

GENDER AND DISABILITY IN ETHIOPIA

Tirussew Teferra*

Abstract:

Gender-based analysis of early familial, school and out-of school experiences, employment and social encounters as well as the degree of partaking in matters related to social networks are explored.

Hundred and sixty four informants from three disability groups, that is, persons with hearing, visual and motor impairments participated in the study. A combination of quantitative and qualitative method was used to generate and analyse data. The study revealed that though both genders face discriminatory life challenges because of their disabilities, female disabled seem to suffer more than the male disabled do. A t-test result has shown gender based-difference in favour of the male disabled in the type of early familial treatment among the visually impaired ($p < 0.1$). A t-test run on the range of participation in local social organisations across the three groups revealed the existence of statistically significant gender-based difference among them ($p < 0.1$). Besides, a t-test on learning ability and potential to promote oneself revealed statistically significant gender difference favouring the male disabled among the hearing impaired ($p < 0.02$) and the visually impaired ($p < 0.01$). Finally, the prevalence of different forms of violence, sexual abuse and difficult labour against female disabled was reported.

* Associate Professor, Department of Educational Psychology, Addis Ababa University

INTRODUCTION

The discrepancies which exist in the livelihood of persons with disabilities and non-disabled persons is by and large attributable to the general public attitude which is predominantly characterised by enduring stereotyped roles. A sample study conducted on the attitude of the society towards persons with disabilities in Ethiopia has revealed a mixed feeling where the negative is by far dominant than the positive (Tirussew et al. 1995). As it is very true in a patriarchal traditional society for the non-disabled women (Fellows 1993), it is also assumed to be true that women with disabilities are role discrimination. Studies indicate that women with disabilities are doubly marginalized by their communities and organisations at the national and international level. It is further cited that it is necessary and relevant to research and work on issues of gender and disability, because disabled women are indeed worse off than their able-bodied sisters (Abu-Habib 1997). This is a gender-based phenomena considered as "double disability" created by socio-cultural, attitudinal barriers and other confounded factors deep-rooted in the social system. In other words, women with disabilities may not have equal rights and privileges to enjoy the meagre resources available like that of the male disabled. Not only that, but also their role in the different spheres of life is curtailed because of their gender.

The process of attitude formation includes cognitive, affective and behavioural components. This refers to the way people conceive disability and persons with disabilities (like misconceptions about causes, capacities of persons with disabilities), the feeling they hold towards them (such as their likes, dislikes, compassion, hostility) and the nature of interaction they carry out with them (like closeness or proximity, distance or exclusion) (Bronfenbrenner 1986; Mitchell & Brown 1991). These are interrelated and reciprocating threads influencing one another. Studies, which have attempted to investigate the factors influencing the formation of a particular type of attitude towards persons with disabilities, have two parameters. Society makes the person with disabilities solely responsible for

the behaviour display by disregarding the influence of socio-cultural factors, which shape the pattern of behaviour. That is, the tendency to overlook environmental or societal factors and look for "deficits within the individual" affects treatment and intervention strategies (Wright 1983).

The ecological approach, which has gained momentum in the agenda of current interventionists in the field, has a holistic approach to overcome problems surrounding disability issues. This theory emphasises the vital role that the family, the peer group, the community, the school as well as the society play in influencing the individual's behaviour (Mitchell & Brown 1991). Unlike the traditional and the one dimensional model (medical model and diagnostic approach) which focuses on the singular (the individual), this model considers the individual's behaviour as a product of the dynamic interaction between the organism and the interlocking environmental factors at different stages of human development model of developmental progress (Guralnick 1982). The approach stresses that development proceeds through reciprocal interactions between children and environments so that both the individual and their settings experience change (Bronfenbrenner 1979). This theoretical framework is the basis for the current understanding of the fundamental concepts such as disabilities and handicaps (UN 1994).

Therefore, in order to address the problem of persons with disabilities, considering socio-cultural issues is of paramount importance. Particularly, negative attitudes and values are the basis for perpetuating the exclusion of persons with disabilities from the main stream of society. Their effects are manifested in different subtle ways; the following are some of the general areas:

- Social segregation (in terms of family formation, community participation, culture and sport etc.);
- Paucity in education, training and employment services;

- Inaccessibility to different services (public and residential buildings, public transport services, information and communication, recreation and sports, transport etc.); and
- Lack of enforced laws and active policies related to equal opportunity. The government has the responsibility to create the legal base for measures to achieve the objectives of full participation and equal opportunities for persons with disabilities.

