
Theoretical and Practical Challenges of Assessing Developmental Disabilities in Ethiopian Children and Families

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Abstract: *This short communication attempts to reflect on the theoretical and practical challenges of assessing the various forms of developmental disabilities of children in the Ethiopian context and encourage discussions among researchers and practitioners working in the area of child well being and their families. The commentary posits some critical issues such as the importance of contextualizing the meaning of developmental disabilities and developmentally appropriate behavior, societal attitudes towards disability and the opportunities we have to explain and interpret these issues in terms of culturally embedded knowledge are discussed. It also reminds the academia on the importance of looking inwardly and grasp the essentials of cultural and institutional heritages and assets for the development of indigenous psychological knowledge and synthesizing it with the mainstream psychology to arrive at sound theoretical and practical solution to mitigate child related developmental problems.*

Theoretical challenges

It is possible to argue that mainstream psychology is in its infancy stage in the Ethiopian context. Its presence has remained mainly in university campuses for decades without infiltrating into the society at large. Incidentally, one notices that Ethiopia has not benefited even from the western mainstream type of knowledge which a number of African countries are assumed to have adopted from colonial masters during the colonial period. In fact, there is a historical period during which Ethiopia was significantly disconnected from the outside world. The *Zemene Mesafent* (Era of Princes) in the eighteenth and

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nineteenth centuries was a historical epoch in which Ethiopia closed its doors for the outside world. It is undeniable that Ethiopia has contributed much to the independence of many African states in the 1960s. However, this solidarity did not encourage Ethiopia to develop in the area of science, culture and arts, and more specifically in the efforts to develop a body of relevant research and theory. The assertion that Ethiopia was not a victim of historical trauma from colonization (Maquet, cited in Nesamenga & Joseph, 2010) did not help the country much to look introspectively into the rich African-based indigenous knowledge or tap adaptable knowledge of the West to construct Ethiopian psychologies. It was not possible to extrapolate this symbolic non-colonized identity into other areas of culture and curve Ethiopian philosophy and Ethiopian indigenous knowledge in the sciences and humanities.

Despite the fact that Ethiopia was fortunate to escape the psychological ravages of colonialism, (Germa, Abraham & Abuna, 1974), the young generation was not immune from the indiscriminate absorption of the ideas and values of the West. Probably the pride and self-respect that resulted from the victory over colonialism in 1896 “instilled in Ethiopians a false sense of self sufficiency” (Bahiru, 2008, p. 209). The modernity syndrome does not lend itself to the flourishing of indigenous knowledge. Instead, it encourages the direct transplantation of Western knowledge in the name of “intellectual climate of progress” (Misra & Gergen, 1993) which persists as a stumbling block in the nurture of Ethiopian philosophy in general and the development of behavioral sciences in particular.

De-emphasizing the traditional values and exclusive adherence to the “western imposed ontology and alien epistemology” (Misra & Gergen, 1993) fosters not only knowledge dependency but in the long run threatens national identity. One may not be skeptical about the relevance of mainstream psychology in addressing Ethiopian or African disability problems, and may not overlook the contribution of the western mainstream psychological knowledge which humanity so far

accumulated in understanding human behavior. However, knowledge constructed in different cultures but grafted and planted in Ethiopian soil would neither solve practical problems nor contribute much to the production of basic knowledge. The Ethiopian education which has been rambling for decades in pursuit of an appropriate philosophy of education is an appropriate instance. Misra & Gergen (1993) discussed ways in which culture and individual behavior reciprocate each other and indicated the relevance of seeing local variations in terms of universal laws of behavior in cross-cultural studies. By undertaking a comprehensive analysis of indigenous ways of life and outlooks and by extracting authentic principles from the mainstream psychologies, one could come up with sound Ethiopia based developmental theories to understand and explain developmental disabilities.

A quick survey of the indexed undergraduate and graduate program research work in the Department of Psychology, Addis Ababa University, seems to indicate that the practice replicates unwittingly the modalities of the western psychology. The research work seems to fail in addressing indigenous and cultural aspects of child rearing practices and associated problems in the Ethiopian context. The variables selected in these research works are those same ones exhaustively treated in the major Euro-American psychology of development literature. A practical example (cited by Gilbert, 2006) that has been imported from the mainstream counseling psychology to the African context is the concept of '*self*' which overlooks its individual and social component in multicultural societies like Ethiopia. Symptomatic problems include the direct replication of quantitative research paradigms along with their positivistic ways of thinking, the marginal attention given to ethnographic traditions of inquiry, and the lack of meaningful consideration given to the development of assessment tools.

