all rounded ideas. This shows the group participants do not see disability is caused by curse, evil spirit, and witchcrafts. But see it as something that can happen due to both internal and external circumstances.

## **2 The Beliefs of PWOD on Talents and Potentials of PWD to Learn and Work**

This focus group discussion shows a strong agreement that PWD have talent and potential to learn and work. One of the most important themes was an acknowledgment of ability.

Participants use a real life example such as musician and judges with disabilities. This shows that they accept and appreciate the achievement of people with disabilities and rejecting the belief that they are helpless and incapable.

The second important theme was the need for structural support. They recognize the talents of PWD, but there is a need for suitable educational and occupational environments to accommodate their needs. This includes improving teaching methodologies and creating accessible workspaces that allow individuals with disabilities to flourish. The participant also mentioned the special need schools for PWDs. This shows institutional support to have an inclusive education. However, this discussion also shows PWD must be given an equitable opportunity to develop their talents and contribute to the society meaningfully. Generally this group discussion shows a positive belief towards the ability of PWD. But systematic improvement is essential.

### **3 Participations of PWD in Social Activities**

The participant showed both optimistic and pessimistic view about the engagement of PWD in social activities. The main theme is conditional inclusion among those who said yes.

Respondents have strong belief that PWD can have social life and societal contribution, if the suitable system are intact. It include education, empowerment, accessibility, and training. This shows a belief in the ability of PWD, if the social and systematic hindrances are removed.

The other theme is environmental limitation. It came from both participant who showed optimistic and pessimistic views. There is societal attitude and infrastructural limitation in Ethiopia that hinder PWD to engage in social activities. The recognition of developed countries have different situations. It shows awareness of participants about structural inequalities.

The minority group have a more pessimistic view. They said that practically PWD are not able to participate in social life and social activities. In Ethiopia there is lack of accessibility and societal acceptance. It is under the theme of systematic exclusion.

In general, the participant believed that PWD can perform responsibility in social setting theoretically. However, actual activities of PWD in social life and social activity is mostly dependent on societal attitude and environmental facilities.

### **4. The Belief of PWOD on the Ability of PWD in Leadership Role**

The responses showed the main theme of conditional capability. Participants believe that PWD can have a leadership role. There are certain conditions for people that have disabilities to have. It includes accessibility, inclusive environment, educational attainment, and disability type and severity. This theme reflect the belief in capacity of PWD exist but it have to be matched with structural and societal inclusion.

The second important theme is contextual limitation. Participants suggested that there is nationwide social attitude, infrastructure, and policy implementation problems that did not allow PWD to be leaders. Participants believe that there is a gap between reality and psychological belief. It indicates that having intention does not mean practical opportunities. There were few participants who disagreed as a whole said practical limitation. They said that the actual percentage of PWD that are involved in leadership is so low in Ethiopia. This shows systematic exclusion rather than believing that PWD have the capacity to be a leader.

In conclusion participants generally believe that PWD have the potential to lead and contribute to their country. However, becoming a leader is dependent on educational accessibility, social inclusion, and physical or cognitive ability in Ethiopia's current situation.

## **5. Accessibility of Information to PWD**

The main theme is information accessibility was found when participants said "no". The participants stated that PWD particularly in rural areas of Ethiopia have limited access to information because of economic barriers and infrastructural problems. There is a sub theme which is technological and financial limitations. Participants stress that people who have disabilities usually have limitations of accessing essential assistive devices like wheelchair, mobile phone, hearing aids, and reading tools. In Ethiopia, these assistive devices are considered as luxuries but which are necessities. These tools are not affordable for PWD.

Another theme is geographic and social exclusion. Most of the population of Ethiopia live in rural areas participants said that PWD are facing complex marginalization in these settings or contexts. The marginalization includes limited infrastructure, minimal social involvement, and lack of accessible technology. The participants further deepen their ideas by stating that PWD are isolated from information channels in Ethiopia.

The problem of neglect and lack of inclusion in communication was the other idea that participants discussed. They said that PWD are still not socially accepted, respected, and included in conversations or information sharing activities. It shows social exclusion and isolation of PWD.

