

Retrospective study of childhood experiences of persons with disabilities and high achievement profiles in Ethiopia

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Abstract: An attempt was made to examine early psychosocial home and school conditions of persons with disabilities and high achievement and resilient personality qualities. The subjects were persons with hearing, visual, and motor impairments. Structured and semi-structured questionnaire and focus-group discussions were employed for collecting field data. Over 82% of the participants reported that they had a conducive psychosocial home environment in their early childhood development which was manifested in the form of mutual understanding, affection, acceptance, and provision of back-up support. A t-test result also revealed no statistically significant differences ($\alpha = 0.05$) across the different disability groups. Furthermore, high correlation coefficient ($r = 0.89$) but no statistically significant differences ($\alpha = 0.05$) were found between early psychosocial experience of the participants and their current home interaction. It is suggested that the quality of early familial psychosocial support for children with disabilities play a vital role for their subsequent achievement and success in life. [*Ethiop. J. Health Dev.* 1999;13(3): 195-204]

Introduction

A number of people still take the general hereditary view of achievement potential, which in its extreme form, considers that the ultimate level of an individual's functioning is determined solely by his/her genetic endowment (1). They often assume that a baby with disability (special need) will lead a damaged life. They place the label "handicapped" on such a baby and think that the child's physical condition will, in and of itself, limit and define the person's being. In the current understanding, disability constitutes a necessary but not a sufficient condition for a handicap (2). The greater the environmental resources, the less the individual's disability are likely to result in a handicap (3). If society has the right understanding and attitude towards persons with disability and if persons with disabilities (special needs) are provided with the necessary care, upbringing, as well as medical and educational services, they will be able to lead a quality of life like any fellow citizens in the country. Indeed, the basis for the enhancement of the potential of persons with disabilities is opening equal opportunities through creating a conducive social environment. That is, in contrast to the one-dimensional traditional model, which focuses on the singular (mainly on the deficit), considering the individual's behavior as a product of the dynamic transactions between the individual (personal factors) and interlocking environmental factors (social factors) at different stages of development seems to be valid (4,5). Therefore, it should be noted that all human beings need to be considered as open systems, liable to be meaningfully modified by environmental intervention (6).

The brain's ability to adapt with experience confirms that early stimulation sets the stage for how children will continue to learn and interact with others throughout life (7). Studies indicate that the capacity to be modified as a result of learning is a characteristic of human beings throughout the entire

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life span (8,9). Children are most susceptible to environmental effects in the early developmental years. They learn several generalized expectations that have the potential of affecting most of their lives. Evidences suggest that there is a clear connection between a child's ability to settle in a school and the school results, and the quality of time he/she has spent together with his/her parents

(10). The holistic development of children requires environments in which children feel secure, are stimulated, and have opportunities to explore, to question, to experiment, to play and to symbolize. If young children's psychosocial needs are neglected, the consequence may be an increasing number of children, youths, and adults who cannot effectively participate in the socio-economic development of society or who feel no need for it (11). Vulnerabilities established during infant and toddler years, in particular, may become evident during later developmental periods (12). The tendency to overlook the role of environmental factors and explaining the behavior of a child with disability as disposition drafting "within individual deficits" is fallacious. Such a paradigm not only distorts our understanding of the problem but also misguides the focus of attention and type of treatment or intervention to be employed for children with special needs (13).

The main intention of this study was to explore the nature of early childhood home and school experiences of persons with hearing, visual, and motor impairments of relatively high achievement profile in the country. The investigation was envisaged to help assess the existence of a link between the type of early psychosocial experience and the present living conditions of the participants. The degree of differences or similarities of early childhood experiences among the three groups were examined. Further more, an attempt was made to identify the problems encountered and coping strategies employed to overcome the challenges faced by the participants at different social settings.

The data generated through this study is presumed to be a useful learning experience for children with different types of disabilities; and parents, caregivers, teachers, as well as others dealing with such children.

Methods

The study was carried out in March 1998 in Addis Ababa. The scope of the study was delimited to three groups of persons with disabilities, namely, persons with hearing, visual and motor impairments. Purposeful sampling technique was used to select the participants of the study. Ninety participants were selected with 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 should be relatively good achievers, independently leading their livelihoods without any economic constraints.

