

Teachers' Experience of Teaching and Caring for Children with Developmental Disabilities in Addis Ababa, Ethiopia

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Abstract

Developmental disability is a global issue, yet attention to it in Africa, particularly in Ethiopia, remains limited. In Ethiopia, educational and care institutions for children with developmental disabilities are scarce, largely due to societal misconceptions and insufficient support from the government and other stakeholders. While existing literature highlights challenges faced by teachers working with such children, little research has explored their experiences in the Ethiopian context. This study employed a qualitative case study design to examine the lived experiences of teachers teaching and caring for children with diverse developmental disabilities. Specifically, the study aimed to investigate teachers' understanding of developmental disabilities, their perceptions of teaching and caregiving, the strategies they employ, their lived experiences, and the approaches they use to overcome challenges. Data were collected through semi-structured interviews and analyzed thematically across these five dimensions. Findings revealed that, despite prevailing societal misconceptions, most teachers had a reasonable understanding of developmental disabilities and their causes. Although some were initially uninterested in working with these children, they gradually developed genuine passion and commitment. Teachers employed instructional and caregiving strategies such as modeling, imitation, role-playing, and visual aids. However, they faced multiple challenges, including unrealistic parental expectations, parental disengagement, lack of home-school collaboration, personal stress, societal stigma, slow progress among children, and marginalization by colleagues. To cope, teachers relied on spirituality, prayer, and emotional resilience, often disregarding negative societal perceptions. Despite their dedication, all participants considered leaving the profession due to persistent challenges and inadequate support. These findings underscore the urgent need for systemic interventions to improve teacher retention, enhance community awareness, and strengthen institutional support for educators working with children with developmental disabilities in Ethiopia.

Keywords: Developmental Disabilities, Experience, Teaching, Caring, Teacher

Introduction

Developmental disabilities are part and parcel of human life, and they could happen to anyone irrespective of race, culture, ethnicity, and place of living (Magaña *et al.*, 2016). Developmental disabilities are a group of

conditions due to impairment in physical, learning, language, or behavior areas, and these conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime (Zablotsky *et al.*, 2019; Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (APA, 2013). The disorders

typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning American Psychiatric Association (APA, 2013). The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence. Developmental disabilities have been broadly construed as an umbrella term that includes other more discretely defined disability classifications sharing some common characteristics (Odom, Horner, Snell and Blacher, 2007). Developmental disability comprises intellectual disability, Attention-Deficit/ Hyperactivity Disorder (ADHD), Autistic Spectrum Disorders (ASD), Down Syndrome, Language Disorder, Learning Disability, and Fragile X Syndrome is some of them (Odom *et al.*, 2007). The developmental disorders frequently co-occur; for example, individuals with autism spectrum disorder often have intellectual disability (intellectual developmental disorder), and many children with attention-deficit/hyperactivity disorder (ADHD) also have a specific learning disorder (APA, 2013).

Children with severe and profound developmental disabilities have experienced different challenges in life. For example, according to (APA, 2013) children with severe and profound intellectual disabilities require support for all daily activities of living including, meals, dressing, bathing, and elimination. These children always require supervision, and the difficulty of spoken language and understanding of symbolic communication is very limited (Butcher *et al.*, 2014). According to Liu *et al.* (2025), Autism Spectrum Disorder (ASD) is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining, and understanding relationships. In addition to the social communication deficits, the diagnosis of autism spectrum disorder requires the presence of restricted,

repetitive patterns of behavior, interests, or activities (APA, 2013).

Regarding the prevalence rate of developmental disability in African content, although developmental disorders are common among children all over the world, information on the extent and types of developmental disability in Africa in general and in Ethiopia, in particular, is extremely limited. For some countries, like Kenya, Mung'ala-Odera *et al.* (2006), reported the prevalence rate of 9.3% of neurological disability among children. In the Republic of South Africa, the prevalence of developmental disability among children was estimated to be between 5.2% to 6.4%. Durkin (2002) pointed out that though large numbers of children who live in developing countries are exposed to various forms of disability, not much is known about the prevalence and causes of developmental disabilities in these countries of the world. Durkin thought that some kinds of developmental disabilities seem to be more prevalent in these developing countries such as severe mental retardation.

In Ethiopia, it is estimated that nearly two million people have intellectual disabilities (WHO, 2004). Recent studies in Ethiopia report a broad range of child and adolescent mental health problems, with a pooled prevalence of about 24.7% in community samples (Mitiku, *et al.*, 2023), as high as 36.7% for emotional and behavioral disturbances in conflict-affected children (Tesfaw *et al.*, 2025).

Though it is very difficult to find the exact score of children locked behind closed doors, as some studies conducted in limited parts of Ethiopia assert that people living with different forms of disabilities in the country range from 1.9% to 3.5% of the total population, from which about 15.9% are children and adolescents below age 14 (Ashenafi *et al.*, 2001; Tirussew, 2005). Though the problem deserves the attention of all concerned bodies and facilitates the center in which children with developmental disabilities learn and are cared for, it is dire to find a center/school where children with different developmental disabilities would learn and receive care. This could be attributed to different factors,

including societal wrong perceptions about the problem and other related factors. In support of this notion, a study conducted by Tilahun *et al.* (2019) indicated that there is a severe shortage of services for children with developmental disabilities in Ethiopia. This study further indicated that access to services is also impeded by negative beliefs and stigmatizing attitudes toward affected children and their families. Due to the scarcity of care centers/schools for children with diverse developmental disabilities in the Ethiopian context, many children of the same disability are forced to lock themselves behind bars and are denied receiving the special care and intervention they deserve to receive in life.