In general, these responses show a collective belief that PWD face many challenges in accessing many and new information in Ethiopia. That is because of poverty, social exclusion, lack of assistive devices, and inadequate infrastructure. The focus group discussion highlights the systematic barriers and ongoing marginalization from essential information and public discourse that PWD face.

## **6. Marital Ability of PWD**

Participants show different views that reflect a tension between practical concern in social and environmental problems and theoretical beliefs in ability of PWD marriage. The majority said "yes." The idea was supported by practical examples of PWD who have a successful marriage and well managed family life. They mentioned iconic figures such as Megabi Hadis Alemayehu and W/ro Yetnebersh Neguse. These figures are role models that defy stereotypes and lead a successful and fulfilling family lives.

Another argument was that PWD particularly in organization like Sebeta School for the Blinds are known to love support each other. They usually manage their homes well or even better than people without disabilities. This idea showed every human being deserves love and have the capacity to love and take responsibility for their family regardless of disability. Another theme appeared from those people who said "no" was societal stigma. This idea was supported by many psychological and social hindrance. People without disabilities usually do not want to have and are not psychologically prepared to marry people with disabilities. The number of successful

inter-ability marriages is at its lowest because people with disabilities are seen with pity and society reject such type of marriages.

A sub theme is the gap between believe and practice. Those who said that there is possibility of such marriages accepted that inter-ability marriage is a rare event in Ethiopia. The cause of the few number of such marriages is deep-rooted cultural attitude and lack of inclusive system this shows the issue of theoretical inclusion and practical exclusion.

In conclusion there are optimism and recognition of people with disabilities are capable of marriage. However, some participants show negative societal attitude, stigma, and lack of inclusive environment are barriers to achieve participation in family life for people with disabilities. The group discussion highlight a hope but complicated societal view. One person shows admiration to the successful stories, but struggles to imagine such successes as a norm in Ethiopia.

## **7. Value of Humility**

Participants showed different opinions when they were asked about the society's humility towards (PWD). This discussion showed an intense between cultural models and practical realities. It reflected both positive social behaviors and hidden intention of neglecting PWD.

### **Theme 1: Cultural and Humanitarian Foundations (YES Responses)**

Some participants think that many people in Ethiopian have compassion for PWD. They said that cultural values and humanitarian tendencies are fundamental in the treatment of PWD. As a real life example, the case of a disabled student receiving strong peer support at school was used as evidence that kindness, empathy, and solidarity exist especially in friendship. These views suggested that humility is deep rooted in traditional values. The humility could be expressed in a

more different and deep manner. These views stressed that intentions are positive, and people are willing to act with humility, particularly when people are supported by enabling conditions.

#### Theme 2: Practical Gaps and Systemic Failures (NO Responses)

On the other hand other participants stated that theory and practice are not the same. They recognize that society may claim to respect and value PWD, but in reality humility is not consistently practiced. This group highlighted harsh social realities such as sexual harassment against vulnerable PWD, neglect of mentally disabled women, and the lack of prioritization in key life areas like health, justice, and opportunity. The symbolic rhetoric of “disability is not inability” is, according to them, often ignored in day-to-day life.

A sub-theme appeared as Lack of Systemic Support.

A constant concern was that there is no structural system to deep root humility as an Ethiopian social norm. Without the organized support and policies that reward dignity and inclusion, individual good intentions are not enough to give assurance to consistent, respectful treatment. This idea discloses that socially structural change is needed to apply cultural values into sustainable practice.

Overall, cultural and emotional readiness for humility exists. However, many participants feel that practical humility toward PWD is still lacking because of deep-rooted social stigma, neglect, and insufficient systemic support. The discussion shows a duality in Ethiopian society where humanitarian values are present. However, the implementation of those values in public life and institutional behavior remains incomplete. To move forward, participants implicitly suggest the need for greater awareness, stronger systems, and a cultural shift from pity to respect.