A questionnaire consisting of structured and semi-structured items, and focus-group discussion schedules were developed and employed for collecting data. By using the retrospective approach, attempt was made to explore and map-out the quality of early psychosocial conditions focusing on: *Mutual Understanding; Love, Acceptance and Tolerance; and Sharing of Responsibility*. These are essential variables, which are considered to be the foundations for promoting feelings of confidence, trust in one's potential, and surrounding as well as for subsequent effective functioning (4,9,8,10,16). A Likert type of four-measure scales were constructed as follows:

Strongly Agree = 4, Agree = 3, Disagree = 2, and Strongly Disagree = 1. These options were given to the participants to indicate their degree of agreement or disagreement against the three psychosocial components. The scale has a reliability coefficient of 0.807 as determined by Cronbach alpha with a standard error of measurement of 2.886.

Among the ninety copies of questionnaires distributed, 85.5% or 77, that is, 27 by the visually impaired persons, 25 by the hearing impaired and the remaining 25 by persons with motor impairment, were properly completed and returned. The focus-group discussions were held with the executive members of the respective three national associations. The sizes of the focus-group discussions ranged from five to seven. A combination of quantitative and qualitative data were generated and analyzed using the necessary software whenever the need arose.

Results

Background data of the participants: The age groups of the participants are 18-29 (38.9%), 30-39 (25.9%), 40-50 (22%), and over 50 (1.2%). Their sex-mix indicates that 83.1% are males while 16.8% are females. As it is very true for the general population, gender disparity is clearly observed among the respondents who were identified as high

achievers and leading successful lives. As to their religions, they were found to be believers and the vast majority (76.6%) pursuing the Ethiopian Orthodox faith.

Most of the respondents (60.8%) have successfully completed tertiary education (see Table 1). Even those with lower educational background were found to run their own business, earn a reasonable income, have their own families and lead independent and successful lives.

According to the participants of the study, the time of onset of the impairments and the possible causes of their respective disabilities were reported as follows (Figures 1-4).

Table 1: **Educational level of the respondents**

Item	Type of Disability							
	Hearing		Visual		Motor		Total	
	No	%	No	%	No	%	No	%
1. Grade (8-12)	13	52	2	7.4	7	28	22	28.6
2. Certificate	2	8	1	3.7	2	8	5	6.5
3. Diploma	8	32	4	14.8	4	16	16	20.8
4. B.A/L.L.B	2	8	17	63.0	9	36	28	36.3
5. MA	-	-	1	3.7	-	-	1	1.3
6. MD	-	-	-	-	2	8	2	2.6
7. Church School	-	-	2	7.4	-	-	2	2.6
8. No Response	-	-	-	-	1	4	1	1.3
Total	25	100	27	100	25	100	77	100

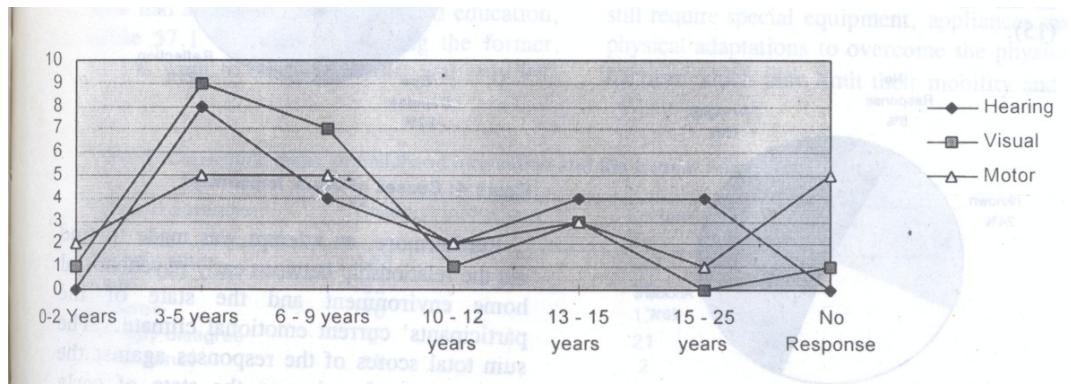


Figure 1: **Specific time of onset of disability**

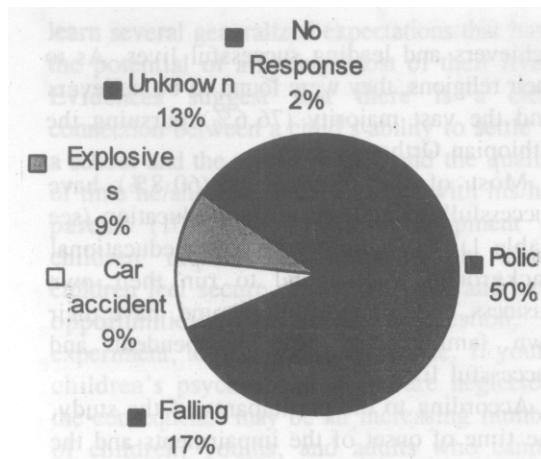


Figure 2: **Causes of motor impairment**

As reported by the participants of the study, the causes were predominately attributed to

