



Unheard Voices of Parents to Enroll their Children with Disabilities in Public and Private O/Preschool Classes in Gondar City Administration: Efforts at Home

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Abstract

The purpose of the study was to investigate the lived experiences of previously unheard voices parents of children with disabilities to enroll their children in to O/preschools. Parents of children with disabilities, school principals, special needs education teachers, education bureau special need experts, and education bureau manager took part in the study. Transcendental phenomenological design with qualitative approach was used. Data were collected through semis-structured interview guide and focus group discussion guides and were analyzed thematically through inductive and deductive approaches. Results indicated that parents tried hard their best to enroll their children in both public and private kindergartens, but the response of the schools was that they are not ready to accept such children. Parents with meager knowledge and sources are being challenged not to exert relevant efforts in and outside the home to compensate for the lack of access opportunities to help their children develop cognitive, social, motor, and behavioral skills. School principals, special needs education teachers, education bureau special need experts, and education bureau manager have tried their best to enroll the children with disabilities into schools; but it seems things are beyond their capacity and it needs urgent government intervention to enforce the schools to accept and accommodate these children. It can be concluded that the country's constitution is not being implemented and children with disabilities are denied their education rights in O/preschool classes. The recommendations are government should be enforcing laws to force the schools to accept the children; special needs professionals be assigned in the schools; awareness be created to the society; and educators, counselors, and psychologists need to help the parents.

1 Introduction

1.1 Background of the Study

The “O” class program in Ethiopia (also commonly called early childhood education and care (ECCE) and synonymously known as preschool) is for children aged 5–6 years annexed in all government primary school systems and as kindergartens in private schools (Ministry of Education (MoE), 2013). And here after only ECCE and preschools will be

used interchangeably. Early life experiences are fundamental for children's physical, social, emotional, moral, and intellectual developments (MoE, 2010; UNESCO, 2015; Mulugeta, 2015).

Investing in ECCE would bring economic returns for societies and children, especially for those disadvantaged groups (Engle *et al.*, 2011; Walker, Chang, Vera-Hernandez & Grantham-McGregor, 2011; Yoshikawa *et al.*, 2013; All cited in Kim *et al.*,

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2022). Children from disadvantaged backgrounds are still less likely to participate in preschool education and do not have the same opportunity to progress in the early years of primary school (Kim *et al.*, 2022).

Historically, ECCE in Ethiopia was developed and run by foreign missionaries, but more recently under the Education Sector Development Programs (ESDPS), beginning to develop its own policies and in 2015, under the five-year ESDP-III plan, ECCE given the policy support needed by the government (Mulugeta, 2015). ECCE received much focus in ESDP IV (2010 to 2014/15), which provides a useful analysis of lessons learnt from ESDP III (2005/06 to 2010/11) (MoE, 2005). It has placed mainly two key outcome targets to increase gross enrollment rate and to establish preschool classes in all rural and urban primary school compounds (MoE, 2010:29, as cited in Mulugeta, 2015; MoE, 2017; Zewdie & Tefera, 2015; Tefera, 2018). MoE has coordinated different minister offices (e.g. Ministry of Health, Ministry of Women's Affairs) to be responsible in playing their roles in accessibility and quality of ECCE in the country (Hirpa, 2021). Hence, witnessed a surge in pre-school school enrolment (Kim *et al.*, 2022) and is aspiring to address exclusive practices to promote ECCE for CWDs (Hirpa, 2021).

However, the public investment is currently very low in the country and left for the private sector to dominate by fee charging kindergartens in which children from low socioeconomic backgrounds to having little opportunity to attend (Woldehanna, 2011) making inequalities of enrollment accessing the schools remain unresolved (Kim *et al.*, 2022, p. 112; African Child Policy Forum, 2021).

1.2 Statement of the Problem

Across Ethiopia, learning outcomes in primary school are far below expected levels (American Institutes for Research, 2016; National Educational Assessment and Examinations Agency, 2016; All cited in Kim *et al.*, 2022) and children from disadvantaged disability backgrounds are being negatively impacted the most (Iyer *et al.*, 2020; Rolleston *et al.*, 2013; All cited in Kim *et al.*, 2022). There is a growing desire to address educational needs of

CWDs (Federal Democratic Republic of Ethiopia (FDRE), 1991; FDRE, 1996; MoE, 1994; All cited in Hirpa, 2021). However, there is a dearth of literature on studies that focus CWDs inclusiveness in ECCE appears to be limited (Admas, 2016; Zewdie *et al.*, 2016).