## **8. Value of Compassion**

Most of the participants admitted that they have helped and served persons with disabilities (PWD). It showed the different ways of supportive actions highlighting both practical assistance and emotional kindness. Many shared practical examples to illustrate their experiences, revealing themes of direct aid, empathy, and respect for PWD's autonomy.

The first theme is Active Support and Assistance.

Many participants elaborated real life examples where they actively helped PWD in their day to day lives. They discussed examples like helping a woman with one hand go through a busy market, supporting a man for years by accompanying him to work, and helping a blind teacher move safely. These examples show a willingness to provide tangible help and address specific needs. It indicates a personal sense of responsibility and kindness toward PWD. Some also stressed that their help was given with respect for the PWD's independence and consent, acknowledging that sometimes PWD may decline assistance to maintain their self-confidence.

The second theme that is found is Limitations and Challenges in Regular Assistance.

Few participants stated that helping PWD is important. However providing consistent and regular support is difficult and sometimes impractical. They mentioned that the energy and time required to always be available to PWD can be tiresome. This point of view show the need for more systemic and structured support mechanisms. It suggests individual efforts are valuable. However, these efforts are not enough to meet with the ongoing needs of PWD.

A Sub-theme was found Recognition of PWD's Dignity and Autonomy.

Some participants stressed the importance of respecting the self-confidence and autonomy of PWD, indicating that help should not be imposed but offered in a way that honors their dignity.

This reflects a respectful attitude towards PWD. It also encourages supportive interactions that empower rather than create dependency.

In conclusion, the group overall shows a positive attitude and behavior towards helping PWD. Many participants are willing to give both financial and physical support when PWD need it. However, there is acknowledgement of the practical difficulties in providing continuous care. It suggests a gap that could be filled by social or organizational support systems. The responses reveal a compassionate yet realistic view of the social responsibilities toward PWD.

### **9. Dignity of PWD by Government and Others**

All participants unanimously responded "**No**", indicating a strong shared perception that persons with disabilities (PWD) do not receive adequate attention or support from the government. Their reasons reveal multiple layers of challenges, highlighting both structural deficiencies and broader societal neglect.

#### **Theme 1: Inadequate Infrastructure and Facilities**

Participants consistently pointed out the lack of sufficient facilities such as accessible buildings and schools, which severely limits PWD's ability to participate fully in society. This theme underscores a physical environment that remains largely inaccessible, particularly disadvantaging PWD in their daily activities.

#### **Theme 2: Environmental and Geographic Disparities**

A prominent concern is the situation in rural areas, where the majority of PWD live. Participants described the environment as "not suitable" and access to government support as almost nonexistent. This geographic disparity indicates that government attention and resources are unevenly distributed, with rural PWD facing significant marginalization.

**Theme 3: Inconsistent and Insufficient Societal and Institutional Attention**

Participants noted that attention to PWD is often inconsistent and superficial, sometimes triggered only by inspections or special occasions rather than sustained commitment. There was a shared sentiment that not only the government but also the broader society, including educated individuals, fail to provide ongoing and meaningful support to PWD.

**Theme 4: Reliance on Family and Divine Help**

Many participants observed that in the absence of sufficient government support, PWD often rely heavily on their families, especially parents, and sometimes on divine intervention for survival and care, particularly in rural contexts. This points to the lack of formal support systems and the heavy burden placed on families.

**Theme 5: Individual Success despite Systemic Barriers**

While the overall participants said "No." It reflect a strong shared belief that persons with disabilities (PWD) are not given enough attention or support from the government. Their reasons disclose multiple layers of difficulties. It reflects both lack of structural attention and broader societal neglect.

The first theme is Inadequate Infrastructure and Facilities.

Participants recurrently showed that there is lack of enough facilities such as accessible buildings and schools, which severely limits PWD's. This limits the ability of PWD to participate fully in the society. This theme shows a physical environment that remains largely inaccessible, especially disadvantaging PWD in their day to day activities.

The second theme is Environmental and Geographic Disparities.