Diversity in the Ethiopian culture is an asset to build up a theory of developmental sciences. It is important to sieve out the communalities shared by the cultures of different ethnic groups and identify those

useful values that can be built into unifying themes. These common values that make up the Ethiopian identity can be adequately captured through ethnographic studies and can help at least as spring board to build-up indigenous knowledge. A look into the cultures of ethnic groups shows many aspects of life to be similar. The value attached to the extended family type, the symbiotic mutual relationships practiced between families, and the deeply ingrained humanitarian life-style coupled with spirituality could be the corner stone for developing indigenous knowledge. One could possibly argue that these clusters can be blended (Germa, Abraham & Abuna, 1974) to make up the Ethiopian psyche.

A number of protective factors play a buffering role in the predisposition of problems within Ethiopian families. The *genfo* ceremony and *illilta* (ululation)- post-delivery ritual practiced by neighbor families in the house of the mother who gave birth is a support network embedded in the Ethiopian society which Zimba (cited in Nesamenga and Joseph, 2010) called as “indigenous network of support” (p.389). The post delivery rituals deeply embedded in the Ethiopian cultures provide comforting sense to the mother even if she is under strain due to economic or family problems.

Early childhood care is not exclusively the function of one particular family; the entire neighborhood takes care of children at this developmental stage. It is customary for rural Ethiopian mothers to leave their children under the surveillance of neighbors when they go to the market, when they go to fetch water or collect fire wood. The caring attitude by the neighbors not only mitigates mothers’ obsessed feelings, but it also plays a buffering role in the predisposition of separation anxiety.

Although the polygamous marriage type is not widespread across all ethnic groups in the Ethiopian context, some ethnic groups have strong helping relationships within themselves. Wives do not see each other in antagonism. A mother does not see the other as rival. Instead they

tend to share resources and support each other even in adverse situations. Children are treated equally by all wives. It is interesting to note that the elder wife in the polygamous family is delegated to treat the entire familial network equally and judiciously.

The need to contextualize developmental disabilities

The argument that intelligence is not culture-free phenomenon implies its multi-dimensional nature. As noted by Misra and Gergen (1993, p. 228) "... a significant distinction is made between 'etic' or universal dimensions and 'emic' or culturally specific dimensions". The traditional definitions seem to de-emphasize the social aspect of intelligence and solely focus on book learning, and performance tests measure academic knowledge. Nesbett (2009) argued on the importance of defining intelligence from the phenomenological perspective of indigenous people living in other cultures. He noted that a good number of people in Africa and East Asian cultures include social characteristics, such as ability to understand and empathize with other people, as aspects of intelligence. Social intelligence appears to be more appropriate in the Ethiopian context in which children are perceived in their competence to face the demands of the culture they live in.

The concept of developmentally appropriate behavior gets meaning in the Ethiopian culture in its consistency with the view that children have socially constructed potentials that can be demonstrated in self-generated activities and learning. Ethiopian children are vulnerable to different forms of child abuse. However, concepts such as vulnerability, invulnerability, resilience, and coping need definitions and assessments in terms of the changing capabilities and needs of the child (Yarrow & Sherman, 1990). Abuse, for example, is a predisposing factor in the development of co-morbid disorders such as trauma, anxiety and depression. Despite this broader understanding of child abuse, it is imperative to contextualize its etiology in the Ethiopian context. Assessment of such disorders and intervention procedures to

mitigate them need to be specific to the culture in which children are functioning. The issue of child labor, for example, has connotative and denotative meaning in the Ethiopian context. Its detrimental effect on children's development, for example, needs close attention when explaining its essence in the Ethiopian context. Children play pivotal role in generating income and supporting the livelihood of households in the Ethiopian context. Children's involvement in work seems to be misunderstood and its negative repercussion on children's physical, psychological and social developments has been emphasized. Contextualizing the issue of child rights from the African perspective and the living conditions of children, therefore, seems to be important (Agbu, 2009).

In view of this argument the issue of assessing developmental disabilities in the Ethiopian context should take into account family routines, mother tongue languages, cultural rituals and economic activities.