infectious childhood diseases and accidents. It was interesting to note from the focus-group discussions that, reported among other factors, accidents, and the use of corporal punishment at home and school (hitting the head, slapping, pinching, spanking, whipping, long time kneeling, etc.) for disciplinary purpose were identified as antecedent for different types of impairments. For instance, the ear is one of the parts of the body exposed for physical punishment in our culture. That is, pinching the lobe, or slapping on the ear, is usually considered as a normal type of punishment at home as well as at school (14). Studies have established that, depending on the degree of pinching or slapping, this can cause a rupture in the eardrum and create hearing difficulty (15).

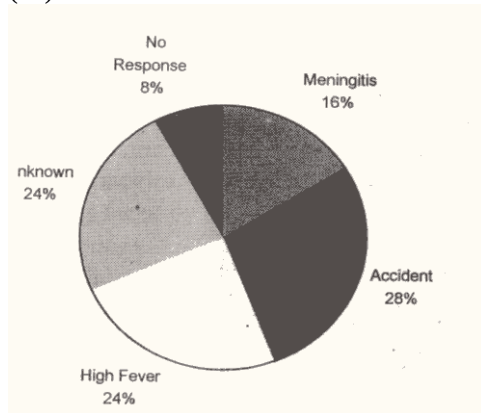


Figure 3: Causes of hearing impairment

Early childhood psychosocial experience at home Eighty two per cent of the respondents confirmed that their relationships with their parents understanding type, while 18% disclosed the existence of unsatisfactory understanding 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 feeling about the understanding of their parents. The responses regarding whether the nature of parent-child interaction was loving, accepting and tolerating type were also equally positive like that of the antecedent item. The last component was whether the respondents were given a share of responsibilities in performing household chores or not. Accordingly, 72 % confirmed that they were given responsibilities to carry out at home whereas the remaining 28% were not given. A t-test result based on the weighted responses of the Likert type scales has also shown that there is no statistically significant difference (Table 2) among the three groups on the nature of psychosocial home environment during their childhood period.

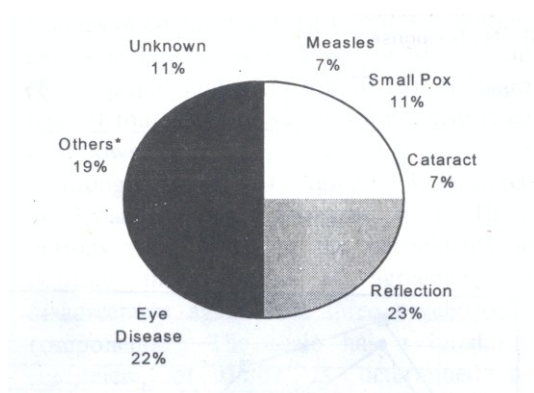


Figure 4: Causes of visual impairment

Furthermore, an attempt was made to find out the relationship between early psychosocial home environment and the state of the participants' current emotional climate. The sum total scores of the responses against the Likert type of scales on the state of early childhood family experience and the current

Table 2: T-test result on early childhood experience among the participants

Variables	Cases	Mean	SD	2-Tail sig.	t-value
Hearing impairment	13	18.4615	20.871	.0984	.02
Visual impairment	13	18.3077	16.874		
Hearing Impairment	13	18.4615	20.871	.905	.12
Motor	13	17.5385	17.961		
Visula Impairment	13	18.3077	16.874	.911	.11
Motor	13	5.7692	17.961		

($\alpha=0.05$)

familial interaction were compared and the following result was obtained (Table 3). As the correlation coefficient ($r=0.89$) indicates there is a high correlation between the quality of interaction one has received during his/her childhood period and what one practices at home as an adult. A t-test was also run on the same item and no statistically significant difference was found between the two scenarios (Table 4).

An attempt was also made to assess the state of the marital status of the parents of the participants. The finding depicts the following profile: living together (48.5%), widowed (33%), divorced (10.6%) and separated (3.8%). A look at the size of the family indicates that it ranges from 1-5 to 12-14 and almost half of the subjects' family was found to have 6-8 family members under their responsibility.