Early work on the exclusion of CWDs in ECCE was conducted by Hirpa (2021) and revealed that parents, ECE centers, and government bodies were all involved in the exclusion of CWDs from ECCE. More specifically, socio-cultural barriers, absences of early identification of children with special needs, scarcity of resources, and reluctances of government to enforce schools to accept CWDs were contributing exclusion factors. The study, however, did not examine whether parents of CWDs were supporting their children when they did not participate in formal education. The current study attempted to address the gap of research in the area. The following research questions were addressed to help with the purpose:

1. What are the lived experiences of parents of children with disabilities (PCWDs) who attempted to enroll their children in ECCE programs?
2. How do school principals (SPs), education bureau manager (EBM), education bureau special needs expert (EBSNE), and special needs education teachers (SNETs) explain the preschool access challenges of CWDs?
3. How do school principals (SPs), education bureau manager (EBM), education bureau special needs expert (EBSNE), and special needs education teachers (SNETs) explain their plans to change the situation?
4. How do parents support their CWDs to compensate for the lack of access opportunities from preschools?

2 Review of Related Literature

2.1 Challenges of ECCE in the country

It should be conceived that the study is the first of its kind and it was very difficult to get ample empirical evidence in relation to the major variables raised in the study. In other words, the findings of the current study will sufficiently serve to provide empirical evidence on the issue both for national and international concerned individuals in the area.

Kim *et al.* (2022) highlighted the persistence inequalities in pre-school access between advantaged and disadvantaged regions of the country following educational reforms in Ethiopia. Girls are less likely to attend school. Children (those with literate parents, have access to reading materials at home, and live in urban areas) are more likely to participate in preschools both before and after the reform.

Kim *et al.* (2022) found overall quality of pre-school education in Ethiopia is low. Hirpa (2021) also found pre-school education in the country is characterized by absence of follow-up and awareness creations, government's lack of commitment to monitoring the ECCE centers, and low quality in terms of trained manpower, equipment, and other quality indicators. Lack of collaboration among stakeholders, infrastructure, mandatory inclusive policy and facilitators, misconception of inclusive education, and poor allocation of finance have contributed to the exclusion of CWDs (Mulugeta, 2015; Hirpa, 2021). Besides, negative attitude towards CWDs led them to stigma and exclusion from the system (UNICEF, 2013).

2.2 Parents' involvement and challenges

Parental involvement takes good parenting in the home, provision of a secure and stable environment, intellectual stimulation, parent-child discussion, good models of constructive social and educational values and high aspirations relating to personal fulfillment, and good citizenship (Desforjes & Abouchaar, 2003). Yet, they are hesitant to involve their CWDs in the immediate community as they are seen to bring shame upon the family (Schiemer, 2017).

In the country, disability (Teferra, 2005) and mental illness (Patel, 1995) are attributed to supernatural phenomena such as curses, spells, being possessed by evil spirits, and punishment by Supreme Being (e.g. God, Allah, Waqa) for sins that prevents PCWDs to engage in the education of their children's. As a result, PCWDs experience depression, anxiety, and psychological distress (Papadopoulos *et al.*, 2019). For example, Tekola, *et al.* (2020) found the perceived lack of social support and acceptance made some parents vulnerable to internalized stigma.

Additionally, parental involvement also be impacted by parents' negative school experience, educational background, and the demand of time, work, house chores and many other commitments (LaRocque *et al.*, 2011; Pena, 2000; Lee & Bowen, 2006; Jordan *et al.*, 2001; Potvin *et al.*, 1999; Crozier, 1999; Baeck, 2010; All cited in Jafarov, 2015).

2.3 Theories of Early Childhood Care and Education in O/Preschool Classes

Attachment theory of Ainsworth and Bowlby (1991) emphasizes amicable relationship of a child and his/her mother. In this study, a close investigation was made to see the relationship of CWDs with their mothers. What was exclusively discussed in the efforts of mothers what they do at home to help their children the missed opportunities at schools.

Bronfenbrenner's theory of ecological development (1979) is all about the influence and impact of all types of the environment starting from home systems to outside bigger systems. So, the current study sees the home environment of CWDs, parents' efforts, neighborhoods, and the practical implementations of policies whether they are impacting access to education of O/preschool to CWDs.

Vygotsky's sociocultural theory of cognitive development (1978) sees the influence of culture and interaction of a child with his parents and his other immediate environments. In this study, effort was made to see the perception and attitude culture of teachers, neighbors, peers, and relatives to the education of CWDs and it also sees how CWDs are interacting with other children in their neighborhoods. It also investigates these perceptions,

attitudes, and interactions whether they are positively or negatively impacting the development of CWDs of this study.