A notable problem is the situation in rural areas, where the majority of PWD live. Participants stated that the environment is "not suitable" and access to government support is almost nonexistent. This geographic polarity indicates that government attention and resources are unevenly distributed, with rural PWD facing significant marginalization.

The other theme of the discussion is Inconsistent and Insufficient Societal and Institutional Attention.

Participants said that attention to PWD is usually inharmonious and false. It is often triggered by follow ups or special events rather than consistent commitment. There was a shared opinion that not only the government but also the society, including educated individuals, do not provide continuous and meaningful support to PWD.

Another theme came from Reliance on Family and Divine Help.

Most of the participants stated that they observed the absence of enough governmental support. PWD usually rely heavily on their families, especially parents, and sometimes on divine intervention for survival and care, particularly in rural contexts. This point's lack of formal support systems and the heavy burden placed on the shoulder of the families.

The last theme emerged Individual Success despite Systemic Barriers. The overall government support is lacking. Participants recognized the existence of a few PWD who have overcome these difficulties and achieved significant success. It shows that the success came primarily from personal strength, family support, and individual backgrounds rather than systemic help.

The agreed answers show an essential gap in governmental attention and support for PWD, particularly in rural areas. The findings suggest urgent need to improve infrastructure. The distribution of equitable resource, and consistent policy implementation to create an enabling

environment for PWD. The dependency on families and the few success stories point to both the strength of PWD and the systemic neglect they face. Overall government support is perceived as lacking, participants acknowledged the existence of a few PWD who have overcome these challenges and achieved significant success, attributing this success primarily to personal resilience, family support, and individual backgrounds rather than systemic help.

### **10 Fairness on Job Opportunities for PWD**

The participants' answers were different. It reflects a various opinion about the fairness of job opportunities for PWD. This division suggests ongoing debates about equality, access to job, and the realities of workplace inclusion for PWD.

The first theme is Belief in Fair Opportunities despite Limitations.

Some participants showed optimism. They recognize that while difficulties and limitations exist, there are PWD who have overcome those difficulties and become successful in employment.

They think that jobs have to be assigned to PWD in areas that match their abilities. It proposes that some level of accommodation and opportunity is available, but imperfectly.

The second theme is Concerns about Inequality and Lack of Support.

Other participants strongly stated that job opportunities for PWD are not just or equal and enough. They elaborated that there are lack of equitable access to employment and showed that there are generally not enough jobs available. It makes the competition of job hunting even more difficult for PWD. Furthermore, the lack of specialized assistance and support staff in workplaces was indicated as a barrier that stops PWD from performing well and being fully included.

The last theme is Need for Inclusive Workplace Support.

Workplaces are not yet fully equipped and adapted to meet the needs of PWD. This idea was supported by the evidence of no special helper in the work place. It further contributes to inequality in job access and retention. This lack of institutional support decrease the opportunities of PWD in sustaining employment and growing professionally.

The answers that participant gave shows a split opinion. Some participants think that there is progress and possibility for PWD employment. However others see significant continuous barriers related to fairness and support. The analysis underscores the need for more inclusive policies, better workplace accommodations, and enhanced support mechanisms to ensure fair and equal job opportunities for PWD.

## Chapter Five

### Conclusion

This research found that there are negative and positive beliefs in the society on PWD. It also found the existence of the four value and gap in practicality of these values. There is a belief that disability is caused by external factors such as medical conditions, war, natural disaster, and accident among participants. The belief of people with disability are helpless, they need the assistance of people without disabilities, and it is sad to see a person with disabilities led to the conclusion that most of the society see disability with angle of charity model. Participants believe that people with disability have the ability to learn, work, and they also have talent. There must be an inclusive and supportive environments in both physical and societal attitudes. The group discussion revealed a complex and nuanced understanding of society's beliefs and values toward persons with disabilities in Ethiopia. Participants generally recognized that PWD have talents, can learn, work, and participate in social and leadership roles if given education, training, and a conducive environment. However, many acknowledged significant challenges in practice, largely due to societal attitudes, environmental barriers, and lack of adequate government support.