Early school experiences of the participants The participants were asked to indicate whether they had access to early childhood education or special education services. About 40% had access to early childhood education, while 57.1 % did not. Among the former, 31.1% went to church schools, and only 9% attended the so-called "modern" preschools. That is, most of them did not have access to early childhood education. Early childhood educational experience is particularly essential for children with disabilities for cognitive, sensory, communicative stimulation as well as social competencies, which are the corner stones for subsequent learning (13). This obviously needs due consideration on the part of the government as well as the general public at large.

On the other hand, 40.2% of the participants had the opportunity to attend special primary schools, while about 57% of the participants pursued their education in regular school settings with non-disabled students. Further breakdowns of the data by type of disability displays that the visually- impaired (77.7%) and the hearing-impaired (40%) were the most beneficiaries of special school programs. Relatively speaking, most of the special needs of children with motor impairments can be easily accommodated within the regular school setting, though they still require special equipment, appliances and physical adaptations to overcome the physical barriers which may limit their mobility and

Table 3: Correlation index of childhood interaction and the current home interaction

Range of agreement	Childhood interaction	Current home interaction
Strongly agree	143	104
Agree	62	90
Disagree	10	17
Strongly disagree	2	21
No response	17	2

$r=0.89$

Table 4: T-test result on early childhood interaction and current home interaction

variables	Cases	Mean	SD	2-tail sig.	t-value
early childhood interaction	13	54.3077	53.153	.712	.37
Current home interaction	13	64.0769	77901		

access to various instructional materials. Regarding age of enrollment almost half of the participants registered between five to eight. The remaining, except the 10% who did not respond to this item for joined school at the ages of nine and above. That is, a good number of the participants joined primary school at the right age placing them at an advantage. Generally, evidences indicate that going to school early is actually unusual for children with disabilities in the country.

Furthermore, the participants noted down a list of problems encountered and coping strategies they utilized to overcome the challenges during their initial years of integrated school settings. The major and common problems faced across the three disability groups include: being undermined and ridiculed by teachers and non-disabled students, lack of special educational provision or support, and in-accessibility of school facilities. It was further noted that distorted understanding, socio-cultural misconceptions, and misrepresentations such as being perceived as cursed, dependent, unable to learn, and special creatures were wide-spread in the school community. The results of the focus-group discussions also revealed that such unfavorable phenomena negatively impacted a lot on the range and degree of their interpersonal relationships, like being unable to mix-up with non-disabled persons in social gatherings, to play games and develop heterosexual relationships. Moreover, it was reported that the aggregate effect of these conditions has been recorded as the major cause for psychological maladjustment, low academic performance as well as high dropout rate among most children with disabilities.

According to most of the participants of the study they were able to withstand all these adverse situations and to succeed in their education because of their personnel strengths and social 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 to overcome the challenges they faced. Moreover, 36.3% and 24.6% of the participants indicated that family members and peers respectively, were the persons consulted in time of crisis (personal, social, educational etc.) during their school years.

Discussion

The nature of emotional climate, 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 (16,10). Throughout the life course, the nature of the person's primary relationships with family and friends represents one of the crucial "proximal processes" considered as the engine of development (17). The aspects of the psychosocial component, which encompasses the emotional, as well as the interactional pattern with parents included in this study were mutual understanding, acceptance, affection, and tolerance, and the caring and supportiveness of the family and the degree of sharing of responsibility in the family affairs. For all except sharing of responsibility, over 82% of the respondents were positive about the components of psychosocial conditions of the home environment. Regarding sharing of responsibility, only 72% indicated that they were doing certain household chores. A t-test result revealed no statistically significant differences ($\alpha = 0.05$) on the psychosocial dimensions across the three disability groups. This study has also revealed that almost half of the participants (43.6%) were from single-headed families whereas the remaining 48.5% was from nuclear families. Several studies have confirmed that children brought up in two-headed families tend to have strong emotional bondage and affection, which are essential for children's mental health and effective functioning. If this is interrupted by divorce, death, desertion or separation, the child's psychological wellbeing will be adversely affected (5, 18). When parents split up, children suffer from pain, confusion, hate, bitter disappointment, and a sense of failure and self-doubt. No matter how unhappy a marriage has been, its break up usually emerges as a shock to children (5,19). Besides, the economic consequences as well as the increase in the load of childcare and management responsibility on the single-headed family should not be under-estimated. However, in this study children brought up from the two

different family settings tend to have shown similar achievement profiles and success in life. In this case, one may argue that there could be other additional factors such as the personal resilient qualities of the children, the profile of the single-headed family, the time and cause for the loss, might have positive effect on their overall performance. This could be an area of interest for further investigation.