In Ethiopia, among the millions of people with various kinds of disabilities, only very few are beneficiaries of governmental and non-governmental services. For instance, studies on the education of children with disabilities indicate that less than one percent of the school age children with disabilities have access to education (Tirussew 1993). The UN Standard Rules for the Equalisation of Opportunities for Persons with Disabilities, clearly states that general educational authorities are responsible for the education of persons with disabilities and should ensure that girls, boys, women and men with disabilities exercise the same rights and obligations as others (UN 1994). Equality between women and men is a matter of human rights and a condition for social justice and is also a necessary and fundamental prerequisite for equality, development and peace. The convention of the Right of the Child article 23, sub-item 1, stipulates that children who are mentally or physically disabled should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (UN 1989). In the Platform for Action and the Beijing Declaration it is noted that the girl-child with disabilities faces additional barrier and needs to be ensured non-discrimination and equal enjoyment of all human rights and fundamental freedoms (UN 1996).

As it is generally true in a patriarchal traditional society like that of Ethiopia, there could be a number of socio-cultural variables which may stand on the way of female disabled participation in the mainstream (social network, education,

vocational training, employment etc.). Studies in other parts of the world have revealed that cultural, social and political factors have contributed a lot to under-participation, underachievement and under representation of the female disabled as compared to the male disabled persons.

Although lobbying for the rights, services, education and employment of persons with disability in general is of utmost importance and long overdue, such work has a very limited use for female disabled if they suffer from discrimination differently and more deeply on the grounds of their gender (Abu-Habib 1997). It puts them in the worst and profound isolation by neglecting their rights because of their gender and disabled status. This is the phenomenon, which is nowadays considered as double discrimination or "double disability". The prevalence of gender-based additional disability that makes females "doubly disabled," is an issue of exploration in Ethiopia.

In spite of the available negligible services rendered for persons with disabilities in the country, it could be assumed that female disabled seem to be the least favoured from that of their disabled contemporaries in different spheres of life. It is unfortunate that most disability related reports do not present their data showing by gender, making it difficult to make gender analysis. It is difficult to reach to a conclusive remark about the situation of female disabled in the country without undertaking a gender-based empirical study. The present study, therefore, attempts to explore the subject and shade light about the nature and scale of the problem in the country.

METHOD

The study was conducted between February and May 1999 in Addis Ababa. It covered persons with hearing, visual, and motor impairments. A total of 164 informants, that is, persons with: hearing impairment (29 females & 29 males), visual impairment (27 females & 27 males) and motor impairment (26 females & 26 males) were drawn from three production and rehabilitation centres of persons with disabilities in Addis Ababa. These include United Abilities Company, Misrach and Ethio-Craft Centres. All the copies of the questionnaire were filled and returned by all 164 informants. In addition, 23 female informants were drawn for focus group discussion from the female wing of the three national associations of persons with disabilities, which include: Ethiopian National Association of the Deaf, Ethiopian National Association of the Blind and the Ethiopian National Association of the Physically Handicapped and three separate focus group discussions and case studies were conducted with the respective groups. Instruments used for data collecting include a questionnaire with closed and open-ended items, focus group discussion and case study design. A combination of quantitative and qualitative data analysis was employed in the preparation of the report.

RESULTS

Demographics of the Informants

The age of the informants ranges from 18 to 50 and above, whereby 59.7% fall in the age range of 18-39. Among these, the majority (31.7%) belongs to the age range between 18-29, which indicates that they are at the peak of physical and mental vigour. The remaining (32.3%) is also in the age bracket of 40-49, with regard to religion of the informants the majority (72%) of them are Orthodox and the rest (24.4% and 2.4%) are Protestants and Muslims.

