RESILIENCE AND SUCCESS OF PERSONS WITH DISABILITIES in Ethiopia

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5. RESILIENCE AND SUCCESS OF PERSONS WITH DISABILITIES

### 5.1 Introduction

This is an empirical cross-disability study among successful persons with hearing, visual and motor impairments. It tries to explore the threads of resilience which may be attributed to personal as well as environmental factors within the Ethiopian context. As it is the first attempt in the country, it is presumed to bring a fresh insight in the field and serve as a basis future intervention and research endeavor.

Unlike the conventional studies which predominately focus on negative developmental outcomes such as “deficiency” and “dependency” of persons with disabilities, research has begun to identify persons with disabilities of high achievement and to examine the threads of their strength. Researchers assess the extent of their accomplishments in various facets of life as well as to determine the factors which might have been instrumental or responsible for such success.

The notion of resilience, invulnerability from harmful influences emerged from longitudinal developmental studies of 'at risk' groups of children as they encountered many life stressors during their development, through childhood and adolescence to adulthood (Werner & Smith 1987; Silva & Stanton 1996). Following this epidemiological study, interest grew in what Rutter (1990) describes as “the ubiquitous phenomenon of individual difference in people's responses to stress and adversity”. According to Masten, Best and Garmezy (1990) resilience is the process of, capacity for or outcome of successful adaptation despite challenging or threatening circumstances. A lessened focus on vulnerability and a greater focus on resilience (Werner, 1993) have marked the most recent phase of research on disability. The locus of attention of the present study is explored on the abilities rather than rather than on disabilities. Disability per se should not be considered as a barrier for self-enhancement, making important contributions to society and holding significant positions on all walks of life. It becomes a handicap largely when societal discriminatory attitudes are widespread and lack of opportunities for self-growth and development is non-existent.

Some individuals with disabilities have been resistant to different forms of adversities and capable of overcoming different life challenges and difficulties. For instance, Helen Keller (deaf and blind), Louis Braille (blind), Aristotle (physical impairment), Henry Wood/ Ellen Price (motor impairment) and Samuel Johnson (motor impairment) are some of the international renowned personalities whose self-enhancement and outstanding contributions to the world are documented (Encyclopedia B., 1986 and Encyclopedia A. 1995). Misconceptions and lack of knowledge about the assets of the persons with disabilities coupled with negative attitudes towards their conditions are root causes for children to be hidden from sight, kept at home and deprived of normal social contact. These limitations to children lives constitute much graver obstacle than the limitations inherent in the disability (Arnold, 1988).

The educational index of the individuals with disabilities, covered in a base-line sample survey conducted in Ethiopia, indicated that 66.1% were illiterate, 17.5% had primary education and 16.4% had secondary education (Tirussew et al., 1995). These figures disclose the extent of the limitation on educational opportunities for persons with disabilities in the country. This and other confounded socio-cultural variables force most persons with disabilities either to engage in begging, staying behind in the home, being and/or economically dependent on family or others and making the group the most disadvantaged citizens in the country (Tirussew, 1993).

On the other hand, in spite of all these adverse and difficult situations, evidence suggests that there are persons with disabilities who are high achievers and who lead a successful life in the country. These people may be characterized as “pattern-breakers” who exhibit resilient personality and other strengths. Personal and environmental factors, interwoven to one-another, play a vital role in the strength and adjustment of these individuals. Studies indicate that resilience is a character trait of an individual whose protective factors include both the individual and environmental characteristics that ameliorate or buffer their response to constitutional risk factors or stressful life events (Masten & Gramezy, 1985).

To examine resilience in Ethiopia, a study was conducted to locate persons with disabilities who are generally thought of as high achievers and who lead a successful life. This study also investigated certain parameters of personality qualities and social dimensions which might have contributed to their successes and accomplishments. The focus of this study was to identify persons with hearing, visual and motor disabilities of high achievement and explore the underlying personal and environmental factors which might have been instrumental or responsible for fostering such traits.

**Significance of the Study**

This study a multiple purpose. Primarily, the study will provide positive images of persons with disabilities for young persons with disabilities, which may promote positive feelings towards their potential and develop insight in developing their futures and their potential role in society. Having sensory or motor impairments does not limit oneself from actively participating in society and leading a successful life like any other fellow citizens of Ethiopia. Overcoming disabilities may give a great deal of moral and encouragement to “fight back” if need be, instead of passively conforming and surrendering to the adverse situations. The educational, occupational as well as familial background of the participants of the study, the hardships encountered hitherto, the coping styles employed to overcome the environmental stressors and the resilient personality traits and social factors of successful persons with disabilities could serve as a learning experience for young children with disabilities. It is also hoped that parents, caregivers as well as professionals can benefit from this study by developing the right understanding on the depth and extent of the potential and strengths of persons with disabilities. It may help to raise their expectation and motivate them to aspire towards realizing the potentialities of their children rather than losing hope and dwelling too much on their deficits. Other than being practical use as a tool for intervention, these factors contribute the knowledge of the particular dynamics of resilience and coping mechanisms used by successful persons with disabilities in Ethiopia. That may be applied to all forms of life challenges, which brings the study into a broader context outside persons with disabilities.

Method

The study was carried out between March and May 1998 in Addis Ababa. The scope of the study was limited to three groups of persons with hearing, visual and motor impairments. A purposeful sampling technique was used to select the participants of the study. Ninety participants were selected through the help of the Ethiopian National Association of the Deaf (ENAD), the Ethiopian National Association of the Blind (ENAB) and the Ethiopian National Association of the Physically Handicapped (ENAPH). The selection criteria set were that the participants be relatively high achievers from their respective group, that is, in terms of achieving a certain level of education, generating dependable income, leading an independent life, and generally considered as successful in life.