A look at the size of the family of the parents of the participants indicates that it ranges from 1-5 to 12-14 and almost half of the subjects' family was found to have 6-8 family members under their responsibility. Against all the adverse consequences of having a large family, one can also argue that in a family where there is a child with disability, members of the family can be an asset rather than a liability. For example, such a child with disability can have multiple stimulation or a wider possibility of interaction, care and playing. In a country like Ethiopia, where shared responsibility among the extended family (including grandmothers, grandfathers, aunts and others) is still more or less practiced, one should be able to capitalize this resource through organizing sensitization and training programs to empower family members so that they can provide appropriate assistance within the context of the home environment.

Another attempt was made to examine the degree of relationship between early childhood psychosocial experience of the participants and the quality of their current home psychosocial interaction. The findings revealed high correlation coefficient ($r = 0.89$) and no statistically significant differences ($\alpha = 0.05$) between the two variables (see Tables 3&4). The result obtained goes along with other studies which show that the type of treatment or experience one had during childhood period more or less influences his/her current adult-child pattern of interaction, though there are possibilities of being affected by contemporary situations (20). That is, whatever is invested during childhood period pays a lot for the achievement and success of the person in the later years of life. The inability to develop a set of protective resources early in life not only produces early dysfunction, but also provides the basis for enhanced life-time exposure to stress, vulnerability and dysfunction (5,11).

Achievement and self-esteem seem to be highly interrelated and one influences the other. Nonetheless, the foundation for achievement seems to be positive self-esteem, which has to be cultivated early in life. Low self-esteem is often cited as the ultimate source of poor academic achievement and self-destructive behavior (5). This, in one way or another affects the personal growth of the person as well as his/her role and status in the society at large. The type of self-esteem the child withholds is, by and large, dependent on his/her surrounding (21). Particularly, the type of early childhood upbringing, early school experiences, and peer relations play vital roles in molding the child's self-esteem (13,16). Indeed, the opinions of significant adults (parents, teachers etc.) have an 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/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 opinion of himself/herself as well as his surrounding. A child who develops positive self-esteem will become confident about his/her abilities and is likely to become an adult who respects others and will work well and help others with a strong sense of social interest (22,23). 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 (18,23). 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." It can, therefore, be argued that positive upbringing through which the participants of this study have passed might have assisted them for the development of self-efficacy and subsequent successful functioning.

As to the early school environment, the participants, particularly those who were placed in an integrated setting, had faced unfavorable cognitive-affective and instructional conditions indicating the need for an intervention for better adjustment and achievement. However, the participants revealed that they had overcome the problems through employing coping strategies such as

accepting one's disability and being tolerant, personal effort to learn and develop one's potential, showing one's own potential through creativity and innovation, trying to be accepted by others, trying to create close relationship with students, and efficient time management. They further declared that, in times of crisis, they consulted the family (36.3%) and peers (24.6%) to help them resolve their personal problems. In this respect, it is worth noting that recent studies have established the effectiveness of peer mediation therapy, particularly in an integrating setting where both children with disabilities and their non-disabled partners are pursuing their education (22,23). Peer-mediated interventions may also facilitate the mainstreaming of children with disabilities. School counselors or teachers can use this student-to-student learning structures to provide appropriate academic instructions and practice through initiating peer tutoring or co-operative learning. These structures can provide students with opportunities to develop and to practice social and problem solving-skills (25,26). Moreover, fostering peer relationships can provide feelings of support, belonging, acceptance, and caring.

Finally, on the basis of the findings of this study, the following observations are made:

The early childhood psychosocial experience of the home environment of the three groups involved in the study was found to be conducive. This might have, to a certain degree, influenced the achievement of the participants.

A high correlation, and no statistically significant difference, were found on the quality of early psychosocial experiences of the participants and the nature of their current home interaction.

Almost half of the participants came from single-headed families indicating that their personal resilient qualities, and the quality of family interaction might have also contributed to overcome the adverse conditions that accompany single-headed family. This calls for further investigation.

The unfavorable school experiences encountered by the participants of the study (such as low expectation, mockery, exclusion, lack of back-up support) were overcome through using coping mechanisms which involve personal factors (elements of individual strengths) and social factors (consultation of parents and peers).