Table 1: Gender, Age and Religion of the Informants

| No. | Items | Disability Group | | | | | | | |
|-----------------|------------------|------------------|------|--------|------|-------|------|-------|------|
| | | Hearing | | Visual | | Motor | | Total | |
| | | No. | % | No. | % | No. | % | No. | % |
| Sex | | | | | | | | | |
| 1 | Male | 29 | 50 | 27 | 50 | 26 | 50 | 82 | 50 |
| | Female | 29 | 50 | 27 | 50 | 26 | 50 | 82 | 50 |
| | Total | 58 | 100 | 54 | 100 | 52 | 100 | 164 | 100 |
| Age | | | | | | | | | |
| 2 | 18-29 | 22 | 37.9 | 18 | 33.3 | 12 | 23.1 | 52 | 31.7 |
| | 30-39 | 21 | 36.2 | 12 | 22.2 | 13 | 25 | 46 | 28 |
| | 40-49 | 12 | 20.7 | 19 | 35.2 | 22 | 42.3 | 53 | 32.3 |
| | 50 and above | 1 | 1.7 | 3 | 5.6 | 5 | 9.6 | 9 | 5.5 |
| | No Response | 2 | 3.4 | 2 | 3.7 | - | - | 4 | 2.4 |
| Total | 58 | 100 | 54 | 100 | 52 | 100 | 164 | 100 | |
| Religion | | | | | | | | | |
| 3 | Orthodox | 34 | 58.6 | 44 | 81.5 | 40 | 76.9 | 118 | 72 |
| | Muslim | 2 | 3.4 | 2 | 3.7 | - | - | 4 | 2.4 |
| | Protestant | 20 | 34.5 | 8 | 14.8 | 12 | 23.1 | 40 | 24.4 |
| | Others(Catholic) | 2 | 3.4 | - | - | - | - | 2 | 1.2 |
| Total | 58 | 100 | 54 | 100 | 52 | 100 | 164 | 100 | |

The data in Table 2 depict that except 15.9% of the females, all respondents were found to be literate (ranging from church education to college education). When the percentage of the literate is further classified by their educational level, the following profile is observed: 37.8% of the males and 26.8% of the females (primary education), 46.3% of the males and 37.8% of the females (secondary education), 12.2% and 6.1% of the males and females respectively (diploma holders), and 2.4% of the females (first degree holders). This shows that the participation rate of female disabled students is lower than that of their male counterparts.

| | | Total | | Male | | Female | |
|-----------------|--------------|-------|------|------|------|--------|------|
| | | No. | % | No. | % | No. | % |
| Education Level | Primary | 20 | 24.3 | 12 | 24.3 | 8 | 26.8 |
| | Secondary | 30 | 36.6 | 18 | 36.6 | 12 | 37.8 |
| | Diploma | 3 | 3.7 | 2 | 4.0 | 1 | 6.1 |
| | First Degree | 1 | 1.2 | 0 | 0.0 | 1 | 2.4 |
| Total | | 54 | 65.9 | 32 | 64.6 | 22 | 69.9 |

Table 2: Educational Status of Informants

| Items | Hearing | | | | Visual | | | | Motor | | | | Total | | | |
|---------------------------------|---------|------|--------|------|--------|------|--------|------|-------|------|--------|------|-------|------|--------|------|
| | Male | | Female | | Male | | Female | | Male | | Female | | Male | | Female | |
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| Illiterate | - | - | 10 | 34.5 | - | - | 2 | 7.4 | - | - | 1 | 3.9 | - | - | 13 | 15.9 |
| Grade 1-8 | 11 | 37.9 | 8 | 27.6 | 10 | 37 | 5 | 18.5 | 10 | 38.5 | 9 | 34.6 | 31 | 37.8 | 22 | 26.8 |
| Grade 9-12 | 12 | 41.4 | 11 | 37.9 | 15 | 55.6 | 10 | 37 | 11 | 42.3 | 10 | 38.5 | 38 | 46.3 | 31 | 37.8 |
| Diploma | 6 | 20.7 | - | - | 1 | 3.7 | 5 | 18.5 | 3 | 11.5 | - | - | 10 | 12.2 | 5 | 6.0 |
| BA/B.Sc/L/LB. | - | - | - | - | - | - | 2 | 7.4 | - | - | - | - | - | - | 2 | 2.4 |
| Church, Reading & Writing | - | - | - | - | 1 | 3.7 | 3 | 11.1 | 2 | 7.7 | 6 | 23.1 | 3 | 3.7 | 9 | 10.9 |
| Total | 29 | 100 | 29 | 100 | 27 | 100 | 27 | 100 | 26 | 100 | 82 | 100 | 82 | 100 | 82 | 100 |

Early Familial Psychosocial Situation

A retrospective question posed to explore the encounters of gender-based discriminatory treatment in child upbringing revealed that (80.5% of the males and 76.8% of the females) there was mutual understanding among their parents. On the other hand, 18.3% of the males and 19.5% of the females disclosed their negative reaction. A t-test result based on weighted responses of the Likert type scale has shown that no statistically significant gender based-differences were observed in the type of treatment among responses of the hearing ($p > 0.5$) impaired and those with motor impairments ($p > 0.8$). On the other hand, statistically significant gender differences were found among the visually impaired ($p < 0.1$). When early familial psychosocial conditions of the three disability groups are considered together by gender, no statistically significant differences were found ($P > 0.1$) (Table 3).

