



School of Graduate Studies

College of Education and Behavioral Studies

Department of Special Needs and Inclusive Education

**BELIEFS AND PRACTICES OF THE NUER COMMUNITY TOWARDS PEOPLE
WITH DISABILITIES IN LARE WOREDA, GAMBELA REGION**

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**This Thesis is Submitted to the Department of Special Needs and Inclusive Education in
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Dedication

This thesis is fully dedicated to my lovely father, Stephen Chuol Mach, who had a wonderful thought and assisted me, having been only an ordinary father but also doubled as a mother, mentor, and advisor from my childhood up to this level. Baba, I love you so much!

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ABBREVIATIONS

CE	Community Elders
CRPD	Convention on the Rights of Persons with Disabilities
DDA	Disability Discrimination Act
FGD	Focus Group Discussion
LoL	Lord of the Land
MoE	Ministry of Education
PwODs	People without Disabilities
RL	Religious Leaders
SNE	Special Needs Education
TH	Traditional Healers
WHO	World Health Organization
YwDs	Youth with Disabilities

ABSTRACT

This study was conducted in the Nuer community in Lare woreda, Gambella region on “Beliefs and Practices of the Nuer Community towards “people with disabilities”. The main objective of this study was to explore the traditional beliefs and practices of the Nuer Community towards “people with disability” in Gambella Region, Lare Woreda. The study has used qualitative methods with purposive techniques to collect relevant data. The tools used for data collection were semi-structured and unstructured interviews with open-ended questions. Study respondents were 36 (M = 31, F = 5), based on social group 4 kebele administrative leaders, 4 community elders, 6 religious leaders, 10 people with disabilities, 10 youth without disabilities, and 2 health professionals. Results obtained from respondents on traditional beliefs about the causes of both born with and without disability have fallen under three major sources of beliefs about disability in general: Eighteen respondents on the term “disability” said, “There is “No” one word or term that directly translates to the term “disability” in Nuer language. And The term disability from the other participants, if it is translated into the Nuer language, means “lack of ability or capacity.” Study results (findings) have been analyzed using descriptive/narrative methods. In general, study results have shown that traditional beliefs about the causes of disabilities are still predominant in the Nuer community. Though explanations on the causes of disability differ considerably, the results indicated that the Nuer community believes “disability is created (caused) by the “God of Heaven.” And useful and harmful practices about Nuer community toward people with disability. Therefore, The regional government should promote the rights of persons with disabilities based on their choices and their interests to ensure human rights, dignity, and inclusivity. Emphasize the importance of equal opportunities, access to education, healthcare, and employment for all individuals, including people with disabilities and the researcher was interested in studying the Nuer nationality (tribe), in Gambela region Lare woreda to examine the beliefs and practices of the Nuer community towards people with disabilities”.

Keywords: *Beliefs and Practices, Useful and Harmful, people with disabilities*

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to the Americans with Disabilities Act, a disability is any impairment of either mind or body that significantly interferes with one or more activities of daily living (Eichhorn, 1998). The disadvantage and being prevented from playing a role that is deemed normal is the main point of emphasis (Vierling, 2018). People with disabilities constitute a significant proportion of the global population. Over a billion people worldwide suffer from some kind of disability, according to the World Report on Disability (WHO, 2022).

The UNCRPD has an impact on the values and ethical principles that support these legislative changes, as well as the legal modifications that have been seen in different nations following ratification (Scholten & Gather, 2018). The most pertinent aspect, though, might be how individuals with disabilities function in specific local environments (Hoffman et al., 2016).

Each human society has its own culture, and the meanings and concepts associated with the various behaviors established by the social and economic organizations completely shape our understanding of it (Bayouh, 2011). So a society's culture or traditions have the unrestricted ability to enforce norms on all of its members. Furthermore “there are different cultural perspectives on what constitutes a disability, how it is perceived in individuals, and how persons with disabilities are treated in those cultures. Therefore, disability needs to be defined by society and given meaning by a culture (Bickenbach & Bickenbach, 2009). One’s disability and culture are central to determining the position or status that the individual is given in a specific society (Charlton, 2010). Often, one’s disability of conforming to social expectations is rewarded for that behavior; the culture tends to accept those who are willing to conform to given values, standards of behavior, and ethical concerns (Haber & Smith, 1971).

Cultural understanding is also shaped by the meanings that different social and economic organizations in a given society attach to various behaviors, as well as by other internal and external cultural dynamics (Erez & Gati, 2004). While cultural heritage cannot fully explain an individual's thoughts and behavior, it can assist health care practitioners in understanding and

predicting how families make particular decisions (Furnham, 2012). Programs and services must be flexible enough to meet the varying cultural beliefs, traditions, and attitudes around illness and disability (Diaz et al., 1993).

In terms of culture, nations of different sizes have diverse perspectives on disability (Ingstad & Whyte, 1995). Individuals in small-scale societies typically interact closely with one another; they may establish long-lasting, multifaceted relationships with other members of society (Scheer & Groce, 1988). People may come into contact when engaging in economic activity, having leisure time, or taking part in rituals or the arts and these small-scale communities establish their social identities not on an individual's physical attributes but rather on their family, clan, and other traits. (J. R. Kelly, 2019).

Even so, there are still a lot of significant variations when it comes to socio-cultural, traditional, religious, and ethnic aspects among the previously mentioned national regional states, even though these states share many similarities, particularly concerning political, administrative, educational, and legislative policies (Sewot, 2017). A variety of traditional ideas and perspectives among Ethiopia's peoples, nations, and nationalities in all aspects of life developed as a result of the existence of these different traditions, cultures religions, and ethnicities on their own.

However, the beliefs, opinions, and cultural practices concerning disability in the Gambella people differ significantly from those of the highlands in numerous ways. One example is the "general tendency to think of persons with disabilities as weak, dependent, and subject of charity (Tirussew, 2005). This argument contradicts the social context of disabilities and the treatment of disabled people in the Nuer community of the Gambella region. Regardless of the type and severity of their disabilities, Nuer community members with disabilities are equally self-sufficient because their families have helped them to do their activities and this study is going to shows the traditional beliefs and causes of disabilities and how people with disabilities contributes to life of the community. Instead of viewing people with disabilities as weak, dependent, and in need of charity, the Nuer community views people with disabilities as equal members of society (Sewot, 2017). According to how much of their disability, they may be "physically weak or not," as Sewot argues, however, this may not be an acceptable reason for someone to beg or rely on other members of the community in Nuer society, contrary to what is believed in most highland areas because in the

Nuer eventhough the family had living with person with disability they did not allowed to walk on road suching for survival.

Secondly, whether it relates to people with disabilities or not, the traditional Nuer society does not have a well-established culture of "begging." If it did, it might have led to people with disabilities becoming "subjects of charity" in other situations. This implies that if someone is in need, whether they are disabled or not, it is the responsibility of their family to provide that need; as a result, they shouldn't approach the public at all to ask for "charity or charity."

This could be influenced by the Nuer traditional culture, which requires all family members to share nearly everything that the "family" owns based on their relationship to one another. The most important part of this, though, is that the Nuer community has separated people with disabilities into two broad categories according to the onset of their disabilities, despite all these positive attitudes toward people with disabilities. The Nuer community, on the one hand, fully integrates and accepts all individuals with acquired disabilities, while, on the other hand, it fears and at times rejects those who have been born with inborn-disabilities (congenital disabilities). This is because the main "divine line" for persons with disabilities into two major groups is based on disability onset.

The traditional beliefs that people with congenital disabilities "have evil spirits, supernatural powers, and killing or death powers or spirits" that actually harm or possibly cause death, failures, bad luck, misfortunes, etc. on non-inborn disabled community members in general, including their families, are the basis for the fear and rejection of people with congenital disabilities. From a traditional perspective, the "factors" in the Gambella region significantly differ from those in the highland regions in terms of traditional disability beliefs, environments, cultural practices, and experiences in real life.

In the Gambella region, for instance, people with disabilities generally enjoy "equal" marriage rights alongside non-disabled community members, according to Nuer's traditional beliefs. This equal marriage right is also enjoyed by the community's members who were unable to bear children for themselves, either because they were impotent or barren individuals who cannot bear children for themselves even though they were physically alive, or because they were dead before marriage

(both male and female ghosts). In the past, married couples who were not expecting children would traditionally marry their wives in their names, while widows were married in the names of the deceased. In actuality, once those wives have been married in their names, their family members have to choose or give a male relative (or someone outside the family line) who can bear children in the name of the deceased or non-bearing individuals, despite these wonderful traditional marriage arrangements for them.

According to the (Sewot, 2017), Nuer community, this man, who may bear children for someone else, is essentially NOT the real father of any children he may bear with the married woman. As a result, the names of the deceased (ghosts) and those who are unable to bear children for themselves while alive for a variety of reasons are practically remembered in their generation and generations to come in the Nuer community and thanks to these great traditional (cultural) practices. This cultural practice of the Nuer community in the Gambella region is far different in disability as compared to the aforementioned highland regions, according to the researcher's knowledge of the Nuer community.

The five indigenous nationalities that live in Gambella, as it is my research location in southwest Ethiopia, are Anywaa, Komo, Majang (formerly known as Majanger), Nuer, and Opo. Although these five indigenous nationalities have been living for many centuries, they are culturally unique and diverse from one another in many social areas.

Even though intertribal marriage has become a more common trend in society among these ethnic groups recently, they have largely maintained their distinctive cultural characteristics in terms of language, customs, political and administrative orientations, cultural practices, and traditional values. Even though there are five indigenous nationalities in the area, the researcher is merely interested in studying the Nuer nationality (tribe), to examine the beliefs and practices of the Nuer community towards people with disabilities”.

1.2. Statement of the problem

Thus far, numerous issues have been raised in the background section of the study mentioned above, including the significance of recognizing cultural "differences" and "diversity" across diverse cultural groups and their experiences with disabilities across the nation. In Ethiopia, the

subject of disability is viewed as incredibly taboo, and attitudes toward it usually originate from supernatural interpretations, which lead to avoidance and blame (Bayouh, 2011). Although significant efforts were made to enhance the lives of people with disabilities and address the conditions of extreme poverty and the growing number of people with disabilities in Ethiopia, the disability movement in Ethiopia has been marked by people with disabilities (Dagnachew et al., 2011).

According to Weisser (2005), it is imperative to acknowledge the existence of varying expectations. He claims that the discrepancy between expectations and capabilities is what causes an individual to perceive disabilities (Charlton, 2010). This indicates that a limitation is initially viewed as annoying because it deviates from expectations and that this perception is then reinforced by recurrence (Grondin, 2001). Stated differently, incapacity arises from the persistent failure to meet the expectations of a counterpart. Different cultural rules, conceptions, and understandings influence what these expectations are and how they are met (Reisinger & Turner, 2012).

Moreover, a recent study conducted on the cultural context of Ethiopia and opinions on disability, its casual attributes, and persons with disabilities revealed that, in many Ethiopian regional states. There is a general tendency to think of people with disabilities as powerless, hopeless, dependent, unable to learn, and the subject of charity (Drake, 2018). People with disabilities in Ethiopia receive distinct rights and opportunities depending on a variety of socioeconomic criteria (Schiemer, 2017). For instance, it may be difficult for people with mental illnesses to exercise their legal rights to vote, marriage, employment, and property ownership (Krupa et al., 2022). The absence of coordinated national advocacy initiatives on behalf of, and including, individuals who live with intellectual disabilities undermines movements to challenge these limitations (Carey et al., 2019).

(Harris, 2019) argued that the traditional conception of disability is just as complicated as the previously listed components because of these apparent cultural distinctions regarding perceptions toward people with disabilities, traditional beliefs, cultural customs, etc. For instance, regarding the Nuer community's cultural practices in the Gambella region, people with disabilities

generally have "equal" marital privileges alongside community members without disabilities, as well as other resources like livestock, land, and jobs, much like those in other rich countries.

My viewpoint is that the Nuer community does not differ significantly from other communities in terms of traditional beliefs and cultural practices to people with disabilities in general and acquired disabilities in particular. This is based on the available disability accounts from numerous East African communities (Dennison, 2017). Despite the current similarities between traditional beliefs and cultural practices in different communities, there is a strong assumption that the Nuer community has "unique" traditional beliefs about the causes of some disabilities and cultural practices towards people who have been born with disabilities in general.

However, the researcher was exploring whether, apart from the present similarities among traditional beliefs and practices in different communities, there is a weak or strong assumption that the Nuer community has “unique” traditional beliefs about disabilities and cultural practices towards persons with disabilities in general. Is it their belief that they prevent people with disabilities from being known by other community members because they need external support rather than family or household support (outside the blood line of the person)? The researcher was investigating the general community support for people with disabilities.

Based on the aforementioned, the majority of scholars focus on the customs and beliefs of specific regions of Ethiopia, with the Gambella region and the Nuer group being underrepresented. Therefore, the Nuer community has not been able to access its beliefs and practices regarding people with disabilities in particular. With these two conceptual gaps in mind, the researcher plans to take advantage of the chance to carry out research. Thus, the study was the “beliefs and practices of the Nuer Community towards people with disabilities” in Gambella Region, Lare woreda.

1.3.Research Questions

This study attempted to answer the following research questions

- What are the beliefs about ‘disability’ in the Nuer community?
- How do people believe in the causes of disabilities in the Nuer community?
- What are the practices of the Nuer community towards persons with disability?

- What lessons do we learn from the lives of persons with disabilities in the Nuer community?

1.4. Objective of the Study

1.4.1. General Objective

The main objective of this study is to investigate the Beliefs and practices of the Nuer Community towards people with disability” in Gambella Region Lare woreda.

1.4.2. Specific objectives

- To explore the existing beliefs about disability in the Nuer Community;
- To understand how causes of disability is perceived traditionally in the Nuer Community;
- To explore the practices of the Nuer Community towards persons with disability;
- To explore the lessons do we learn from life of persons with disabilities.

1.5. Significance of the Study

The variety of significances of the study, the community in the Gambella region needs to support social inclusion and foster positive attitudes toward people with disabilities.

First, it will strengthen the body of knowledge on disabilities in Ethiopia by sharing the customary and cultural experiences of the Nuer community, which will improve our understanding of disabilities beyond those that are currently recognized and instead focus on the deeply ingrained "beliefs and practices of the community towards people with disabilities" from the Nuer traditional contexts and perspectives. Secondly, will close the knowledge gap regarding "National Distinctions" in Highland and Nuer traditional beliefs about the origins of "congenital causes of disabilities" and cultural attitudes toward people with disabilities and examine and reveal the character and scope of the Nuer community's traditional beliefs regarding the causes of disability.

1.6. Scope of the Study

Geographically, this study is limited to the Gambella Region of Lare woreda. Disability is a broad concept that consists of numerous interactions, but the scope of this study was restricted to the beliefs and practices of the Nuer Community towards people with disabilities” in Gambella Region Lare woreda. Because of this apparent social and cultural uniqueness, disability context and

perceptions and practices of each of these nationalities are also different across the region as far as traditional beliefs towards the causes of disability and cultural practices towards persons with disabilities are concerned. Thus, the study may not generalize to all woreda in the Gambella Region, rather than Nuer Zone, Lara woreda with two kebele administrative.

1.7. Limitations of the Study

Limitations of this study include lack of research studies on disability on traditional belief of the Nuer community toward people with disability in the Nuer community, unwilling of taking a time with the researcher, rampant insecurity in the study region (Gambella) during the time of data collection, limited professional knowledge and experience in research work, time and financial constraints.

1.8. Organization of the Study

This research study has been organized into four major chapters. The first chapter deals with the general introduction and the background of the study, statement of the problem, objectives of the study, significance of the study, delimitation of the study, and operational definitions of important terms. The second chapter entirely deals with a literature review on sociocultural disability perspectives in Africa in general and Ethiopia in particular. The third chapter is devoted to research methodology, research design, study respondent population and sampling, sampling techniques, instruments of data collection, data collection procedures, methods of data analysis, and finally, ethical issues and considerations. Finally, the fourth chapter is dedicated to the research findings, data analysis and interpretation, discussions, conclusion, recommendation, references, and attached appendices.

1.9. Operational Definition of Terms

Many of the terminologies that were used in this study are also cultural or Nuer language and English words or phrases. The study is based on culture. Since most of the following terminology has neither a scientific nor a literal meaning in the English language, they have been operationally defined for this study .

Beliefs- are the ideas, convictions, or thoughts that a person or group holds to be true and the mental or cognitive components of one's worldview or ideology

Bride wealth: Refers to some cattle paid as dowry (marriage price/payment) by Nuer men for marrying wives in the Nuer community according to Nuer tradition.

Buom: (pronounced as Bu-om): Is a Nuer term that refers to any congenital disability that affects both females and males. It is “Bum” in its plural form. It is the most feared type of disability because Nuer people usually associate it and its victims with “evil spirits”, supernatural powers, and “death or killing spirits and powers” as well as all “misfortunes” in the Nuer community. The visible types of disability are categorized within or under the “Bum” or disability category.

Cioor: (pronounced as cio-or) refers to an inability to see or visual impairment

Culture: a pattern of ideas, customs, and behaviors shared by a particular people or society. It’s constantly evolving.

Disability –is an umbrella term, covering problems in body function or structure, activity limitation, and participation restriction (Courtney-Long et al., 2015).

Doar: pronounced do-ar) it is an informal term in the Nuer community to use for a person with intellectual limitations.

“Guar” “Guar” (pronounced as Gu-ar“): is a Nuer word that refers to any adventitious or acquired disability, which results from accidents after birth.

Ming- (pronounced as ming) is an inappropriate term or name for people with hearing impairment.

Ngol is pronounced as (Ngol) for a person with a physical disability, especially those who lose their legs and another inability to move properly. This word (ngol) may disappoint people with disability as they know that, there are appropriate words instead of such a word.

Practices- refer to the actual behaviors, rituals, or actions that a person or group engages in and the behavioral or physical manifestations of one's beliefs.

CHAPTER TWO

LITERATURE REVIEW

2.1.Introduction

In the study's context and issue statement sections, among other places, there have been disorganized attempts to visualize and conceptualize (understand) "traditional beliefs" about disability, "social construction" of disability, and relevant "cultural practices" towards persons with disabilities. These programs and discussions, however, do not offer a thorough understanding of cultural practices and beliefs around the conceptualization and understanding of disabilities. Therefore, this chapter aims to discuss (highlight) and provide enough context to illuminate more specific important and major traditional and/or cultural disability concepts, beliefs, and practices toward persons with disabilities generally by reviewing substantiated research findings and evidence of disability literature on cultural and social disability perspectives in the world in general and Ethiopia in particular.

2.2. Definition of Disability: An International Definition

Nonetheless, its notion of disability stays close to both its previous meaning and the spirit of the physiological understanding (Turner, 2001). Both the underlying disease and its expression as issues or abnormalities in physiological, anatomical, or cognitive function are still considered forms of impairment (Hwang & Nochajski, 2003).