3 Methods and Materials

3.1 Design of the study and approach

Phenomenological research is a design of inquiry in describing the lived experiences of individuals about a phenomenon as described by participants (Creswell, 2014; Chenail, 2011; Creswell, 2013). There are two forms namely transcendental and hermeneutical. Where the first unlike the second involves no subjectivity and personal interpretation of meanings by researchers stemming from collecting data instead researchers are expected to reveal things as they appear in the data (Creswell & Poth, 2018; Creswell, 2013). Thus, this study followed transcendental phenomenological design with qualitative research approach.

3.2 Study Area

The study was conducted in Gondar City, Ethiopia. The city is located 738 kilometers north of the capital city Addis Ababa. Gondar has twenty districts and six sub-cities. In the city there are 51 primary schools, 29 and 22 public and private schools respectively. From 29 public primary schools there are 2 special unit classes and 3 integrated schools. From the 22 private schools only 3 primary schools have kindergarten programs.

3.3 Population and sampling techniques

In the study area there were 1 Education Bureau Manager (EBM), 1 Education Bureau Special Needs Expert (EBSNE), 51 School Principals (SPs), 18 Special Needs Education Teachers (SNETs), and 50 PCWDs as populations. Hence, 1EBM, 1EBSNE, 8 SPs (5 from public and 3 from private), 5 SNETs (all from public as there were no SNETs in private schools), 8 PCWDs were taken through comprehensive, comprehensive, purposive, purposive, and snowball sampling techniques respectively. Parents were great source in getting other parents who were potential participants of this study.

3.4 Data collection instruments

Interviews and focus group discussion (FGD) were used to collect data in this study. The semi-structured interview guide was used to interview EBM (using 3 interview items), EBSNE (using 3 interview items), SP (using 3 interview items), SNET (using 3 interview items), and PCWDs (using 17 interview items) respectively. Interview with all interviewees lasted 40-50 minutes, while the FGDs lasted 1:00 to 1:30 hours. FGD was used for PCWDs. There were two groups of FGD having 9 and 8 members in each. Three discussion questions were presented to the discussants. As Bara (2016) stated that the whole purpose of the FGD was to obtain well discussed and versatile data to cross-check the data obtained through other instruments, in our case semi-structured interview guide. The data collection was done from 3 May to 30 June 2022.

Cellphone voice recorder and notebook as hand written notes were used to collect data. The instruments were prepared in English and were translated into Amharic language. After data collection, the data was transcribed into Amharic and translated into English language.

In relation to ethical approval, review and/or approval by an ethics committee were not needed for this study. Because it was a small case study free of risk and was waived by Institutional Review Board (IRB) of University of Gondar, UoG as indicated in the attached ethical waiver. As for informed consent, all respondents provided informed consent to participate in this study.

3.5 Methods of Data Analysis and Ethics

Data were analyzed using thematic analysis, using a combination of inductive ('bottom-up') through inductive coding analysis and deductive ('top down') approaches (Braun and Clarke, 2006:12). Following translation, we used Braun and Clarke's [40] approach to reflexive qualitative thematic analysis, first familiarizing ourselves with the data before generating initial codes, searching for themes, reviewing and defining themes, and finally writing up the report. Consent, anonymity, and confidentiality measures were taken, and the findings were made only for academic purposes.

4 Results

4.1 Demographic characteristics

Table 1: Demographic characteristics of PWDS

No.	Code	Sex	Age	Marital Status	Employment	Family size	Monthly income	Another disability in family member
1	P1	Female	35	Married	Employed	4	*5700 Birr	No
2	P2	Female	35	Married	Unemployed	4	I don't have	No
3	P3	Female	35	Married	Unemployed	3	I don't have	Yes
4	P4	Female	30	Divorced	Employed	3	*6000 Birr	No
5	P5	Female	39	Married	Merchant	5	Unknown	No
6	P6	Female	40	Divorced	Unemployed	2	I don't have	No
7	P7	Female	35	Married	Unemployed	3	I don't have	Yes
8	P8	Female	40	Divorced	Merchant	4	Unknown	No

*1000 Birr is equivalent to 1.89US\$

As indicated in the above table 1, sex, age, marital status, and there is no another child in the family member with disability, seem for PCWDs favorable environment in helping their children with disabilities (CWDs) at home. However, the employment status, number of family, and monthly income would be definitely a big challenge. For example, most family members included in this study have limited or no income 6000 Birr income is equivalent to 113.21 USD.