Table 3: T-test Result on the Prevalence of Mutual Understanding

| Variables | Cases | Mean | SD | 2-Tail Sig. | t-value |
|--------------------|-------|--------|------|-------------|---------|
| Hearing Impairment | | | | | |
| Female | 29 | 3.7586 | .636 | .549 | .60 |
| Male | 29 | 3.6552 | .670 | .549 | .60 |
| Motor Impairment | | | | | |
| Female | 26 | 3.5000 | .648 | .823 | .21 |
| Male | 24 | 3.5417 | .658 | .823 | .21 |
| Visual Impairment | | | | | |
| Female | 27 | 3.4815 | .580 | .011 | -.23 |
| Male | 27 | 3.0370 | .649 | .011 | -.23 |
| Total | | | | | |
| Female | 80 | 3.4125 | .706 | .102 | 1.65 |
| Male | 82 | 3.5854 | .628 | .101 | 1.65 |

(a=0.05)

With regard to parents' perception about the roles of both genders, the finding revealed that the first three roles ascribed to the males include herding (15%), farming (14%) and any other household chores (10%) in that order, whereas to the females' parents (57.9%) clothes, cooking food, and pounding) which are reflections of the stereotyped gender roles attributed by the society at large.

The results of focus-group discussions and case studies indicate that a lot of data which were not generated by the quantitative method were captured by the qualitative approach. Accordingly, disability-specific difficulties encountered at home in the course of interaction, carrying responsibilities, sharing of benefits and belongingness were observed. A caption of a case study conducted with a 20 year old girl of hearing impairment revealed the nature of the bitter discriminatory treatment she had faced at home as follows:

I was the only one who faced the greatest psychological and social problem at home. There has been an open discrimination and oppression on me at home. Most of the time, when my sister watches TV and when my brother listens to music, I am ordered to prepare and serve coffee. This has created a bad feeling on my life.

Another caption of a case study of a girl of 27 years old with motor disorders (Rheumatic Arthritis) portrays the home situation as follows:

My father has never had good mood with me and he had lost his hope about my Future life. He had the misconception especially on my education that it would never be worthwhile. Besides, my relatives were also forcing me to lose hope and give up everything and stay at home. They were doing this by inculcating discouraging words. She reiterated that he used to say: "Is there anything you don't get at home? Why do you want to learn? What is the use for you?"

These are early familial psychosocial impediments, which act as obstacles for healthy personality development and the realisation of one's potential. Parents as well as relatives do this out of ignorance and misconception. This calls for a program of awareness creation and providing the necessary professional support for parents as well as members of the family to ensure that female disabled

children gain the right understanding, the right type of up-bringing and care on the right time.

School Based Encounters

The majority of the male and female respondents (68.3% and 66.7% respectively) disclosed that there were no gender based discriminatory treatments made in school by their teachers. Similarly, most of the respondents (65.9% of the males and 68.1% of the females) reported that the school administrators provide equal treatment for the boys as well as the girls. On the other hand, in the focus group discussion both genders of the disability groups reported school-related encounters during their respective school years. The hearing impaired indicated that lack of instructional materials, inappropriate teaching methods, inconsiderate teachers, and negative attitude of teachers and students were their major problems; while for the visually impaired, inability to get a facilitating and/or a supporting person, lack of financial and material assistance, and inconvenient classroom buildings, pathways, and schools in far away places were cited as their main problems. As to the persons with motor impairment, financial, material, architectural inconvenience (inaccessibility of buildings, pathways etc.) and distant schools as well as psychosocial problems were mentioned as main school problems.