Yet, deviance from the norms implies an assessment mechanism by definition. Norms, whether implicit or explicit, connect the real to values and reflect discriminations of attributes under the polar opposition of a positive and a negative, as cited by (Marsh, 1989). However, this kind of evaluative notion of function is not exclusive to biology. The lay evaluative gaze is also infused with the disciplinary mechanisms of contemporary institutions, particularly hierarchical surveillance and normalizing judgment and it is now commonplace to categorize "people in terms of their relationship to a social norm" using normalizing judgment (Douard et al., 2003).

(Weisser et al., 2014) indicates that it is essential to take into account the existence of different expectations when observing disparities. According to him, disability is an experience brought about by a mismatch between expectations and capabilities. According to this, a handicap is initially seen as annoying because it deviates from expectations (Michalko, 2002). People with disabilities are different from normal people in this regard because they irritate the onlooker all the time, and depending on cultural conventions, beliefs, and understandings, different cultures have different expectations and different ways of disappointing them (Tomasello et al., 2005).

The CRPD is an international convention that strives to bridge the gap in the current global discourse on disability by providing a globally recognized definition of what defines a disability (Hoffman et al., 2016). It represents a significant milestone in the history of disability rights (McConkey et al., 2016). This international agreement offers a foundation for the understanding of disability worldwide. "People with long-term physical, mental, intellectual, or sensory impairments which, in combination with various barriers, may hinder their full and effective participation in society on an equal basis with others," is how the CRPD defines "persons with disabilities" (as cited in Iriarte 2016). According to Lewis et al. (2015), this description is widely accepted, put into practice, and constitutes a paradigm change in the way that people view disabilities (Tilahun, 2023).

The explanation, according to Iriarte (2016, 12), refers to the so-called "social model," which is being discussed more and more in the context of disability and development and is supported and promoted by a variety of development organizations (Girişmen, 2017). Some researchers have suggested that one reason why it is difficult to define disability internationally is that definitions of the term vary not only over time but also across different traditions and cultures around the world (Artiles & Dyson, 2005).

The difficulty of coming up with a definition of disability that is inclusive of all cultures is not a relic from the past; rather, it continues to be a common occurrence for modern scholars. For instance, (Stone-MacDonald et al., 2022) acknowledged in their recent literature review on disability in East Africa that: "Definitions of disability 'differ considerably' in these communities, as it has been observed also across many countries and communities throughout the world, which makes it difficult to establish answers to fundamental questions about disability in East African local communities (Stone-MacDonald & Pinar-Irmak, 2021)."

But despite this difficulty in defining disability, the World Health Organization's (WHO) definitions of three major "conceptual" terms have been provided by Eskay et al. (2010) and cited by Stone-MacDonald and Butera (2014), in an attempt to address this apparent international disability definitional challenge (Carulla et al., 2011).

A disability is any limitation or absence (arising from an impairment) of the capacity to carry out an activity in a way or within a range that is deemed normal for a human person (Oliver, 2017). Impairment is defined as any aberration of psychological, physiological, or anatomical structure or function (MooNEY, 1987). The term "handicap" refers to a disadvantage that an individual has due to a disability or impairment that hinders them from fulfilling a function that is deemed typical for them, based on their age, sex, social background, and culture (Grosse et al., 2009). However, if we take a close look at this definition, we can say that it lacks "inclusiveness" because it has given disability a broader definition that only emphasizes the three main terms, such as "impairment," "disability," and "handicap" and Apart from the apparent lack of a disability (Smith & Sparkes, 2008) as cited by Eskay et al. (2010), also mentioned that there is frequently a lack of clarity regarding the World Health Organization's definition, particularly when these three terms are used synonymously or according to their specific definitions (World Health Organization, 2013).

Therefore, due to the presence of this confusion amongst these terminologies, a strong reaction has been voiced against the way they are often used since the 1970s by several representatives of organizations of persons with disabilities and professionals working in the field of disability. The terms, disability" and handicap", for example, are often used in an "unclear" and "confusing" way which gives poor "guidance" even for policy-making and services provisions because they heavily reflect a medical and diagnostic approach, which in turn, ignores the realities of human imperfections and deficiencies surrounding our societies"(Eskay, Onu, Igbo, et al., 2012).

Disability is part of the human condition. Everyone is likely to experience it, either permanently or temporarily, at some point in their life (World Bank, 2013). People with disabilities are diverse and not defined by their disability (Michalko, 2002). Disabilities may be visible or invisible, and onset can be at birth, during childhood, working-age years, or old age (Lindsay et al., 2018). Disability has no universally accepted definition (Mitra, 2005). Because disability is "complex, dynamic, multidimensional, and contested," it is difficult to define (Ghoshal, 2018).

"Disability is an evolving concept," according to the UN Convention on the Rights of Persons with Disabilities(Hoffman et al., 2016). Individuals classified as person with disability may have

chronic physical, mental, intellectual, or sensory impairments that, when combined with additional obstacles, may prevent them from fully and equally participating in society (Hoffman et al., 2016). This broad definition allows for varying interpretations of disabilities or impairments (Dwertmann, 2016), but it also makes it apparent that a disability is not a personal characteristic by characterizing it as an interaction (Colclough, 2012). "If there is a fully inclusive and accessible environment, an impairment by itself would not result in disability" (Al Ju Beh, 2015, p. 14). This includes removing barriers rooted in attitudes, such as prejudices, stereotypes, and other forms of condescending and paternalistic behavior (Schulze, 2010).

2.3. An International Socio-cultural view on Disability

The task of cross-cultural researchers is to enlarge our understanding of impairment beyond its biomedical diagnostic and also modern lay meanings and conceptualize it so that it lends itself to cross-cultural relevance (Reisinger & Turner, 2012).

First, while impairment is primarily viewed in American society as an individual matter and as functionally limiting at the physical or cognitive level, in many non-modern societies, dysfunctional social relations or social order violations are perceived as the cause and/or consequence of an impairment. The social-relational functioning of the family and community is frequently the area of most concern, regardless of whether the individual's functioning is thought to have reduced. "It's important to consider that, the belief in sorcery and the inquiry into relations within the family assume that the problem of disability is not an individual problem but rather a family problem,"(Oliver, 2017).

"The physical illness is seen as the sign of an underlying social problem," according to Burck (1999, p, 204). The impairment may be attributed to negative family and group dynamics or perceived infractions of social taboos. Frequently, the social circumstances that led to the disability are perceived as shameful rather than the impairment itself (Ingstad & Whyte, 1995). For the Songye, God is their last choice for a causal explanation of breaking social taboos or having poor social relationships that cannot be placed at fault (Devlieger, 1995). The Maasai people of Kenya, who "perceive disease as a sign of social or cosmic disorder projected onto the human body," are a prime example of this perspective on illness and damage.

Thus, the best protection against disease and other disasters is to manage social and divine links and to take good care of them (Talle, 1995). The guiding principle is prevention, which is a powerful instrument of social control. Our understanding of impairment as lowering an individual's functional efficiency suggests that many of these prehistoric societies lacked the desire to repair or rehabilitate (Devlieger, 1995). The notion that impairment is a negative construction of a human anomaly that has consequences or causes for various aspects of physical, cognitive, or psychological functioning as well as social ordering and group relations needs to be expanded into a sociocultural perspective on disability by incorporating the ideas mentioned above.

Secondly, within a given society or among subsets of these, disabilities may be believed as different from diseases or illnesses, or they may be viewed as identical to diseases or illnesses in people's perceptions, accommodations, and health-seeking behaviors. This is contingent upon a variety of factors, such as the medical belief systems of the particular society, the duration since onset, and social contexts, among others. Indeed, there might not be a distinct distinction, if any, between disabilities and illnesses in many non-modern societies, particularly in the early stages (Devlieger, 1995) reports that a population in southern Somalia's Bay region does not clearly distinguish between illness and disabilities.

The framework of health seeking and health management, through which all health concerns are handled, can be used to characterize the beliefs and practices surrounding disabled persons (Devlieger, 1998, & Helander, 1995).

In general, it can be concluded from a review of the collective sociocultural view of disability discussion that there is "No" similar collective view in the world, despite certain apparent and relative similarities in developed Western countries and certain African cultural communities (Stone-MacDonald & Pinar-Irmak, 2021). But since disability is a social "construct" and a product of "human making," the reality is that there is a "disability concept" in every human culture (Abrams & Gibson, 2017).

As a result, generally speaking, we can understand that "disability views" are "unique" and "vary" from nation to nation and community to community throughout the world (Rovner, 2003). This in turn indicates that individuals working in the field of disability should not only have this notion in mind but also consider disability from the unique viewpoint of the nation or community in which they are employed or carrying out disability research.

2.4. The Cultural View Point of People with Disabilities

Culture can be approximately defined as "a traditional written or an oral method used to pass cultural heritage from one generation to another," according to Banks (2001), referenced by Eskay et al. (2010). The traditional understanding of culture has evolved to see it as a "kind of gene pool" that exists at the level of social symbolism and meaning rather than biology and with conceptualization rather than material existence as a result of the development of genetic theory.

However, some academics, cited by (Eskay et al., 2010) viewed culture as a "social process" that specifically highlighted human diversity as a result of the depth of each person's unique cultural knowledge. Thus, three key ideas or elements in the concept of culture as a social process are emphasized by Bourdieu (1977) and Barth (1989), as quoted by Essay et al namely:

Human interactions are impacted by the crucial roles that agreements and conflicts play as tools that a culture might use to realize a new order or restructure the older ones. Systematic processes in the allocation of power within a specific culture; Social conflict that uses both tradition and conflict to systematically generate a new order of behavior both inside and outside of a given culture. Consequently, culture can be viewed as a "construction of reversible reactions because it constructs us and we, in turn, construct it," (Eskay, Onu, Igbo, et al., 2012).

However, this human creation of culture does not necessarily mean that every one of human ideas, emotions, and behaviors is natural; rather, culture is shaped by past events that have been ingrained in human society. (Eskay, Onu, Igbo, et al., 2012), found that based on the makeup and economics of these civilizations, culture is perceived as "different" around the world when comparing small-scale agrarian communities to large-scale industrialized societies. The ways that individuals with disabilities are viewed and handled around the world further highlight these cultural distinctions. (Eskay et al., 2010).claim that there are numerous interpretations of the term "culture" in use today. For example, if it is used metaphorically culture may mean, "An attitude, a fashion, a behavior or a way of doing things".

A "blueprint" that gives a means of "examining" how people could feel, think, and act within a community is provided by culture, (Popoola, 2023). A culture as "a shared organization of ideas

that included the intellectual, moral, and aesthetic standards prevalent in a community and meanings of community actions (Eskay, Onu, Obiyo, et al., 2012)."

"We can now understand that culture denotes an identifiable pattern" of behaviors exhibited in response to diverse phenomena in social environments by attaching specific meanings to individuals and groups encountering that environment." This is the general view of the concept of culture. These scholars state that people "create meanings and interpretations from their interactions with their world (environment); these meanings and interpretations about humanity, nature, and life; in turn give rise to a philosophy about that society" based on the understanding that culture influences people's conceptualization and perception of the world (Adani et al., 2012).

It's critical to keep in mind the importance of the disability idea and how society perceives those who live with disabilities. It is not sufficient to merely describe someone as "disabled," primarily because, as some disability researchers such as Ingstad and Whyte have explained, the concept or word "disability" as a recognized category does not truly exist in different cultures and societies. There are blind people, lame people, deaf people, cripple people, and "slow" people (Whyte & Ingstad, 1995). However, because there is a complex understanding of who qualifies as "disabled" and who does not, the term "disabled" as used generally does not translate well into many languages worldwide.

Secondly, these academics have noted that the cultural idea of "physical difference and personhood" in human societies is another significant obstacle that disability scholars worldwide must overcome (Titchkosky, 2016). Therefore, we must at the very least comprehend and observe what "physical difference" and "personhood" actually imply in various human societies for us to have a clear picture of disability, its cultural conceptions, and perspectives towards individuals with disabilities (Kristiansen et al., 2009).

According to (Whyte & Ingstad, 1995), personhood refers to the "valuation of others in contrast to the reflexive sense of self". Therefore, according to them, there are "significant characteristics of a person based on cultural „valuation“ of personhood and physical differences in appearance". Based on this cultural, valuation" principle, (Whyte & Ingstad, 1995a), contended that one of the basic questions for cross-cultural research on disability is that of "How biological impairments relate to personhood and culturally defined differences (among persons in different societies). In

this case, are people with impairments impaired people, or, are they valued differently than other members of the society?"

Answers to this basic question, as could be expected, are not only surprising but also are so intriguing at the same time, that suggest individuals with certain kinds of impairments of biological characteristics may not be considered as humans. Implies that even though these individuals are virtual humans "biologically", there may be a point at which such individuals' "humanity" or "personhood" is in doubt, according to some cultural beliefs (Scheper-Hughes & Sargent, 1998). Due to these differences in the way communities „value“ personhood, Sargent, reported that „there is a wider difference between the Western cultures and other cultures in the world. “ For example, Sargent indicated that an abortion of a defective fetus is considered more acceptable than that of a "normal" one in Western cultures, a notion suggesting that the human status of an „impaired“ individual is more "negotiable". On the other hand, the writer has nevertheless equally asserted that in many non-Western societies, infants who have been born with birth defects are more likely seen as "inhuman" as compared to those who acquired their defects later in life after "humanity" and "personhood" have already been established in those societies (Whyte, 1995).

The infants born with birth defects are not assigned human attributes of personhood or „anthropomorphized," but rather are expected to die (Whyte & Ingstad, 1995a). indicated how "impoverished" women in northeast Brazil ignore their "poor little critters" and compare them to Nuer's "crocodile infants" and Irish "changelings" based on these cultural attitudes toward infants with birth defects. All of these individuals, without exception, have been excluded from the realm of "humanity" in those mentioned cultural communities (Scheper-Hughes, 1992).

Furthermore, commented on the variations in "that cultural conceptualization" of humanity concerning human oddities around the world. People with anomalies are viewed as "inhuman" in uncertain societies, albeit this varies widely amongst them because most of those variances in anomalies do not immediately correspond to biomedical definitions of impairments and handicaps (Shuttleworth & Kasnitz, 2005).

As an instance, (C. Sargent, 2021), suggested that the Punan Bah tribe did not regard "Twins" or infants born with "Teeth" by the Bariba as human beings. These two examples eloquently demonstrate how such a traditional "valuation" of people based on those erroneous claims and classifications can readily result in "stereotype generalizations," particularly when it comes to the

cultural construction of disability about what constitutes "personhood" and "inhumanity" in the first place(T. Sargent & Wallace, 1987).

Furthermore, it indicated that "there is a general tendency to think of persons with disabilities as weak, hopeless, dependent, and unable to learn and the subject of charity" in many Ethiopian regional states in his recent study on the cultural context and experiences of Ethiopian perceptions towards or evaluation of disability, its casual attributes, and persons with disabilities (Tirussew, 2005).

However, some good things to say about the Maasai people of Kenya, despite the aforementioned testimonies that appear to be unfavorable regarding the "personhood and physical differences" of people with disabilities worldwide(Talle, 1995). "It is wrong to kill or mistreat deformed or impaired children because they are of the "same blood"; meaning that they are human beings," according to Talle, a Maasai tribe from Kenya. Talle goes on to say that:

According to the Maasai, a child born into a legal marriage between a man and a woman is, by definition, "a member of a social world" made up of relationships that existed before the child's birth; even though the child must go through some humanizing and socializing rituals to fully integrate into the society, it is undeniably a "social being" at the time of birth.

Therefore, strongly believe that mistreating such a child would not only mean "a grave sin against God," but should also be interpreted as mismanagement of both divine and human relations in their society (Talle, 1995). This belief stems from their traditional understanding of humanity.

Scholars specializing in disabilities have also suggested that positive cultural narratives about people with impairments exist in other parts of the African continent (Devlieger, 1995). The African disability scholars observed that "in many African communities, an individual who is typically classified as "disabled" in the developed world may not be classified as such if they can participate in the majority of crucial life activities, like "bearing children" (Stone-MacDonald et al., 2022).

However, Talle has stated elsewhere that mistreating disabled children is not only wrong but is considered "a grave sin against God" and should be understood as a failure to manage both divine and human relations in the community (Talle, 2004). These instances demonstrated how cultural

attitudes regarding people with disabilities or things that can be considered "physical differences" and "personhood" vary widely. Consequently, those ideas must be interpreted and viewed as such under the particular traditional and cultural community perspectives in which they are generally found (Talle, 1995).

2.5. Beliefs and Attitudes about Disability in East Africa

Part of the challenge in determining answers to basic inquiries regarding disability in East Africa is the significant variation in national and community definitions of disabilities (World Health Organization, 2013). The World Health Organization (WHO) manual states that a handicap "depends on valuation and expectations that put the disabled person at a disadvantage" and defines disability as "any loss or abnormality of psychological, physiological, or anatomical structure or function" (Whyte & Ingstad, 1995). The fact that these evaluations are culturally particular must be pointed out (Ingstad & Whyte, 1995). The ability of a person in East Africa to carry out everyday duties without assistance is particularly important.

It can vary significantly from what people in the developed world do daily in many ways (Stone-MacDonald & Butera, 2014). In such a community, for instance, dyslexia might not be considered a disability in light of the high rate of illiteracy, but a person with a minor physical disability might face significant disadvantages in a community where people must walk long distances during the day to carry essential supplies (Harknett, 1996). According to this perspective, people who are deformed but can participate in community activities may be considered normal. In a similar vein, researchers in Africa have observed that people who are not typically classified as disabled in the developed world may be classified as disabled in many African communities if they are unable to engage in essential life activities, like having children (Devlieger & De Coster, 2017).

We start to see that individual perceptions and languages are crucial to our comprehension of the dynamics surrounding the ideas of culture and disability as we get more knowledge about them (Stone-MacDonald & Butera, 2012). It asserted that language is more than just a tool for expressing ideas; it also shapes ideas by directing the experiences of people who use it (Wright, 1960). It is observed that people with disabilities were more likely to integrate successfully into society when they were described positively in various cultures (Scheer & Groce, 1988).

The majority world's diverse societies have allowed outside viewpoints to shape the way that people with disabilities are perceived. A medical definition of disability is frequently used. This can be linked to scientific initiatives, international organizations that have operated in that field, as well as political actions made by the relevant nations determined. It is challenging to mine the original impairment perception in this setting.

As a result, it's critical to gain a thorough awareness of how the community perceives and handles disabilities. Physical restrictions, aptitude for learning, independence, family life, participation in sociocultural and recreational activities, and a person's contribution to society may all be important factors in Ethiopia (Tirussew, 2005). Furthermore, a society's understanding and consciousness of disability is significant. The state's initiatives and policies toward fostering an inclusive society often represent the political objectives of the state rather than the prevailing sentiments in the community. Historical and socio-political changes frequently serve as the foundation for the inability to create a more inclusive society. Tirussew says the following about Ethiopia:

"Throughout human history, there have been as many diverse perspectives and understandings of disability and people with disabilities as there are in Ethiopia today" (Tirussew, 2005, p,92). This shows that there are differing opinions about disability not only among various countries but also inside a single nation. Thus, it should come as no surprise that people's perceptions of disability in various circumstances are more influenced by their local community, culture, and ethnicity than by the actual boundaries of a geographical mass (Tirussew, 2005)".