With pertaining to Ethiopian societies' perceptions of developmental disabilities in children, a research survey conducted by the Ethiopian Ministry of Health (FMOH, 2012/13 & 2015/16) asserts that, like widely held perceptions among different African countries, the severe developmental disorder is more often attributed to supernatural causes, for example, spirit possession, bewitchment, or evil eye; a curse from God for perceived gross disobedience to God's commandments, ancestral violations of social norms (e.g., due to stealing), and denying rather than as a result of biomedical or psychosocial causes. In support of this notion, (Tirusew, 2005) asserts that children with mental retardation are perceived as 44 devils, Ganel Am, Likift am (possessed by an evil spirit), Dedab, Kilo, and Fuzo (cannot understand, stupid, or mentally ill). As a consequence, affected individuals and/or their families often seek help from religious and traditional healers rather than health facilities. Parents are often hesitant to involve their child with a disability in the immediate community, as they are seen to disgrace the family (Schiemer, 2017). Misconceptions and unfavorable attitudes towards disabilities and persons with disabilities result in continued stigmatization even in the few schools where students with different developmental disabilities are included. A large number of children with disabilities have been hidden at home and kept away from schools and other intervention programs (Tirrussew, 2005; Weldeab, 2006). As part of the society, the

attitude of teachers teaching and caring for children with diverse developmental disabilities will not be different from that of societal perception though teachers have an opportunity to revisit their attitude through the education they acquire through their academic endeavors. For example, Schiemer (2017), in his study conducted in Addis Ababa on teachers teaching children with diverse disabilities indicated that from the beginning of their job with children having different developmental disabilities, teachers have no welcoming attitude, and only through their stay in the job they develop an appetite for teaching and caring for children with disabilities.

In Ethiopia in general and in Addis Ababa in particular, the school/center where children with diverse developmental disorders attend their schooling and are cared for is hardly found. Accompanied by the scarcity of the center/school where children with developmental disabilities attend their schools and cared for, many children with such developmental disabilities are forced to spend their lives behind closed doors. Owing to the absence of government-owned schools that entertain the needs of children with a developmental disability in Ethiopia, the only few schools, for example, the school where the present study conducted in was established by the initiations of an individual where only some lucky children with the same problem and born to well-to-do families would get an opportunity to join the school such that each child is cared by one teacher which is too costly to cover the charge of schooling by the parents of the children with diverse developmental disabilities.

There are also different challenges associated with teaching and caring for children with different developmental disabilities. Teachers teaching children with intellectual disabilities have the following challenges, including burnout and stress, high turnover, shortage of teaching material, lack of teachers trained in special needs education, lack of enough classes, and poor learning environments, curriculum structure, acceptance in the society, motivation, poor salary, and expectations from parents. In the Ethiopian context accompanied by a

societal negative attitude towards the developmental disabilities, caregivers working with such children would experience different challenges including social exclusion, segregation, labeling them as disable like children they care for (Belaynesh *et al.*, 2018; Schiemer, 2017).

The present study focuses on teachers teaching in Young Root English School, Addis Ababa. In this school, some teachers are caring for and teaching children with diverse developmental disabilities. In aggregate, there are about 701 students who are attending their education in the regular program in this school. Of 701 students, 51 of them are medically diagnosed with different developmental disorders. That means, out of the total children currently attending their education in this school, 7.27% of children are medically diagnosed with diverse developmental disorders. Of 51 children with diverse developmental disabilities, 8 (1.14%) of them were categorized under severe and profound types of developmental disabilities, where they are under the close attention of one teacher for one child. In this case, the teachers' role is more about caring and teaching basic life skills, including toilet training, meals, dressing, bathing, and elimination, certainly focusing on adaptive functioning skills. Though different challenges could be associated with such types of caring, no research has been targeted to examine the situation of teachers teaching and caring in the mentioned school.

Understanding the challenges teachers encounter in teaching and caring for children with developmental disabilities is a crucial first step toward enhancing the support they receive, ensuring that these children obtain appropriate care and education in schools. The scarcity of research on this topic in Ethiopia underscores the significance of this study in contributing to a deeper understanding of the difficulties teachers face in this context. Furthermore, there exists a substantial gap in knowledge and attitudes regarding developmental disabilities within Ethiopian society. Therefore, this study aims to explore the lived experiences of teachers working with children with diverse developmental disabilities and to identify the

coping strategies they employ to manage the challenges encountered in their work.

Consequently, the following specific objectives are forwarded to be addressed:

1. To pinpoint teachers understanding of developmental disabilities
2. To examine teachers' perception of teaching and caring for children with developmental disabilities
3. To examine the approaches employed by the teachers to teach and care for children with developmental disabilities
4. To investigate teachers' experiences while teaching and caring for children with developmental disabilities
5. To scrutinize the strategies teachers use to overcome the challenges of teaching and caring for children with developmental disabilities.