The causes of disability as reported by the participants of the study seem, to a greater extent, to be preventable if proper family, community, and school-based health education as well as the necessary basic childcare services are put in place.

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References

1. Kirk SA, Gallagher JJ & Anastasion NJ. Educating Exceptional Children.7 rev. ed. Boston: Houghton Mifflin Company, 1993.
2. UNESCO. Helping Handicapped Pupils in Ordinary Schools: Strategies for Teacher Training. Paris: UNESCO Headquarter, 1985.
3. Tirussew T. Psychosocial and Educational Profile of Students with Disabilities in Addis Ababa University. Ethiop J Health Dev. 1994;8(1):44-61.
4. Bronfenbrenner U. Ecology of family as a context for human development perspectives. Developmental Psychology 1986;22(6):723-742.
5. Haggerty RJ, SherrodLR, Gramezy N & Rutter. Stress, Risk, and Resilience in Children and Adolescents. UK: Cambridge University Press, 1996.
6. Feuerstein R & Rynders RJ, Helping Retarded People to Excel. London: Polonium, Press, 1988.
7. Newberger JJ Young Children . National Association for Education of Young Children 4 -9, 1997:52(4) NW, Washington DC.
8. Feuerstein R. The Dynamic Assessment of Retarded Performers. New York : University Park Press, 1979.

9. Feuerstein R. Klein P.S. & Tannenbaum A.J. Mediated Learning. Experience : Theoretical Psychosocial Learning Implications. London: Freund Publishing House LTD, 1991.
10. Rye H. When You and I are Together. A Guide for Parents. Oslo: ICDP, PDC, 1997.
11. Hundeide K. Helping Disadvantage Children : Psycho-social Intervention and Aid to Disadvantaged children in Third World Countries. London: Jessica Kingsley. 1991.
12. Guralnick M. The Next Decade of Research on the Effectiveness of Early Intervention , journal of Exceptional children, 1991.
13. Bernard van Leer Foundation. Building on People's Strengths: Early Childhood in Africa. The Hague: Emmerik & Emmerik, 1994.
14. Fransua Dansa. Hard of Hearing and Classroom Interaction: Their Effects on Social and Academic Performance (MA, Thesis). Finland : Joensuu University, 1998.
15. Tate M. Principles of Hearing and Audiology .Conson Glasgow, 1994.
16. Klein P, Hundeide K, Tirussew T, Lakew W, Pramling I, Fuglesang A. et al. Early Intervention Cross-cultural Experiences with Mediational Approach. New York Garland Publishing , INC,1996.
17. Gore S. & Eckenrode. Context and process in research on risk and resilience. In R. J. Haggerty, L.R. Sherrod , N. Gramezy & M. Rutter (Eds.). Stress, Risk and Resilience in Children and Adolescents (pp.19-63). UK: Cambridge University Press, 1996.
18. Dlugokinski EL & Allen SF. Empowering Children to Cope with Difficulty and Build Muscles for Mental Health. USA: Taylor & Francis, 1996.
19. Papilla DE. A Child's World, Infancy through Adolescence . New York: McGraw-Hill Publishing Company, 1990.
20. Bowlby JA Secure Base. Clinical Applications of Attachment Theory. UK: J.W. Arrowsmith Ltd., Bristol, 1992.
21. Apter T. The Confident Child. Emotional Coaching for Crucial Decade : Ages Five to Fifteen. New York: W.W. Norton & Company, Inc., 1997.
22. Marion M. Guidance of Young Children. Columbus: Merrill Publishing Company, 1987.
23. Bandura A. Self-efficacy mechanism in human agency, American Psychology, 1982;37:122-147.
24. Stone J & Campbell. Student to Student: Curriculum and Development of Peer Relationships. In G.L. Porter, & D. Richler (Eds.), Changing the Canadian Schools . Perspectives on Disability and Education. Canada, York University: The Roeher Institute, 1991:239-256.
25. Maher Chareles A. Zins Joseph E.. Psychosocial Interventions in the Schools. Pergamon General Psychology Series. Oslo: UNIPUB , Akademika, 1987.
26. Kelly B, & Otter den J. Beyond Behavior: A Case of Social Intervention Strategies for a Student with Challenging Behaviors. In G.L. Porter, & D. Richler (Eds.), Changing the Canadian Schools. Perspectives on Disability and Education. Canada, York University: The Roeher Institute, 1991:257-280.