Out-of-School Activities

Both genders more or less identified the following out-of-school activities: reading, listening to music, and watching TV (29.9%), going to church and recreational places (15.4%), doing household activities (13.7%), visiting relatives and friends, and taking care of children (10.2%), and doing handicraft (5.1%). However, a good number of the female disabled (30.8%) as compared to that of the male disabled (13.7%) disclosed that they spend most of the time at home

carrying house hold chores including difficult manual labour. In the focus group discussion with the hearing impaired, one of the participants pointed out the following:

I was overburdened by household activities and was not allowed even to meet Relatives and I was forced to hide myself. I forced to stay at home because my parents think that I can't trace the route back home. I usually do not interact with any member of the family, I either engage myself in doing household chores or reading.

This report revealed that the out-of-school hours of female disabled is more or less confined to the boundary of the home and characterised by household workload, and even worse is that there is no interactive setting at home. The physical and psychological strain as well as the adverse consequences on the social and cognitive development should not be undermined.

Employment Opportunities

Participants of both genders declare that they faced serious challenges in the process of getting employment opportunities even if they have the required training and qualification. One of the major challenges identified by both genders in the process of getting employment is the reluctance of the employers to hire the candidate when they discover that she/he has certain disabilities regardless of eligibility of the person for the job. This was reported by 63.1% and 69.7% of the male and female informants respectively. The extract of the focus group discussions held with female disabled from the female desk of the respective national associations of persons with disabilities are presented below.

Females having motor impairments disclosed that:

Getting employment opportunity is a serious problem for females with disability. The employers always raise issues, which are irrelevant for the job. One of the participants narrates her experience as follows...on one occasion, I together with other with candidates applied for employment. We were able to sit for the interview in which we were asked to explain our life history. I know that I was successful in the interview but while the others (able-bodied) were employed, I was denied the opportunity because of my disability... a sad story in my life. In general, most employers do not consider us as being fit for a job.

Females with visual impairment pointed out that:

Most females with visual impairment are very poor and leading a miserable life in society. The employment opportunities are very limited as compared to male blind persons. Most of them lack both professional and skilled training, which limits their occupational opportunities.

Finally, females with hearing impairment have the following to say:

In general, what is most offered by employers for Deaf persons is manual work for which males are usually favoured. Even if the applicant has the required knowledge and competence, when employers discover that the applicant has hearing impairment she is automatically rejected. There are no conditions which encourage or facilitate the employment of females.

The data generated by the qualitative method are indicative about the depth and extent of hurdles that persons with disabilities particularly female disabled should pass in order to get employment.

Further more, an attempt was also made to explore the degree of participation in the management of their organisation as well as the availability of chance for upward mobility. As to the participation in decision making, 63.7% of the male and 76% of the females reported that their involvement ranges from low to very low. In the focus group discriminatory treatment in promotion, transfer scholarship and other privileges were found to be common for both genders, but preponderant for female disabled.

Participation in the Local Social Networks

Most of the respondents (85.4% and 70.7% of the males and females respectively) were found to be members of the community self-help social organisations ('Edir', 'Equip', 'Mahiber' and 'Senebete'). Out of these, the majority of these, the majority of the males (90%) and females (87%) were found to be members of 'Edir'. In general, the data indicated that both genders tend to participate in the local social organisations, which are considered as one of the possible indicators for social integration. As to their role in these community organisations, 70% of the males and 85.2% of the males and 14.8% of the females reported that they are part of the leadership. Though not that much pronounced, this finding reflects the prevalence of gender disparity at the level of decision making among persons with disabilities.

Regarding the range of participation, the data revealed that 50% of the males and 24.6% of the females disclosed that their participation in community affairs ranges from high to very high; while 47.1% of the males and the majority (75.4%) of the females reported that their participation ranges from low to very low. A t-test, which was run across the three groups, revealed the existence of statistically significant difference ($p < 0$) between genders in the degree of participation in local organisations. An inter-group gender analysis revealed that statistically significant differences exist within the hearing impaired ($p < 0$) as well as within those with motor impairments ($p < 0$) (Table 4). With regard to the visually impaired, there was no statistical difference in the range of participation between

female and male disabled. In the focus group discussions and case studies, female disabled disclosed about the discomfort they felt when they go to social gatherings such as weddings and burial ceremonies. They declared that the unnecessary comments coupled with sorrow and gossips thrown by the people in such gatherings are very discouraging for persons with disabilities in general and female disabled in particular.