In Ethiopia, the subject of disability is viewed as extremely taboo, and attitudes toward it typically stem from supernatural interpretations, which lead to avoidance and blame (Getachew, 2011). Like its neighbor Kenya, Ethiopia views disability as a result of a mother's mistakes, such as adultery or how she treats other people while she is pregnant (Tefera et al., 2018). This perception gives rise to the belief that the child's disability is a punishment or a curse (Bunning). Stigma still prevents students with disabilities from accessing education, even despite the Ethiopian government's efforts to promote inclusive education (Tefera et al., 2015).

However, there has been limited progress toward implementing legal instruments of disability and inclusive education that might counter these views (Tefera et al., 2015). Various demographic characteristics in Ethiopia affect the possibilities and rights afforded to those with disabilities. For instance, it may be difficult for people with mental illnesses to exercise their legal rights to vote, marriage, work, and property ownership (Marishet, 2017). The absence of coordinated national advocacy initiatives on behalf of, and including, individuals who live with mental disabilities hinders movements to challenge these restrictions (Abayneh et al., 2017). Experiences with disabilities and gender also intersect. The lived experiences of women with disabilities have not been extensively studied until recently, despite their often restricted access to opportunities and resources (Broome et al., 2007).

A recent study shows how women with disabilities who pursued higher education experienced improvements in their opportunities, confidence, and sense of self-reliance. However, there were also unintended consequences, like being uprooted from their birthplaces and losing contact with family members (Tefera & Van Engen, 2016).

2.6. Perceived Causes of Disability in Africa

As in other parts of the world, there are various traditional and modern sources of traditional beliefs about the causes and cultural practices of disability towards persons with disabilities in Africa (Whyte & Ingstad, 1995). This classifies the sources of beliefs about the causes of disability into three major categories:

- **Traditional Animism:** This is the most prevalent source of beliefs of many traditional African peoples. Under this traditional animism, many people accept and believe that disabilities are punishments from the deity and divine spirits for „bad deeds“ or the result of „witchcraft“ exercised by other people on others.
- **Christian Fatalism:** According to the African perspective on this concept, this is a recently adopted modern version of sources of beliefs about disability from Western missionaries and imperialist organizations. A religious system centered on the idea that a disability is the consequence of an "Act of God's will" is known as Christian fatalism.
- **Medical Determinism:** This category is one of the modern notions that use scientific perspectives about what is believed to be a source of causes of disability. This includes

beliefs that accept the explanations of „modern medicine“ as a means to find out the cause of disabilities.

However, some of the disability scholars in Africa have observed that “It is not uncommon for individuals in the field of disability studies to use “multiple categories” of beliefs about the causes of disability; perhaps to neutralize negative beliefs about disability” (Ingstad & Whyte, 1995).

2.6.1. Devine Intervention

Many African people believe in God (gods) can either "bless" or "curse" families who have a child with a disability, indicating that there is a "divine intervention" that can cause the accident to happen to that child. This is true even though disability is sometimes accepted as the result of traditional taboo violations, recklessness, and punishments for normative transgression (Steiker, 2005). It indicated that most tribal elders in Tanzania held the view that infirmities arise from either "God's will or results from the works of witchcraft(Kisanji, 1995)."

As can be observed from reviews and analyses of disability studies to far, some scholars have also confirmed similar stories in various African locations. By reference of (Stone-MacDonald & Butera, 2012), and other sources (Peters, 2004). Parents of disabled children have revealed that their children are “gifts” from God, implying that their disability is part of the will of God.

Apart from these traditional East African beliefs about disability, it seems obvious that comparable stories exist in other regions of the continent, as similarly intricate ideas about the origins of disability have also been documented in West African nations. As noted by (Eskay, 2010), for instance, revealed that the Nigerian people in west Africa think that one or more of the following traditional normative transgressing variables:

A curse from God (caused by willful disobedience to God's commands); ancestral transgressions of social norms (caused, for example, by stealing other people's property); offenses against the land's gods (caused, for example, by internal fighting); breaching of traditional laws and family sins (caused, for example, by stealing family or other people's property or transgressions and denying it). Misfortunes (such as incestuous marriages); witches and wizards (such as disabilities brought on by their actions); and adultery (such as having sex with someone other than one's legal partner, which is regarded as a serious transgression).

2.6.2. Taboos and Punishment

According to (Ingstad, 1990), reviews with "traditional Practitioners" and "community elders" at various times provided results on oral traditions, proverbs, and folktales that describe or express traditional beliefs about the causes of disability in the literature under review. These findings fall under the broad perspective of traditional animism in Africa, revealing that people in Zimbabwe "attributed cerebral palsy to witchcraft, spirits, or breaking a customary "taboo." They also attribute blindness and leprosy to witchcraft, spirits, or natural causes (Mallory, 1993)".

On the other hand, in Africa explained that disabilities are regarded as, "Punishments from gods" or bad omens", and hence people with disabilities are rejected or abandoned(Stone-MacDonald & Butera, 2014)". Similarly, in line with the above accounts, several kinds of literature reviewed by Stone-MacDonald and Butera have also confirmed the similar existence of such descriptions of traditional "taboos" that if broken, are thought to cause a disability.

For instance, (Ogechi & Ruto, 2002) cited that, "The Nandi people of Kenya consider it wrong to kill animals" without good reason during a wife's pregnancy". Similar to this, certain behaviors, like "having sexual relations with a woman while she is pregnant," are "culturally regarded as a taboo, and breaking this, too, can cause the fetus (child) to be born with a disability,"(Stone-MacDonald & Butera, 2012)

According to (Talle, 1995); and (Ogechi & Ruto, 2002) by Stone-MacDonald & Butera (2014), "laughing at people with disabilities could also cause an individual to have a child with a disability, the laugher himself or herself, or can cause an accident to befall you, or cause future generations in your family to be cursed."

Furthermore, sins committed by other family members may also result in a disability (Stone-MacDonald, 2012). Disability, for example, can occur within a family if "Family members might have done something wrong in the past, therefore that family could be punished for that misdeed (wrong) or act with a "disabled" child (Ogechi & Ruto, 2002). and Similar information regarding an event in which "A father blamed his wife for causing their child's disability after she complained about seeing a person with distorted features in the street" from elsewhere in Ethiopia(Tefera et al., 2018).

The presence of a child with a disability in a family also affects the lives of other family members (Tefera et al., 2018). Members of families with children who have disabilities, especially in developing countries such as Ethiopia, are at risk of increased stress, social isolation, and stigmatization, as well as decreased (Gonzalez et al., 2014).

According to (Talle, 1995), quoted in (Whyte & Ingstad, 1995), provided evidence that, in contrast to the previously mentioned accounts of African traditional beliefs regarding the causes of disabilities, there are additional types of "disabilities" and "diseases" that may also be brought on by "cursing and sorcery, or by misbehaviors of women during pregnancy or when nursing their children."

Additionally, it is thought that these individuals are "one of the major sources for causing disability in other human beings (Henderson & Bryan, 2004)." However, even though they may intentionally or inadvertently cause harm or disability to other people in a variety of ways, the physical or mental damage they may cause isn't always one that renders those people permanently impaired because it can take many different forms, such as accidents or injuries that may eventually lead to a state of disability. In general, those who "admire" (in the sense of jealousy) specific bodily parts or a skill you may have, like an outstanding flair for dancing, singing, or performing things, are considered clairvoyant (Michalko, 2002).

In addition to disabilities caused by humans, there are disabilities (usually congenital ones) that are said to have divine (god) origins, for example, a deformed child as enoki (sin), which means a child with "bad luck (Priests & Deities, 2023). The phrase suggests that there may be an "inherited sin" of some sort running in the family (Kirk & Tonkin, 2021). The Maasai in this instance think that the child's birth defect is a result of the ancestors' potential to have left a negative legacy when they passed away (Tarayia, 2004). In other words, according to the Maasai, neglecting an elderly parent is a grave transgression. Thus, enoki, in Maasai's view, is a sort of curse that "divine powers" inflict on humans rather than people themselves because God desires it to occur as a supernatural "punishment" for the ancestors' sin, which manifests itself as the crippled child. Therefore, the youngster cannot be held accountable for it (Tarayia, 2004).

Generally proposed that, despite variations in the origins or causes, human-caused disabilities might not be fundamentally different from divinely-caused ones, but the former can still be recognized and potentially treated (Adu-Gyamfi & Anderson, 2022). Giving birth to a child with

a congenital defect is not at all like giving birth to a disease that worsens and becomes incapacitating, the former is less clear-cut and can be brought about by several factors, such as magic, normative misconduct, curses, or breaching the "respect" requirements for traditional norms and values. The latter is easier to characterize as an act of Enkai (God), either directly or indirectly (Bendtsen, 2023).

2.6.3. Biological Factors as Causes of Disabilities

We have been talking about the traditional or spiritual influences that are considered to be the main causes of disabilities (Ingstad & Whyte, 1995). As we've seen, the majority of Africans especially the older ones believe that disabilities are either entirely caused by people's mistreatment of others, by breaking certain traditional norms (taboos), by witchcraft and curses placed on other people, or by God's divine intervention. According to the conventional understanding discussed above, God's divine intervention is perceived as both "blessings" and "punishment" or curse.

Thus, according to (Stone-MacDonald, 2014) biological explanations are becoming more common, leading to new data and insights into the specific cause (source) of disability. That is to say, a greater number of people throughout the continent now recognize medical and biological reasons as the main causes of impairment than in the past. "This means that only very few East Africans are described as believing that witchcraft, curses, or retribution from God (gods) are the sole causes of disability nowadays," according to Stone-MacDonald and Butera. According to Stone-MacDonald and Butera, "modern" influences like Christianity, Westernized education, and medicine have changed the predominately traditional beliefs in Africa, which is partly responsible for this shift in attitudes and beliefs (Stone-MacDonald, 2012), referenced by Stones- (Stone-MacDonald, 2014) has disputed the aforementioned claim on a minor scale or degree:

"Since the indigenous people continue to believe that these traditional "values" have always existed in those traditional communities and were a part of their local oral traditions, cultures, and beliefs, originating from ancient traditional religions, there are still some traditional religions, cultural practices, and attitudes that advocate the continuation of these traditional beliefs."

So far, the literature analysis and discussions regarding the origins of African traditional views regarding the causes of disability have categorized them into three main categories: medical

determinism, Christian fatalism, and traditional animism (Mallory, 1993). But as you can see above, each one of them has a comprehensive description of its own. Indeed, many cultural attitudes and traditional beliefs about the causes of disability have been rapidly eroding in favor of modern Western culture and scientific perceptions of the causes of disability, according to the current academic level of Africans and Western religious influences on the continent (Stiker, 2019).

Based on the previously mentioned characteristics, we can now presume that every African cultural community has a minimum of a few educated individuals and a greater number of recent Christian converts. It is not yet possible to assume that all Africans think that customary taboo violations, punishments for crimes, and divine intervention alone are the only causes of infirmity if that assumption is correct. However, a good number of people may be able to identify multiple sources or causes for it (H. A. Kelly, 2004).

This belief is precise and persuasive, young, educated Africans are not only renouncing the cultural beliefs of their traditional communities, but they are doing so to the point where it seriously challenges "the once most revered local cultural and/or traditional gods and goddesses of the traditional communities (Shaw, 1990)." This is a result of the contemporary perception that "traditional animism, the existing indigenous beliefs, is viewed as archaic"(Halbmayer, 2012). Therefore, recent disability researchers should accept and acknowledge both the new and old changes and advancements that have occurred in the continent thus far, even though it is morally and legally correct to honor the old local traditional culture (Cox et al., 2016).

2.7. Practices of People with Disabilities

Disabilities are the kinds of harmed conditions that someone has a strong rational preference not to be in (Gregory, 2020). A harmed condition is relative both to one's rational preferences and to possible alternatives to do good. In other words, some condition is a disability if it implies the deprivation of worthwhile experiences and of the possibility of exploring them (Feinberg, 1986). "The intellectually disabled do miss out on some dimensions of experience which are closed to them in the way that music is closed to the deaf. And this is a disability." Thus, Harris conceptualizes disability in terms of missed possibilities and opportunities. This approach creates an individualistic framework for the issue from the outset. Disability has something to do with

individuals' abilities to pursue various enriching experiences and possibilities in life (Brown, 2003).

2.7.1. Good (Useful) Practices in Supporting People with Disabilities

A variety of theories should be used, as suggested by (Stone-MacDonald, 2012) and others (Hammell, 2006), to inform program design and address the needs of people with disabilities in their sociocultural settings. A pluralistic paradigm of disability, as described by (Thakker & Ward, 1998), recognizes the significance of socio-cultural beliefs and values in the conceptualization of disability. The social model continues to deny kids and families the right to self-determination and only offers remedial services to students with disabilities (Artiles & Dyson, 2005). Special education in the developed world has examined socio-cultural studies of disability in the US and other developed nations (Whyte & Ingstad, 1995). However, because special education's historical roots are in science, medicine, and psychology, it has tended to be based on the medical view of disability (Stone-MacDonald, 2012).

For instance, Cultural values and beliefs are important considerations in the design of educational programs for a variety of reasons (Stone-MacDonald & Butera, 2012). Even if the underlying beliefs and values are not explored, it is evident that beliefs and values affect decisions on curriculum and many other areas of intervention (Stone-MacDonald, 2012). The civil rights movement gave rise to multicultural education, which was created in the US and the UK in response to the growing number of students attending schools with diverse cultural backgrounds. As schools are required to give content that acknowledges children's cultural identities and educates them to appreciate the cultural heritage of others, it has provided much of the language about how important it is to comprehend cultural ideas and values in the developed world. Acknowledging and comprehending cultural values and beliefs is necessary for two essential aims in intercultural education: questioning cultural assumptions and stereotypes and accepting and tolerating cultural diversity (Perlin, 2011).

The way that families and educational programs interact is also greatly influenced by cultural beliefs and values. Parents use cultural values and beliefs along with their knowledge of normative development for their culture to help them make sense of their child's impairment (Eskay, Onu, Igbo, et al., 2012).

The discourse surrounding cultural beliefs and values regarding disability has an international scope, impacting the services that are accessible to individuals with disabilities in many nations and regions (Nidaw, 2018). NGOs, such as missionaries and other donor agencies, have dominated the agenda for educational reform in many developing nations. They have pushed for significant improvements that would modernize education for all students, including those with disabilities (Mwanza, 2013). This highlights the advantages of regional initiatives that prioritize indigenous knowledge and advocate for modifying curriculum to reflect local cultural contexts and requirements (Stone-MacDonald & Butera, 2012).

Global attention on opportunities for learning and work for people with impairments has resulted from the growing emphasis on human rights for those with disabilities and clarifying perceptions of disability within the cultural context of the transition is essential to know how to support the establishment of education and employment programs for children with disabilities in emerging nations (Thakker & Ward, 1998). To comprehend the viewpoints that affect persons with disabilities in their daily lives, this literature study looks into East African cultural ideas and values around disability from academic research. The intent is to conduct an interpretive analysis examining the literature to find constructs, themes, and patterns that can be used to describe and explain the phenomenon under study (Meekosha, 2011).

There are also numerous reports of problems with how people with disabilities are cared for and treated in various East African communities when they attend or participate in customary rites and rituals (Talle, 1995), who observed that "Marriage, childbearing, and coming of age ceremonies involve very important rituals in many East African communities." People with disabilities will be more likely to be welcomed in community affairs if they can participate in these customary ceremonies and rituals (Stone-MacDonald & Butera, 2012).

Put alternatively, this indicates that even though they may appear disabled, being able to take part in these customary rites and ceremonies raises the "social standing" (or social respect) of people with disabilities. In a similar vein, more instances among the Maasai of Kenya are comparable to the previously mentioned narratives and conceptions, but with a particular emphasis and attention on women with disabilities (Stone-MacDonald & Butera, 2012). Considering this Talle account:

According to Maasai culture in Kenya, women with disabilities are often permitted to carry children and reside in their parents' homes rather than relocating to their spouses' families. The offspring of these crippled ladies can also grow up to be their parents thanks to this custom. According to this Maasai custom, a disabled woman's children are entitled to inherit the assets that belong to their mother. However, this custom of keeping the "disabled homestead girl" in her family and having children who will grow up to be their offspring is not a luxury that is limited to women with impairments exclusively. But, it can also be deserved by or provided for other women who may remain in their parent's "homes for a variety of reasons"

Similarly, notes that Tanzanian proverbs and oral tradition do not support marginalization or the classification of individuals with physical disabilities as "subhuman," as has been documented in other East African nations (Devarakonda, 2022).

Available literature has confirmed that there are "other underlying reasons" related to "traditional and religious beliefs" for which families and community members in general, provide care for and fairly treat persons with disabilities in East African communities. These reasons, in addition to the individual or ordinary willingness mentioned above, are factors for the positive treatment of persons with disabilities in East Africa (Devlieger, 1995).

Many East African groups have reportedly shown greater care for those with impairments to "protect" the other members of the community from "ancestral or spiritual curses," according to Stone MacDonald and Butera (2014). In a similar vein, (Stone-MacDonald, 2014,) quoted (Mallory, 1993a) who pointed out similar evidence in the following terms:

"People with disabilities "satisfy the interests of evil spirits," according to the traditional beliefs of the Chagga people of Northern Tanzania, and if non-disabled community members "protect" and "care" for them, then "evil spirits will not disturb the balance needed for daily life within their community." As per the Chagga tradition, providing care for individuals with disabilities entails safeguarding non-disabled community members from potentially debilitating conditions that could be inflicted by evil spirits as retribution for their neglect of their disabled members".

In conclusion, disability researchers in the field have shown that "personal and family "own" willingness" and "Traditional or Religious factors" are the two main underlying variables that support the care of people with disabilities in Eastern African communities. Based on the aforementioned testimonials, it can be concluded that persons with disabilities are generally treated fairly in several areas in East Africa.

Therefore, Stone-MacDonald and Butera concluded that "this holistic view of people, regardless of their personal or physical characteristics, is not uncommon in Africa in general" based on this general observation of these testimonies. As per the (Stone-MacDonald, 2014), citation of Miles (2002), it was also mentioned that in many African communities, certain traits like "disability" are not as significant as other elements of an individual. In the section that follows, we shall discuss the experiences of people with disabilities in general and in East Africa specifically concerning maltreatment (harmful) cultural practices.