A questionnaire consisting of structured and semi-structured items, and focus-group discussion schedules were developed and employed for collecting data. A combination of quantitative and qualitative approaches was employed for data analysis. Among the 90 copies of questionnaires 77 (85.5%) were done. Of these 77 questionnaires, 27 were done by persons with visual impairment, 25 were done by persons with hearing impairment and 25 were done by persons with motor impairment. Three focus group discussions on general issues such as attitude, education and employment were held with the executive members of the respective national associations.

**5.2 Participants Occupational, Educational, Family and Social Status**

**5.2.1 Occupational Profile**

The following graph portrays the type and distribution of employment found by the participants across the three-disability groups.

Fig. 1: Type of Employment



Among the participants, 54.5% 27.2% and 9% were found to be Government, NGO and self-employed respectively. The remaining 9% did not indicate the type of their employment. It seems that there is quite a range of employment opportunities for persons with disabilities in both in governmental and non-governmental organizations as well as the private sectors. However, as the participants in the focus-group discussions unequivocally disclosed, employment for persons with disabilities in the country at large is not an easy process, it requires a great deal of patience and fierce struggle. As discussed in the previous chapter, it is not uncommon to find a number of unemployed persons with disabilities with the necessary job qualifications. But disability-based biases and misconceptions held by the employers are widespread. According to the result of the focus-group discussions the common problems encountered in finding employment include unwillingness on the part of the management to hire persons with disabilities, unfair and rigid criteria of employment which exclude persons with disabilities, lack of knowledge about the potential of persons with disabilities and mismatch between interest and job assignments. In spite of the promulgation of the special employment proclamation by the Ethiopian government (TGE, 1994), which was primarily meant to eliminate discrimination and protect the rights of persons with disabilities to compete for and obtain employment based on their qualification, employers are still reluctant to employ persons with disabilities. Since no law enforcement body has been designated to aggressively protect the rights of persons with disability in the Country, the realization of the proclamation will be difficult for years to come. However, the participants of this study were able to cope and overcome such stressful and disparaging circumstances. They not only have secured their jobs but also discharged their work responsibilities successfully.

**5.2.2 Educational Profile**

### Table 1: Educational Status of the Participants

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ITEM | Type of Disability | | | | | |  | |
|  | Hearing | | Visual | | Motor | | Total | |
|  | No. | % | No. | % | No. | % | No. | % |
| 1. Grade (8 - 12) | 13 | 52 | 2 | 7.4 | 7 | 28 | 22 | 28.5 |
| 2. Certificate | 2 | 8 | 1 | 3.7 | 2 | 8 | 5 | 6.4 |
| 3. Diploma | 8 | 32 | 4 | 14.8 | 4 | 16 | 16 | 20.7 |
| 4. \* BA/LLB | 2 | 8 | 17 | 62.9 | 9 | 36 | 28 | 36.3 |
| 5. \*MA | - | - | 1 | 3.7 | - | - | 1 | 1.2 |
| 6. \* MD | - | - | - | - | 2 | 8 | 2 | 2.5 |
| 6. Church School | - | - | 2 | 7.4 | - | - | 2 | 2.5 |
| 7. No Response | - | - | - | - | 1 | 4 | 1 | 1.2 |
| Total | 25 | 100 | 27 | 99.9 | 25 | 100 | 77 | 99.4 |

**\*B.A** Bachelor of Arts (degree), L.L.B-Bachelor of Law.(degree)

**\*MA** Master of Arts (degree)

**\*MD** Doctor of Medicine

**Higher Education Opportunities**

An inspection of the educational profile of the participants depicts that 68.8% had a post secondary education ranging from a certificate (one year post secondary education) to a doctoral level program. Whereas Twenty eight percent had primary and secondary education, and the remaining 2.5 % had church education only. This study illustrates that despite a low level of education; a good number of the participants are enjoying a successful life. Although some of these individuals did not pursue post secondary education explored other life options rather than withdrawing or simply being dependent on others. Among the successful persons with hearing impairment, 52% had primary and secondary education only. This was not because that they were not capable of pursuing post secondary education like their non-disabled peers, but it was mainly because of lack of an inclusive educational setting which could address their special needs. For many individuals with hearing impairment, secondary education was bleak as reflected by the alarming drop-out rate reported in chapter 4. In such a difficult educational scenario, looking for other productive options to lead a successful life seems to be the best alternative for a substantial number deaf person. There were successful deaf adults who were engaged in productive activities such as art, book-binding, wood-work, electronics and mechanical work. These were outstanding and hardworking persons who could serve as models for curbing the problem of the “dependency syndrome” for the young people facing similar difficulties. However, as a matter of right, the fight for access to postsecondary or higher education should be concurrently waged so that persons with hearing impairment can have an equal opportunity to optimally develop their potential.

Post-secondary field of study pursued by the participants include art, physiotherapy, engineering, statistics, mathematics, economics, accounting, language, law, history, sociology, special education and medicine. Most of the participants with visual impairment were graduates of language studies, history and law while those with motor disorders were from almost all fields including medicine. The participants with hearing impairments were graduates from economics and statistics departments.