Practical challenges in assessing disability

Conceptualizing disability in the Ethiopian context

Regardless of their etiology, magnitude and effect on the daily functioning of the individual, all forms of developmental disorders are put in one melting pot and labeled as disability in the Ethiopian context. This conceptualization can be interpreted in two ways. One is that disability cases tend to be underreported. The second aspect is only severe cases tend to be reported otherwise individuals with mild disorders would be forced to carry the problem throughout their life. The merging of all disabilities into one and same category denies the opportunity for growth and narrows the field for intervention.

Unfortunately, such uni-dimensional conception of disability and intuitive classification has been practiced in school systems too. Absence of valid and age graded assessment tools to screen

developmental disabilities that serve different purposes is an astounding problem in Ethiopia. In the Ethiopian school system there is an extensive practice of grouping students as fast, average, slow and even dull. This grouping is based on results from classroom achievement tests administered once or twice at the beginning of the academic year. The bad scenario is teachers and students themselves take this categorization for granted without noticing that it is a threat to the self-esteem of children (Azeb, 1989). The marginalization of low performing and emotionally disordered students by their teachers as “bad” has also been observed among higher education teachers. In the report of the Special Professional Support for University Students (SPSUS), Menilik (1995, p.2) stated that “it is customary to label students as ‘bad’ whenever they show such behavior as irritability, hostility or decline in academic performance”.

Negative attitude towards disability

Ethiopian culture lacks transparency to matters related to disability. Negative attitude coupled with lack of adequate knowledge on the etiology, treatment and rehabilitation of disabled individuals and reacting to disability problems in a superstitious way have been serious drawbacks. The influence of attitude in approaching problems in life at the most general level in the Ethiopian context (Germa Amare, Abraham Demoz, and Abuna Samuel, 1974, p. 7) is characterized by resigned attitude towards the problems of life. Lack of professional support, inaccessibility to effective services and the time lag between the onset of the problem and early intervention seem to worsen the problem of individuals. A recently released paper by the Ethiopian community in Netherlands on *Mental Health Problems and Challenges Facing the Ethiopian Diaspora (n.d.)* indicated this same problem of non-transparency among Ethiopians even living abroad.

Lessons to be learned

A retrospective glance of the opportunities available but regrettably not exploited for some reasons need to be mentioned here. A number of attempts were made to indigenize the western main stream sciences to the Ethiopian context. However, many of the attempts failed due to bogus ideological decisions. Since the introduction of modern education system in Ethiopia, the syndrome of cherishing western knowledge sources still continues. The new generation does not seem to appreciate and follow the footsteps of the traditional culture of preserving historical work. Teshome (1979) in his oft-quoted book *History of Ethiopian Education* acknowledges the meritorious attempt of the Ethiopian King Gelawdewos, who spent 3,000 ounces of gold on the collection of Ge'ez and other translation manuscripts as early as the eighteenth century.

In 1993, for example, a multidisciplinary unit composed of individuals with psychiatric and psychological background was established within the premises of Institute of Educational Research (IER), Addis Ababa University, with the objective of reducing the wastage resulting from failures of students with mental disorders. The SPSUS traveled some distance giving service to students of Addis Ababa University who suffered from anxiety and depression disorders (Menilik, 1995). For reasons not well established the unit ceased to function.

The Testing Center (currently in the Institute of Educational Research, IER) has a long tradition of preparing local tests and administering international tests. The Center had exposure to different forms of intelligence and personality tests as early as the 1960's. Professor Charles Langmuir from Utah University, USA, who was in charge of establishing the university testing center, introduced various forms of intelligence tests as early as the 1960s. Differential Aptitude Tests consisting of mechanical reasoning, space relations, language usage-spelling, Davis Reading Test, Kuhlmann-Anderson Tests were some of the earliest versions of assessment tools introduced to Ethiopia by

Langmuir. However, due to acute leadership problem and lack of well trained staff, the center was not able to sustain and develop relevant tests to the Ethiopian context (IER, 2001).

The issue here is about the preservation versus transformation of earlier work in matured forms. Whether a particular factor should enjoy a privileged status in explaining change versus continuity in development has been a central point of controversy throughout the long history of science (Kean cited in Spencer & Perone, 2008). Preserving earlier cultural experiences and interpreting them in the lime light of the change process appears to be a sound approach. Conceptualizing culture as something having starting and ending points seems to defy its dynamic nature. Hutton (cited in Adolph and Robinson, 2008:1650) state that “we find no vestige of beginning, no prospect of an end”.