2.7.2. Negatives (Harmful) Practices of People with Disabilities

As of now, the previously mentioned and illustrated evidence supports the reports of excellent care (treatment) provided for people with disabilities by traditional communities in East Africa, particularly for women and children (Bunning et al., 2017). Contrary to the positive attitudes and "good care or treatment" that people with disabilities have been told about in East Africa, there are also a lot of verified reports of mistreatment and bad treatment of persons with disabilities throughout Africa, especially in East Africa (Mokomane, 2013). The majority of current maltreatment or harmful cultural practices against people with disabilities, according to testimony from wa-Mungai (2009) reported by Stone-MacDonald and Butera (2014), stem from local "negative traditional attitudes and beliefs (Dennison, 2017)." For instance, Ogechi and Ruto provided an excellent illustration of these abuses, citing, among other things, the segregation and prejudice against those with hearing and vision impairments in the Kenyan political system as well as their political involvement (Berman & Monteleone, 2022). "It is unlawful for people with hearing or visual impairments to become a president in Kenya, just because the law requires a president to speak and read in Kiswahili and English, not Braille or sign language (Stone-MacDonald & Pinar-Irmak, 2021)

Several scholars from East Africa have also noted that social inclusion and integration of people with impairments generally are influenced by economic issues (Berman & Monteleone, 2022).

"Children and other family members with disabilities appear to "be less accepted" into the community life, "if" they cannot contribute economically to the family or the community in general," according to Ogechi and Ruto, cited by Stone MacDonald and Butera (2014). However, Ogechi and Ruto (2002), cited by Stone-MacDonald and Butera, stated that "In Abagusii and Nandi people of Kenya, individuals are described by how well they integrate into „social and communal“ life," which stands in stark contrast to this economic orientation toward people with disabilities.

According to notifications from studies conducted in Uganda by (Sandall, n.d.2016) cited by (Stone-MacDonald, 2013) and Butera (2014), and other sources, there is widespread discrimination against adults and children with disabilities in Ugandan communities and schools. According to (Stone-MacDonald, 2013), many study participants told them that "they did not like to take out their children with disabilities into the community but, preferred to care for them at their homes instead" in other related accounts from a qualitative study conducted in Uganda by (Thakker & Ward, 1998). For a variety of reasons, including "rejection of those students with disabilities by schools or their families were unable to afford the school fees," other participants have also reportedly "not enrolled their children in schools" despite their desire for their kids to receive an education (Mostert, 2016).

According to (Landsman, 2003), who was referenced by (Whyte & Ingstad, 1995). there exist nations where babies born with birth abnormalities are not anthropomorphized that is, they are not given human characteristics of personhood instead, they are all expected to die. In those cultural groupings, everyone is excluded, without exception, from the human race. Overall, the literature reviews on the abuse of people with disabilities make it abundantly evident that abuse of people with disabilities is not limited to just one nation or community nationwide. (Whyte & Ingstad, 1995a). Rather, they are universal characteristics shared by all nations and societies, however, they may vary significantly depending on the particular culture that a person with a disability may live in (Thakker & Ward, 1998). Likewise, these detrimental cultural customs (mistreatments) directed at individuals with disabilities, regardless of their kind, stem from unfavorable customs and attitudes that vary among nations and communities (Andrews, 2019). Therefore, decision-makers for interventions and programs involving people with disabilities must generally pay close attention to and acknowledge the existence of these variations in cultural norms among diverse

nations and groups worldwide (Rimmerman, 2013). Only then would it be possible for them to create their intervention plans or offer the appropriate support services to the customs and cultural traditions of that particular group? Otherwise, any program designed to assist people with disabilities in the majority of communities worldwide will be hindered by disregarding such fundamental ideas (Cross, 1989).

2.8.The Life of People with Disability

People with disabilities make significant contributions to the communities in various ways (Milner & Kelly, 2009). Their contributions are not limited by their disabilities but are rather shaped by their unique skills, talents, and perspectives (Hammel et al., 2008).

2.8.1. Traditional Contributions of People with Disability in Community

The traditional contributions of people with disabilities to the community have evolved, as societal attitudes and perceptions have changed (Marini, 2011). Historically, people with disabilities faced significant barriers and discrimination, which limited their opportunities for active participation (Longmore & Umansky, 2001). However, despite these challenges, people with disabilities have made important contributions in various ways. Here are some traditional contributions of PWDs to the community:

- **Skills and Crafts:** People with disabilities have often excelled in specific skills and crafts, contributing to the economic and cultural fabric of their communities (Simbaya et al., 2019). For example, individuals with visual impairments have been known for their exceptional skills in craftsmanship, such as weaving, pottery, and woodworking. People with disabilities have preserved traditional arts and crafts, passing down their knowledge and expertise through generations.
- **Storytelling and Oral Tradition:** People with disabilities have played a significant role in the preservation of oral traditions and storytelling within their communities (Hirsch, 1995).
- **Spiritual and Religious Roles:** People with disabilities' spiritual contributions have often been based on their deep understanding of human suffering and their ability to empathize with others (Speraw, 2006).
- **Care and Support in the Community:** People with disabilities have long been involved in giving others in their community support and care. They have taken an active role in

providing care for children, the elderly, and people with disabilities despite their struggles. Because of their experiences, people with disabilities have a unique understanding of others' needs, which enables them to provide important support and empathy.

- Advocacy and Activism: People with disabilities have been at the forefront of advocating for policy changes and social reforms to improve the lives of individuals with disabilities (Switzer, 2003).

Therefore, quality of life is a multidimensional construct requiring self-determination and advocacy skills, employment, and recognition of basic human rights and fundamental freedoms for improvements to be made (Karr, 2011). People with disabilities have exceptional physical and psychological features and special needs that are revealed when people with disabilities strive for equal possibilities to participate in the areas of physical education, sports for people with disabilities, recreational and everyday physical activity (Mockevičienė & Savenkovienė, 2012). People with disabilities have a good life contributions in some cultural groups. This life lesson benefits their community and promotes their creativity (Iwasaki, 2007). People with disabilities often feel isolated from their communities, which in turn affects their emotional well-being and their overall quality of life (Cummins & Lau, 2003).

However, another cultural group that deserves well-respected special attention is Indigenous peoples. One rationale is that Indigenous issues are globally meaningful and important because significant portions of indigenous peoples reside in various regions worldwide and face a variety of pressing health and social problems (Iwasaki, 2007b).

2.9. Intervention Strategies in Community

Although the intervention strategies listed below are not conventional in nature, the researcher thinks it would be beneficial to use them as instruments for raising awareness because they were derived from research findings from other nations' experiences with disabilities. These may generally include:

- Strategic and intervention techniques that tackle negative attitudes towards disability and persons with disabilities by using direct disability awareness training with victims, their families, community elders, religious leaders, and kebele administrative leaders;

- The religious leaders and the various administrative agents in charge of social issues or affairs in general will be provided with intervention tactics that create awareness on legislation against discrimination and injustice (in traditional and cultural systems);
- Intervention strategies that Combine stigmatization and exclusion based on negative beliefs or attitudes concerning persons with disabilities, including those based on customary, religious, or medical worldviews; and the Existence of content specifically addressing the inclusion of persons with disabilities and respect for their human rights as guaranteed under the CPRD, and the existence of gender mainstreaming in the curricula of schools and universities
- Disability interventions that support and encourage "equality" for people with disabilities in the workplace, social sectors, and educational settings;
- Intervention strategies that support the notion that providing people with the fundamental conditions necessary to reach their full potential is both a legitimate human right and a legitimate entitlement.
- Initiatives that highlight the importance of and richness of human diversity.

CHAPTER THREE

Research Methodology

3.1 Introduction

This third chapter goes into great length about the research design, procedure, study population (participants), sampling techniques, data collection tools, data collection processes, data analysis methodologies, study organization (research), and ethical questions and considerations.

3.2 Research Designs

The research design for this endeavor was qualitative research method. The study has used ethnographic research design as its approach since it fits the topic of the study (Butler & Derrett, 2014). This was because, as indicated by (Harris-Johnson, 2023), “Ethnographic qualitative design is used to describe and interpret the shared and learned patterns of values, behaviors, beliefs, and language of a culture-sharing group.” The qualitative method was selected as the research approach for this investigation. Selecting a qualitative research approach makes sense because it typically focuses on the perceptions, experiences, and meaning-making of the study participants, which leads them to attach meanings and conceptions about specific social and cultural aspects (Creswell & Creswell, 2017). Since this design approach is relevant to the study's issues, the ethnographic research design was applied to the investigation. From this perspective, the study aims to comprehend multiple realities specifically, the research participants' perspectives and the meanings they ascribed to those situations in their social (natural) contexts rather than just one problem (phenomenon) (Creswell, 2011).

Also, the second main justification for choosing the qualitative approach instead of the quantitative one was that the latter approach employs numerical measures and quantities, whereas the former systematically investigates, characterizes, and tells a narrative of a real social phenomenon (phenomena) in its social (cultural) state (position) on the ground. In such instances, the researcher simply seeks to understand the cultural phenomenon in controversy and then establishes meanings of it from the perspectives of study participants who belong to the same cultural group and who have over time developed common or shared patterns of views, beliefs, behaviors, etc. (Creswell, 2009).

3.3 Study Population

This research study was conducted in the Gambella region, in one of the five administrative woredas of the Nuer Nation administrative zone called Lare woreda, with its two kebele administrative areas as the main focus or center of the study. Lare Woreda is located about 82 kilometers away from Gambella's capital city. In the study, the researcher has to select those members of the community who would provided him/her with the best information (Yin, 2009). The intended number of study participants was sixty (60) respondents; however, this number of participants was never found at all. Among the main reasons for the study's inability to gather the intended number of participants during the data collection period were the region's incredibly high level of insecurity, the refusal of some study participants to participate in the study, lack of enough people with disabilities within the two kebeles and the region's general insecurity. For these reasons, the researcher was only able to contact and interview thirty-six (36) study participants (31 males and 5 females). These are 4 kebele administrative leaders, 4 community elders, ten youth without disabilities and ten youth with disabilities two (2) health professionals (nurses), and six religious leaders made up the majority of study participants.

3.4 Sampling Techniques

The sampling technique that has been used for this study was purposive because Purposive sampling ancollected from the known people who are living long and familiar with in the community.

The broad range of sample procedures that may be applied to various qualitative research designs from homogenous collection to significant case sampling, sampling by professionals, and more is one of the main advantages of purposive sampling. These sampling techniques were preferred for selecting research study respondents because of two basic reasons. The beliefs and practices of the Nuer community towards people with disabilities are far different compared to the other cultural groups, according to the researcher's knowledge of the Nuer community. which means that from the traditional point of view, they are so valuable and spoken openly in the community. As a result, persons with disabilities most of the time, are publicly known by many other community members and their own families and very close-blood relatives and play with their age mates. According to

the definition given by Ary et al. (1996), a researcher selects a small group or subset of a population for the study and uses this knowledge to draw generalizations about the properties of the population and the same cultural group. To put it briefly, to search for significant respondents, purposeful (purposive sampling techniques) selection of kebele administrative and religious participants through the contacts of those who knew them in the area has additionally resulted in the identification of other respondents. Second, the majority of those with a solid comprehension of the cultural practices and beliefs within disability in the Nuer category are elderly, which also made the study's purposeful procedures achievable. The sampling frame for the study was completely confined to the use of these sampling strategies to thirty-six (36) respondents from Nuer speakers and community members comprised of thirty-one (31) males and five (5) females only. In general, these include ten people with disability (male = 7, female = 3), four kebele Administrative leaders (4) (male =3, female = 1), four community elders (4) (4 male, female 0), ten (10) people without disabilities or community members (male =8, female =2) who were well known, live longer and familiar in the Nuer community (culture), two (2) health workers and six (6) religious leaders (male = 5, female = 1), respectively were present.

In addition, the research study woreda sites have been wholly selected in the Nuer predominantly inhabited areas. For example, Lare woreda, which is located in the utmost western part of the region in the border of South Sudan, is completely a Nuer administrative area. Lare Woreda with two kebele administrative was selected as study sites because the anticipated study's target participants were the Nuer-speaking people in the first place. Secondly, these two particular woredas and two kebele administrative areas have been selected purposively as research study sites due to some basic good reasons in the mind of the researcher.

These basic reasons involve the researcher's familiarity with this woreda and two kebele administrative; that is, Lare woreda is the researcher's birthplace and childhood home, and the researcher's family currently resides there. As a result, the researcher possessed in-depth knowledge of these subjects, especially concerning certain woredas' study facilitators, religious leaders, and community elders. The researcher, in any event, did not wish to bother you with the details of the unique accommodations that were provided for him in these two places during the fieldwork.

Table 1: A summary of the study population's (participants') general demographic traits broken down by social group and gender.

The Study participants (respondents)	Gender status		
	Male	Female	Total
Kebele administrative leaders	4	-	4
Community elders	4	-	4
Religious leaders	5	1	6
People without disability/non-disabled youth	9	1	10
People with disabilities	7	3	10
Nurses	2	-	2
Total	31	5	36

✚ Based on the study respondents out of all thirty-six (36) study participants; meaning four (4) males and zero (0) females, four males and zero (0) females, five (5) male religious leaders, and one (1) female, nine (9) males non-disabled youth and one female, seven (7) male people with disability and three (3) females, and two (2) males health workers/nurse are from lare kuergeng 01kebele in Nuer administrative zone, whereas only eight (8) male and one (1) female participants out of that figure are from Lare woreda, Malow kebele, respectively.

Table 2: General summary of general demographic characteristics of the study population (participants) by their gender, age, social groups, roles in the study, marital status, and religious orientation (affiliation).

General description of study participants' background and characteristics	Gender	Male	Female	Total
		31	5	36
Study participant's age and social positions	20-26 (Youth)	11	3	14
	26-36 (Adults)	11	1	12
	>40&above(Elders)	9	1	10
Woreda study site	Kuergeng kebele	23	4	27

	Malow	8	1	9
Marital status	Married	20	2	22
	Single	11	3	14
Religious orientation or affiliation	Christianity	32	3	34
	Pagan	2	0	2
Participants type, social groups	Community Elders	4	0	4
	Religious leaders	5	1	6
	Kebele administrative	3	1	4
	Non-disabled youth	8	2	10
	PwOs	7	3	10
	Health workers	2	0	2

3.5 Data Collection Instruments

The role of the researcher was to attempt to collect information on people and their culture by gathering data in the form of a description. The researcher used observation and interviews as data collection tools. To get relevant and convincing data it was require using different data collection tools.

3.5.1 Interview

Interviews, both semi-structured and unstructured, were done with two kebeles, and community members, as well as individuals with and without disabilities. The majority of the issues that were prepared and posed in interview questions were based more on respondent's traditional beliefs, experiences, and cultural practices, which are accessible to people with disabilities. This is why semi-structured and structured interviews with open-ended questions are preferred.

The "open-ended" questions were used in "semi-structured" and "unstructured" interviews with interview subjects, as well as focus group discussants, to gather data for this research project. Because most of the prepared interview questions focused more on the respondent's traditional beliefs, perspectives, experiences, and cultural practices available for people who have been inadvertently born with disabilities in the Nuer community, semi-structured and unstructured interviews with open-ended questions were preferred.

Second, open-ended, semi-structured, and structured interviews have the potential to spark a plethora of other, related emerging questions, many of which may originate from a small number of initially planned original questions. The face-to-face interrogation by the researcher of people with disabilities will also be expected to investigate the level of beliefs and practices of the community towards people with disabilities. Furthermore, an interview that took place with the participants as a focus group discussion that was confirmed the information obtained and helped the researcher gather in-depth and accurate data that have higher response rates and a greater understanding of the issue.

3.5.2 Observation

Observation frequently offers a direct and influential means of learning about people's conduct and the setting in which this comes about (Emmertsen, 2007). In line with this literature affirms that observation offers rich data sources that offer deep descriptions of the case (Gall, 2007). The observations were used for this study because the main purpose of participant observation is to gain an insider perspective on the topic being studied in addition to an outsider perspective. Researchers often use participant observation to understand a group's beliefs, how the community gives respect and values to people with disabilities, cultural marriage, symbolic systems, social interactions towards people with disabilities, and the meanings of specific practices of the communities towards people with disabilities from different ages. The community observations were conducted three times per week for the Kebele administration and community. Two observations in the Kebele administrations were used pictures, and other observations were conducted without videotaping.

3.6 Data Collection Procedures

The researcher took permission from Addis Ababa University, the College of Education and Behavioral Studies, Department of Special Needs Education requesting an official collaboration after creating data-gathering devices. "To Whom It May Concern" was inscribed on it, as is occasionally the case with data collection procedures. The researcher then traveled to the Gambella region, Lare woreda, which was home to the target research study sites and anticipated study participants. The researcher went to the designated research study sites, namely Lare Woreda in the Nuer administrative zone. The researcher started by going to Lare Woreda Kuergeng Kebele,

which is located far from Lare town and is also known as the Malow Administrative Kebele, as there were two different research study sites.

On February 25, 2024, the researcher presented a letter of collaboration from the university to the relevant Lare woreda administration before starting the data collection process. After obtaining full authorization to gather data, the researcher spent three full days obtaining "informal" information about the "would-be" research study participants from former "old friends" and some close relatives. Once all the relevant participants had been identified with their names, roles, and housing locations, the researcher could easily make the day-long trip to their houses.

After all of this, from February to March 3, 2024, the study participants in Lare woreda were interviewed. Before going on to each participant's home one by one, the interviews began with the participant establishing a connection by introducing himself, showing cooperation or permission, requesting a letter from the university, stating his place of origin, the reason he needed each one, and the study objectives.

Following a basic introduction and building of rapport with each study participant, the subjects gave their complete consent to participate in the study and selected a convenient time and location for the interview. Individual interviews included representatives of the kebele administration, individuals with disabilities, youth without disabilities, religious leaders. After all of this was finished, the researcher presented a brief introduction to each study participant, outlining the subject matter of the study, its eventual goal, any concerns regarding confidentiality assurance, and their desire to participate in the voice recording request.

After ending data collection in Kuergeng Kebele, on April , 2024, the researcher returned to Malow Kebele to collect data from the five study participants. The Malow Kebele Administration followed the same procedures as those in Lare. Once formal and administrative issues were resolved and access. The researcher found two religious leaders and well-known people and conducted interviews at each youth's house on April, 2024, regarding their perceptions and attitudes regarding disability, and on April, 2024, with youth who are not disabled. For all research participants, the interview was conducted in the Nuer language as a medium of communication, and during the interview in Lare woredas (two administrative kebele), their remarks or responses

were captured using a smartphone voice recorder. Following the conclusion of the data collection process in both districts, all recorded interviews were either verbatim transcribed or translated word for word into Nuer. Following this transcribing procedure, direct translation was used to convert the data from Nuer into English.