It was reflected in the focus-group discussions that the limitation of choice of the field of study in higher learning institutions is dependent on a number of factors such as the attitude of the policy makers or the officials of the higher learning institutions as well as the staff. For instance, in spite of the interest shown by blind students to join some departments some in Addis Ababa University, they have remained closed for these students. There are also some higher learning institutions who completely deny access for those with visual and hearing impairments. This is a critical human rights issue which needs to be addressed by the relevant institutions and the Ethiopian government. However, it is important to recognize that Addis Ababa University is the top school among the Sub-Sahara African universities known for providing access and support for a good number of students with visual impairments

**5.2.3 Social Dimension: Family Profile and Community**

**Participation**

* + - 1. **Family Profile**

1. **Marital Status**

It is generally true that partners who are living together in harmony consult one another in their daily encounters and life in general. Most importantly, they share, exchange advice and help each other in time of social, economic or other personal crisis. Furthermore, forming a family, raising and caring for children promotes an emotional bond among family members that contributes a lot to the overall relationship of the partners as well as with other members of the family.

Fig. 4



Among the participants, 56.9% are married and living together, 29.8% are unmarried and the remaining 13.3 % are either divorced or widowed. This implies that 43.9 % of the participants are single headed families. It could be argued that 29.8% are unmarried because most of them may belong in the lower age bracket (18-29) which is relatively early age, particularly for an urban dweller to be married. Furthermore; in this study where 67.7% of the participants have pursued tertiary education, the time of marriage will be generally delayed. What is more, with the prevailing stereotyped socio-cultural conditions, the difficulty of finding a partner for persons with disabilities has been documented. Whatever the case may be, a good number of the participants were able to find mates and form a family.

1. **Family Size**

A substantial number of the participants were found to have a relatively large family size. Accordingly, 53.2% of the households have family members in the age range and 18% of the range of eleven to fourteen. Head such a large family size affects both the economic and management responsibilities. This can serve as a practical evidence for the extent of the competencies as well as contributions of persons with disabilities. If they have access to education and their potentialities are properly tapped, their contribution can go beyond helping themselves. Society is responsible for the creation of the social constructs which stifle the enhancement of once potentials and perpetuates the vicious circle of poverty on persons with disability. The destructive social constructs such as “hopelessness” will be out of place if society recognizes the potentialities and provides the necessary conditions and respect for persons with disabilities.

#### Home Environment

The establishment of a family and the size of family are not an end by themselves, and the quality of family interaction is very important (for example the happiness and mutual understanding of the family members) (Fuglesang et al., 1994 and Rye, 1997). Bearing this basic assumption in mind, the general emotional climate of the home of the participants was assessed. Participants completed a Likert type of scale with four options (Strongly Agree, Agree, Disagree and Strongly Disagree) which indicated degree of agreement or disagreement with regards to mutual understanding and respects, love, acceptance and tolerance and the sharing of responsibility. That is, in terms of the presence of a “yes-cycle” [a positive parent-child interaction, characterized by positive emotions and mutual understanding] or a “no-cycle” [a negative parent-child interaction characterized by negative emotions and misunderstandings] (Fuglesang et al., 1994). The participants gave separate rating against each item.

A substantial number of the respondents (66.2%) strongly agreed that their relationship among family members was based on mutual understanding and respect. Furthermore, 88.2% of the respondents confirmed the existence of “yes-cycle” which refers to the type of positive emotional relationships and interactions (such as love, acceptance, elation and tolerance). Lastly, 85.6% of the participants revealed the prevalence of sharing and co-operation among the family members.

**5.2.3.2 Community Participation**

The rate of participation in the local organizations was considered as a possible indicator for success in degree of social integration of persons with disabilities in the community. The social organizations are traditional religious and business oriented local groups which include Equib, *Edir,* *Mahiber* and *Senbete .*The functions of the these organization were discussed in the previous chapter*.* The range of involvement in the respective social organizations is indicated in Table 6.

##### Table 6: Membership in Local Social Organizations

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item | Type of Disability | | | | | |  | |
|  | Hearing | | Visual | | Motor | | Total | |
|  | No. | % | No. | % | No. | % | No. | % |
| 1. Equib | - | - | 3 | 11.1 | - | - | 3 | 3.8 |
| 2. Edir | 4 | 16 | 1 | 3.7 | 1 | 4 | 6 | 7.7 |
| 3. Mahiber | 11 | 44 | 5 | 18.5 | 8 | 32 | 24 | 31.1 |
| 4. Senbete | - | - | 1 | 3.7 | 4 | 16 | 5 | 6.4 |
| 5. Equib and Edir | 2 | 8 | 2 | 7.4 | 2 | 8 | 6 | 7.7 |
| 6. Edir and Mahiber | 2 | 8 | 6 | 22.2 | 1 | 4 | 9 | 11.6 |
| 7. Equib, Edir and Mahiber | 4 | 16 | 7 | 25.9 | 4 | 16 | 15 | 19.4 |
| 8. No Participation | 2 | 8 | 2 | 7.4 | 5 | 20 | 9 | 11.6 |
| Total | 25 | 100 | 27 | 99.9 | 25 | 100 | 77 | 99.8 |

Among the participants, 88.2% were found to be a member of at least one of these organizations, while 11.6% were not involved. In general, the range of community involvement and rate of participation suggests these persons with disabilities are well integrated in to the community. However, in the focus-group discussions, the participants disclosed that there are still gaps which require bridging in order to fully integrate them in the social fabric of society. For example, some of them confessed that they do not dare go to social situations that involve large gatherings such as weddings and other forms of festivities that particularly involve dining. This was found to be a serious issue, particularly for persons with motor and visual impairments.