Materials and Methods

Design

To attain the research objective, a qualitative research approach accompanied by a case study research design was employed to address the phenomenon.

Description of the Study Area

This study was conducted at Young Roots English School, a private institution located in Yeka Sub-City, Addis Ababa. Established in 2008, the school offers education from kindergarten to grade eight and currently serves approximately 701 students in its regular program, supported by about 120 teachers. Inclusive education was introduced in 2012 through the initiative of one of the school's teachers.

Like most private and government schools in Ethiopia, Young Roots English School provides standard academic services to its students. However, it distinguishes itself by extending educational opportunities to children with severe and profound developmental disabilities. Each of these children is assigned a dedicated teacher, whose salary is covered by

the child's parents. Currently, the school accommodates 51 children with various developmental disabilities, of whom eight are classified as having severe or profound disabilities.

A unique feature of the school's instructional approach is the one-teacher-per-child model used for students with severe and profound developmental disabilities. To facilitate this, one large classroom is subdivided into four smaller sections, with each partitioned space dedicated to individualized teaching and care. This arrangement allows teachers to provide close, personalized attention to each child, ensuring both educational and developmental support.

Study Respondents and their Selection

In 2021, out of six teachers engaged in teaching and caring for children with severe developmental disabilities, three who were willing to participate were selected for this study, along with the school director. The school director was included to provide comprehensive information about the school's background and operations. He is in his early forties and has served as the school principal for the past six years. Data collection continued until information from participants became repetitive and no new insights emerged, indicating that data saturation had been reached. The background information of the participating teachers is summarized as follows:

Case 1 is a 30-year-old male with a bachelor's degree in Psychology. He has been working at the school for nine years and currently serves as the head of the Special Needs Education Program, in addition to teaching and caring for children with developmental disabilities. Case 2 is a 24-year-old female who earned her bachelor's degree in psychology in 2015. She has been teaching at the school for four years and has consistently worked with children with various developmental disabilities since her recruitment. Case 3 is a 22-year-old female who graduated with a degree in Special Needs Education in 2018. Since graduation, she has

been employed at the same school, working with children with diverse developmental disabilities.

Instrument of Data Collection

To collect data, a semi-structured interview guide developed by the researchers based on a comprehensive review literature was employed. The research questions were categorized into five major parts. The first part was on the knowledge of teachers about developmental disability with two semi-structured interview guide questions. These were "As a teacher of children with a developmental disability, would you please share with us your understanding of what a developmental disability is? Do you think it is possible to improve the situation of children with developmental disabilities?" The second part was on teachers' perceptions of teaching and caring for children with developmental disabilities with one semi-structured interview guide question. The question was, "What do you feel about teaching and caring for children with developmental disabilities?" While the third one was on approaches employed by the teachers to help children with developmental disabilities, one semi-structured question was put to the informants, and the question was "Would you tell us your style of teaching and caring for children with developmental disabilities?" The fourth was on teachers' lived experiences caring for and teaching children with developmental disabilities with one question. The question was, "Would you please share with us your lived experiences caring for and teaching children with developmental disabilities?" The fifth was on coping strategies teachers use to overcome the challenges they face while teaching and caring for children with developmental disabilities with, one question: "What type of techniques do you use to cope with the challenges you face while teaching and caring for children with developmental disabilities?" The content and construct validity of the instrument were checked before using it for the final data collection through consultation with area expertise.

Procedures

A few days before the interview started, permission to conduct the study was achieved from the school principal. After participants' permission to participate in the study was obtained, they were informed ahead that they will have an interview one week before the interview session, and the interview was conducted at the participant's convenient time. All the interviews were conducted in the natural settings of the informants, specifically in their offices, which were comfortable. The interview was made in the language preference of the participants to make the communication smoother and more natural. In the meantime, unstructured follow-up questions were asked to solicit further elaboration of the topic or to check the meaning that interviewees associated with keywords that they used. According to Åkerlind (2005), these questions commonly took the form of 'Would you tell me a bit more about that?', 'Could you explain that further?', 'What do you mean by that, please?', 'Could you give me an example?' The timespan of all interviews was between the ranges of 30 minutes to 1 hour. All the interviews were recorded. Additionally, notes were also taken by hand to augment the recorded data. Then, after the session was over, the data were transcribed. And then, it was translated back into English with maximum accuracy. Then, the data were sorted and sifted theme by theme for the next stage of analysis.

Analysis

The collected interview data were transcribed, coded, and organized according to the research questions, with participants identified by pseudonyms and interview numbers. Most interviews were transcribed promptly to ensure accuracy. The researchers, who also conducted the interviews, handled transcription and translation to preserve participants' expressions and emotions and confirmed accuracy with the participants.

The researchers repeatedly reviewed the transcripts to identify and highlight concepts, phrases, ideas, and patterns, which were then grouped into meaning units and clustered into

themes based on conceptual relevance. From these themes, descriptive narratives were developed to capture participants' experiences and challenges, providing rich, nuanced insights into their lived realities.