Marital and friendship issues were also raised and discussed. In this connection, the visually impaired have the following to say:

Because of the wrong attitude and mentality of the society, blind persons in general are looked down. Consequently, they are not free to choose their mate like other members of the society. Therefore, most of them tend to be married only with persons with disabilities. However, the chance of the males to marry a sighted person is by far greater than that of the females. The participants witnessed that there were also blind husbands who leave their blind wives as they get relative success in life. It was also further pointed out that if the onset of the disability is after marriage and if it was the wife who lost the sight it is most likely that she loses her marriage. If it was the husband, he is not likely to lose his marriage.

This finding gave insight that the participation rate in the social network as well as marital relations favours more the male disabled than the female disabled.

Table 4: T-Test Result on the Range of Community Participation by Gender

| Variables | Cases | Mean | SD | 2-Tail Sig. | t-value |
|--------------------|-------|--------|-------|-------------|---------|
| Hearing Impairment | | | | | |
| Female | 26 | 2.0385 | .824 | .000 | 4.87 |
| Male | 25 | 1.1600 | .374 | .000 | 4.93 |
| Visual Impairment | | | | | |
| Female | 23 | 2.6522 | .832 | .020 | 2.40 |
| Male | 23 | 2.0000 | 1.000 | .021 | 2.40 |
| Motor Impairment | | | | | |
| Female | 22 | 2.7273 | 1.032 | .135 | 1.52 |
| Male | 25 | 2.2800 | .980 | .136 | 1.52 |
| Total | | | | | |
| Female | 71 | 2.4507 | .938 | .000 | 4.08 |
| Male | 73 | 1.8082 | .952 | .000 | 4.08 |

($\alpha=0.05$)

Furthermore, the participation of the informants in their respective national associations was considered as part of the ingredient in measuring their range of involvement in the social fabric. The majority of both male and female respondents (73.1% each) indicated that the extent of their participation in their national associations, that is, Ethiopian National Association of the Deaf (ENAD), Ethiopian National Association of the Blind (ENAB), and Ethiopian National Association of the Physically Handicapped (ENAPH) ranges from very low to low. The rest, that is, 24.2% of the males and 21.9% of the females disclosed that

their participation ranges from high to very high. In the focus group discussion held with the female wing of the respective national associations, the low involvement of the females in the decision making process has clearly surfaced. This also calls for appropriate intervention in order to promote the active involvement and raise the scale of female participation in the respective associations.

Stereotyping, Derogatory Words and Figurative Expressions

Fifty percent of both the male and female respondents reported that different household chores such as cooking, washing, and caring for children were labelled as female jobs. On the other hand, 50% of the males and 50% of the females indicated that manual tasks which require great effort, out-side-home activities, respectable jobs such as becoming the head of the family are the stereotyped roles ascribed to males. This, not only undermines the capacity and overburdens the female disabled but also abuses the males' potentials which could have been effectively utilised at home in promoting the wellbeing of the whole family.

Stereotyped derogatory terms and figurative expressions used by the public were found to be indiscriminately applied for both genders. Among others, the following were found to be commonly heard in the Amharic language. The hearing impaired were addressed as **Donkoro** (denoting inability in understanding) and **Duda** (unable to speak with a negative tone); the visually impaired as **Ewir** (it is a term which is also used when a sighted person does an error or a mistake), **Denbara** (unable to properly walk) and **Lebu Ende Ayenu** (ignorant, one who cannot think), and those with motor impairments as **Abba** (incapable, weak), **Ankassa** (lame), **Dewuey**, **Komata** and **Kulem** (addressing of motor disorder with a negative and disparaging tone). These terms are used in the daily figurative expressions directed to able-bodied person to denote incompleteness, deformity in physique as well as inferiority in motor performance, speech or cognitive qualities. The need to be sensitive in the

semantic formulation while addressing a person with disability is of paramount importance to maintain positive interpersonal and social relations as well as to avoid unnecessary psychological uneasiness or strain. Sensitivity to word usage would not be so important if it were not for the tendency of inferiority with respect to a single significant valued characteristics to spread so that the person as a whole becomes devaluated (Wright 1983).