Brain drain

The Emeritus Ethiopian historian Bahiru Zewde (2008:361) stated that the Ethiopian brain drain as “dubious distinction of being first in Africa in the extent of its brain drain”. The emigration of Ethiopian psychologists (yet they are few in number) to the west in search of better living conditions is one of the painstaking challenges in the development of Ethiopian psychologies. In the last two or three decades, psychologists and other professionals sent abroad for further training, for example, did not return (Seyoum Tefera,1992). The effort made by the School of Psychology in “encouraging reversal of the brain drain starting with the earliest emigrants who have burning desires to share their experiences” (Teketel, n.d.) in the doctoral programs is a blessing in disguise.

Opportunities

In spite of the underdeveloped nature of health services in Ethiopia, people with physical and psychological ailments look for traditional healers and traditional medicines. According to Mpofu, traditional medicine is defined as “knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social disequilibrium and relying exclusively on practical experience and observation handed down from generation to generation, verbally or in writing.” (Mpofu, n.d., p. 3). Even those who have access to modern health services at the last resort tend to seek help from the traditional healers and perform spiritual rituals to get solution to their health problems. Ethiopians are fundamentally religious people. The traditional way of treating physical and psychological problems has long anecdotal record in Ethiopian history. It has still sustained despite the resistance it faced from the so called ‘modern intervention strategies’ introduced to the country since the eighteenth century. The huge fauna and flora life in the country, holy water, spiritual scripts, and prayers all have been used to mitigate various forms of disorders. Recent trends seem to narrow the bipolarity between the professionals in the formal health sector and the traditional healers in the non-formal sector. A case in point is the coordinated effort between the Ethiopian Orthodox Church and the Federal Ministry of Health in using holy water and anti retroviral medication to individuals who showed non-adherence to HIV-AIDS medications. The Ethiopian Traditional Medicine Practitioners’ Association which secured support from the government is now a partner to the Ministry of Health in research as well as intervention in ameliorating physical and mental problems of individuals.

Ethiopians generally have rich human and cultural values accumulated for centuries to demonstrate integrated adaptation mechanisms and the ability to bounce back when faced with difficult circumstances (Bahiru, 2008). One could possibly argue that it is this historical and cultural value transmitted from ancestors that enabled Ethiopian

children to bounce back after imminent stressors and cope with stressful situations. Individual's diatheses that constitute vulnerability in children growing in other cultures (Richter & Weintraub, 1990) may not equally trigger the onset of maladjustment or psychopathology among Ethiopian children. The threshold for resiliency of Ethiopian children seems to be not stringent the way children are presented and understood in the western culture. This survival capacity in the face of adverse situations brings the attention to pose questions concerning why, how, and to what extent Ethiopian children manage to survive severe situations (Yarrow & Tracy Sherman, 1990).

The way forward

There cannot be one prescribed solution to the theoretical and practical challenges of assessing disabilities in the Ethiopian context. The purpose of this paper is not to seek ways through which the issue of disability can free itself from the web of problems in the Ethiopian context. Rather, it is just to sensitize individuals and groups working in the area. A host of cultural, institutional and human factors as discussed above interact to help understand the assessment of disabilities in the Ethiopian context. I presume that as much as there are challenges, there are opportunities as well. The high infant mortality rate, a high percentage of chronically malnourished children and stunted growth following persistent malnourishment, problems related to equity and accessibility to mental and other health services, above all the exacerbated effect of AIDS epidemic on children and their families are problems that haunt Ethiopian children and their families. It is within this context that we conceptualize issues related to the assessment of developmental disabilities. The situation therefore, calls for immediate attention to pull available resources to adequately address the problem of assessing developmental disabilities.

Recent measures that scaled up the Department of Psychology to an institute (school) level is an opportunity. This is high time for the institute (school) to forge aggressively to meet societal requirements

with regard to issues related to human development in general and problems of disabilities in particular. Collaborative research projects with other departments such as sociology and anthropology would help in addressing these issues in the Ethiopian cultural matrix. It would constitute for holistic understanding of childhood problems and its solutions in the framework of the Ethiopian context.

Aggressively working on the possibilities of launching a psychology journal, a bilateral relationship with overseas universities and networking with Ethiopian psychologists working abroad and mobilizing domestic resources toward priority areas need to be attended to adequately and immediately. I presume that our starting point should be conducting base line surveys and tap base line data about Ethiopian children and their families which eventually would help to develop sound assessment tools on normative samples. Indexing research work and data sources relevant to Ethiopian children and their families documented in the Ministry of Health, Ministry of Education and Ministry of Social Affairs appears a priority area of intervention as well.

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