Using these textural descriptions, the researchers further constructed a structural understanding of participants' attitudes, knowledge, experiences, and coping strategies in caring for children with developmental disabilities. Finally, textural and structural descriptions were synthesized into composite narratives that captured the essence of participants' experiences, enabling a holistic understanding and informing the study's conclusions.

Research ethics

The data were collected after the consent of the respondent was achieved. Not to expose the identities of the participants, numbers from 1 to 3 were given for the teachers who participated in the study. The numbers were simply nominal, and they would not show any ranking. In doing so, confidentiality and anonymity have been secured. Confidentiality of the data collected from the participants was assured and guaranteed, and the results will be used for academic purposes and nothing more.

Results and Discussion

School Profile and Screening Criteria for Children with Developmental Disabilities

Case 1 is, fortunately, the initiator of inclusive education in the school. Before his recruitment to the school, the school had only been established to teach regular/typical children. Following his recruitment to the school, since he has a keen interest in helping children with developmental disabilities, he had a discussion with the owner of the school on how to launch a special needs education program within the school, for which he got the green light to do so and launched a special needs education program in the school in 2012. Indeed, before he joined this school, he had been serving at

Nehemiah (the private institution launched to care for and teach children with Autistic Spectrum Syndrome). The case urged that the experience he has accumulated from the mentioned institution helps him to launch the program in the present school. The case stated that “*Serving at the Nehemiah institution provides me with an opportunity to get much training, particularly on how to teach and care for children with diverse developmental disabilities.*”

For the question “What initiated you to love to work with children with different developmental disorders?” The Case stated that his interest to work with children with the developmental disorder is associated with his personal life where he emotionally stated that,

“When I was a kid, I lost my beloved father to a psychotic disorder where my father was diagnosed with mental illness and forced to spend behind the closed doors without getting any medical attention or psychological services. By that time, though I was a kid, the situation of my father is still fresh in my mind. Finally, I lost my beloved father to this deadly mental illness and since then, as much as the situation allows me, I promised myself to help any person with such and the like disorders. I believe that, if my father had given better treatment/psychological services, I couldn't have lost my beloved father at his early age. This is why I determined to help an individual with developmental disabilities.”

Therefore, it is possible to deduce that the special needs education program was launched in the school based on the initiation of an individual teacher who had a painful personal experience in his own family. This is also true for other institutions working on children with diverse developmental disabilities in Ethiopia, such as the *Nehemiah* and *Joy* center, where the initiators of the institutions associate the commencements of the mentioned institutions with their personal family experiences. In Ethiopia, there are no government-led institutions working on children with diverse developmental disabilities; the existing institutions working on the same children were

established by personal initiatives of individuals.

As the case is also one of the initiators who brought the idea of partitioning the rooms wherein children with severe and profound developmental disabilities are cared for, for the question, “Where did you get the idea of teaching and caring for children with developmental disabilities in one partitioned room by one teacher?” The case reported that,

“I initiated one-to-one teaching and care for children with severe and profound developmental disabilities with two assumptions. Firstly, in the modern education philosophy, leave alone for such children with severe developmental disabilities; the so-called normal children are, if possible, suggested to be learned by one teacher each. And the second assumption is that, before the present partition was introduced, children with different developmental disabilities with similar levels of disorder were learned together, but the result was not productive. Because they copied and imitated bad behaviors from each other's and gravitate to one another to disturb the classes. Therefore, to avoid the problem, partitioning the room and assigning one teacher for one child with a severe developmental disability was introduced.”

For the question “Have you checked the advantage and disadvantages of teaching and caring for children with a developmental disability with one teacher in a partitioned room?” The case replied that,

“Since the introduction of the one-to-one teaching and care approach, significant positive changes have been observed among children with developmental disabilities. This method allows teachers to dedicate their full attention to each child, making it easier to monitor progress and address individual needs. Many children enter the school with serious challenges such as difficulties with toilet training or self-feeding making it extremely demanding for a single teacher to handle more than one child. The one-to-one approach has helped overcome these challenges and improved children's development. However, the

system also presents financial constraints. Previously, when several children with similar conditions were grouped together, parents paid minimal fees. Under the one-to-one model, parents are responsible for both the school fees and the teacher's salary, creating financial strain for some families. As a result, a few parents have been unable to continue sending their children to school. To ease this burden, the school now allows one teacher to work with two children when their conditions permit, ensuring continued support while reducing costs for parents."

A review of the literature failed to reveal unilateral evidence that establishes the superiority of one educational arrangement over another on academic or social criteria for children with developmental disabilities. Recent evidence on educational placements for students with learning, emotional, and behavioral disabilities suggests that the clear academic or psychosocial superiority of special classes over inclusive or regular classroom settings is not supported in modern research. For example, a recent meta-analysis found inconsistent effects of inclusive versus segregated placements on learning and psychosocial outcomes for students with special needs, with no consistent advantage for special class placement (De Boer *et al.*, 2014). Large-scale data indicate that inclusive schooling does not detrimentally affect peer outcomes and may offer benefits in academic performance when supports are embedded (Kocaj, 2025). Additionally, students with specific learning disabilities continue to show differences in social-emotional-behavioral skill profiles linked to educational contexts, emphasizing the nuanced nature of placement effects (Feraco *et al.*, 2024). Such cases provide evidence that shows integration should be based on individual needs. Teachers also face constant dilemmas while teaching and caring for children with diverse developmental disabilities (Dyson, 2001). The dilemma includes pace, learning styles, seating arrangements, and individual attention. Catering to a range of needs in a single class was difficult for some teachers.