Table 2: Demographic characteristics of CWDs

No.	Code	Sex	Age	Type of disability	Onset of disability	Cause of disability
1	P1 child	M	7	Deaf	Before birth	Unknown
2	P2 child	F	8	Intellectual limitation	Before birth	Unknown
3	P3 child	M	7	Autism	Before birth	Unknown
4	P4 child	M	5	Blind	After birth	Trachoma
5	P5 child	M	6	Autism	Before birth	Unknown
6	P6 child	F	7	Motor disabilities and HIV/AIDs	After birth	Accident
7	P7 child	M	8	Autism	Before birth	Genetic
8	P8 child	F	7	Visual impairment	After birth	Glaucoma

As can be seen in the above table 2, most of the CWDs are males with varied developmental disorders.

Table 3: Demographic characteristics of SP

No.	Code	Sex	Age	Academic qualification	Work experience
1	SP1	M	42	Bachelor Degree	18
2	SP2	F	43	Bachelor Degree	18
3	SP3	F	32	Bachelor Degree	10
4	SP4	F	40	Bachelor Degree	15
5	SP5	M	45	Bachelor Degree	20
6	SP6	F	40	Bachelor Degree	15
7	SP7	M	43	Bachelor Degree	18
8	SP8	M	65	Bachelor Degree	40

As shown in the above table 3, most SPs seem to have adequate experience in teaching profession by simple look of their ages for example and taking their work experience particularly. It is possible therefore to assume they would give adequate data for the study.

Table 4: Demographic Information of SNETs

No.	Code	Sex	Age	Academic qualification	Work experience
1	SNET1	M	45	Masters Degree	15
2	SNET2	F	40	Masters Degree	15
3	SNET4	F	35	Degree	13
4	SNET5	F	36	Degree	14
5	SNET6	F	30	Degree	8

As shown in the above table 4, most SNETs are females, and they have degrees few up to MA degree level and their work experience is encouraging too. Though they are not directly involved in teaching in class they will be giving adequate data from what they observe and supervise.

Table 5: Demographic characteristics of EBM and EBSNE

No.	Code	Sex	Age	Academic qualification	Work exp.
1	EBM	M	45	Degree	20
2	EBSNE	M	28	Degree	6

As indicated in the above table 5 except the EBM, EBSNE has small work experience showing one fact among others that Gondar City Administration Education Bureau did not have EBSNE expert before and its experience with this regard is less than a decade. By implication it means, the education of CWDs have been led not by experts in special needs and inclusive education.

4.2 PCWDs lived experiences to enroll their CWDs in preschools

Parents were asked, “*Did you make an effort to enroll your CWD in preschool classes and what was the schools’ responses?*” All parents but one (P1) reported refusals from the schools to accept their children. P1 was the only person whose son was rejected soon after he was enrolled. For their refusal not to enroll CWDs, preschools claimed the following factors.

Lack of communication, inappropriate classroom management, and bullying at neighborhood;

I have tried to take my child to school. One school has accepted him, but he quit after two days. The teachers claimed that they were unable to teach my child because he was unable to communicate with his classmates. They said, “*Your child is very disruptive, he does not have a good relationship with children, he hurts and scratches other children, so we do not want to allow your child to continue in our school.*” This happened to my child because I don’t let him go out from home and play with his friends that they laughed at

him and my neighbors stigmatized him (P1).

Schools are unprepared and society does not accept CWDs enrollment too;

The negative attitude of society is the biggest challenge. For example, they say, “*Why are you wasting your time on your child? What hope does he have, other than wasting your time and money?*” The community’s view that CWDs like mine shouldn’t go to schools made me worry. The reasons schools provide why they are not accepting is that the schools are unsuitable for a child like mine. The physical environment of the school’s is unsuitable, and they do not have professionals (P3).

Schools say they will never accept such children that they are unable to teach and take care of. They say they do not have first aid treatment, clinic, comfortable toilets, suitable teaching room, and lack of expertise. Schools believe CWDs impose too much pressure on regular teachers (P4).

Lack of professionals in special needs education;

School principals tell me my child is very childish, and he will disturb the class that they do not have teachers trained in special needs education to manage his behavior (P5).

Absence of day care centers and special services;

My daughter is with wheelchair, and she is HIV/AIDs positive The schools say, “*Your child needs a lot of care, such as toilets and ramps. Your child needs to be taken care of privately that the school cannot do*” (P6).

Parents were asked, “*When the preschool refuse to enroll your child where do you report in terms of reporting to concerned government offices?*” Half of the parents (P1, P3, P5, and P7) reported the refusals to government offices. The officials, for example district education offices, the city’s education bureau give them promise but, none of them are practical.