**5.3 Social and Personal Factors for Success in Life**

Research reports offer a clear picture of characteristics embedded in the family, school, and community environments that may alter or even reverse expected negative outcomes and thus enable individuals to circumvent life stressors and manifest resilience despite risk. Studies indicate that these main attributes are caring and supportive relationships, positive and high expectations and opportunities for meaningful participation. They are usually referred as “protective factors” or “protective processes” (Benard, 1995). Furthermore, studies indicate that there is no timeline, or set period required, for acquiring strength, resilient behaviors and coping skills. However, people do best if they develop strong coping skills as children, and some researchers suggest the first ten years are the optimum period for strengthening personal identity. But the ability to turn unfortunate circumstances around is always there (Deborah, 1998). In this study, an attempt was made to determine possible social and personal factors which might have contributed to the resilience and the success of persons with disabilities.

**5.3.1 Early Familial and School Experience**

**5.3.1.1 Early Familial Experience**

With regard to social factors, the main focus of the study was to assess the situation of the participants in the early years of development. That is, bearing in mind that the nature of early experience in the formative or critical years of development plays a vital role in the individual’s subsequent development, the core of the investigation was to find out the quality of early parent-child or adult child interaction in retrospective.

The first item in this part of the questionnaire dealt with the state of parent-child understanding. Eighty two percent of the participants of the study confirmed that they had a mutually beneficial understanding with their parents, while 18% disclosed the existence of unsatisfactory relationships with their parents. It is important to note that among those who positively evaluated the quality of interaction with their parents, 42.8 % have expressed a very strong positive feeling about the care and understanding of their parents. Following this, the participants were asked to reveal the nature of their parent- child understanding. The same percentage of the participants in the antecedent item expressed that there was a loving, accepting and tolerant type of relationship with their parents. The last component of this part of the questionnaire asked whether the participants were given a share of responsibilities in performing household chores or not. Accordingly, 72 % confirmed that they were given such responsibilities whereas the remaining 28% were not given.

**5.3.1.2 Early Childhood Education and School Experiences**

The participants were asked to indicate whether they had access to early childhood education services. About 40% stated that they, while 57.1 % did not. Among the former, 31.1% went to church schools, and only 9% attended the so-called "modern" preschools. A relatively substantial number of the participants did not have access to early childhood education, which is also true for children without disabilities in Ethiopia. According to this finding, it seems that not going to early childhood education did not limit for these individuals their success in later life. It also may mean that for these successful individuals, there were other compensatory factors (for example family support) early in life.

With regard to the type of primary schools attended, 40.2% of the participants had the opportunity to go special primary schools, while about 57% of the participants pursued their education in regular school settings with typically developing students. A breakdown of the data when aggregated by type of disability displays that the visually impaired (77.7%) and the hearing impaired (40%) were most often beneficiaries of special school programs. That means, 22.3% of the participants with visual impairment and 60% of those with hearing impairment attended regular schools with their typically developing peers. Most of the special needs of children with motor impairments were relatively easy to accommodate within the regular classroom setting except when the problem related to accessibility of buildings. Furthermore, an examination of age of school enrollment reveals that almost half of the participants were registered between the ages of five to eight. The remaining, except for the 10% who did not respond to this question, joined school at the age of nine and above. That is, a good number of the participants joined primary school at the right time like non-disabled children. Generally, evidence suggests that going to school early is actually unusual for children with disabilities in Ethiopia for various socio-cultural reasons discussed in the first chapter.

The participants were further asked to reflect on the nature of and their reaction to the care and the support given to them during their school years. Among the participants of the study who had had the opportunity to attend special schools, a good number reported that the school community was generally caring and receptive, and that they enjoyed their schools years. They further commented on the concerns and persistent attempts made by teachers and school administrators to accommodate their special educational needs while attending these special schools.

Subsequent to the successful completion of 8th grade, when special schools end, these children are usually placed in regular schools with typically developing (non-disabled) students. As reported by the participants the major educational challenges loomed during the period of transition**.** Indeed, the transitional challenges from special schools to regular schools is particularly true for students with visual and hearing impairments, but not for children with motor disorders who start and continue their education right away in regular schools with typically developing children . The participants characterized the transitional period as one of educational and psycho-social maladjustment. The new environment, with different physical and social settings such as the school compound, the classroom, learning with non-disabled students, being part of a large crowd in a large class as well as being exposed to ‘ new methods of teaching’ employed by the regular class teachers (such as writing on the chalk-board and dictating students to write notes), brought fear and uneasiness on the part children with visual and hearing impairments. The educational stress experienced by students coming from special schools was largely attributed to teachers’ lack of concern and discriminatory treatment.

The common and principal educational problem faced across the three different disability groups was attitudinal barrier both on the part of the teachers as well as non-disabled students. Generally, teachers were not positive or receptive to students with disabilities; they also tended to display low expectation of these students which undermined their potential. The participants further reported that they were subjects of ridicule by some of their non-disabled peers.

In addition to the attitudinal encounters, lack of disability-specific educational support was one of the main obstacles encountered in the course of their school years. Special instructional materials and aides needed by the blind, the deaf as well as persons with motor disorders were scarce or not available at all. Among the three disability–groups, the blind students were relatively better off in securing special instructional materials as well as financial support. Finally, participants of the study, particularly those with motor disorders, faced enormous architectural barriers that made it difficult to access certain school facilities and services such as toilets, libraries and classrooms. These difficulties were observed across all institutions, including higher learning institutions. In another study conducted at Addis Ababa University, a student with a motor disorder narrates his disturbing campus experience as follows (Tirussew, 1994):

*…if you are really interested in solving our problems…*

*the special care should cover all aspects of life of the individual,*

*not only attending classes, but also concerning dormitory and especially the use of bathrooms. I myself, for example, have never washed my body in this campus since I have joined the University and never plan to do so under such conditions. It is not comfortable for us* [students with motor disorders] *at a*ll.