3.7 Method of Data Analysis

The data collected through observation and interview was analyzed qualitatively and will focus on the exploration of practices, beliefs, thoughts, and feelings of people with disabilities and other participants in Nuer Culture, Lare woreda Gambella Region. The researcher followed the process of systematically searching and arranging the interview checklists, observation notes, or other non-textual materials to increase the understanding of the phenomenon within the study scope. The process of analyzing qualitative data involves coding or categorizing the data. It involved making sense of huge amounts of data by reducing the volume of raw information, followed by identifying significant patterns. The researcher drew meaning from the data and built a logical chain of evidence. As a result, similar data have been analyzed using the descriptive approach and/or qualitative narrative analysis (Creswell, 2007). The researcher used direct participants' wording, field notes, and documents to state the real result. The data interpretation took place by interpreting the findings synthesizing information, and drawing inferences. The discussion was held by integrating the results with a review of related literature and researcher knowledge. Then the researcher stated the conclusion and recommendation separately based on the interpretation of the result and the professional judgement of the investigator.

According to the points of view as well as responses provided by the study's respondents to the main interview questions, the information that was collected has so far been divided into significant sub-themes. The aforementioned categories are predicated on differences, corresponding relationships, etc. These differences and similarities of study respondents' responses serve as the primary criteria for developing major themes (categories), subjects, or sub-topics from which significant research findings have been gathered, assessed, and interpreted. These results are then presented in chapter four and chapter five for discussion and conclusion below.

3.8 Ethical consideration

The researcher started talking to each study participant about their consent to participate in the study and how to choose a convenient time and location for the interview process after gaining full approval and agreeing with officials to conduct the study. In addition, agreements were made by participants in and one-on-one interviews on consent for voice recordings, identity secrecy, assurances of personal safety, and information shared as study data. Each participants received one or more alone interviews, including individuals with notable disability.

CHAPTER FOUR

Results

4.1. The Beliefs about Disability in the Nuer Community

Before all about the beliefs and practices of the Nuer community, according to the majority of respondents, about the term disability, the general beliefs of the Nuer community toward people with disabilities, regardless of what type of disabilities.

In general, seven (7) people without disabilities, two (2) health workers, and three (3) people with disabilities meaning, altogether twelve (12) study participants out of the other groups have similar responses to the question “*How do you perceive the term disability?*” Hence, the first answer to the beliefs of “disability” in term of definition from these respondents is as follows:

“The term disability was answered: “The term “disability” means “lack of ability or capacity.”. and powerless to do any activities”.

According to the ideas explained above, responses (answers) from the study participants on the major theme or topic have been categorized based on the similarity of participant’s responses; meaning, answers bearing regard to similar responses have been merged and addressed in one group and the others with different responses in the other.

The second answer from study participants, meaning four (4) kebele administrative leaders, four (4) community elders, (3) people without disabilities, seven (7) PWDs, and six (6) religious leaders and meaning 24 of study participants have a similar response to the question above. Hence, the second answer to the perception of the term “disability” definition from these respondents is as follows:

“There is not a single word or phrase in the Nuer language that perfectly describes or has a direct translation of the word disability. Instead, depending on when they first come out, the Nuer people use two different words in their language (Nuer) to identify or characterize obvious human flaws or disorders. These natural deformities or conditions are referred to as “Buom” (pronounced bu-om) in the Nuer language, and all acquired deformities and conditions are referred to as “Guar” (pronounced “guar”), respectively”.

The third response about the beliefs of disability in the Nuer community, according to most respondents in the Nuer community, beliefs toward a person with a disabilities may include religious acceptance. Also, people believe that a disability is caused by factors such as the influence of past lives, mystical intervention, or the past actions of a parent. In the Nuer community, one of the beliefs that bring disability to a particular family is that ‘blame’ for a disability may be placed on the mother or both parents or the child’s condition may be considered an act of God.

In the fourth response, based on that explanation above, all thirty-six (36) study respondents have admitted (said) that individuals who have been born with birth defects and those who have just “acquired” their disability through accidents after birth are respectively referred to as:

“Nuer community believes that the disabilities are those with Powers, People with Powers, or Those of Extraordinary Powers. But the term means “Persons with a disability or acquired disabilities. And Nuer community calls them “Ji Bumni” (pronounced as „Ji bum-ni). This reference is generally used by all Nuer community members to mean or imply that persons with inborn disabilities are People with evil powers, supernatural powers, and killing spirits or powers that cause harm, death, and other misfortunes in general on non-inborn disabled community members, including their families and all community members a big fear with them. On the other hand, those who acquired their disabilities after birth are referred to as, “Ji Guari” pronounced as Ji Gu-ari, if translated into English, may mean, those with progressive wounds, broken body parts, or lost body parts, etc. In short, it means Persons with acquired disabilities/conditions.”

Another answer from study participants, according to four (4) kebele administrative leaders, four (4) community elders, and religious leaders added that:

“The Nuer community is an extremely religious people whose beliefs can be summarized by the word Kuoth (God), who did all things, even how a person was born and acquired disability, belongs to him. According to all study participants, the Nuer community believes that “Kuoth (God) is an all-encompassing God associated with the sky, but is always

present in all things, living and dead, and is also associated with many spirits, and the spirit form of Nuer tradition.”

Therefore, most respondents, especially non-disabled youths, “the Nuer community generally holds a traditional view, which influences their attitudes and treatment of individuals with disabilities.” The Nuer community typically accepts people with disabilities as valued members of their society. They recognize that disability is a natural variation of human existence and believe that individuals with disabilities have a meaningful role within their community (inclusion).

Table 3: Summary of the study participants and their responses on the definition of the term “disability”

The answers from study respondents on the term “disability”	Social group/respondents	Male	Female	Total	
“Disability” means “lack of ability or capacity.”. and powerless to do any activities”.	Non-disabled Youth	6	1	7	12
	PWDs	3	-	3	
	Health workers	2	-	2	
	Total	11	1	12	
There is not a single word or phrase in the Nuer language that perfectly describes or has a direct translation of the word disability.	Respondents	Males	Females	Total	24
	Religious leaders	5	1	6	
	Community elders	4	0	4	
	Kebele administrative leaders	4	0	4	
	PWDs	4	3	7	
	Non-disabled youth	3	0	3	
	Total	20	4	24	

N.B. Table 3: The summary and review of the study participants' group suggestions about their meanings of the term "disability"

As the above table shows, twelve (12) among the thirty-six (36) study participants eleven (11) males and one (1) female who account for half of the study participant population size,

replied that there is no single word that translates the term "disability" into Nuer language. Instead, all forms of human infirmities are referred to in the Nuer language by two simple but distinct phrases, "buom" (congenital disabilities) and "guar" (adventitious or acquired disabilities), respectively, depending on when they first appear;

Additionally, twenty-four (24) out of thirty-six (36) research participants—or 80.86% of the total study participants answered that the word "disability" refers to "lack of ability or capacity" or "powerless" in Nuer. However, it is crucial to note that most of the group members—four community elders, four Kebele administrative authorities, six religious leaders, and two individuals with disabilities are well-known within the Nuer community;

In general, however, all study participants have an awareness of the belief that "disabilities though in different ways of understanding in their local or cultural perspective aside from that of an English conceptualization of the term disability.

4.2. Belief about the causes of disabilities in the Nuer community

As a starting point of the interview, study participants were generally asked about their general background knowledge on whether or not they have awareness about “the general knowledge that causes of disabilities”, followed with another related question that explores their knowledge of persons with both acquired and congenital disability in their community.

4.2.1. Congenital Causes of Disability in Nuer Community

Study participants based on their traditional, personal beliefs, and professional knowledge of “what they think about the causes of disability.” The first group to give its accounts of traditional beliefs on the causes of disabilities was formed by different group members comprised of four community elders who are known people in the community, six religious leaders, ten youth with disabilities, four non-disabled youth, and finally, other health professionals.

Nonetheless, some group members maintained that this could also be caused by some “irresponsible” human dealings regarding the affairs of bridewealth payment during marriage occasions. Despite the slight difference mentioned above, their responses have been presented in one paragraph since their responses began with, “I think... some disabilities are created by “God” or “God,” followed by blame on marriage dowry of paying animals that have inborn blemishes,

that may in turn, be thought to be alternative “causes” of disability. In general, their response is as follows:

“We think (believe) disability is created (caused) by the “God of Heaven” (some said, “god of the sky in the Nuer context of the word “God”). Nonetheless, many local community members believe that some irresponsible human mistakes can cause an inborn disability, according to the Nuer community’s traditional beliefs.” The traditional beliefs that people with congenital disabilities “have evil spirits, supernatural powers, and killing or death powers or spirits” that actually harm or possibly cause death, failures, bad luck, misfortunes, etc. on non-inborn disabled community members in general, including their families, are the basis for the fear and rejection of people with congenital disabilities”.

Apart from the main question above, youth with disabilities have been asked an extended question on whether or not they thought (regarded) their inborn disability condition could be viewed as “Buom” or congenital disability with a “negative” connotation traditionally attached to it. In this context, most people in the Nuer community believe that supernatural and spiritual explanations are often the causes of disabilities. According to Nuer traditional culture “disabilities attributed to the actions of ancestral spirits, witchcraft, curses, or divine punishment, which implies that individuals born with them possess “evil spirits,” “supernatural powers,” and “killing spirits” that can cause death and other dangerous misfortunes to non-disabled community members, including child’ families, according to the Nuer community’s traditional beliefs. Their other response was unanimous:

“Yes, we do regard it as a congenital disability (bu-om) simply because we were born with it together and because our families and community members in general believe that it is a congenital disability.”

On the other hand, besides the belief that disability is God's creation, the second group of respondents to this same question completely had a different answer and belief on the cause of an inborn disability. In general, the group members believe (or think) that “an inborn with a disability is entirely caused by certain conditions or disabilities that can be inherited or passed down through family lines.”

This group is composed of six (6) people without disabilities, five (5) non-disabled youth, four (4) religious leaders, and one (1) kebele administrative leader in general. Even though the group has six teen members, they presented the following:

“In many cases, disabilities may be attributed to a person or family's failure to adhere to cultural norms or traditions. This perspective suggests that disabilities can arise as a consequence of violating customs or engaging in taboo behaviors. There are specific taboos and restrictions that pregnant women in the Nuer community are expected to follow. Violating these taboos, such as eating certain foods or engaging in certain activities, may be believed to result in disabilities or negative outcomes for the child.”

One of the respondents said, “As I learned from my parents, I was born with a condition that causes me not to see even now. As a result, I have seriously impaired vision, and my community considers me blind. And according to what my parents told me, my mother refused to bring water to a blind old man in a certain village. That old man says something: “Being blind is for all; even if you are a child, you will see one day.” After a year, when my mother got married and gave birth to her firstborn child, who’s me, I became blind since my birthdate. I live together with my mother, father, and other relatives with their support.”

4.2.2. Accident (acquired) Causes of Disabilities in Nuer Community

So far, we have discussed in depth the two central themes, i.e., traditional beliefs and the causes of disability in the Nuer community, and congenital causes of disability in the Nuer community towards persons who have been born with it. More importantly, detailed and specific individual accounts of the study participants' general traditional beliefs about the congenital causes of those traditional beliefs of the Nuer community and their subsequent implications and applications have been presented in the detailed approach above. By contrast, however, under this theme (traditional beliefs of the Nuer community about the causes of acquired disability), we are going to deal with the study respondent's narrative accounts narrated about the Nuer community's general beliefs on the causes of acquired disability in detail.

Most answers (responses) collected from different study participants, both individual interviewees and focus group discussants, have shown consistent similarity with one another across different and similar social groups of the study respondents in general. As a result, responses from each similar social group have just been merged and presented under the same paragraphs to reduce unnecessary repetitions in the work process.

In general, questions that explore the Nuer community's "Traditional Beliefs about the Cause of Acquired Disability" include, "*What do you think (belief) causes an acquired disability, according to your personal and traditional knowledge?*" "*Is the case of having an acquired disability a concern or problem in your community and culture in general?*" and finally, "Do you think there is a difference between individuals who have been born with disabilities and those who lost their body parts through accidents after birth?" Their response is as follows:

"We believe that acquired disabilities are caused by local accidents. From the traditional point of view, the causes of the acquired disability have nothing to do with the local traditional beliefs of the Nuer community because "it" just happens later after birth. Therefore, all members of the local community believe that it is directly caused by accidents of any kind in their lifetime. Severe head injuries, spinal cord injuries, or limb amputations are examples of disabilities that can result from such accidents. That is why the Nuer community refers to all people with acquired disabilities as "Ji guari," meaning "people with damages, broken body parts, progressive wounds, etc. The term "guar" or damage carries in it a positive impression that those individuals with such acquired physical defects or damages have just accidentally obtained these disabilities in one way or another once they have been born with all their physical body parts present at birth time. This means that the cause is accepted as something "real" and "acceptable" since it happens, at least, before other people, and it happens as a „fate to victims, and therefore, in the same sense, it can happen to anyone, anytime in life."

In addition to this question, to all respondents, is the *case of having an acquired disability a concern or problem in your community and culture in general?* and finally, "Do you think there is a difference between individuals who have been born with disabilities and those who lost their body parts through accidents after birth?" Their response is as follows:

“In the case of having a disability, it is not a concern of the Nuer community because, starting with family members of a person with a disability, they recognize the importance of embracing equal treatment and opportunities for individuals with disabilities with other non-disabled members. Efforts are being made to promote local accessibility and challenge negative attitudes and stereotypes towards people with disabilities, addressing the concerns and problems faced by individuals with or born with disabilities. However, these efforts focus on promoting inclusivity, providing support services, and facilitating the integration of people with disabilities into family and society.”

The other 12 respondents, meaning all community elders, religious leaders, and kebele administrative leaders, and 14 respondents with two group discussants on non-disabled members out of 10 people with disabilities in the study, their answers are more similar based on their culture. Thus their answers:

“Yes, they are different based on their experience. Persons who were born with disabilities have often grown up with their disability and may have developed coping mechanisms and adapted to their circumstances from an early age with their family and age-mates. They may have faced unique challenges related to their disability throughout their lives. On the other hand, individuals who acquired disabilities later in life may have had to adjust to a sudden change in their abilities, which can present its own set of challenges.”

The other respondents, especially the two (2) health professionals group about the causes of disability, say that:

“In the health center, there are birth complications that arise from complications during childbirth. Lack of access to proper medical care, prolonged labor, and inadequate prenatal care can contribute to birth injuries that lead to disabilities.”

4.3. The Practices of the Nuer Community towards People with Disabilities

So far, the section on that main topic above has given us an understanding of the practices and traditional beliefs of the Nuer people, as well as beliefs related to the origins of disabilities. But now, in particular, the second major issue that follows is the general cultural practices of the Nuer

community towards people with disabilities, including any sub-themes. To provide a bit of understanding, this major topic will be examined from two perspectives: The Nuer community's positive and negative cultural behaviors toward those with disabilities. While questions about good cultural practices generally aim to explore practices and services supporting persons with disabilities in various aspects of the Nuer community, questions about cultural maltreatment (harmful) towards persons with disabilities investigate existing harmful cultural practices of the Nuer community.

4.3.1. The Useful (Positive) Practices of the Nuer community toward PWDs

Regardless of what we consider to be good (positive) cultural practices in the Nuer community, it should be noted that such cultural practices cover a range of dimensions rendered for persons who have been born with disabilities, and they have rights from childhood support to adult individuals and social rights in the Nuer community.

The aforementioned kinds of individual and social rights can most prominently include but are not limited to, the right to marry, the ability to receive family property, economic freedom, independence, and so on based on the aforementioned ideas, the following are the respondents' answers to the questions addressing relevant cultural practices for helping children and/or adults with congenital disabilities, whether they be medical, social, religious, traditional, or something entirely else.

The first central question on cultural practices of the Nuer community towards persons with disabilities reads, *“What are the existing good cultural practices (social supports) for children and adults who have been born and acquired disabilities in the Nuer community?”* Even though the core idea of the central question was maintained, how the question has been asked has conceded certain slight differences across different study groups, meant to accommodate modifications depending on the study respondents being asked. Therefore, the respondent's answers have been generally presented as follows:

The first responses to this question came from four kebele administrative leaders, religious leaders, and group discussions on non-disabled youth, meaning study participants out of the two major groups (individual interviewees and focus group discussants) have similar responses

on the useful practices of the Nuer community towards people with disabilities; thus, their answers are as follows:

“Families typically play a crucial role in providing support and care for individuals with disabilities in the Nuer community. Family members may take on the responsibility of assisting with daily activities, ensuring access to education and healthcare, and advocating for their rights and well-being. They traditionally value communal solidarity and interdependence. Persons with disabilities are often integrated into the community and considered valuable members. They may be provided with support, care, and assistance from family members and the community as a whole. Therefore, Nuer's traditional culture, requires all family members to share nearly everything that the "family" owns based on their relationship to one another. The most important part of this, though, is that the Nuer community has separated people with disabilities into two broad categories according to the onset of their disabilities, despite all these positive attitudes toward people with disabilities. The Nuer community, on the one hand, fully integrates and accepts all individuals with acquired disabilities, while, on the other hand, it fears and at times rejects those who have been born with inborn disabilities (congenital disabilities).”

The second answer to this question came from two youths who were born with a disability (coded as YwD1 and YwD2 respectively). However, to help conceptualize their individual experience on the subject (question), their answers have been presented separately or individually. Therefore, answers from the first youth with an inborn disability (YwD1) are as follows:

“Based on the information I obtained from some relatives when I became an adolescent, I was told that there are certain existing good cultural practices that had been provided for me at home and community levels at the time I was born. In addition, I used to hear of such services in the Nuer community because I was growing up there. In short, these traditional services (good cultural practices) include traditional treatment or healing provisions, eating together with family children, buying clothes for me like other siblings in the family, playing together with siblings and neighborhood community agemates, attending church services and school with siblings and agemates together, equal marriage and inheritance rights, social and economic freedoms and rights, etc.”

The third answer to this question came from four Kebele administrative leaders' religious leaders and a group discussion on disabled youth, meaning study participants out of the two major groups (individual interviewees and focus group discussants) had a similar response to the useful practices of the Nuer community towards people with disabilities: "Do people with disabilities marry in the Nuer community"? Therefore, answers from the first religious leader (RL1) and kebele administrative leaders (KAL1) Thus, their answers are as follows:

"One of the useful cultural practices about people with disabilities is "equal marriage with people with disabilities." Marriage, a home, and children are the goals in life for both males and females from early childhood, even people with disabilities. After puberty, boys and girls have a good deal of freedom in experimental love-making and usually find their lovers without any particular interference from their respective families, but girls with disabilities choose their husbands together with their families, and payment will come after they bear a child due to their disability. In the final choice, the girl's family must approve of the suitor's family. They should be steady, agreeable people with a sufficient supply of cattle. Marriage for the Nuer community is made up of the payment of bridewealth and the performance of certain ceremonial rites because the family members and other relatives or bloodline of the person with disabilities are fully responsible for the marriage. the practices of persons with disabilities, persons with disabilities in general have equal marriage rights just like non-disabled community members. The community's members had not been able to bear children for themselves either because they were dead before marriage (both male and female ghosts) or because they were barren or impotent individuals who could not bear children for themselves even though they were physically alive, also enjoy this equal marriage right. These two aspects are necessary and indeed reinforce each other. The chief ceremonies in Nuer marriages include the betrothal (Larcieng), the wedding (ngut), and the consummation (Mut). In these procedures, we shall see the significant use of cattle in Nuer marriages, but for people with disabilities, if the girl has a disability, the marriage procedures should follow unless she bears a child and the boy (a man with a disability) can pay more cattle based on his disability."