One of the responses on reporting parents;

I tried to report to the Education bureau; they said that they will tell the schools to enroll my child. But when I go to school they tell me as they were not told by the education bureau and to my dismay, they tell me they will never do it in the future whatever the education bureau says (P3).

One of the responses from a parent who did not report the refusal;

I don’t know where to go except to take my child home. If I go to the education bureau, “*What kind of response can they give me?*” It is the same with the schools (P7).

The FGD discussion by parents highlighted how much officials are not concerned about access to ECCE for CWDs.

We are raising our voices to schools and education bureau, but there is nobody that can feel us. When we go and ask the concerned town officials both in political and education wings, they say they cannot do anything. Parent-teacher unions of each school tell us to wait patiently until they report to concerned bodies, but there is no solution yet. Our children are out of school. They are

missing what they should know at their age. Consequently, delaying mental development, less social relations, having misbehaviors, loneliness, and their activities are far away from their peers (FGD discussants).

4.3 SPs, EBSNE, and SNETs, and EBM lived experiences the preschool access challenges towards CWDs and their efforts to change the situation

SPs, EBSNE, SNET, and EBM were asked, “*What do you think the challenges to enroll CWDs in the schools are?*” All the respondents mentioned various factors including lack of teaching material, classrooms, special needs education professionals, government support, MoE’s support in deploying teaching materials, budget, and enforcing legislation for public and private schools to accept CWDs; and unwillingness by private schools that they fear they will lose customers if they accept CWDs.

Our intake capacity is very less. We have a shortage of special needs teachers in our school. We don’t have enough materials in our kindergarten. For instance, we don’t have a book to teach students with hearing impairment; materials like slate and styles for students with visual impairment; and teaching aids for students with intellectual limitations (SP3).

The big problem not to include CWDs in kindergartens is there is no enforcing legislation. There is simply a guideline and because of this we can’t force private schools to accept CWDs. We have budget problem to expand public schools. Even though we want to give trainings for the society, we can’t get enough trainers in a special needs education field (EBM).

SP, EBSNE SNETs, and EBM were asked, “*Do you force preschools to enroll CWDs?*” From the responses of respondents several findings were found, yet with one common central point, there is blame shifting, all leading down to one point indicating there is no enrollment opportunity for CWDs in the pre-schools at all. When we see the response of SPs, except SP2 and SP5 the others did not report to Gondar City Education Bureau for any support. However, all participants shared similar

perspective that whether or not they reported they felt that nothing would change.

On those reporting SPs;

We did not stop our influence. Still we are asking the city's education bureau to build or arrange classrooms to enroll CWDs in our preschools. However, the education bureau keeps refusing attributing to budget problems and lack of special needs education teachers to hire (SP2).

On those not reporting;

I didn't report to the city's education bureau because I know there will never be response (SP8).

Worrisome findings were found from the response SNETs and EBSNE.

I have tried my best to ensure the necessity of special needs education, but no one gives emphasis on it. Both the school and the education bureau are not giving emphasis to the expected level. As an expert I give several suggestions to the school principals and education bureau. Such as giving training for regular teachers in special needs education, assigning small budget for the training, and engaging stakeholders' contribution. But none of them take my advice seriously and it is quite painful as a professional for me to see CWDs being refused to get access to education.

The education authorities do not have enforcing legislation for schools to enroll CWDs and employ teachers of special needs education. Besides, the curriculum has major problems since it does not allow CWDs to learn with other children without (EBSNE).

The response from EBM seems to be a concluding remark indicating the effort and the reports by SPs, SNETs, and EBSNE bear no fruit and the chance for enrollment by CWDs in the preschools is temporary closed if not permanently. He stated that;

We sent messages to preschools to accept CWDs. But they claim many factors for not doing so. Even some private schools claim that they would be in crisis if CWDs join

their schools. We, as an education bureau, could not solve these problems since it takes many years.

4.4 Parents lived practices what they do to their CWDs in and outside home to compensate the lack of access opportunities from preschool classes

Respondent parents were asked two basic questions, "What do you do in and outside home to deliberately help your CWD to compensate what he/she might get in schools?" And "In your effort trying to help your child in and outside home what are your challenges?" From the responses four themes were found as part of their efforts and challenges. These are efforts and challenges in cognitive, social interaction, motor skills, and behavioral developments of their CWDs. Results are therefore presented accordingly.