The attitudinal and physical barriers coupled with lack of special instruction or learning materials have mitigated against the educational adjustment of students with disabilities. According to the participants of the study, these conditions have put many students a disadvantage; the ramifications were clearly observed in the low academic performance and high drop-out rate of students with disabilities in the country. In the focus-group discussion held with hearing impaired participants, they strongly recommended opening middle level vocational and technical training programs for the students with hearing impairment across the country. Otherwise, they noted, given the limited availability of special aids and assistance in sign language interpretation, citizens with hearing impairment will continue to be the least served in the educational system during the years to come.

**5.3.2 Personal Factors**

In this section, the participants’ perceptions on their state of self-esteem, self–efficacy and the source of their personal strengths were investigated.

**5.3.2.1 Self-Esteem and Self-Efficacy**

Self-esteem is related to a person’s self-worth and value. It is a critical ingredient for life-long happiness, success and a better life. Holding high self-esteem requires the presence of self-confidence, happiness, and being sure of oneself. This may imply a high degree of motivation as well as possessing the right attitude to succeed.  Self-esteem is therefore crucial and a cornerstone for a positive attitude towards living (Perera 2000). An individual with positive self-esteem accepts him or herself "as is". This means acknowledging that all individuals have both strengths and weaknesses (Voigt, 2004). In this study, five non-mutually exclusive items were used to elicit a range of feelings in a Likert type of scale (Strongly Agree, Agree, Disagree and Strongly Disagree) on the participants’ self-esteem. The following figure displays the reflection of the participants on the state of their own self-confidence as well as on the feeling of inferiority across the three-disability groups.

Fig. 2



Key:

FC – Feeling of Confidence AFI – Absence of Inferiority Feeling

**Key:**

FC - Feeling of Confidence

AFI - Absence of Inferiority Feeling

**Key:**

\*FC-Feeling of Confidence

\*AFI-Absence of Inferiority Feeling

In these items, 98.6% and 94.7% of the participants unveiled their

positive reaction in feelings of self-confidence and the absence of an inferiority complex feeling, respectively.

* + - 1. **Self-Efficacy**

Perceived self-efficacy is persons’ beliefs about their capabilities to influence events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce diverse effects through four major processes: cognitive, motivational, and affective and selection processes (Bandura, 1994). Bandura’s theoretical framework reflects that adequate functioning requires some sense of self-efficacy, a perception of oneself as being able to perform effectively (Bandura, 1982).

In light of the above fundamental assumptions, an attempt was made to explore the participants’ perception on their self-efficacy. The items employed to examine the degree of self-efficacy were the beliefs on: the potential to learn and to promote one’s capacity or self; the ability to lead an independent life and the ability to contribute to society.

Fig. 3



**Key:**

\*PL **-** Potential to learn and promote one’s capacity

**\***ALI - Ability to lead an independent life

**\***CAN **-** Ability to contribute for national development

A substantial number of the participants invariability expressed their positive reaction on all three items. That is, 94.7% of the participants have a strong belief in their potential to learn and promote their capacity or self and 98.6% confirmed that they are able to live and lead an independent life like any other non-disabled person. Last but not least, 94.7% reported having some role in nation building and the capacity to contribute to well-being of society at large. An analysis of the correlates on self-efficacy shows that most participants with visual impairment tend to exceed in holding strong beliefs in the parameters of their ability to lead an independent life as well as contribute to societal development. Whereas participants with hearing impairment tend to be relatively lagging behind from other groups on these items. On the other hand, all the participants with hearing impairment tend to have strong beliefs about their ability to learn and promote their overall capabilities. According to this finding, a great deal of the potential of persons with hearing impairment remains untapped. This reflects the lack of appropriate educational provisions for persons with hearing impairment in the country. This evidence of strong beliefs in self and motivation deserves special attention on the part of the government and the general public at large. These considerations need to be part of the general effort to effectively utilize the country’s human power, curbing wastage of human energies and increasing productivity.

**4.3.2.3 Coping Strategies and Sources of Strengths**

How individuals attribute the results of their attainments informs and alters their environments and their self-beliefs which, in turn, inform and alter their subsequent performances. This is the foundation of Bandera’s conception of reciprocal determinism, the view that personal factors in the form of cognition, affect and biological events, behavior, and environmentalinfluences, create interactions that result in a triadic reciprocity (Pajares, 2002). Resilience research validates prior research and theory in human development that has clearly established the biological imperative for growth and development that exists in the human organism and that unfolds naturally in the presence of certain environmental characteristics (Benard, 1995).

In an open-ended item on the survey, the participants of this study were asked to identify the types of coping mechanisms as well as personal and environmental protective factors which in their opinion might have contributed to their development, success, and achievement in life. The responses of participants in the respective groups were categorized and compared across the three disability groups (Table 2).