In the following questions about the useful practices of the Nuer community towards people with disabilities, "What do you think are the reasons why they do marry having resources, getting land,

and employment like non-disabled members in your communities”? Therefore, answers from the religious leader (RL4), non-disabled youth, people with disabilities, and kebele administrative leaders (KAL4) Thus, their answers are as follows:

“In such a cultural context, there may be acceptance and support for individuals with disabilities to marry, acquire resources, and engage in employment opportunities on an equal basis with non-disabled members. Strong familial bonds and support systems in the Nuer community can play a significant role. Families have provided care, advocacy, and resources to individuals with disabilities, ensuring their inclusion and access to opportunities. Family members actively work towards enabling their loved ones with disabilities to marry, acquire resources, and pursue employment, promoting their overall well-being and equal participation in society. Within the Nuer community, individuals with disabilities can marry and have access to resources, land, and employment like non-disabled members in the community, and Nuer shows and respect cultural norms within the Nuer community that may emphasize inclusivity and equality, recognizing the rights and capabilities of individuals with disabilities.”

Lastly, the reasons why individuals with disabilities might marry, pursue employment, acquire resources, and strive for land ownership of the Nuer community. According to the majority of study participants in the Nuer community, it's important to recognize that people with disabilities have unique aspirations, abilities, and circumstances, just like non-disabled individuals. The reasons:

“Having more children to own popularity and respected and everyone needed in the Nuer community, regardless of disability, desire for emotional support, relationships, and the desire to build a life together with a partner is why many people in the Nuer community choose to marry, and marriage is a deeply personal choice.” People with disabilities desired personal growth and fulfillment in the Nuer community through work and community resource acquisition, so long as urbanization progressed. Like non-disabled members of the community, people with disabilities may aspire to financial independence and the capacity to support themselves and their families.

According to the above responses Nuer community believes that people with disabilities have the same rights as everyone else and should have equal access to opportunities and resources in the Nuer communities. The community should try to create inclusive environments that support their aspirations and remove barriers that hinder their participation in various aspects of life.

Another question of the Nuer community towards people with disabilities, which specifically on community elders. “ *As a community elder, how did you do (help) the people with disability*”? Therefore, answers from the community elders (CE 4), Thus, their answers are as follows:

Yes, we (the Nuer community) have deep knowledge of local history, culture, and community needs. We used this expertise to identify innovative solutions to accessibility challenges. For example, when creating relationships of support for individuals with disabilities, elders may take influence from traditions of mutual aid and community-based care and frequently have significant connections and influence within the community. We respect the voice of people with disabilities even though we have little regard for younger generations. As community elders, we offer important emotional support and mentorship to all community members. We also share our personal stories about handling life with a disability, advice on how to get benefits and services, or just listening respectfully. This can have a particularly significant effect on younger disabled individuals who are approaching maturity. Elders in the Nuer community, however, frequently see helping those with disabilities as a group responsibility rather than a personal one. We planned volunteer opportunities, community gatherings, or traditions to develop a range of skills in the community. We have wisdom, authority, and a sense of communal obligation that elders possess making them uniquely positioned to drive meaningful, sustainable change for people with disabilities. Our efforts can ripple out and transform attitudes, policies, and practices over time”.

According to the kebele administrative leaders, non-disabled youths and/or community members who are known to everyone in the community respond about the useful cultural practices of the Nuer community towards people with disabilities and even those who lost their lives after birth. This cultural practice of the Nuer community in the Gambella region is far different in terms of disability as compared to the aforementioned highland regions and other ethnic groups in the

region. According to the respondent's knowledge of the Nuer community, thus, their answers are as follows:

“Concerning the best cultural practices of the Nuer community, therefore, through these wonderful traditional practices, “names of dead persons” (ghosts) and those who cannot bear children for themselves while alive due to various reasons are practically remembered in their generation and generations to come in the Nuer community. However, people who are not planning children marry wives for themselves; on the other hand, women are often married in the name of the departed. In reality, once those wives have been married in their names, their family members must designate or assign a male relative (or someone outside the family line) who can bear children in the name of dead or non-bearing individuals, despite these wonderful traditional marriage arrangements for them. Therefore, according to Nuer tradition, this man, who may bear children for someone else, is essentially not the legal father of any children he may bear with the married woman.”. To that extent, the community ensured an uncontested right for some individual community members having “limitations” in childbearing due to various reasons at the expense of “others,” imposing on them “difficult duties” such as nominating “other childbearing individuals” to bear children for the non-childbearing women, the dead, the impotent men, etc.

Moreover, one person among youth with disabilities has also been asked whether adults who have congenital disabilities marry like non-disabled adults or not in the community. His answer was:

“Yes. They get married as long as they have enough cattle to cover the bride's wealth payments. As long as they have enough cattle to cover the bride's wealth payments, they do get married. This indicates that independent of the current limited social and cultural barriers to disabled marriage, all Nuer males, regardless of identity or physical condition, face the same issue of having “enough cattle for bride-wealth”.

“So, have you married so far?”

“Yes. I was married a long time ago, almost eight (8) years ago.” And I have together with my wife and our two children”.

Another related to the Nuer community’s good cultural practices is whether adults with disability marry just like non-adults or not in the Nuer community. His answer to that question is: “Yes. They do marry just like other community members.” So, if that is the case with all adults with disability. Then, have you married so far?” He answered it:

“No, I’m not married yet. But the reason I haven’t gotten married yet has nothing to do with my disability; rather, it has to do with the fact I am still very young and this is not my turn to marriage in the family. The Nuer cultural rules state that marriage might occasionally depend on the number of children, including seniority or birth order. Additionally, due to our birth order structure, other family members on the line have to be married before me because they are older than me”.

In addition, the young boy was also questioned once more about whether or not, since entering the adolescent stage, he had faced any challenges in forming friendships with girls his age in the Nuer community. He responded as follows:

“No. I had never faced any challenge at all, so far.”

According to (6) religious leaders, (4) Kebele administrative leaders, (7) people or youths with disabilities, (4) community elders, and (10) NdY meaning thirty-one (31) study participants out of three people with disabilities and health professionals. However, to help conceptualize their individual experience on the subject (questions), their answers have been presented separately or individually. The useful practices of the Nuer community towards people with disabilities: “Does your community equally treat and care for children and adults who have been born with ‘disabilities’? Thus, their answers are as follows:

“Yes. The community treats children and adults with “disability” as equal to non-disabled” community members. That equal treatment is manifested in most social aspects of community life such as social, educational, economic, political, and religious, etc. Within the Nuer community, people with disabilities share equal treatment with non-disabled members in the community. Children with disabilities in the Nuer community often

receive care and attention from their family members, particularly their parents and extended family. There is often an emphasis on familial responsibility and support for children with disabilities. However, the family starts with how children eat, play, and communicate together. Even though the availability of specialized services, education, and healthcare for children with disabilities may be limited, this can impact the quality of care they receive. In some cases, children with disabilities may face barriers to education and may not have equal access to necessary healthcare services. As individuals with disabilities transition into adulthood within the Nuer community, the level of care and support can vary. Adult individuals with disabilities may continue to receive care from their families, but societal attitudes and limited resources can pose challenges. Adults with disabilities may face difficulties in accessing employment opportunities, healthcare services, and social participation due to stigma and barriers in the community. In some cases, there may be a lack of specialized support services for adults with disabilities, further impacting their care and well-being.”.

However, despite the above stance by the majority of youth or people without a disability on the community's good treatment of persons with disability, some of their group members like three disabled youths have also maintained that the community is friendly towards some children and adults who have been born with a disability. This means, on the same the above statement, they have confirmed that the Nuer community does not equally treat individuals with disability without any apparent difference between them and their non-disabled counterparts.

Moreover, additional answers have also been gathered from the study participants (coded as al KAL (4), Even though these kebele administrative leaders have been interviewed on an individual basis, one thing that has been noted so far in their answers is that most of them are very similar to each other. Therefore, to reduce redundancy, only the best and most elaborate answers have been selected across their answers. The first central question posed to this group is, “*As a leader, how did you help the people with disabilities in your community?*” Thus, their answers are as follows:

“As a leader, we tried our role in raising awareness about disability rights and promoting the idea that people are equal in the community. By advocating for equal opportunities, challenging neglect, and showing community members the capabilities and rights of

individuals with disabilities, we were prioritizing the creation of accessible services and infrastructure locally. We can encourage ideas and create opportunities for individuals with disabilities to gain an independent life. This can involve providing vocational training and skill-building programs and encouraging businesses to create accessible work environments together with non-disabled members of the community. By promoting inclusivity, equal opportunities, and accessibility, as leaders, we contribute to creating a more inclusive and supportive environment for individuals with disabilities in the Nuer community at the kebele level.”

Moreover, these same religious leaders and community elders were further asked whether there are traditional preventive mechanisms (intervention techniques) by which causes of disabilities can be prevented; and traditional treatment (healing) techniques or mechanisms by which children who have been born with disability can be treated (healed) or not in the Nuer community. Their answer to this question is as follows:

“Yes. There are traditional preventive techniques that we have heard so far, the Nuer community usually used to talk about such as “strict prohibition of paying any monorchidic bull animal by the marrying bridegrooms and their families during bridewealth payment”. That means, they are saying that, “all marrying families (male families) should seriously or strictly screen out all monorchidic bulls and castrated monorchidic oxen from among bride wealth during marriage occasions. ” In addition to this, there are certain traditional treatments and healing mechanisms available for treating such children who might be born from such cultural mistakes (paying for a monorchidic bull or a castrated ox). For example, according to the information that I heard from relatives, I was told that I had been instantly taken to a traditional healer for a traditional healing process at the time I was born with this monorchidic condition.”

Lastly, the questions they were asked on religious cultural practices towards persons with disabilities include, *“What are the existing good religious’ cultural practices in your church?”* and, *“Are there religious (spiritual)-based intervention strategies that are used to prevent the occurrence of acquired disabilities and intervention mechanisms in your local church?”*. Since they have been interviewed as focus group discussants, their answers to the above questions have

been presented together in general. Therefore, their answers to the first and second questions are as follows:

“Yes. As an institution of God, our church treats all its members equally regardless of their differences and backgrounds because we are children of One God, for that matter”.
“Generally, the existing good religious practices in our local church are “giving prayer services, comforting, and consolations for families of victim children. However, in cases where the victim's family is not satisfied with the provided spiritual services, they have the right and freedom to look for additional help, support, and professional services from any competent body that could provide any help and services for their child”.

Finally, similar questions above have been posed in the same manner to the second focus group discussants comprised of two health workers (2 clinical nurses). Even though their answers are more or less similar to those of religious leaders, they are going to be presented separately just to portray their institution-wise experiences on disability issues. Thus, the following are their answers to the questions above:

“No. We do not have medical services provisions in place that have been organized with a specific focus for children and adults with disability in Lare woreda except the general existing medical treatments (services) for all community members regardless of their health cases. Nonetheless, because there are known traditional healing mechanisms and practices provided in the area by traditional healers and lords of the land, families of victim children whose children have not been completely healed in the health center are sometimes advised to contact traditional healing experts on this specific congenital condition.”

Apart from the first question, health professionals have also been asked whether their institution or the Nuer community in general, equally treats children and adults with disability just like non-disability individuals. Two of them, i.e., (N=2: male = 2, female = 0) have agreed that the Nuer community does not treat children and adults who have been born with disability just as equally as non-disabled persons; mentioning the underlying reasons why those individuals are not equally treated by the community as follows:

“No. Normally, it can be said the Nuer community does not equally treat children and adults who have been born with a disability just because of some traditional beliefs-based reasons. For example, most community members generally fear individuals with inborn disability not acquired individuals because they possess evil spirits and supernatural powers. Based on these traditional claims these community members suspect causes of that evil spirits and supernatural powers of individuals with a disability may kill them (the non-disabled) should they individuals with disability friends or treat them equally like themselves, as it is usually justified that way by the majority of the Nuer community members.”

Additionally, the question on the health professionals in the community focused on health services: *“Does your health center have data on children who have been born with a disability”?* thus: two (2) health professionals answer:

“Yes, our local health center does maintain data on children born with disabilities in the health center but it is very rare in the area. The woreda health center collects data on the overall kebele of different types of disabilities among children in the area. Even though the case of congenital causes of disability is rare we only use and collected by the health center to the woreda health office, woreda administration, and community organizations to better understand the needs of the community, allocate resources, and continuously improve the healthcare system in the community”.

4.3.2 The Harmful Practices of the Nuer Community toward PWDs

As of now, the study participants' responses to the questions on the previous sub-theme, which addressed the Nuer community's helpful cultural practices for those who are born with "disability," However, we will especially explore the opposing perspectives of the study participants under this second sub-theme, which gets into the harmful cultural practices of the Nuer group towards people who are born with "disability."

First, the general interview of individuals includes all kebele leaders, community elders, religious leaders, non-disabled youth, youth or people with disability, and health professionals. This question reads, *“What are the existing harmful cultural practices towards persons who have been born with “disability” in the Nuer community in general”?* In general, the following are typical

sample responses taken from the most unique and wonderful answers from all respondents in general.

“A handful of traditional healers particularly practice some harmful cultural practices on “persons with disabilities.” It should be emphasized that any traditional healer who might be using these harmful practices does so in agreement with the family of a “child with a disability” instead of his or her self-interest. Therefore, one of the most widely recognized, brutal, and dangerous practices is the “extermination” or killing of bulls as a rescue of children who have a “disability.” This is permitted to occur because families of children affected by “disability” think their youngsters have “evil spirits and killing powers” that may eventually kill family members or have other negative effects on the whole family or relatives. If such children are born and remain alive, family properties. For this reason, some families knowingly permit traditional healers to “exterminate” their children to prevent dangerous situations from occurring in their families or the larger community in the future. In light of this, this is the method by which a traditional healer destroys a “disability” in a child”.

Second, the respondents have also indicated that all the practices or maltreatment against people with disabilities originate from the community’s traditional beliefs, which portray these individuals as “sources” of all community problems because they possess evil spirits, supernatural powers, and death spirits in the first place. Therefore, such traditional beliefs and perceptions have led all community members, including the victims’ families, to perceive individuals with these inborn disabilities as they said:

“Harmful or maltreatment Cultural practices that are carried out by non-disabled members of the Nuer community on inborn disability victims include things like the rejection of friendship, private rumoring, gossiping, avoiding sleeping in or sharing one house, and refusal of marriage proposals. The other is to prevent people with inborn disabilities from engaging in almost all usual traditional activities, such as going on holiday, hunting, fishing, engaging in fighting alongside one of the victims, engaging in physical combat, etc. Other examples of “simple” social discriminatory and segregating practices include telling age partners (adults and children) not to associate or have company and holding victims of inborn disabilities responsible for all “misfortunes” and

failures that occur in day-to-day life within the community. These practices are mostly carried out by older members of the community”.

In addition to the above narrative, another below is about harmful traditional practices of people with disabilities in the Nuer community. Respondents among the Keble administrative leaders (community elders) and religious leaders on the traditional beliefs of the Nuer community about the marriage of “girls with disabilities” to non-disabled people thus answered:

“Girls or females with disabilities choose their husbands together with their family members because of their condition, not their choice to choose their husband. This happened because it showed inequality for girls with disabilities. This mostly happened to girls with intellectual disabilities, spinal cord injuries, and mild disabilities. And payment will come after she bears a child due to her disability, and after all, the girl's family must approve the suitor's family. They should be steady, agreeable people with a sufficient supply of cattle. Therefore, the girl stays with her family members, especially her mother, to take care of her children.”.

The other question, though closely related to the first one, forwarded to this same youth with a physical disability is, “What are existing cultural terminologies which disappointed you on the ground of your disability?” He said;

“Yes. though it is not always, some words may sometimes constitute personal abuse on me in my view. Even though most of these abuses that come in the form of negative rumors and gossip talks are not openly shown or expressed to me face to face, they made me feel very bad anyway, like the words (Ngol) in Nuer term that means people with damaged leg or specific impaired part in my body.”

The youth with “intellectual limitation” answer to the second question on whether or not the community abuses him or all individuals with disabilities on the grounds of their congenital disabilities is as follows:

“No. My family and relatives do not abuse me on the grounds of my disability. However, nonetheless, some community members do abuse me sometimes and call me “Doar” pronounced as “Do-ar” as they mean I am not a good person compared to them. Of course, it is not only me who faces such abuse but also all persons with disabilities in the community do face similar abuses, anyway.”

Similar to other people with disabilities they have been disappointed with different terminology in the Nuer community like naming the person with his/her condition. Those terms are informal in terms of communication in the community, especially, “Cor” pronounced as “co-or” meaning a person with visual impairment, “ming” pronounced mi-ng in Nuer term meaning a person with hearing impairment, etc.

Additionally, another question about the boy with intellectual limitation, as he is physically walking and talking like others and only intelligence that has a limitation; *Are you married?* He said:

“I am not married, because many girls laugh at me when I am talking as they say you are a good man but you will not bear a child they thought that I would not bear a child like other men in the community because my brother did not support me”.

Other proceeding questions on the study respondents have also indicated that the traditional preventive mechanism or intervention to the causes of disabilities in the Nuer community, these group of participants includes the Kebele administrative leaders, community elders, Non-disabled youth, and people with disability out of Religious leaders and two health professionals have the same responses on the question; *Are there traditional preventive mechanisms or intervention techniques to prevent the causes of “disability”? how the disabilities is traditionally treated (healed) in your community?* The preventive mechanisms and intervention techniques for the causes of disabilities before and after the causes of disability in the Nuer community are prevented traditionally by the Traditional and Landlords in the community. Here are some examples of traditional preventive mechanisms and interventions that have been practiced in various communities:

“Yes. In the Nuer culture, there is only one traditional strategy for preventing disabilities, and that is to prevent their occurrence altogether. "A total prohibition of paying monorchid bulls or castrated monorchid oxen for marriage dowry" is the traditional preventive practice. However, in addition to the traditional preventive approach previously indicated, traditional healers and lords of the land utilize specific traditional therapy techniques and methods to treat children with disabilities within the Nuer community. A family would take their child to a local traditional healer or lord of the land when they have firmly proven that the child was born with a problem. Following the child's arrival at the traditional

healing expert, the lord of the land or traditional healer should request an animal sacrifice from the child's family before starting any traditional healing procedures. In the past, any family member could offer any available item as a sacrifice for any domestic animal. It may be a one-year-old bull (steer), a cock (hen), a male goat, or ram sheep (a female goat or sheep could occasionally be an alternative). That animal should be immediately slaughtered before the traditional healer or lord of the land embarks on the actual healing process”.