Cognitive Development

Half (P1, P3, P4, P8) of PCWDs reported not helping their children that much with the day to day academic activities such as letter identifications, practicing writing, drawing, and telling stories. While the other half (P2, P5, P6, and P7) are trying somehow. In fact, all parents for their attempt and not in the area claim different challenging factors.

The challenges of parents who did not help their children included: workload, inability to buy books, and inability to communicate with their children;

He learns from our actions. He could wear his clothes and keep his hygiene although I didn't teach him. Since I have a workload in the family, I don't teach my son at home. I spend my time at work when I return home, I am already tired. I spent the rest of my time by controlling my other child without disability. I never bought or borrowed books to teach my child. Since he couldn't learn at school, it is difficult for me to teach him at home. We couldn't understand each other. We communicate by informal sign language not by using the proper sign language which my son and I never have the signing skills (P1).

She is not but her brother, but she still feels she has to read special needs education books;

I didn't teach him about house cleaning, food cooking, washing, folding and wearing clothes, and eating because of his disability. My son didn't learn these things easily. My son disturbs me. I have no patience but since my brother has a good relationship with him, he teaches him repeatedly. He reads tales to him, teaches him numbers, types of colors, kinds of objects, etc. However, I didn't buy books on special needs education that I didn't have knowledge about them and their use to teach my son. In the future, I will be happy if I know a special needs expert and get lessons from him/her (P3).

Work load but she still feels she needs books and contact special needs experts;

It is difficult for me to work with a child who cannot see. But he can dress up. He wants to play with everything and toys. But he does not clean the house, wash dishes, or fold clothes. I don't study with my son that I don't have time, for example to read stories to him. I think blind children are taught in Braille and I don't know how I can teach him at home. I hope that when he is young, he will go to school and learn. I want to a special needs specialist to discuss though I don't know one (P4).

Those parents who are attempting:

Still needing support from others, yet the parents struggle with their little knowledge;

I don't get support from anyone, not even from my family to raise my child. Though difficult I trained my daughter how to use a toilet, wear clothes, and wash her hands. It took me a long time to train my child to use the toilet that before she was defecating everywhere in the house. However, I have participated less in the learning activities of my daughter that I have poor knowledge of school system and lack of understanding of learning process itself. I am uneducated. I have never discussed the issue with special needs experts that I don't know where to get them (P2).

She is trying hard with her workload and still feels she needs books and contact special needs experts;

I let my son know what he needs to know at home about important lessons. For example, numbers, Amharic and English letters, and stories. But I don't know where to find books and I don't read books because access to special needs education is very small in our area. I think the problem is that I don't consult a specialist because there are no special needs specialists, or they are not interested in consulting us and nor I couldn't find another expert (P5).

The FGD showed majority of respondents did not try to teach their children academics. Rather they involved their children in daily activities including teaching them how to dress, wash, and eat food. Almost all the respondents did not borrow, buy, and nor read special needs education books due to lack of money, knowledge, and donors. None of the families worked with special needs specialist, psychologists, counselors, or ECCE professionals.

Social interaction development

We found that all parents were restricting their children's social development; they prefer to keep their children mostly confined to home. When parents did take their children to outside the home, they reported experiencing a number of challenges due to their children's behavior and society's negative attitude towards the CWDs.

Except for church she does not allow her child to socialize;

I did not support my son in his social skills development so that I did not give him permission or opportunity to play with other children without disability because the children beat him due to his behavior. I take him Church. But I didn't take him to wedding parties or any place that has social interaction. He disturbs me and he gets stressed and angry. My son doesn't go to recreation centers because he could not stay for longer time. He gets nervous and he cries whenever he sees strange faces. Therefore, I didn't take him to recreation centers (P1).

Fear of further abuse, the badmouthing of people in contact, curse, and devil;

The community's attitude is a challenge for example my neighbors would embarrass me by saying, "*God cursed your child! What sins have you committed?!*" In fact, some individuals don't allow their children to join my son. They associate it with devil they tell their child, "*The devil who hit that child will hit you.*" I never let my daughter participate in events like playing in lodges, cafeteria, and concerts. I am afraid of the community's sarcasm and sadness (P2).

The society needs CWDs to be at home;

There is a bad attitude towards me and my son. People often remark my child is a burden to me. I took my child to a place where there are few people. I do not take him to a place where there are many people because when they stare at him, I feel unhappy. "*Do they feel sad or are they joking on my child? question frequently comes to my mind.*" I have tried to send him to Sunday church school. But some of them have ignored him (P3).

Like others relatives also hold the same attitude;

Even my family could not understand and help me and my son. There are those who say, "*Why you take him out in front of people?*" This time I will be so embarrassed that I am not taking my child out of the house (P4).