**Table 2: Personal and Social Protective Factors**

|  |  |  |
| --- | --- | --- |
| **Disability** | **Personal factors** | **Social factors** |
| **Hearing** | 1. Hard work and effort; 2. Commitment and will for development; 3. Hopeful and aim oriented; 4. Spirituality; 5. Self-confidence; and 6. Accepting deafness | 1. Family members ; 2. Peer groups; 3. \*ENAD; 4. Colleagues at work; 5. Access for education; and 6. Religious people |
| **Visual** | 1. Strong desire and devotion to learn and work; 2. Patience and tolerance ; 3. Spiritual strength; 4. Good communicator; and 5. Accepting oneself | 1. School support ; 2. Church support ; 3. Successful blind persons ; 4. Forming family; 5. NGOs and Individuals; and   \*ENAB |
| **Motor** | 1. Developing self-confidence; 2. Hard work; 3. Spiritual strength; 4. Active in social activities; 5. Patience and tolerance; and 6. High motivation because of the limited chance | 1. Successful person with disability; 2. Family members 3. Community (like teachers and friends) and 4. NGOs/\*ENAPH |

\*ENAD-Ethiopian National Association of the Deaf

\*ENAB-Ethiopian National association of the Blind

\*ENAPH-Ethiopian National Association of the Physically Handicapped

The strategies used to cope and overcome environmental stressors and difficulties tend to be more or less similar across the different disability groups. Across all groups, several personal factors as well as environmental factors played a vital role in course of the participants’ adjustment and well-being. With regard to personal factors, accepting one self, developing self-confidence, having spiritual strength, and working hard were pertinent and common across groups. As to the social factors, family, religious individuals or institutions, NGOs, and acquaintances with successful persons with disabilities were sources of support for most of the participants of the study. Furthermore, the focus-group discussions confirmed the findings of the survey questionnaire as well as identified additional factors which might have been instrumental or possible sources for success and achievement. These include accepting one’s self, self-confidence, developing the right concept of self (assessing both strengths and weaknesses), setting objectives, having an understanding and supportive family (education and high income is not enough by itself), sharing responsibility as well as being communicative. Other studies have also noted that temperamental characteristics, degree of sociability, faith, family support and friends constitute a good part of protective factors. School is also considered as protective particularly for children from disordered households, where they make school into a home away from home (Werner, 1993).

Most of the participants of the study were able to withstand various adverse situations in school and to succeed in their education because of their personnel strengths and socially protective factors. They reported that coping mechanisms such as accepting one’s disability, being tolerant, exerting effort to learn and develop one’s potential, showing one’s own potential through creativity and innovation, trying to be accepted by others, creating close relationships with students, and efficient time management had assisted them in overcoming the challenges at school as well as in other situations.

Furthermore, the participants indicated that they consulted family members as well as peers in time of crisis (personal, social, educational etc.) during their schools years. The participants were also asked to report on the type of coping mechanisms they employed to overcome the problems encountered during employment. The coping strategies utilized across the three-disability groups include seeking further education, convincing the employers to change their attitude, using the national associations as pressure group to influence policy, developing creative thinking and self-employment strategy, demonstrating one’s ability with patience and diligence, making certain concessions (such as signing an agreement to accepting low fixed salaries) as well as appealing to higher relevant government authorities.

**5.4 Discussion and Summary**

**5.4.1 Discussion**

Many studies show that the primary factor in resilience, the capacity to adapt well in the face of adversity or “bouncing back” from difficult experiences is having caring and supportive relationships within and outside the family. Relationships that create love and trust provide role models, and offer encouragement and reassurance help bolster a person’s resilience in meeting difficult challenges. Indeed, a combination of factors contributes to resilience (Diaz et al.,2004).The emotional climate at home and at school, particularly the quality of parent-child interaction in which children were brought up are the foundations for cognitive, social and communicative growth and development of children (Klein et al., 1996 ; Rye, 1997 ). Throughout the course of life, the nature of a person's primary relationships and quality of interactions with family represents one of the crucial elements, and is considered the engine of development (Bronfenbrenner, 1986).

The aspects of the psycho-social component, which encompasses the emotional, as well as the interactional pattern with parents included in this study, were mutual understanding, acceptance, affection and tolerance. Furthermore, the caring and supportiveness of the family and the degree of sharing of responsibility in family affairs were considered. For all except sharing of responsibility, over 82% of the participants were positive about the components of psycho-social conditions of the home environment. Regarding sharing of responsibility, most of them indicated that they were participating in certain household chores and there was no significant difference in the psycho-social dimensions across the three disability groups. The finding of this study by in large indicates the participants had loving, caring and supportive families as well as the opportunity to participate in household tasks, which may have a significant contribution to their success in life. Other studies have also considered such relationships as important factors for building up resilient traits which are critically important to overcome environmental stress as well as negative self-esteem (Benard, 1995; Marano, 2003).It is important to note that engagement in house hold chores for persons with disabilities or without can be considered empowerment so far as it is not too much work and gender-biased. On the other hand, if it is labor intensive and gender-biased, it turns into be exploitation and discrimination.

As to the early school environment, the participants of the study had mixed feelings about heir circumstances. Those who had the opportunity to attend special schools reported a favorable and caring environment, while those who were placed in regular schools had faced unfavorable cognitive-affective and instructional conditions. However, the participants were able to overcome the difficulties through employing successful coping strategies such as being tolerant, putting in a lot of effort and hard work, showing one’s potential through creativity and innovation, trying to be accepted by others, trying to create close relationship with students and efficient time management. The participants further reported that in time of crisis they consulted the family (36.3%) and peers (24.6%) for help them resolve their personal problems.