Lastly, the question is different from thirty (30) study participants. According to six (6) “Religious leaders’ questions about disability. *Are there any church's traditional preventive mechanisms and intervention techniques to prevent the causes of “disability”? how disability is traditionally treated in your churches? thus, their answers:*

“Yes, we offer prayers and spiritual support for individuals with disabilities, their families, and caregivers after the birth of an individual with disability. This can provide comfort, hope, and a sense of connection to a higher power during difficult times. Pastors and clergy members may provide pastoral care and counseling to individuals and families affected by disabilities. This can include emotional support, spiritual guidance, and assistance in navigating the challenges associated with disability in the community”.

4.4 The Lesson We Learn from the Life of Persons with Disabilities in Nuer community

From the main theme, we have seen in-depth explanations of Nuer communities’ beliefs and practices towards people with disabilities, as well as traditional views regarding the causes, useful and harmful practices for people with disabilities, and Nuer community practices. On the other hand, the fourth major theme that follows and its main description is particularly focused on the broad cultural beliefs and practices of the Nuer communities towards those with disabilities. To be more precise, "The lesson we learn from the life of persons with disabilities in the Nuer Community" will address this important issue. On the one hand, the issues about how we investigate the lessons we may learn from the lives of those with disabilities in diverse parts of the Nuer community.

However, the Nuer community demonstrated the potential for people with disabilities to make significant contributions to their lives and other communities. The most important idea is to recognize and celebrate the achievements of people with disabilities, as their accomplishments can inspire and empower their ideas. People with disabilities can make significant contributions and play important roles. *What are the contributions of a person with a disability in the Nuer community?* According to all participants in the study, here are some ways in which a person with a disability can contribute to the Nuer community:

“People with disabilities can contribute to preserving and promoting Nuer culture and traditional practices. They can participate in marriage activities, creating cultural and spiritual songs, storytelling, passing down oral stories, and sharing cultural practices and customs especially people with physical and visual impairment are more creative in the Nuer community”.

Moreover, additional answers have also been gathered from the community elders, kebele administrative leaders, and non-disabled youths on these same questions so far. Even though these community elders and other groups have been interviewed on a different basis, one thing that has been noted so far in their answers is that most of their answers are similar to each other. The main topic is the lesson we learn from the lives of people with disabilities in the Nuer community, and the question for them is “Can you provide examples of Nuer people with disabilities who have made significant contributions to the community”? Thus, their answers:

“People with disabilities can express their creativity through various forms, such as music. Especially for “Girls with Disabilities,” one of the study participants is a girl with a physical disability. She uses her musical talents to create cultural songs, and specifically, when there is a marriage celebration, she creates songs before the date of the celebration. Her artistic contributions can enrich the Nuer community and provide unique perspectives on the woreda. Therefore, girls with disabilities can actively engage in girls’ discussions through other community activities and initiatives that concern only girls. She participated in age-mate decision-making processes and offered their perspectives on issues that affect the family as a whole”.

In addition, so far there are similar answers to each other. The main topic is the lesson we learn from the lives of people with disabilities in the Nuer community, and the question for the one study participant who is physically impaired or his one leg is paralyzed while he is a Blacksmith in the area is *“Do you provide or have any work to do in the community”*? Thus, his answers:

“Yes, though I am physically impaired, I am married through my immediate family support and I started helping my father together with my brothers and sisters in our family. As they supported our whole family when I reached 28 years old, I started to work together with an old man in our community who was a “Blacksmith” and that man knew metal work locally. That’s why I decided to do that work, now become a “Blacksmith” who works with metal, typically iron or steel, to create objects like local spoons, spears, and knives through heating, forging, and shaping processes in the local context, However, through that work, I get money to feed my family and other activities”.

4.5 Discussion

The interpretation of study was obtained from the data that explores the Nuer community’s traditional beliefs, causes of disability as well as the cultural positive and negative practices towards people with disabilities in the Nuer community and the lesson we learn from the life of the person with disabilities. These major themes were formed from the major questions of the study that include cultural contextual definitions of the term disability, the Nuer community’s traditional beliefs about the causes of these congenital disabilities applied cultural practices (good and harmful) towards persons with disabilities, and lesson we learn from their life.

In general, eighteen (18) respondents, meaning four (4) kebele administrative leaders, four (4) community elders, six youth without disabilities and three youth with disabilities, and one health worker, i.e., half of the study participants, have answered that *“There is No one word or term that directly translates to the term disability in Nuer language.”* Instead, they said, *“There are but two general terms (words) that the Nuer language or people use to denote (describe) deformity conditions and persons with various visible types of deformities or defects depending on the time of their occurrence (onset). These are “Buom” (pronounced as “Bu-om”) for all congenital defects or disabilities and “Guar” (pronounced as “Gu-ar) for all acquired disabilities, respectively.”* In addition, six religious leaders and eleven additional research participants from the two main groups

individual interviewees and focus groups provided responses that differed from those of the first group, saying, “The term disability, if it is translated into the Nuer language, means lack of ability or capacity. It makes sense that some research participants acknowledged that there is not a single Nuer word that can be translated accurately to mean disability. The Nuer community is not the only one that struggles to define the term disability as an alone and encompassing word. In considering this, (Stone-MacDonald et al., 2022), said that researchers in the area have been obligated to recognize and/or define every kind of limitation or refer to it by name concerning the dysfunctional body part.

The issue of what the English language refers to as disabled people is another idea, but one that is still connected to the word disability and its definition. As previously stated about the meaning of the disability itself, the Nuer community holds distinct opinions concerning its views toward people with disabilities, sometimes referred to as "disabled" people in general.

Despite this, each study participant has provided a similar response when asked how and why people with disabilities are defined in the traditional context of the Nuer community. These are called "Ji Bumni," pronounced "Ji bum-ni." If one were to translate this term into English, it could mean something like People with Powers, Those with Extraordinary Powers, or Those with Powers. It is traditionally used to denote all people who have “inborn” defects in general. These references are used by all Nuer community members to mean or indicate that persons with inborn disabilities have evil powers, supernatural powers, and „killing spirits or powers that cause harm, deformity, or other dangerous misfortunes on non-disabled community members, including their families.

On the other hand, people who have acquired their disabilities through postnatal accidents are called "Ji Guari" (pronounced Ji gu-ari). This word could indicate those with progressing injuries or harm, broken body parts, lost body parts, etc. in general. According to the traditional contextual meaning of the description given to the individuals with acquired disabilities, these people have no or nothing to do with evil spirits, supernatural powers, or death spirits or powers, which the Nuer community believes bring misfortunes to non-disabled community members.

The second, with significant themes, which examines "Traditional Beliefs of the Nuer Community about the Causes of Congenital (Natural) Disability and Acquired (Learned) Disability," comes after talks about the definitions of key terms related to the first topic. From the study participant's responses above, we could see that all thirty-six (26) respondents said that "disability" is created (caused) by the "God of Heaven" and other (10) said that, this could also be caused by some "irresponsible" human dealings regarding the affairs of bridewealth payment during marriage occasions or blame on marriage dowry of paying animals or Bull that have inborn blemishes, that may in turn, be thought to be alternative "causes" of disability.

However, Many East African cultures, as well as those in different parts of Africa, still hold traditional beliefs that disability is a punishment from God, according to several disability academics in the region. They said God (gods) or "Deity" punish transgressors for their misdeeds against other humans, breaking traditional normative laws (Stone-MacDonald, 2012), on the other hand, it also at the same time reflects a high tendency of thinking and perception that disability comes (is caused by God or "gods") as a form of punishment for some irresponsible human mistakes in marriage affairs, as claimed by some group members in their accounts, as has been mentioned by (Stone-MacDonald, 2014), in their more recent literature review on "Cultural Beliefs and Attitudes about Disability in East Africa" to find out cultural beliefs on the causes of diseases and disability, found that traditional beliefs about the causes of disability continue to be prevalent in East African communities. This same finding on traditional beliefs is also evident (prevalent) in these research results, as could be seen in the respondent's answers above. This same intention was also, indeed, the central objective of this study at the very beginning.

Second, b: so much has been discussed in depth above on the two central themes, i.e., traditional beliefs about the cause of the beliefs of disability in the Nuer community and congenital causes of disability in the Nuer community towards persons who have been born with it. More importantly, the additional idea about the beliefs about the cause of disabilities is "acquired or accident." In general, the Nuer community believes that disability is caused by accidents. From the traditional point of view, the causes of the acquired disability have nothing to do with the local traditional beliefs of the Nuer community because "it" just happens later after birth. Therefore, all members of the local community believe that it is directly caused by accidents of any kind in their lifetime. The term "guar" or damage carries in it a positive impression that those individuals with such

acquired physical defects or damages have just accidentally obtained these disabilities in one way or another once they have been born with all their physical body parts present at birth time. This means that the cause is accepted as something real and acceptable since it happens, at least, before other people, and it happens as a fate to the person with a disability, and therefore, in the same sense, it can happen to anyone, anytime in life.”

Third discussion: In our previous discussion of the traditional and current viewpoints within the Nuer community about the causes of disability, we will now include the useful and harmful practices that the Nuer community has for its disabled members. Eventually, it is acceptable to argue that we now recognize the Nuer group as sharing some useful cultural traditions.

To enhance cultural understanding of those traditional beliefs on the causes of congenital or acquired conditions, issues surrounding them have been described and discussed in detail as per the information on answers collected from the study participants on what they thought and believed could cause the condition, i.e., “congenital or "accidents," which has two separate sub-sections or themes, “good and harmful cultural practices." It is important to note that the Nuer community does not have pronounced harmful cultural practices (maltreatment) towards persons with or acquired disabilities in general.

The majority of respondents gave the following response, in accordance with Nuer tradition, which is based on the "existing good or useful cultural practices of the Nuer community towards people with disabilities":

- Families typically play a crucial role in providing support and care for individuals with disabilities in the Nuer community. Family members may take on the responsibility of assisting with daily activities, ensuring access to life, and advocating for their rights and well-being. They traditionally value communal solidarity and interdependence. Persons with disabilities are often integrated into the community and considered valuable members. They may be provided with support, care, and assistance from family members and the community as a whole.
- One of the useful cultural practices of the Nuer community towards people with disabilities is “equal marriage with people with disabilities." The community does equally treat people

with disabilities, just like it treats all its non-disabled community members without even a slight difference at all. The reason for this equal social and cultural treatment is that these individuals are viewed as “normal” community members who, by default, have encountered disability by accident, birth, and through life. This equal marriage right, the respondents further explained, in part, is because “biological factors, in Nuer society, do not necessarily prevent people from marrying unless there are economic factors such as not “ having enough cattle deemed for marriage (bride wealth).”.

- The best cultural practices of the Nuer community, which are wonderful traditional practices, “names of dead persons” (ghosts), and those who cannot bear children for themselves while alive due to various reasons are practically remembered in their generation and generations to come in the Nuer community.
- The Nuer community has provided fair treatment and care for people with disabilities, as they are equal to other non-disabled members of the community regardless of their age. Cultural beliefs, resources, and societal attitudes can influence the level of care and support provided to children and adults with disabilities. Children with disabilities in the Nuer community often receive care and attention from their family members, particularly their parents and extended family.
- Community leaders, especially kebele administrative leaders, have advocated for equal opportunities, integrated, and shown community members the capabilities and rights of people with disabilities, and prioritized the creation of accessible services and infrastructure in a local context.
- The existing good cultural practices available in the Nuer community for persons who have congenitally disability and those who have gotten injuries or lost their body parts through accidents after birth have social, economic, and political rights in the Nuer community, serving as high-ranking religious officials at churches, equal family property inheritance rights, and other benefits in the community, etc.” In short, these group members enjoy unlimited, maximum equal rights in the Nuer community in all social and cultural aspects in general. Above all this, however, it would be informed that the Nuer community has a “special traditional arrangement” provided for people with disabilities.
- Lastly, the study, here are some ways in which a person with a disability can contribute to the Nuer community: “People with disabilities can contribute to preserving and promoting

Nuer culture and traditional practices. They can participate in marriage activities, creating cultural and spiritual songs, storytelling, passing down oral story, and sharing cultural practices and customs." "People with disabilities can express their creativity through various forms, such as music. Especially for "girls with disabilities" and visually impaired men. Therefore, doing this shows good lessons to the community because their disabilities do not prevent them from doing other activities.

CHAPTER FIVE

Summary, Conclusion, and Recommendation

5.1 Summary

In the first part of the discussion on the term "disability," the causes of "disability," as believed by the Nuer community, and how they generally believe and practice disability, we have seen that many study participants' interpretations of these "traditional beliefs" are quite similar. The majority of respondents defined "disability" as a "lack of ability or capacity" to perform a certain task. Even though the Nuer community lacks a single Nuer word or phrase that accurately expresses or provides a clear translation for the term "disability," The Nuer community believes that people who are born with disabled have "evil spirits," "supernatural powers," and "killing spirits" that can cause death and harm to other family members. These beliefs can be traced to the actions of ancestral spirits, witchcraft, curses, or divine punishment. Overall, aside from the belief that disabilities are the result of accidents rather than the handiwork of God, according to the traditional perspective, it just occurs after the child is born; hence, the reasons for the acquired limitation have nothing to do with the traditional beliefs of the Nuer community. As a result, everyone in the immediate family thinks that accidents of any kind that happen to them throughout their lives may directly happen to non-disabled members. Severe head injuries, spinal cord injuries, or limb amputations are examples of disabilities that can result from accidents. That is why the Nuer community refers to all people with acquired disabilities as, "people with damages, broken body parts, or progressive wounds meaning "Ji guari" in Nuer terms. Even though traditional beliefs and explanations are given for the root causes of the disability, many of the cultural practices of the Nuer community towards persons with disabilities are more or less consistent with each other in general. However, the Nuer community's "extended practices," such as the "Equal Marriage Right," which enables a person with a disability to marry even the dead, powerless men, infertile women, people who had only female children, and those whose children had died so young and had remained childless, have shown little variation when it comes to being applied as "good "cultural practices in the Nuer community.".

The last part of the discussion on the other side of the Nuer community, as a cultural practice has taken us by "unthinkable" surprise by displaying extraordinarily harmful cultural practices performed on people with disabilities. "Girls or females with disabilities choose their husbands

together with their family members, and her family ignores her choice because of her disability. This mostly happened for girls with intellectual disabilities and those who are physically impaired without payment, as well as for non-disabled members. They should be steady, agreeable people with a sufficient supply of cattle. Therefore, the girl stays with her family members, especially her mother, to take care of her children." On the other hand, if you remember, we have learned, especially in the discussion part on good cultural practices for people with disabilities and other conditions, how the community has gone as far as "marrying" women for "other women." To that extent, the community ensured an uncontested right for some individual community members having "limitations" in childbearing due to various reasons at the expense of "others," imposing on them "difficult duties" such as nominating "other childbearing individuals" to bear children for the non-childbearing women, the dead, the impotent men, etc. Therefore, just to ensure "equality" for the right to "have own children" for all community members and for the simple reason their names would be remembered in coming generations. The Nuer community believes the rumors that cause the disability. That is why the community goes to the extreme limit of human rights as far as "exterminating" both living child and adult members without "mercy" and "remorse" on the simple "perceived" account (reason) that these individuals possess evil spirits and killing powers that cause disability or "death" to other "ordinary" members. So, which one of these things discussed above is right to do if the ultimate traditional objective of the Nuer community is to ensure "equality" for all its community members? However, in the Nuer culture, there is a traditional strategy for preventing disabilities, and that is to prevent their occurrence altogether. "A total prohibition of paying monorchid bulls or castrated monorchid oxen for marriage dowry" is the traditional preventive practice. However, in addition to the traditional preventive approach previously indicated, traditional healers and lords of the land utilize specific traditional therapy techniques and methods to treat children with disabilities within the Nuer community.

Therefore, people with disabilities have more contributions to the entire community in Nuer traditional culture, as they are equal to non-disabled members of the community. Some have a high capability of creating spiritual and cultural songs, blacksmithing, and leadership roles, especially girls with their age mates and other physical disabilities.

5.2 Conclusion

Indeed, culture plays a significant role in shaping human thinking and attitudes. These cultural influences become ingrained in our thinking and shape our attitudes, beliefs, and worldviews. The

Nuer community, like many other traditional societies, has had varied beliefs about disability. Some Nuer people may attribute disabilities to supernatural causes, such as curses or witchcraft. Others may view disabilities as an inherent part of an individual's destiny or fate. These beliefs can influence how people with disabilities are perceived within the community.

In the past, people with disabilities in the Nuer community might have faced challenges in terms of social integration. The majority of research participants expressed the following beliefs about the Nuer community's perspective on disabled people: "It is typical for immediate family members to be the ones responsible for providing care for members of the Nuer community who have disabilities." It is expected of family members to care for, support, and aid those with disabilities. The degree of care and support may differ based on the family's resources and the severity of the disabilities. All these cultural elements, added together, not only construct our actions and practices but also influence and direct our practices in all aspects of human life. This is because everything we do with and for human beings in human societies always involves the culture of that society.

The majority of the study respondents have answered that the term "disability" has no one specific term in the Nuer language that directly and equivalently translates to it, as so does the term "disabled" person, too. The Nuer language has just two general terms that, depending on their "onset," describe or signal the "presence" of human deficiencies. For "congenital" and "acquired" disabilities, respectively, they are "Buom" and "Guar." On the one hand, the first group stands for all congenital disabilities, and on the other, the latter represents all disabilities that are acquired. In a similar vein, the definition of a "disabled" person also depends on when the condition first manifests or first strikes. This indicates that in terms of Nuer culture and language, "disabled persons or persons with disabilities" are varied rather than uniform.

The second majority of study participants were based on social groups namely all kebele administrative leaders, community elders and religious leaders, Non-disabled youth, and four people with disability (28 participants). According to these responses, disabilities are either a part of or a result of God's (or God's) creation. Finally, a group of two (2) medical and health professionals out of six (6) people with disability responded that "disability" is caused by "medical determinism," or biological reasons. Overall, the study has discovered that the Nuer community

has both beneficial and detrimental cultural practices for people with disabilities. Accepted, the study participants' statements have provided us with plenty of information regarding the primary causes of disability that the Nuer community considers to exist. Nevertheless, in contrast to such an idea, we have only seen how the Nuer community traditionally takes those traditional beliefs about the causes of these disabilities seriously to the extent that it associates them with evil spirits, supernatural powers, and death or killing spirits. The Nuer community, as a whole, generally makes remarkable efforts to safeguard both congenital and acquired disabilities in terms of "traditional practices" through traditional culture and to fulfill its social responsibilities in ensuring "equal rights" for the "completely acquired disability" in "special traditional marriage arrangements." Additionally, "equalize" them with the non-disabled and childbearing members of the community by bringing out that "other childbearing individuals" are assigned to bear their children on their behalf. The ability to marry "other women" is unrestricted, even for "barren women." The "Good Cultural Practices of the Nuer Community towards people with disability". According to tradition, it is "safe" and achievable to state with confidence that the Nuer community's good cultural practices for those with acquired disabilities are similar to general services provided for all people, or "the so-called normal community members, in general," in many ways. Stated differently, the respondents state that, for the most part, "there is no seemingly separate set of cultural service provisions for individuals with acquired disability" as a "specific social group."

