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Exploring the Lived Experiences of Prisoners with Disabilities in Amhara Regional State, Bahir Dar City Administration Correction House

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BAHIR DAR UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES
DEPARTMENT OF SPECIAL NEEDS AND INCLUSIVE
EDUCATION

EXPLORING THE LIVED EXPERIENCES OF PRISONERS
WITH DISABILITIES IN AMHARA REGIONAL STATE,
BAHIR DAR CITY ADMINISTRATION
CORRECTION HOUSE

BY
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JUNE, 2021
BAHIR DAR

BAHIR DAR UNIVERSITY
College of Education and Behavioral Sciences
Department of Special Needs and Inclusive Education

**Exploring the Lived Experiences of Prisoners with Disabilities in
Amhara Regional State, Bahir Dar City Administration Correction House**

By
Tadele Yismaw Tebabal

**A Thesis Submitted to College of Education and Behavioral Sciences, Bahir
Dar University, In Partial Fulfillment of the Requirement for the Degree of
Master of Arts in Special Needs and Inclusive Education**

Advisor: Dr Zelalem Temesgen (Associate Professor)

June, 2021

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Bahir Dar

Declaration

This is to certify that the thesis entitled “*Exploring the lived Experiences of Prisoners with disabilities in Amhara Regional State, Bahir Dar City Administration Prison*” submitted in partial fulfillment of the requirement for degree of Masters of Arts in Special needs and Inclusive Education of Departments of Special Needs and Inclusive Education, Bahir Dar University, is a record of original work carried out by me and has never been submitted to this or any other institution to get any other degree or certificates. The assistance and help I received during the course of this investigation have been duly acknowledged.

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Approval of Thesis for Defense

I hereby certify that I have supervised, read, and evaluated this thesis titled “*Exploring the Lived Experiences of Prisoners with Disabilities in Amhara Regional State, Bahir Dar City Administration Prison*” by Tadele Yismaw Tebabal prepared under my guidance. I recommend the thesis be submitted for oral defense.

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Approval of thesis for defense result

As members of the board of examiners; we examined this thesis entitled “*Exploring the Lived Experiences of Prisoners with Disabilities in Amhara Regional State, Bahir Dar City Administration Prison*” by Tadele Yismaw. We hereby certify that the thesis is accepted for fulfilling the requirements for the award of the degree of “Master of Art in Special Needs and Inclusive Education”.

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Date

DEDICATION

The paper is dedicated to my brother Gashanaw Amogne, my mother Manalebish Yismaw and to my grandmother Abezashi Amare.

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ABBREVIATIONS AND ACRONYMS

ADA	American Disability Act
ADL	Activities of Daily Living
AVID	Amplifying Voices of Inmates with Disabilities Prison Project
BCAP	Bahir Dar City Administration Prison
CRPD	Conventions on the Rights of Persons with Disabilities
EHRC	Ethiopian Human Right Commission
FDRE	Federal Democratic Republic of Ethiopia
ICF	International Classification of Functioning
IPA	Interpretative Phenomenological Analysis
PS	Prison Staff
PWD	Prisoners with Disabilities
TVET	Technical Vocational Education Training
UDHR	Universal Declaration of Human Rights
UNSMRs	United Nations Standard Minimum Rules for the Treatments of Prisoners
WHO	World Health Organization

ABSTRACT

The main purpose of the study was to explore the lived experiences of prisoners with disabilities in Amhara regional state, Bahir Dar city administration correction house. To do so, a qualitative hermeneutic phenomenological research design was utilized to guide this study. The data was collected from prisoners with disabilities and coordinators, health facilitators, justice expert, doctors and nurses, teachers, trainers, counselors and waiters through semi structured interview. Additionally, focus group discussion with prisoners and observation in correction house compound was employed. The twelve prisoners and nine prison staffs were selected by criterion purposive sampling technique. The collected data were analyzed by using Interpretative Phenomenological Analysis and following the analysis procedures including organizing, reading the transcribed data, coding, developing themes, representing and reporting themes, and finally interpreting meanings of findings. The findings of this study reveal that even if Bahir Dar City Administration correction house provide services and has rules and regulations on the treatments of prisoners, but it is not consider prisoners with disabilities. There are limited appropriate and adapted services in correction house because the most programs, services and all over prison system planned for prisoners without disabilities. As a result, they face many challenges in health, education and training, communication, social interaction, physical environment and they have a miserly life experiences. Further, they have poor self-advocating and coping mechanism experience and they have no awareness about their rights in prison. The study implicates that the prison does not give attention for prisoners with disabilities and it tends to more serious problems for these prisoners and for other community members both in prison and out of the prison. Therefore, the government needs to made amendments in the provision of accessible services and evaluation programs on correctional institutions that consider prisoners with disabilities.

Key words: Disability, imprisonment, lived experience

CHAPTER ONE

1. INTRODUCTION

In this chapter, background of the study, statement of the problem, research questions, the aims of the study, significance of the study, definitions of terms and theoretical frameworks were presented.

1.1. Background of the Study

There are an estimated over one billion people live with some form of disability in the world, corresponding to about 15 percent of the world population (WHO, 2020). Among them, 80 percent of people with disabilities live in low and middle-income countries. People with disabilities include those who have long-term physical, mental, intellectual, and sensory impairments which in the interaction of various barriers that may hinder their participation in the societies on an equal basis with others (UN, 2008; WHO, 2011).