One of the notable findings of resilience research is that people who cope well with adversity, without a strong family support system, were able to ask for help or recruit others to help them. This is true for children and adults; resilient adults, for instance, are far more likely to talk to friends and even co-workers about events in their lives (Deborach, 1998). It is also worth noting that studies have established the effectiveness of peer-mediation therapy, particularly in an integrated setting where both children with disabilities and their non-disabled partners are pursuing their education (Marion, 1987; Bandura, 1982). Peer-mediated intervention is a crucial component for promoting school adjustment as well as facilitating the inclusion of children with disabilities. School counselors or teachers can use these student–to-student learning structures to provide appropriate academic instructions and practice through initiating peer tutoring or co-operative learning. These structures can also provide students opportunities to develop and to practice social and problem-solving skills (Maher & Zins, 1987; Kelly & Otter, 1991). Moreover, fostering peer relationships can provide feelings of support, belonging, acceptance, caring and other elements of pro-social behavior.

In general, there is a lot to be done in the Ethiopian school system to promote a caring and supporting environment in addition to offering students with educational opportunities. There is a need to create classroom climates in which academic rigor and intellectual challenge are accompanied by the emotional support and encouragement necessary to meet these challenges. A focus on only the students' intellectual development is not incompatible with concern for their psychological well-being. Pajares citing Bandura argues that, educational practices should be gauged not only by the skills and knowledge they impart for present use but also by what they do to [students'] beliefs about their capabilities, which affects how they approach the future. Students who develop a strong sense of self-efficacy are well equipped to educate themselves when they have to rely on their own initiative (Pajares, 2000).

Like other previous findings, this study sheds light on how early positive familial and school experience for children with disabilities sets a stage for success in learning and life in general. A positive emotional climate and caring environment is an essential condition for the healthy growth and development for all children in general, and children with disabilities in particular. As children with disabilities are predominantly victims of attitudinal biases in the country at large, it is not uncommon to find such children under the umbrella of emotional and social deprivation that stifles their cognitive and emotional development.

Other than the environmental ingredients, that is, early familial and school experiences, the investigation of this study was directed to the personal factors, focusing on the perception of self-esteem, self-efficacy and types of coping mechanisms employed by the participants of the study. It was assumed that these factors have an impact on the effective functioning of persons with disabilities in the family, school, community and society at large. The result of the self-esteem profile depicted a high level of favorable feelings towards themselves by most of the participants across the three groups of persons with disabilities. That is, 98.6% and 94.7% of the participants strongly agreed that they were on the state of self-confident and did not have inferiority feelings. respectively. This finding did not differ across groups. The finding of this study has also revealed that over 94.7% of the participants’ strong feelings of self-efficacy. Self-efficacy reflected individuals’ perceptions of their potential for learning, their ability to lead an independent life, and their ability to contribute to nation building.

Self-efficacy and self-esteem beliefs are related. Self-efficacy is the confidence that one has in one's abilities, whereas self-esteem is a judgment of one's own personal and social value. Students' judgments of their academic competence differ from their judgments of self-worth, just as the question "Can I do that task?" differs from, "How do I feel about myself?" (Pajares, 2000). Self-esteem increases one’s confidence. If one has confidence one will likely respect oneself. Individuals with self-respect are more likely to respect others, improve their relationships, their achievements, and happiness. On the other hand, low self-esteem causes depression, unhappiness, insecurity and poor performance. The desires of others may take preference the individual’s desires. Excessive inner criticism may result, which may cause the individual stumble at every challenge. or it may make challenges seem impossible (Pajares, 2002). According to Bandura, perceived self-efficacy is defined as a persons’ belief about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Beliefs in personal efficacy affect life choices, level of motivation, quality of functioning, resilience to adversity and vulnerability to stress and depression (Bandura, 1994). Furthermore, studies indicate that adequate functioning is dependent on developing self-efficacy, which is a perception of oneself as able to perform effectively (Bandura, 1982).

Achievement, self-esteem and self-efficacy seem to be highly interrelated, although the foundation for achievement seems to be both positive self-esteem and self-efficacy. Studies have also confirmed that there is a link between self-esteem and achievement (Bandura, 1982). Unlike high self-esteem, low self-esteem is often cited as the ultimate source of poor academic achievement and self-destructive behavior (Bowlby, 1992; Dulgokinski and Allen, 1996 and Apter, 1997). Low self-esteem may affect the personal growth of the person as well as his or her role and status in the society at large. The type of self-esteem the child holds is by and large dependent on his or her social milieu (Apter, 1997). Particularly, the quality of early childhood upbringing, early school experiences, and peer relations play a vital role in molding the level of child's self-esteem (Bernard van Leer Foundation, 1994; Klein etal., 1996).

Indeed, the expectations and attitudes of significant others (parents, grand parents, teachers etc.) may have a profound impact on a child’s level of self-esteem. For example, parents or teachers who view a child as competent or attractive communicate their opinion to the child, who eventually internalizes these opinions and begins to view himself or herself accordingly. On the other hand, adults who view a child as unattractive or incompetent also communicate these opinions to the child, who eventually internalizes them and forms unfavorable opinions of himself or herself as well as his surroundings. A child who develops positive self-esteem will become confident about his abilities and is more likely to become an adult who respects others and will work well and help others, with a strong sense of social interest (Marion, 1987; Bandura, 1982). Those who consider themselves as effective are usually willing to attempt some solution to whatever problem they face, and they will not give up easily in their efforts to overcome some obstacles. The precondition for adequate functioning is developing self-efficacy (Dlugokinski, 1996; Bandura, 1982). That is, like having a sense of “I can do it by myself ", “I have the potential to learn and develop" and "I can contribute to my family or community" are the outcomes of self-efficacy. This study has confirmed that the prevalence of positive self-efficacy as of the main dynamics for the success of persons with disabilities.