Fear of COVID 19/ Corna-virus;

I don't allow my son to join others because I am afraid that he will get flu and corona virus when he meets the neighborhood kids. Because my child doesn't know what corona is and he can't take care of himself (P5).

The FGD findings confirmed the same reality that parents are being hampered from their efforts to ensure healthy social development of their CWDs mainly by negative attitude of the society. The society does not allow CWDs to join their CWODs to do different activities together.

Motor Skills Development

From the responses of all parent participants, it was understood that the motor skills development of CWDs is restricted due to a number of factors.

Locked inside home and offering specific play materials only;

My son plays with his friends inside our compound. But I never allowed him to go outside because he might have conflict with them since they couldn't handle his behavior. I do not allow my child to use different toys. Since my child has hearing impairment toys that work with electrical power might damage him. I only allow him toys like cars and cards. In addition, sharp toys and heavy toys might harm him and I don't allow him to use them (P1).

Need her child to play physical exercise but there is no one to coach;

I allow him to do physical exercise but there is no one to guide him. I have no time to teach and control him (P8).

Inability to match with peers, lack of money, and selection of game types to avoid further injury;

My daughter plays with her peers in the neighborhood. But she couldn't agree with them since they have fast minds while she has slow. I allowed my daughter to play by toys and balls. I monitored her not to play with electric and sharp toys. I have bought few toys for my daughter. I couldn't buy all she wanted because I have an economic problem. Frankly speaking, I never think that she must do some physical exercise. I have no any reason except she might go far and get lost (P2).

Behavioral Developments

Unlike the other three themes, all respondent parents in both interview and FGD were found struggling as they are unable to help their children in behavioral development. The parents disparately need professional support from counselors.

Unable to consult psychologists;

I want to consult an expert about my child's behavioral change and development. But, I don't know any psychologists and I have no access to meet them (P1).

I never met a psychologist and discussed the behavior and self-confidence of my daughter.

I never gave her special training or follow up to develop her self-control and nor do I know how to train her (P2).

Very frustrated as a result of lack of knowledge on behavior management;

I don't know how to get a psychologist or expert, it's not common in our area, and experts are not available. I try to entertain my child so that he doesn't feel lonely. I didn't create adequate lessons for him to protect and control himself. Also, I didn't give him special support and training to control his frustration and anger. When I say no, he gets very angry and hits my little boy. I get very upset when I see this. I am worried how long it will continue like this? (P4).

I teach him to have a positive relationship with his peers, but he doesn't understand because the society doesn't allow their children play with my son. They don't know what friendship is. As a result, he gets frustrated. I can't control his frustration, and his self-confidence doesn't develop either (P5).

5 Discussions

Though PCWDs have tried hard to enroll their children in preschools many were turned away by the schools. The schools rejected admitting CWDs for a range of factors including lack of accessible materials and trained special needs education professionals, inaccessible school environments. Above all, PCWDs, SPs, SNETs, EBSNE, and EBM described a lack of commitment by government to enforce laws making both public and private preschools and kindergartens to enroll CWDs. Which were reported by previous studies (see, Rossiter, Hagos, Rose, Teferra & Woldehanna, 2018 ; Teferra & Hagos, 2016 ; Woodhead, Rossiter, Dawes & Pankhurst, 2017; All cited in Kim *et al.*, 2022; Tigst, 2013) who indicated lack of trained facilitators/teachers; limited availability of accessible curriculum and teacher guides; a lack of adequate classroom facilities; insufficient developmentally appropriate learning materials and playgrounds; and insufficient pay for teachers; lack of collaboration among stakeholders of education; misconception of inclusive education; poor allocation of

finance; and poor school infrastructure and lack of mandatory inclusive policy.

The above finding is the re-confirmation that children from disadvantaged backgrounds are less likely to participate in ECCE and thus do not have the same opportunity to progress in the early years of primary school (Kim *et al.*, 2022). Despite considerable growth in primary enrolment and a narrowing of the gender gap, inequalities in access remain for CWDs in the country (Woldehanna *et al.*, 2011; Ministry of Education, 2017; Zewdie & Tefera, 2015; Tefera, 2018). We found that the ECCE centers and government bodies were involved in the exclusion process. A finding similar to Herpa (2021) who depicted socio-cultural barriers, scarcity of resources, and reluctances of government were factors for the exclusion of CWDs from ECCE. It seems that in the country ECCE is not accessible for CWDs (Admas, 2016; Zewdie *et al.*, 2016) despite the vital role the ECE plays in their development.