Therefore, it is possible to infer that both segregation and inclusion of children with developmental disabilities with other typical children should be based on individual needs where environment shall be designed to ensure maximum interaction between children with severe disabilities and their chronological age peers, and at a level that should also occur in the wider community.

For the question "What type of screening criteria your school is being employed to place children to different levels and types of developmental disabilities?" The case reported that,

"The parent of the child should present the diagnosis and assessment made by medical doctors. However, the problem associated with the claimed diagnosis and assessment made by medical doctors is that it is most of the time found to be challenged. For example, in many cases, where children fail to utter a single word since they were born, the so-called made assessment by medical doctors indicates Mild Autistic Spectrum Disorder (ASD) or Mild intellectual disability. I think, they negligently do so or have an interior motive to do so. Owing to this problem, as much as our knowledge allows us to do so, we have been doing our best to employ DMS-V and other screening instruments in our school for the classification. Hence, honestly speaking, it is difficult to say that we are employing strict assessment criteria to place children with developmental disorders to different levels and types of developmental disorders. We only allocate those who are with severe and profound developmental disorders (not yet utter words, total dependence on the other for basic support including meals, dressing, toilet elimination, and etc.) in the special room especially centering on the direction given in the DSM-5 for classification."

Unfortunately, many children with disabilities in developing countries, particularly those with "mild to moderate "disabilities, are not identified until they reach school age (WHO, 2004). In Ethiopia, accompanied by different factors, the culture of assessing and diagnosing children with different developmental

disabilities is almost nonexistent. Leave alone assessment and diagnosis, recognizing these developmental disabilities as a problem in this country is in its infancy stage. Owing to this factor, the habit of exercising assessment and diagnosis in children with a diverse developmental disabilities is yet acculturated to our context even among the professionals of this area and other concerned bodies perhaps medical doctors. Therefore, it is not striking if the present school has no rigid rules to follow for assessment and diagnosis in the school for the screening purpose.

For the question “Would you tell us how teachers teaching and caring for children with developmental disabilities recruited in your school?”

The Case stated that:

“Though we give priority for professionalism especially for special need education and psychology graduates, interest is better than areas of specialization. For example, simply being graduates of special needs education and psychology won't bestow you with the patience and gut to help children with developmental disabilities. Therefore, interest is very important for helping and caring for children with developmental disorders. For example, to share you what I have experienced in my life, one of a friend of mine was graduated in psychology with me and we got an opportunity to work with children with developmental disorders in one institution. It is obvious that working with children with DD requires to provide all services including toilet training, bathing the child, in some cases washing their underclothes (lingerie) as they may extricate in their clothes and the, etc., the friend of mine who graduated in psychology was not able to stay in the institution and quit the job shortly. Indeed, doing these need great patient and commitment. Thus, graduating in special needs education or psychology is not a guarantee for the success of teachers teaching and caring for children with developmental disabilities rather interest and willingness to shoulder all the mentioned challenges are very important for helping children with developmental disabilities. Therefore, only professionals (psychology and special need education)

graduates who have a gut and commitment to help children with developmental disabilities are employed to serve in our school.”

From the informant's response, it is possible to deduce that professionalism plus willingness to support children with developmental disabilities is the best criteria for teaching and caring for children with developmental disabilities. Indeed, unless a person has a gut and commitment to help children with such disorders, only graduating from a psychology or special needs education program or other related professions won't bestow individuals with the courage and commitment to help such children.

Knowledge of developmental disabilities

As indicated in the review literature, developmental disabilities are not caused by a curse, God's presence, evil spirits, or other societal hearsay; rather, almost all developmental disorders are caused by genetic, environmental, and epigenetic factors (APA, 2013). In other words, the teachers in our case are expected to have a comprehensive understanding of developmental disability and its causes to provide effective care and services for the children who are in need. When it comes to the respondents of this study, the three informants were found to know that, against the widely held wrong perception that developmental disability is caused by a curse, God's presence, evil spirits, and other factors, the three informants responded that developmental disabilities are not instigated by a curse, God's presence and the like; rather biological and genetic factors cause the disorders. This was confirmed after the cases were asked the question, “What is your understanding about developmental disabilities?”

In this regard the responses of the respondents are presented as follows: For example, Case 1 stated that:

“As you know, our society perceived this disorder as caused by a curse, possession by evil spirits, and the like. But the reality is different from that, and developmental

disabilities are not caused by a curse, evil spirits, etc. rather something that happens to any humankind. So, it is more of biological factors rather than the wrong widely held view of our society where most of our society attributes these developmental disorders to different factors, including a curse, possessed by evil spirits, to mention a few."

The remaining two cases also supported this view. Indeed, in the Ethiopian traditional society, a developmental disability is perceived as negative; however, with the expansion of modern education and the influences made by Ethiopian scholars and other celebrities, the societal wrong perception of developmental disabilities is being challenged. In tune with the Case 1 view, the remaining two cases presented their notion as follows:

Case 2 stated that:

"As you know, our society associates children's developmental disorders with a curse, God's presence, possessed by evil spirits and the like. As part of the community, before I get to understand the possible causes of the developmental disorders through education and the training I got in this area, I had been associating such disabilities with a curse and the like. Once I get learned, I came to notice that developmental disabilities are not caused by a curse or the work of evil spirits rather it caused by biological and genetic factors."