Aside from the social and economic rights of the entire society, nothing "unique" is traditionally done for a single victim in the Nuer tribe who just loses one of his or her body parts. Generally speaking, these rights could cover things like equal access to healthcare, standard traditional wound care, equal family responsibilities, equal distribution of the bride's wealth and other related family properties and benefits, administration of one's own family, equal inheritance rights of parental property, etc. It's possible that within the Nuer community, the involvement and contributions of individuals with impairments in daily life have varied.

Lastly, People with disabilities may not have had as many social responsibilities in the past, especially in jobs that required physical activity or difficult duties. However, the particular responsibilities and possibilities that people with disabilities can have may vary depending on things including the type of condition, the socioeconomic situation of the family, and changing views of the community. Additionally, the majority of Nuer community members who have

disabilities are artists, particularly many of them (in both genders) who compose and sing spiritual and cultural songs at large. This is a remarkable gift that could be specifically seen by the Nuer community members with visual impairment or disability.

5.3 Recommendations

As stated earlier, an in-depth examination and discussion of the results of various studies on the "Beliefs and Practices of the Nuer Community towards Persons with "Disabilities" have been made. While understanding the cultural practices and beliefs concerning disability that are unlike those of other cultural groups, we have additionally seen the community exhibiting its exceptional traditional processes and procedures, which include an early prenatal assistance time.

Further, it has been observed that the community has established "special traditional marriage arrangements" for all of its non-parental members, single ghosts, and families with only female children. This is done to guarantee their "child ownership and equality" and to ensure that the names of those individuals are remembered in the regenerations and generations that follow. However, there is also the negative aspect of the community's cultural practices, which are harmful cultural practices towards people with disabilities. These practices have been seen as rare cultural practices which surprise people from different cultural groups. characterized as a new model or "unthinkable," and "unknown", even though they are incredibly rare and inhumane.

Thus, considering all of these grave worries about the harmful cultural practices of the Nuer community, the recommendations that follow have been forwarded to all relevant groups, as well as interested researchers and study participants, as a plan of action:

- The regional Bureau of Women and Children Affairs, and Education Bureau in Gambella should prepare collective awareness training for the Nuer community elders, kebele administrative leaders, religious leaders, youth with disabilities, non-disabled youth and their families, and Nuer Zones woredas administrative officials to promote the different perception and beliefs on disability and job placement services, and inclusive workplace policies that accommodate individuals with disabilities.
- The Department of Special Needs Education shall take the lead in providing trainings aimed at raising awareness by working with the Human Rights Commission's branch office in the Gambella region and the people in charge of disabilities matters;

- The regional government should promote the rights of persons with disabilities based on their choices and their interests to ensure human rights, dignity, and inclusivity. Emphasize the importance of equal opportunities, access to education, healthcare, and employment for all individuals, including people with disabilities;
- The Department of Special Needs Education could bring in trained researchers to carry out additional in-depth studies on the attitudes of the Nuer community toward people with disabilities as well as those of the other four Indigenous cultural communities, including Anywaa, Komo, Majang, and Opo;
- The regional government and woreda level should engage in respectful conversations with members of the Nuer community to gain firsthand insights into their beliefs and practices surrounding disability and ensure that children with disabilities have equal access to quality education;
- Therefore, understanding and addressing the beliefs and practices of any community towards people with disabilities require ongoing learning, active engagement, and a commitment to inclusivity and respect.

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APPENDICES

Addis Ababa University
School of Graduate Studies
College of Education and Behavioral Studies
Department of Special Needs Education

Appendix: A

Date ____/____/____ **2016 E.C (2023. G.C)**

Interview Questions

Instrument Code Number (1)

Focus Group Discussion Interview Guide prepared for community Non-disabled youth in Nuer Community

Assurance Declaration for Study Participants: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for this study and intervention strategies to reduce the existing negative traditional beliefs and practices against persons with disabilities in the Nuer community.

Therefore, please feel free and be assured that your identity will by no means, be disclosed to the third party.

Questions for Participants' Consent to Study:

1. Do you accept to be a participant in this study? Yes: _____ No: _____

2. Would you like your voice to be recorded with a voice recorder? Yes: ____ No: ____

Objectives: To explore existing traditional beliefs and practices held by non-disabled youth in the community about what they think and believe causes “disability” as well as existing good and harmful cultural practices rendered for them in the Nuer community.

Personal information: Sex: ____ **Age:** ____ **Marital Status:** ____ **Religion:** ____

Instruction: The following questions have been prepared for you to answer to explore what you think and believe causes “disability” and how they are treated in your community in general. So, please feel free, to be honest, and give only factual answers based on your knowledge of the subject matter knowing that the success of this study depends entirely on your relevant accounts.

Thank you very much for your cooperation!

Interview questions prepare for Non-disabled youth in the Nuer Community	Remark
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How do you perceive “disability”, in Nuer culture?	
Do you know any person who has been born with a “disability” or someone who has gotten disability through an accident after birth?	
What are the lessons or contributions of a person with a disability in the Nuer community?	
Then, are there children and adults who have been born with “disability” or ones who have got the disability through accidents after birth whom you know in your community?	
What do you think causes their disability in general?	
Is the case of “disability” a concern (problem) in your community and culture?	
Would you like to specifically explain how it is a concern in your community and culture?	
Does your community equally treat (care for) children and adults who have been born with a “disability”?	
People with disability are equally treated (cared for) in your community?	
What are the existing good cultural practices (social support) provided for children and adults who have been born with “disability” in your community?	
What are the existing known harmful cultural practices against children and adults who have been born with “disability” through accidents after birth in your community?	

Do people who have been born with a “disability” marry, and have resources, land, and employment like other non-disabled people in your community?	
what do you think is the reason why they do marry, having resources, getting land and employment like non-disabled members in your communities?	
Are there traditional preventive mechanisms or intervention techniques for disability? How can be traditionally treated (healed) in your community?	
Have you ever personally experienced any of the “misfortunes” (unhappy situations) claimed by many community members that happen to non-disabled human beings or properties because of the disability of “evil spirits and powers”?	

Thank You So much for your Kind Cooperation!

Appendix: B

Interview Questions

Instrument Code Number (2) Date _____/_____/_____ 2016 E.C (2023. G.C)

Interview Questions Guide prepared for Kebele Administrative Leaders in Nuer Community

Assurance Declaration for Study Participants: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for this study and intervention strategies to reduce the existing negative traditional beliefs and practices against persons with disabilities in the Nuer community.

Therefore, please feel free and be assured that your identity will by no means, be disclosed to the third party.

Questions for Participants’ Consent to Study:

- 1. Do you accept to be a participant in this study? Yes: _____ No: _____
- 2. Would you like your voice to be recorded with a voice recorder? Yes: ___ No: ____

Objectives: To explore existing traditional beliefs and practices held by non-disabled youth in the community about what they think and believe causes “disability” as well as existing good and harmful cultural practices rendered for them in the Nuer community.

Personal information: Sex: ___ **Age:** ___ **Marital Status:** ___ **Religion:** _____

Instruction: The following questions have been prepared for you to answer to explore what you think and believe causes “disability” and how they are treated in your community in general. So, please feel free, to be honest, and give only factual answers based on your knowledge of the subject matter knowing that the success of this study depends entirely on your relevant accounts.

Thank you very much for your cooperation!

Interview questions are prepared for Kebele Administrative leaders in the Nuer Community.	Remark
How do you perceive “disability”, in Nuer culture?	
Do you know any person who has been born with a “disability” or someone who has gotten disability through an accident after birth?	
What do you think are the causes of his/her disability?	

Then, are there children and adults who have been born with “disability” or ones who have got the disability through accidents after birth whom you know in your community?	
What are the lessons or contributions of a person with a disability in the Nuer community?	
Is the case of “disability” a concern (problem) in your community and culture?	
Would you like to specifically explain how it is a concern in your community and culture?	
As a leader how did you do (help) people with disability?	
Does your community equally treat (care for) children and adults who have been born with a “disability”?	
People with disability are equally treated (cared for) in your community?	
What are the existing good cultural practices (social support) provided for children and adults who have been born with “disability” in your community?	
What are the existing known harmful cultural practices against children and adults who have been born with “disability” through accidents after birth in your community?	
Do people who have been born with a “disability” marry, and have resources, land, and employment like other non-disabled people in your community?	
what do you think is the reason why they do marry, having resources, getting land and employment like non-disabled members in your communities?	

Are there traditional preventive mechanisms or intervention techniques to prevent the causes of “disability” and how the disabilities are traditionally treated (healed) in your community?	
Have you ever personally experienced any of the “misfortunes” claimed by many community members that happen to non-disabled human beings or properties because of the disability of “evil spirits and powers”?	

Thank You so much for your Kind Cooperation!

Appendix: C

Interview Questions

Instrument Code Number (3) Date ____/____/2016 E.C (2023. G.C)

Interview Questions Guide prepared for community Elders in Nuer Community

Assurance Declaration for Study Participants: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for this study and intervention strategies to reduce the existing negative traditional beliefs and practices against persons with disabilities in the Nuer community. Therefore, please feel free and be assured that your identity will by no means, be disclosed to the third party.

Questions for Participants’ Consent to Study:

1. Do you accept to be a participant in this study? Yes: _____ No: _____

2. Would you like your voice to be recorded with a voice recorder? Yes: ____ No: ____

Objectives: To explore existing traditional beliefs and practices held by non-disabled youth in the community about what they think and believe causes “disability” as well as existing good and harmful cultural practices rendered for them in the Nuer community.

Personal information: Sex: ____ Age: ____ Marital Status: ____ Religion: ____

Instruction: The following questions have been prepared for you to answer to explore what you think and believe causes “disability” and how they are treated in your community in general. So, please feel free, to be honest, and give only factual answers based on your knowledge of the subject matter knowing that the success of this study depends entirely on your relevant accounts.

Thank you very much for your cooperation!

Interview questions were prepared for community Elders in the Nuer Community.	Remark
How do you perceive “disability”, in Nuer culture?	
Do you know any person who has been born with a “disability” or someone who has gotten disability through an accident after birth?	
What do you think are the causes of his/her disability?	
Then, are there children and adults who have been born with “disability” or ones who have got the disability through accidents after birth whom you know in your community?	
What are the lessons or contributions of a person with a disability in the Nuer community?	
Is the case of “disability” a concern (problem) in your community and culture?	

Would you like to specifically explain how it is a concern in your community and culture?	
As a community elder, how did you do (help) the people with disability?	
Does your community equally treat (care for) children and adults who have been born with a “disability”?	
People with disability are equally treated (cared for) in your community?	
What are the existing good cultural practices (social support) provided for children and adults who have been born with “disability” in your community?	
What are the existing known harmful cultural practices against children and adults who have been born with “disability” through accidents after birth in your community?	
Do people who have been born with a “disability” marry, and have resources, land, and employment like other non-disabled people in your community?	
What do you think is the reason why they do marry, having resources, getting land and employment like non-disabled members in your communities?	
Are there traditional preventive mechanisms or intervention techniques to prevent the causes of “disability” how the disabilities are traditionally treated (healed) in your community?	
Have you ever personally experienced any of the “misfortunes” claimed by many community members that happen to non-disabled human beings or properties because of the disability of “evil spirits and powers”?	

Thank You so much for your Kind Cooperation!

Appendix: D

Interview Questions

Date _____/_____/2016 E.C (2023. G.C)

Instrument Code Number (4)

Interview Questions Guide prepared for persons with disability in the Nuer Community

Assurance Declaration for Study Participants: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for this study and intervention strategies to reduce the existing negative traditional beliefs and practices against persons with disabilities in the Nuer community.

Therefore, please feel free and be assured that your identity will by no means, be disclosed to the third party.

Questions for Participants' Consent to Study:

1. Do you accept to be a participant in this study? Yes: _____ No: _____

2. Would you like your voice to be recorded with a voice recorder? Yes: ____ No: ____

Objectives: To explore existing traditional beliefs and practices held by non-disabled youth in the community about what they think and believe causes “disability” as well as existing good and harmful cultural practices rendered for them in the Nuer community.

Personal information: Sex: ____ **Age:** ____ **Marital Status:** ____ **Religion:** _____

Instruction: The following questions have been prepared for you to answer to explore what you think and believe causes “disability” and how they are treated in your community in general. So, please feel free, to be honest, and give only factual answers based on your knowledge of the subject matter knowing that the success of this study depends entirely on your relevant accounts.

Thank you very much for your cooperation!

Interviews Questions Guide prepared for persons with disability in the Nuer Community	Remark
How do you perceive “disability”, in Nuer culture?	
Do you know any person who has been born with a “disability” or someone who has gotten disability through an accident after birth?	
What type of your disability?	
When did you acquire your condition (disability)?	
What are the lessons or contributions of a person with a disability in the Nuer community?	
Do you regard your condition as a “ <i>Buom</i> ” (congenital disability)?	
How community treating you as a person with a disability?	
Is the case of “disability” a concern (problem) in your community and culture?	
would you like to specifically explain how it is a concern in your community and culture?	
Does your community equally treat (care for) children and adults who have been born with a “disability”?	
would you like to explain why you think they are equally treated (cared for) in your community?	

What are the existing good cultural practices (social support) provided for children and adults who have been born with “disability” in your community?	
What are the existing known harmful cultural practices against children and adults who have been born with “disability” through accidents after birth in your community?	
Do people who have been born with a “disability” marry, and have resources, land, and employment like other non-disabled people in your community?	
what do you think is the reason why they do marry, having resources, getting land and employment like non-disabled members in your communities?	
Are there traditional preventive mechanisms or intervention techniques to prevent the causes of “disability” and how the disabilities are traditionally treated (healed) in your community?	
Have you ever personally experienced any of the “misfortunes” claimed by many community members that happen to non-disabled human beings or properties because of the disability of “evil spirits and powers”?	

Thank You So much for your Kind Cooperation!

Appendix: E

Interview Questions

Instrument Code Number (5)

Date ____/____/2016 E.C (2023. G.C)

Interview Questions Guide prepared for Religious leaders in the Nuer Community

Assurance Declaration for Study Participants: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for this study and intervention strategies to reduce the existing negative traditional beliefs and practices against persons with disabilities in the Nuer community.

Therefore, please feel free and be assured that your identity will by no means, be disclosed to the third party.

Questions for Participants’ Consent to Study:

1. Do you accept being a participant in this study? Yes: _____ No: _____

2. Would you like your voice to be recorded with a voice recorder? Yes: ____ No: ____

Objectives: To explore existing traditional beliefs and practices held by non-disabled youth in the community about what they think and believe causes “disability” as well as existing good and harmful cultural practices rendered for them in the Nuer community.

Personal information: Sex: ____ Age: ____ Marital Status: ____ Religion: ____

Instruction: The following questions have been prepared for you to answer to explore what you think and believe causes “disability” and how they are treated in your community in general. So, please feel free, to be honest, and give only factual answers based on your knowledge of the subject matter knowing that the success of this study depends entirely on your relevant accounts.

Thank you very much for your cooperation!

Interview questions were prepared for Religious leaders in the Nuer Community.	Remark
How do you perceive “disability”, in Nuer culture?	
Do you know any person who has been born with a “disability” or someone who has gotten disability through an accident after birth?	

What do you think are the causes of his/her disability?	
Then, are there children and adults who have been born with “disability” or ones who have got the disability through accidents after birth whom you know in your community?	
What are the lessons or contributions of a person with a disability in the Nuer community?	
Is the case of “disability” a concern (problem) in your community and culture?	
Would you like to specifically explain how it is a concern in your community and culture?	
As a church leader, how did you do (help) the people with disability?	
Does your community equally treat (care for) children and adults who have been born with a “disability”?	
People with disability are equally treated (cared for) in your community?	
What are the existing good cultural practices (social support) provided at church for children and adults who have been born with “disability” and acquired disability in your community?	
What are the existing known harmful cultural practices against children and adults who have been born with “disability” through accidents after birth in your community?	
Do people who have been born with a “disability” marry, and have resources, land, and employment like other non-disabled people in your community?	

what do you think is the reason why they do marry, having resources, getting land and employment like non-disabled members in your communities?	
Are there the church's traditional preventive mechanisms and intervention techniques to prevent the causes of “disability”? how disability is traditionally treated in your churches?	
Have you ever personally experienced any of the “misfortunes” claimed by many community members that happen to non-disabled human beings or properties because of the disability of “evil spirits and powers”?	

Thank You so much for your Kind Cooperation!

Appendix: F

Interview Questions

Date ___/___/2016 E.C (2023. G.C)

Instrument Code Number (6)

Interview Guide prepared for health professionals (nurses & health workers) in the Nuer Community

Assurance Declaration for Participants of Study: This is to assure you that the information/data that will be collected from you will be kept confidential only between you and the researcher. The data will be completely used only for this study and intervention strategies to reduce the existing negative traditional beliefs and harmful practices against persons who have been born with a “disability”, and those who have a disability through accidents after birth in the Nuer community. Therefore, please feel free and be assured that your identity will by no means, be disclosed to the third party.

Questions for Participants’ Consent to Study:

1. Do you accept to be a participant in this study? Yes: _____ No: _____
2. Would you like your voice to be recorded with a voice recorder? Yes: ___ No: ____

Objectives: To explore existing medical knowledge and/or traditional beliefs held by local nurses (health workers) about what they think and believe causes “disability” and existing good and harmful medical and/or cultural practices rendered for them in the Nuer community.

Personal information: Sex: ____ Age: ____ Marital Status: _____ Religion: ____

Instruction: The following questions have been prepared for you to answer to explore what you think and believe causes “disability” and how they are treated in your community in general. So, please feel free, to be honest, and give only factual answers based on your knowledge of the subject matter knowing that the success of this study depends entirely on your relevant accounts.

Interview Guide prepared for health professionals (nurses & health workers) in Nuer Community	Remark
How do you perceive “disability”, in Nuer culture?	
Do you know any person who has been born with a “disability” or someone who has gotten disability through an accident after birth?	
What are the lessons or contributions of a person with a disability in the Nuer community?	

Does your health center have data on children who have been born with a disability?	
Is the case of “disability” a concern (problem) in your community and culture?	
Would you like to specifically explain how it is a concern in your community and culture?	
Does your community equally treat (care for) children and adults who have been born with “acquired or born with a disability”?	
As a nurse (health worker), is there a medical-based explanation for what causes children to be born with a “disability”?	
What are medical intervention methods (strategies) that you use for treating children and/or persons who have been with “disability”?	
Why does your community mistreat children and adults who have been born with a “disability”?	
Does your woreda have disability rehabilitation center?	
What are the existing good medical practices (medical support) provided for children who have been born with a disability” in your community?	
What are the existing known harmful cultural practices against children and adults who have been born with “disability”, and those who have got the disability through accidents after birth in your community?	

Thank You So much for your Kind Cooperation!