Equally disturbing finding was the private kindergarten schools are afraid of accepting CWDs because these schools worried it would be deterring parents of children without disabilities from sending their children. Making them lose their profit. This is the consistent finding with Woldehanna (2011) who found out that the public investment is currently very low in the country and left for the private sector dominated by fee charging kindergartens in which children from low socioeconomic background do have very little opportunity to attend and consequently hundreds and thousands CWDs in Ethiopia are unable to access inclusive education (African Child Policy Forum, 2011).

Furthermore, the persistent negative attitude of the society including close relatives, towards PCWDs is contributing to these parents to be stigmatized and discriminated. Traditionally, disability (Teferra, 2005) and mental illness (Patel, 1995) are attributed to supernatural phenomena such as curses, spells, being possessed by evil spirits and punishment by Supreme Being (e.g. God, Allah, Waqa) for sins which is quite challenge for parent to engage in the education of their CWDs. Several quantitative studies indicate that there is an association between stigma and caregivers' mental health, including

depression, anxiety and psychological distress (see Papadopoulos *et al.*, 2019). Tekola *et al* (2020) explore perceptions and experiences of stigma among parents of children with developmental disability in Ethiopia and found the perceived lack of social support and acceptance made some parents vulnerable to internalized stigma.

Additionally, the current study came up with consistent finding that socioeconomic condition and parents' negative school experience; parents' educational background; the demand on parents such as time, work, house chores, and many other commitments impede their preference to be involved in their children's education (LaRocque *et al.*, 2011; Pena, 2000; Lee & Bowen, 2006; Jordan *et al.*, 2001; Potvin *et al.*, 1999; Crozier, 1999; Baeck, 2010; All cited in Jafarov, 2015). Parents are often hesitant to involve their CWD in the immediate community as they are seen to bring shame upon the family (Schiemer, 2017).

When the findings of the current study is seen in terms of the theories mentioned in the reviews of related literature, it will have the following interpretations. Attachment theory of Ainsworth and Bowlby (1991) emphasizes amicable relationship between a child and his/her mother. In this study mothers were found to be quite attached to their children. However, the attachments of mothers were hindered due to lack of appropriate communication and lack of knowledge of how to treat children. They needed books and professionals that orient them properly to have knowledge and skills to deliver appropriate care and education to their children.

Bronfenbrenner's theory of ecological development (1979) is all about the influence and impact of all types of the environment starting from home systems to outside bigger systems. In this study it was found that the home environment of CWDs, parents' efforts, neighbors, and the practical implementations of policies to attend O/pre- school classes were not in favor of CWDs.

Vygotsky's sociocultural theory of cognitive development (1978) sees the influence of culture and interaction of a child with his/her parents and his other immediate environments. In this study, it was

found that the perception and attitude culture of schools, teachers, neighbors, peers, and relatives to the education of CWDs was not positive. CWDs are less interacting with other children in their neighborhoods. Possible to say, the lack of interaction of CWDs might negatively impact their future cognitive, social, and cultural developments unless urgent and immediate government intervention is made.

6 Conclusion and Recommendations

Though the country's constitution and the other international laws and proclamations ratified in the constitution advocate CWDs need to have access to nearby regular schools we provide evidence that they are not being implemented.

To change the exclusive practice of both public and private schools which do not allow CWDs to enroll; SPs, EBM, EBSNE, and SNETs have immensely and frequently attempted to curb the situation; however, all were not having a decisive power to realize their claims as the situation demands urgent and immediate intervention of government to enforcing schools to accept CWDs in to their school systems.

PCWDs have knocked at the door of both public and private schools to open their doors to allow their CWDs to attend their classrooms. However, the schools have tightly closed their doors and rejected the claims of education rights and benefits of PCWDs and their children. This situation is a paradox and unacceptable practice of the schools found in the soils of a country where it has a constitution and is signatory of international laws and declarations, clearly indicating schools should be open and inclusive to all irrespective of differences.

The recommendation is therefore, the government should have enforcing laws to force both public and private preschools to accept CWDs; assign special needs education professionals; PCWDs should be made to have access to trainings on how to home-school their children and get access to special needs education books; awareness training for the society has to be made to show positive attitude towards the education of CWDs; and special need educators, counselors, and psychologists need to spend their free time in supporting PCWDs to facilitate, help,

and strengthen, and sustain the efforts of helping their CWDs.

Contributions of Authors

Dr. Tadesse Abera Tedla and Mrs. Zemenay Awulew Enyew have contributed in:

- The conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or reviewing it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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