There was a shared view that PWD face substantial obstacles in accessing information, fair job opportunities, and public services, especially in rural areas where infrastructure is limited. While some participants noted success stories and progress, others highlighted ongoing discrimination, neglect, and insufficient practical humility and support from society. Marriage and family life for PWD were seen as possible but often hindered by societal stigma and psychological barriers.

Importantly, the group agreed that while legal frameworks and intentions may exist, actual implementation and consistent support remain inadequate. The government and society were urged to provide more inclusive, sustained attention and resources to improve the lives of PWD. Overall, the discussion underscored both optimism about PWD capabilities and critical awareness of the systemic and attitudinal challenges that need to be addressed for true inclusion.

Participants agreed that PWD are able to do researches both individually and in group. But the facility is not accessible for PWD. The other positive belief is the belief of PWD are capable of being athletes and being artist. But society should have supportive attitude and the government should work on inclusive and suitable accommodation. Participants have positive belief towards PWD's having a wealth and contributing to the society. Participants also have expressed their positive attitude towards participation of PWD in the social activities. However, there is societal barriers and physical obstacles that makes them more isolated and marginalized.

PWD can be leaders if they are supported in an inclusive environment. They believe that marriage is possible for PWD but the rate of PWOD marring PWD is so low, especially a person that have physical disabilities and hearing disability. The value of compassion is seen in what participants said. However, the practicality of compassion is questionable. There is almost no practicality of the value of dignity. However, there is sympathy for PWD. The value of humility is seen in the participants' explanation. But they are concerned about the practicality of humility towards PWD in Ethiopian society. The value of justice should be seen as an important tool for PWD. It should be the government's responsibility since justice is fairness and equitable opportunities.

## Chapter Six

### 6 Limitations and Recommendations

#### 6.1. Limitations

There might be falsehood since it is a qualitative research. People might want to be seen as a good person and lie about their true beliefs and values. It is an exploratory research which does not show the relationship between the values and beliefs of the society and how these things affect PWD. The cause of having these values and beliefs is not seen in this research. It does not show what PWD think of how the society sees them.

#### 6.2. Recommendations

- There must be awareness creation for the society in Ethiopia about disability
- Society should be more open minded about disability to be inclusive
- PWOD should include PWD in their social life
- The government should facilitate accommodations in schools and public areas
- The government must work on empowering PWD through trainings and inclusive activities
- The policy implementation and project evaluation should increase
- The government must work on a legislation to increase employability for PWD in private organizations

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## Index 1

### Demographic questions

#### 1. Age

A. 18-30

B. 31-40

C. 41-50

D. 51-60

#### 2. Sex

A. Female

B. Male

#### 3. Education level

A. Uneducated

B. Primary School

C. Secondary School

D. University

#### 4. Marital status

A. Married

B. Single

C. Divorcee

D. Widow

Main Questions

5. What do you think are causes of disability?

6. What do you immediately think when you first see a person with disability?

7. Do you believe that people with disabilities (PWD) can join schools and succeed as much as other people without disabilities (PWOD)?

Yes/No          Why?

8. Do you believe that PWD have talents?

Yes/No          Why?

9. Do you believe that PWD can work?

Yes/No          Why?

10. Do you believe that PWD can join in activities of arts and crafts?

Yes/No          Why?

11. Do you believe that PWD can compete and win in sports?

Yes/No          Why?

12. Do you believe that PWD can join research activities privately or in group?

Yes/No          Why?

13. Do you believe that PWD can create abundant assets for the coming generation?

Yes/No          Why?

14. Do you believe that PWD can participate and perform well in social activities?

Yes/No            Why?

15. Do you think that PWD can create new things and use innovative things in their daily lives?

Yes/No            Why?

16. Do you believe that PWD can be leaders from Kebele to national levels?

Yes/No            Why?

17. Do you think that PWD can observe and know changes around their families, surroundings, in national and international levels?

Yes/No            Why?

18. Do you think PWD can play their role in changes that may happen in national and international wide?

Yes/No            Why?