Case 3 further reinforces case 2's notion that:

"As you know developmental disabilities include different kind of disorders. The society also gives different names to the disorder and associates such disabilities with evil spirits, curses, and the like. However, in reality, these disabilities are caused by biological factors than what the society associated with it."

From the three informants' responses, it is possible to deduce that, against the wrong widely held idea that developmental disabilities are associated with an evil spirit, God's presence, and a curse and what's more, the teachers teaching and caring for the children with developmental disabilities at the present school have a reasonable understanding about the possible causes of developmental

disabilities, where they stated that developmental disabilities are caused by genetic, environmental, and epigenetic factors (Parette and Peterson-Karlan, 2008). Having a better piece of knowledge about the possible causes of this disorder is very essential; because, had the teachers of the school had wrong perceptions about the root causes of this disorder, it could have difficult to make a change in children with developmental disabilities in the school. Hence, it is possible to conclude that the teachers have a better understanding of the possible causes of developmental disabilities in children, which is truly essential for facilitating intervention and providing support for the children who are in need.

The cases were also asked whether it is possible to improve the situation of children with developmental disabilities or not? For the question, all cases were unanimously reflected their thought that though it is very difficult to reverse the situation, it is possible to improve the condition of children with developmental disabilities.

For example, Case 1 stated that,

"Yes, it is possible to bring about a change in children with developmental disabilities. For example, in this school, there is one child who was admitted to our school at the age of six. When he joined our school, he was not able to produce a single word, but with the efforts made by our teachers and caretakers, the child started to construct words and speak after two years when he became eight years old. This indicates how it is possible to bring about a change in children with severe developmental disabilities. So, even if the problems of developmental disorders are not reversible, it is possible to improve the situation."

Case 2 and 3 further reinforced what case 1 stated in above.

Case 2 stated that:

"Yes, it is possible. Though it is tiresome to work with such kinds of children and need to wait for months and sometimes years, it is possible to bring about a change in such children. For example, there was one child

which was admitted to our school, he had a speech impairment and couldn't not utter a word in addition to this he had a problem performing basic life skills like toilet training and feeding himself independently, etc. However, after he had spent eight months with me, he begins to construct words and other developmental changes witnessed on him."

Case 3 added that:

"Though it takes time, it is possible to bring about a change in such children. For example, while I'm serving in this school, many children had shown improvement and allowed to attend inclusive classes. Therefore, I dare to say that it is possible to bring about a change in such children even if it is tiresome."

From the three Cases' response, through a hard work and serious follow-up and effort there is a possibility to bring a change with children with developmental disabilities. Indeed, in reality, though it is demanding, it is possible to bring about a change in children with developmental disabilities. It is an encouraging finding that the cases were found to have a healthy outlook about children with developmental disabilities. This outlook would have helped them so far and would help them in the future for their endeavor to help children with the disorder. Having such a positive outlook is very essential because, unless the teachers are confident enough to bring a change in children with such disorders, it is dire to bring a desirable change in children who are in need. In support of the present notion, Christie (2013) stated that though it is difficult to reverse the condition of children with developmental disabilities, it is still possible to bring about a desirable change in children with the same disorders. As to Christie, intervention is more effective if it involves families of children with developmental disabilities.

Attitude towards Teaching and Caring for Children with Developmental Disabilities

In the beginning, the widely held wrong perception in the Ethiopian traditional society about children with developmental disabilities clearly placed its influence on the teachers teaching in the present school. However,

through time, all teachers who participated in the present study began to love teaching and caring for children with developmental disabilities. In contrast to their response, all cases wish to leave the job for another in the future. Their attitude was learned when the question "What do you feel about teaching and caring for children with developmental disabilities?" Case 1 responded that:

"Truly speaking, my priority in this school is serving children with different developmental disabilities, and making money is my second priority. I help a child with developmental disabilities with passion and if you ask me which children I prefer to work with among children with developmental disabilities and the so-called normal children, my choice is clear and I prefer to work with children with developmental disabilities over the normal children. I love this work with passion. But the saddest thing is that, I don't want to continue with this work; because, in the near future, I want to move on with my life. For the question what do you mean by that? The case stated that though I want to contribute more to this school, it is difficult to lead my life while working with these children because what I experience at school with such children always remained with me and I found it difficult to continue in such a manner. Working with these children affected my daily life in a sense that sometimes when you are dealing with these children you may be forced to raise or lower your voice/pitch in the process of help depending on the child's case. I, unknowingly use high pitch/voice when speaking to my friends which they try to tell me to lower my voice incessantly. Therefore, shortly, I will leave this school and possibly change my work only to go on with my life peacefully."

Equally terrifying is the fact that though the case has joined the job with passion and purpose, he no longer wishes to continue in the job urging that the situation of children he teaches and cares for interferes with his personal life. From the case's description, it is possible to learn that, though he loves to help children with developmental disorders, the challenges associated with helping children of such problems push him to quit this job and prefer to look for another job.