Finally, it can be argued that the nature of caring and supportive relationships enjoyed by most of the participants of the study in their early years of development might have assisted them in the development of positive self-esteem and self-efficacy which were instrumental for their subsequent success in life. Evidences suggest that how people behave can often be better predicted by their beliefs about their capabilities than by what they are actually capable of accomplishing. It means that self-perceptions of capability help determine what individuals do with the knowledge and skills they have. More important, self-efficacy beliefs are critical determinants of how well knowledge and skills are acquired in the first place. Researchers have suggested that these self-beliefs may play a mediational role in relation to cognitive engagement, in that enhancing them might lead to increased use of cognitive strategies that in turn lead to improve performance (Pajares, 2002).

The interplay between the protective familial factors (caring and supportive parents) with personal factors (self-esteem and self-efficacy) has thus enabled most of the participants of the study to build coping mechanisms to successfully overcome environmental stresses and adversities. According to this study, the school environment as well as the employment opportunities were found to pose the most difficult and stressful situations for persons with disabilities. However, the participants of this study unlike the vast majority of persons with disabilities in the country were able to successfully overcome these challenging scenarios. The main strategy for success was the effective and enduring mobilization of personal and environmental resources. The across-the board coping mechanisms employed by the three different groups of persons with disabilities are condensed under their personal and social resources (Table 5).

Table 5: Coping Mechanisms Employed Across-the Board

|  |  |
| --- | --- |
| Personal Resources | Social Resources |
| **Developing positive self-esteem** | **Family members** |
| **Accepting one’s disability** | **Friends at school and at work** |
| **Exerting effort and Hard work** | **Religious people /institutions** |
| **Spiritual strength** | **Successful persons with disabilities** |
| **Patience and tolerance** | **Non-governmental organizations** |
| **-** | **National Associations of \*PWDs** |

\*Ethiopian National Associations of the Deaf, the Blind and the Physically

Handicapped

Under the category of personal factors, developing positive self-esteem, accepting one’s disability, exerting effort and hard work, engaging in spiritual practices, patience and tolerance were the traits identified by the participants of the study. Research studies have also suggested that in the capacity to make realistic plans and to take steps to carry out these plans, positive view of oneself and confidence in your strengths and abilities, skills in communication are traits most associated with resilience (Diaz et al., 2004). The participants employed a strategy to mobilize and utilize external resources to overcome adversities. Whenever they face difficulties or crisis, they turn to family, friends or others for moral as well as material support.

As indicated in the Table above social resources included, family members, friends, religious people, successful persons with disabilities, National Associations of Persons with Disabilities as well as NGOs. Others studies have confirmed that good relationships with close family members, friends, or others are important. Accepting help and support from those who care about and will listen to an individual strengthens resilience. Some people find that being active in civic groups, faith-based organizations or other local groups provides social support and can help in reclaiming hope. Assisting others in their time of need also can benefit the helper as well as the recipient (Diaz, 2004). Also, findings of the present study reveal similarities with previous studies, on the components of protective factors, which include problem-solving abilities, perceived efficacy, the ability to make plans, and high aspiration. These protective factors, some evident within the person, and others dependent upon the external world, are quite heterogeneous (Haggerty et al., 1996). It can thus be argued that the building and unfolding of resilience and effective coping mechanisms employed have been instrumental in the success of persons with disabilities in Ethiopia.

**5.4.2 Summary**

This study has attempted to examine the nature of specific personal qualities of selected persons with disabilities of high achievement or success in Ethiopia. In this endeavor, the study has brought to light the importance of : a) caring and supportive family in promoting self-esteem, self-efficacy and resilience, and contextualizing the coping styles employed at a personal and social level. The findings of this study have shown a great deal of similarity with the studies conducted in the other parts of the world. The data generated may serve as a learning experience not only for children and young persons with disabilities but also for their parents, caregivers, teachers and practitioners in the field of rehabilitation as well as researchers. The following specific lessons and observations can be drawn from the study.

* Caring and supportive relationships which create mutual understanding, love and trust within the family as well as outside the family (such as in schools and other institutions) are critical for the development of positive self-esteem and resilience of persons with disabilities.
* Positive self-esteem and self-efficacy play a vital role in the effective functioning of persons with disabilities in the different facets of life, including education, employment, family, and community participation. Therefore, the need to foster these personality attributes is crucial and has to be promoted as early as possible in a child’s life. Particularly, the role that schools play in the formation of these attributes need to be stressed.
* Accepting oneself and one's limitations, spiritual strength, strong

motivation, tolerance, hard work and persistent inquiry are key elements for unfolding and strengthening resilience. These internal forces are instrumental in combating the “dependency syndrome” and replacing it with independency.

* Avenues for a successful and stable life are diverse and one

should be flexible in exploring possible options that match one's ability and interest. It is evident from the finding of this study that in spite of low levels of education, a good number of the participants were found to be successful and happy leading a quality life.

* Making connections and seeking support from family members, friends and others are critical ingredients to building and expanding one’s strength to successfully cope with life challenges.
* Threads of interwoven socio-cultural factors, which operate against the adjustment of person with disabilities in Ethiopia country, are widely prevalent. Among others, the pertinent factors serve as barriers which block educational and employment opportunities as well as community participation. In order to curb these deterring phenomena, short- and long- term intervention strategies need to be developed at a national level.
* The need to train family members, teachers and peers, and while empowering them to offer quality care and support needed for children with disabilities at home and school seems to be of paramount significance.
* Finally, the National Associations and the Federation of Persons with Disabilities in the country should play a leading role in raising the awareness of their members, parents of children with disabilities as well as the general public to change the present status-quos of persons with disabilities in the country.

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