Encounters of Violence and Abuses

A sizeable number of the informants, that is, both males and females (95% and 93.9% respectively) identified the main act of violence as more of psychosocial and verbal, which among others include avoidance (physical and social), being insulted, ridiculed and nicknamed by funny labels. The female disabled reported the prevalence of physical attack, sexual harassment and being exposed to difficult labour. In the focus group discussion held with female visually impaired, the following surfaced:

Females with visual impairment in rural areas are exploited in their labour. They are expected to spend most of their time in grinding grains of the home and sometimes of the neighbours. Though different forms of abuses were not reported formally, the participants asserted that there were cases that female visually impaired were sexually abused. Also, there were cases that individual blind girls were misled by sighted persons to different place and forced to be exposed for group sex (sex with more than one person). As a result a great number of blind females have become single mothers responsible for a house hold and child care and others were exposed to hazardous health conditions such as sexually transmitted diseases.

The hearing impaired on their part reported that

The prevalence of sexual abuses in primary schools, particularly when the Latrines for males and females are the same. Furthermore, absence of sex education for deaf girls expose them for unwanted pregnancy and other health related diseases including HIV.

All these social misdeeds operate against the psychological, social and physical wellbeing of the female disabled and call for broad gender-based intervention.

Self-Esteem, Self-Efficacy and Perception of Life

A great number of the male and female respondents (95.1 and 90.2% respectively) expressed that they have already established a feeling of self-confidence or a positive self-esteem. With regard to their potential for learning and promoting oneself, again a sizable portion (89% of the males and 69.5% of the females) of the respondents have also confirmed that they have had a positive image of themselves. However, there were some respondents who were negative when it comes to learning ability and potential for promoting oneself. This group constitutes 11% of the males and 28% of the females. A t-test result on the potential for learning revealed a statistically significant difference among males and females of hearing ($p < 0.02$) and visually ($p < 0.01$) impaired persons. However, no statistically significant difference in gender was found between persons with motor impairment ($p > 0.8$) (Table 5).

Table 5: T-Test Result on Potential for Self-Enhancement

| Variables | Cases | Mean | SD | 2-Tail Sig. | t-value |
|--------------------|-------|--------|-------|-------------|---------|
| Hearing Impairment | | | | | |
| Female | 29 | 2.6307 | 1.049 | .020 | 2.39 |
| Male | 29 | 3.3793 | 1.347 | .020 | 2.39 |
| Visual Impairment | | | | | |
| Female | 27 | 3.0741 | .874 | .016 | 2.49 |
| Male | 27 | 3.5926 | .636 | .016 | 2.49 |
| Motor Impairment | | | | | |
| Female | 24 | 3.3750 | .703 | .825 | .22 |
| Male | 26 | 3.4231 | .824 | .826 | .22 |
| Total | | | | | |
| Female | 80 | 3.0000 | 1.091 | .003 | 3.06 |
| Male | 82 | 3.4634 | .819 | .003 | 3.05 |

($\alpha=0.05$)

It was also expressed by a great number of the male and female respondents (98.8% and 93.9% respectively) that they are able to lead an independent life like that of the able-bodied persons, if societal impositions are lifted and access for free development is encouraged.

DISCUSSION

In general, persons with disabilities of both genders face numerous and common life challenges in the course of their living. A fundamental point is that the source of obstacles and difficulties, that is, what actually handicaps a person, cannot be determined by describing the disability alone. Thus, although the disability itself may also contribute to difficulty in goal achievement, attitudinal, legal, architectural and other social barriers are more handicapping than the disability per se (Wright 1983). Disability related problems are by and large embedded in the socio-economic and cultural conditions (Mitchell & Brown 1991; Bronfenbrenner 1986) manifested in the form of lack of opportunities for education and employment, social exclusion (social events, marriage, friendship, membership in local organisations, inaccessibility of various services etc.), acts of violence (sexual, physical, psychological etc.) and stereotyped societal perception (ignorant, incapable, weak, hopeless, etc) towards persons with disabilities. As indicated in the preceding discussions gender discriminatory treatments on the issues surrounding early familial experience, out-of-school activities, employment opportunities, acts of violence and sexual exploitation and self-efficacy were observed. A recently conducted case study with a blind street girl in Addis Ababa depicted how difficult it is to be growing as a blind (Selamawit 2000) The informant narrated her situation as follows:

I was kept inside the house most of the time grinding grain. Growing up blind was hell, my hands were numb and swollen from the work, and I was expected to do it all the time because I am blind and cannot do any other meaningful things. I was also expected to cook and prepare coffee.