Case 2 and 3 further reinforce case 1's notion that;

Case 2 stated that:

"To be honest with you, upon I joined and began working with children having developmental disabilities I got confused and got frustrated. The reality is that, as you know, there is a wrong perception in the society; and besides, it is also dire to teach and care for such children and demands serious patience to help such like children. Nonetheless, bit by bit, I get to adjust myself to the situation and love to help such children. Especially, when I began to notice some changes in the child, I began to love my work. The case added that" if I get another job, I leave for the new. The reason is that teaching and caring for children with developmental disabilities is so tiresome."

The thought of Case 2 also supported by Case 3 which the Case stated that:

"Honestly speaking, in the beginning, it was very tough for me to make myself ready for the service. I get confused because what I learned in college theoretically and what I have experienced in real practice is so different. The task was new, I was new, and things were complicated in the beginning. However, bit by bit, I was able to make myself ready for the job and currently I'm happy with my work. But because the job is so demanding, if I get another job I would leave the present job for another"

As it is easy to discern from the response made by the three cases, except case 1 where he joined the job with passion from his recruitment to the school, the other cases (Case 2 and 3) didn't have a positive attitude towards the work at the onset of their assignment to work with children having developmental disorders. However, through their stay in the work, they have developed an appetite to help children with different developmental disabilities. However, the bad news is that in all cases, the Informants are wished to leave the job for another, not because they hate the job rather the challenges associated with the job including stress, interfere in one's life, forced to wait months, and in some cases years even to see a single change in children with

developmental disabilities, not to mention societal wrong perception towards the work.

Approaches employed by the teachers to help children with developmental disabilities

Informants have employed different approaches in their teaching and caring for children with developmental disabilities. In all cases, planning is compulsory. Each teacher needs to have a plan ahead, especially what types of behavioral changes the child is expected to exhibit within the given time. Most of the time the changing emphasis on adaptive functioning as children with severe and profound developmental disabilities are dire to execute basic daily functions. Teachers use different approaches to teaching and caring, including modeling, imitation, reinforcement, using pictures, role playing, repeating the action the teachers want the child to learn tirelessly. This was learned by asking the question, "Would you tell us your style of teaching and caring for children with developmental disabilities?"

Case 1 reported that:

"I always make a plan before the intervention. After looking into the situation of the child with a developmental disability, I usually plan what to do with the child and what type of behavioral changes should be exhibited by the child first, and what should be followed in such a way that behavioral changes in the child examined. I use different methods while teaching and caring for children with developmental disabilities including role-playing, classical conditioning, picture, and imitation. This is why one to one approach is very effective in teaching and caring for children with developmental disabilities."

Both informants 2 and 3 see eye to eye with what case 1 reported.

For example, case 3 stated that:

"Before any intervention, having a plan is compulsory in this school and the coordinator also checks whether we have a plan for what we are going to do. Importantly, without planning, it is very difficult to bring about a change in children with such disabilities and sometimes you feel confused if you don't have a

plan for what you are going to do. In our case, since the child comes to us with different challenges, we need to identify and prioritize on which behavior we have to work. Most of the time, I use pictures, imitation, modeling, role-playing, and the like to teach the assigned child."

From the informants' responses, it is possible to infer that they have been employing different approaches in teaching and caring for children with different developmental disabilities including, imitation, modeling, role-playing, to mention a few. In support of these findings, Davis and Rehfeldt (2007) stated that for intervention with children who acquire intellectual and developmental disorders, modeling, reinforcement, imitation, using gestures, verbal instruction and physical prompts are suggested. In line with the present findings, Browder *et al.* (2014) suggested different strategies to teach and care for children with severe and profound developmental disabilities including prompting, simultaneous prompting, least intrusive prompts which is another prompting alternative with a strong evidence base is the system of least intrusive prompts an instructional strategy that delivers prompts only as needed to teach discrete or chained tasks. In a system of least prompts, the instructor may begin with a verbal direction, followed by a model and then physical guidance, only providing as many of these prompts as the student needs to produce the response. Most-to-least intrusive prompts are also another strategy where sometimes the safety or motoric demands of a task suggest the need to begin with a more intrusive prompt such as physical guidance. A strong body of evidence supports the use of most-to-least prompting to teach vocational and daily living skills, such as cooking and sewing (Aykut, 2012). Instructors initially used physical guidance in training and then faded physical prompts over time. Another strategy is reinforcement. Whatever prompting is used, instructional planning must also include plans for reinforcing correct responses. Besides, teachers must decide on a schedule of reinforcement for teaching a skill. Initially, teachers should reinforce every correct response with descriptive praise, like, "Good

job saying m!" (Cooper *et al.*, 2007). Eventually, all forms of reinforcement should be faded so the student can consistently perform the skill without attention from the teacher.

Lived experiences for caring and teaching children with developmental disabilities

Though participants feel proud of helping children with developmental disabilities, most of the time they associate many challenges including parental give up and parental high expectation simply because they pay salary for teachers, personal stress while teaching and caring for such children, the elongated time frame to see a single change on children with developmental disabilities are part of the challenges. This was obtained by asking the question "What are your lived experiences for caring and teaching these children with developmental disabilities?"