19. Do you think that there are PWD, who have contributed to records of changes in national and or international endeavors?

Yes/No            Why?

20. What do you think about marriage and disability?

21. Do you think that PWD can marry?

Yes/No            Why?

22. Do you think that PWD can marry to PWOD?

Yes/No            Why?

23. Do you believe that a blind woman can marry to a man who is not blind?

Yes/No            Why?

24. Do you believe that a blind man can marry to a woman who is not blind?

Yes/No            Why?

25. Do you believe that a deaf woman can marry to a man who is able to hear?

Yes/No            Why?

26. Do you believe that a deaf man can marry to a woman who is able to hear?

Yes/No            Why?

27. Do you believe that a woman who has movement problem can marry to a person who is able to move?

Yes/No            Why?

28. Do you believe that a man who has a movement problem can marry to a woman, who is able to move?

Yes/No            Why?

29. Do you believe that couples with disabilities can manage their home affairs and look after their children well?

Yes/No            Why?

30. Do you believe that something new can happen when PWD marry to PWOD?

Yes/No            Why?

31. Do you believe that people you know are kind enough for PWD?

Yes/No            Why?

32. Are you personally kind enough for PWD?

Yes/No            Why?

33. Will you be at the sides of PWD when they are victims?

Yes/No            Why?

34. Have you ever served or helped PWD?

Yes/No            Why?

35. Have you ever felt challenges of PWD as your own and tried to seek solutions?

Yes/No            Why?

36. Have you ever met with PWD and listened them kindly when they share you their ups  
and downs of their lives?

Yes/No            Why?

37. Do you pretend when you speak with PWD?

Yes/No            Why?

38. Do you think it is necessary to respect and give attention to PWD?

Yes/No            Why?

39. Do you personally show proper respect to PWD?

Yes/No            Why?

40. Do you think that PWD are given considerable attention by the government?

Yes/No            Why?

41. Do you personally give sufficient attention to listen to PWD?

Yes/No            Why?

42. Do you show proper respect if your boss is a person with disability?

Yes/No            Why?

43. Have you ever given priority to serve PWD?

Yes/No            Why?

44. Do you think that PWD are respected by many people?

Yes/No            Why?

45. Do you choose and carefully use words when you speak with PWD not to affect them?

Yes/No            Why?

46. Do you and people you know approach PWD with humility?

Yes/No            Why?

47. Have you ever underestimated PWD?

Yes/No            Why?

48. Do you have positive attitude towards PWD?

49. Yes/No            Why?

50. Do you treat PWD with humility?

Yes/No            Why?

51. Do you and other people you know bother when PWD lack fair justice?

Yes/No            Why?

52. Do you think that PWD have fair job opportunities?

Yes/No            Why?

53. Do you think that when PWD are physically violated, they get fair justice?

Yes/No            Why?

54. Do you think that PWD can get services from public and private providers as equal as  
PWOD?

Yes/No            Why?

## Index 2

Group discussion questions

Demographic questions

1. Age

A. 18-30

B. 31-40

C. 41-50

D. 51-60

2. Sex

C. Female

D. Male

3. Education level

A. Uneducated

B. Primary School

C. Secondary School

D. University

4. Marital status

A. Married

B. Single

C. Divorcee

D. Widow

Main questions

5. What do you think are causes of disability?

6. Do you believe that PWD have talents and can learn and work?

Yes/No            Why?

7. Do you believe that PWD can participate and perform responsibilities in social activities?

Yes/No            Why?

8. Do you believe that PWD can participate in administration activities and can be leaders from Kebele to National levels?

Yes/No            Why?

9. Do you believe that PWD can get different information?

Yes/No            Why?

10. Do you believe that PWD can marry, manage their homes and look after their children well?

Yes/No            Why?

11. Do you believe that society behave To PWD with sufficient humility?

Yes/No            Why?

12. Have you ever helped and served PWD?

Yes/No            Why?

13. Do you think PWD get sufficient attention by the government?

Yes/No            Why?

14. Do you believe that PWD are getting fair job opportunities?

Yes/No            Why?