The same study indicated that families who have daughters with visual impairment tend to hire their labour to the haves in the neighbourhood indicating how difficult it is to live as a blind girl in the rural areas. In the urban sector, it is

not uncommon to observe able bodied persons abusing disabled children for begging as a means of generating income for their day to day livelihood.

Gender perspective studies conducted on non-disabled persons in Ethiopia revealed that the continuation of cultural practices permitting arranged marriages, marriages by abduction, contracts based on man's economic capability or limitation, polygamy, early childhood marriages and the practice of barting siblings for brides locks women into a position of inferiority within their society (Anne 1992). The participation of females in education is alarmingly limited (Abebayehu 1995; Gennet 1991; Seyoum 1986). Moreover, the persistence and performance of the girl-child in primary schools was found to be relatively low (IDS & MOE 1996; Tabeyin 1996)). It was also further indicated that the Ethiopian women are no exceptions to be confined to activities and professions which are stereotypically fenced as feminine boundaries (Semela 1997). In addition, a study conducted on female students in Addis Ababa showed lower level of self-efficacy than males (Yalew 1996). The results of the present study are more or less similar with that of the previous findings indicating that female disabled are victims of double discrimination as the result of their disability as well as their gender. That is, the burden that society puts on the shoulder of female disabled is sever and tragic which calls for immediate attention. International disability projects have tended to focus their greatest efforts on the 'poorest of the poor', disabled women', and the most disadvantaged segments of their potential target population. Country reports revealed dramatic disparities. Unless these problems are properly addressed female disabled are doomed to lead a miserable life constituting the 'poorest of the poor' in the country. The greatest success in reducing gender disparities happens in those countries where the political will for change at the very top levels of government is matched by a demand form communities (Friedman 1992).

SUMMARY AND CONCLUSION

The result of the study generally revealed the prevalence of gender disparity among persons with disabilities favouring more the male disabled than the female disabled. A t-test result indicated the existence of statistically significant difference between genders favouring the male disabled were observed in: the mutual understanding among family members within the visually impaired ($p < 0.1$), the degree of participation in community organisations within the hearing impaired ($p < 0.02$), self-efficacy (ability to learn and potential for self-enhancement) within the hearing impaired ($p < 0.02$) and the visually impaired ($p < 0.01$).

With regard to the results of the focus group discussions held with female disabled and case studies, the following seem pertinent problems faced by female disabled:

- In most cases, the family setting was not that much conducive, at times they have cited being excluded and neglected, considered as unfit, incompetent and subject of domestic labour exploitation.
- In the school setting, girls with motor impairment as well as hearing impairment reported inconsiderateness and discouragement on the part of the teachers.
- In the process of employment, all groups have revealed that female disabled are not favoured, mainly because the type of work preserved for persons with disabilities particularly for hearing impaired is usually manual which 'favours' the male disabled only.
- Among the several forms of violence directed towards female disabled, psychological, physical, and sexual as well as exposure to

difficult labour were the serious problems encountered by female disabled.

The issue identified in the study need to be addressed by the concerned bodies, that is, the associations of persons with disabilities, the community, the government as well as the relevant non-governmental organisations. On the basis of the findings of the study, the following suggestions are forwarded:

1. Educating family members, particularly parents to develop the right understanding and provide the necessary love, affection and care for children with disabilities as early as possible.
2. Conducting gender sensitive assertive training and special back-up support for female disabled students so that they can build-up positive self-identity and lead a quality life. Disability-specific counselling, tutorial, coaching programs etc., need to be developed for the girl-child with disability in their respective schools. Enlightening school community, that is, teachers, students, school directors as well as school guards on issues surrounding children with disabilities is essential.
3. Developing broad-based intervention programs such as community education extending from the grass-root across all levels including advocacy work, lobbying and awareness creation program for policy makers and employers to ensure female disabled equal access to education, employment and full participation in social, economic and political life in the country.
4. Take measures to ensure female disabled to have equal access for education employment and full participation in decision making.

5. Introducing and enforcing legal protection to safeguard the girl-child with disability from any form of violence and exploitation (sexual, psychological, labour etc.)
6. Providing sex education and access to sex related information for female disabled to protect them from any form of sex related risks including HIV.

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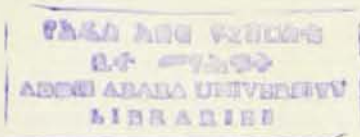
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