For the question, Case 1 reported that:

"I associate helping children with a developmental disability with spirituality. While I'm serving these children and see changes, it gives me serenity. I feel as if I'm saving lives and proud of myself for doing that. Though helping somebody who is in need gives me satisfaction. There are many challenges while teaching/caring for children with diverse developmental disabilities. To mention few; societal negative attitude, parental losing hope since it takes longer duration to see changes in their children. It is obvious that, as a human being we would like to see the fruits of our efforts immediately, but when it takes elongated time, it frustrates you and sometimes pushes you to experience stress. Moreover, providing support to such kind of children also interferes with your personal lives. Because, if you are working with such kind of children, you can't avoid thinking about them which inadvertently or deliberately interferes in once life."

Case 3 has also reported a similar lived experience as follows:

"Indeed, helping someone in need gives you satisfaction, especially when you see progress in that child, it motivates you to work more."

However, besides the challenges of teaching and caring for such kind of children, societal attitude towards children with such disorder is most challenging. For example, the society label them and say different things about them, as a result a person who is working with them would be affected. In addition, you will be forced to wait for months and years to see changes in those children which leaves you with stress and frustration. The other problem we are facing in this school is even though we shouldered a huge burden we are not treated equally with other teachers who are teaching the so-called normal children, and they belittle us."

Case 2 on her parts stated that:

"I have learned a lot from caring and teaching children with developmental disabilities. Though it is challenging to teach and care for such children, I get spiritual satisfaction from the service I provide. Sometimes, what makes this job very frustrating is that, there is no continuity of support from home, when they go and mix with the family, they will forget what they learned and I will be forced to repeat the same thing again and again."

As it is easy to understand from the respondents' description of their lived experience with children having developmental disabilities, many challenges are associated with this work, including extreme parental expectation, loss of hope on the part of children's parents, lack of a professional link between school and home, personal stress, societal negative attitudes towards the work, interference in one's life, disparaged by other teachers teaching the so-called normal children, and waiting for a long time to see a change on children are some of them. In support of the present findings, limited access to specialized training, inadequate instructional materials, and large class sizes weaken teachers' capacity to support diverse learners (Burningham *et al.*, 2024).

Coping strategies

Teachers of the present study have employed different strategies to deal with the challenges they face while teaching and caring for children

with developmental disabilities, including associating the support they provide for such children with spirituality, using the power of prayer, receiving the support of their families, giving a deaf ear to the societal wrong perception about children with developmental disabilities, to mention a few. This answer was obtained by asking the question, "What types of technique you have been employed to cope with the challenges you face while teaching and caring for children with developmental disabilities?"

Case 1 reported that:

"I associate serving children with such disorder with spirituality and helping such kind of children gives me serenity. But I have a plan to leave this job and want to move on with my life. I also believe in the power of prayer."

To further reinforce Case 1's notion, case 2 reported that:

"To get relief from the stress I acquire while caring for and teaching children with a developmental disability, I pray to God and get serenity."

In support of both Cases, case 3 stated that:

"For the societal hearsay, I always chose to lend them a deaf ear and move on working my business and the good news is that my parents are supportive, and they encourage me to stick to my work. And I also believe in the power of prayer to cope up with the challenges."

In all cases, the informants were related to helping children with a developmental disability with spirituality. Many Ethiopians give much value to spirituality. As being religious encourages benevolence, though teaching and caring for children with a developmental disability is perplexing, participants prefer to link their work with children having a developmental disability with spirituality, which is appreciated in all religions in Ethiopia be it, Christian or Islam.

Conclusion

Contrary to the widespread misconceptions in society about children with developmental

disabilities, the teacher participants demonstrated a sound understanding of the nature and possible causes of developmental disabilities. All informants unanimously expressed confidence that, although it may be difficult to fully reverse such conditions, meaningful improvements and positive changes in the children's development are indeed possible. From the first day of joining the present school, except one informant who has joined the school with a passion to help children with developmental disabilities, the rest informants had not welcomed the job with passion during their first experience of the school. However, through time, they have developed an appetite to help children with such disorders with passion. Teachers at the school have employed different approaches to teach and care for children with developmental disabilities including modeling, imitation, role-playing, and the like. While teaching and caring for children with different developmental disabilities, informants of the study have experienced different challenges including excessive parental expectation, lack of parental engagement, lack of a professional link between school and home, personal stress, societal negative attitude towards the work, interference in one's life, disparaged by other teachers teaching the so-called normal children, waiting for a long time to see a single change in children, to mention a few. Informants have been employed different coping strategies including associating their work with spirituality which is also favored by almighty God and appreciated by their respective religious teaching. Informants also use the power of prayer, ignoring the societal hearsay about developmental disabilities. Citing the challenges associated with teaching and caring for children with developmental disabilities, unfortunately, all informants are planning to leave the job for another. Indeed, caring for and teaching children with developmental disabilities is very demanding, and it is not striking if informants develop an appetite to leave the job for another; therefore, great homework is waiting for the school, especially on how to retain the teachers on this job maybe through budgeting an attractive salary for the teachers and introducing different entertainment activities to retain the teachers in

the school to minimize the number of teacher turnover.

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