The increasing numbers of people with mental health disorders and cognitive disabilities are becoming caught in a cycle of social exclusion and criminalization, resulting in their incarceration and re-incarceration in the criminal justice system (Belcher 1988; Aderibigbe 1996; Harrington 1999; Reed and Lyne, 2000). Due to the result of increasing level of the incarceration rate and criminality, the number of offenders with developmental disabilities has been growing rapidly from the past to the present (Lindsay. R, Taylor. L & Sturmey, 2004). Hence, there are more than 10.74 million people are held in penal institutions throughout the world, either as pre-trial detainees' prisoners or having been convicted and sentenced (world prison brief, 2018).

In many cases, people with disabilities are not accessing appropriate legal services and support due to organizational barriers and the limited understanding of disability issues and individual needs by some in the justice sector (Kidus & Bereket, 2016). Particularly, People with an intellectual disability are more likely than their non-disabled counterparts to be charged with more serious offenses. Further, Perske (1991) noted that they often lack understanding of rights, court proceedings, or punishment. Therefore, they may confess to crimes they did not commit and have even received sentences of capital punishment.

Though imprisonment may deter or rehabilitate those who are punished from committing crimes and others from committing repeated future crimes (Travis, Western, & Redburn, 2014), prisoners with disabilities need adapted services in prison even they are denied these accesses to participate in common activities and individual services (Haualand, 2011). In addition, these adapted services are basic needs such as accessible restrooms and canes for people with visual or mobility impairments, access to hearing aids for people with hearing loss, American sign language interpreter services for Deaf prisoners, or even the basic human dignity of a person first language and proper bedding for a person who has epilepsy or experiences of seizures needs to have so they do not end up on the top bunk where they are at risk of getting injured (Disability and Criminal Justice Reform, 2016). Also, Blanck (2016) noted that though Prisoners with disabilities are entitled to participate in all social activities as like as non-disabled inmates, they tend to be overlooked and that are relatively minor in society at large can constitute serious impediments to well-being in prison. Thus, these living in correctional facilities entail activities of daily living (ADLs) that pose particular challenges to people with physical or developmental disabilities.

Similarly, a survey conducted with disability liaison officers (2008) in England shows that Prisoners with disabilities reported poor experiences than those without disabilities in almost all areas, except for healthcare. As a result, more felt unsafe, and they had less access to activities. Furthermore, the survey report indicates that while disability in particular problems of mobility, sight, and hearing, is more prevalent among older prisoners, it is of concern that young prisoners with disabilities were much more likely than other young prisoners to report that force had been used against them. Whatever either it is differs from one prisoner to other prisoners, all prisoners with disabilities live in boring life.

In Africa, persons with disabilities like any other member of societies find themselves in trouble with the law and prison (Dogbe et al., 2016). Additionally, Dogbe and his colleges noted that the management of such prisoners in terms of provision of social amenities, access to family relations, access to recreational activities, and many other opportunities has received little attention in Ghana. Such individuals are therefore vulnerable to deficiencies in services such as health care, rehabilitation, social support, and assistance; a situation which is contrary to the provisions of the Declaration on the Rights of the persons with disabilities.

Further, Schlanger (2017) stated that the right of prisoners with disabilities is protected by both in the Rehabilitation Act and the Americans with Disabilities Act (ADA). Hence, they taken together, the requirements are robust: prison and jail officials must avoid discrimination; individually accommodate disability; maximize integration of prisoners with disabilities concerning on programs, service, and activities; and provide reasonable treatment for serious medical and mental-health conditions.

In Ethiopia there are legal policy frameworks and government of the country has taken several legislative and policy steps that indicate commitment to advancing the rights of persons with disabilities. In terms of international instruments these steps include: Signing and ratifying in (2010) the United Nations Convention on the Rights of Persons with Disabilities (CRPD); Signing and ratifying other treaties that advance the rights of people, including those with disabilities the Convention on the Elimination of All Forms of Discrimination against Women, the Universal Declaration of Human Rights (United Nations 1948), the International Covenant on Civil and Political Rights (1966), and the revised Standard Minimum Rules for the Treatment of Prisoners (2015) all of which make some reference to protecting the rights of persons with disabilities to provide fair treatment, appropriate care, inclusion and full participation in society in all areas.

However, the above listed and other rules and regulations ratified in the country, related researches findings indicate that correctional institution has less attention to provide accessible services for prisoners including those people with disabilities in prison and they live in a misery life. For instance, Fikirte, Fentie & Hordofa (2019) noted that both prisoners who have children and are long sentenced are more likely depressed and isolated themselves. Hence, the provision of counseling and other educational and health-related services may increase inmates' psychological well-being, social interaction, and behavioral changes in prison. Similarly, other studies by Asres, Gemechu, and Tebikew (2018) show that there is a high prevalence of depression levels on prisoners in Hawasa prison, Ethiopia. The possible reasons might be due to the stressful environment of the prison, isolation from family, lack of freedom of movement in prison compared to outside to prison population. Further, Genet (2017) noted that prison education is not effectively practiced in Bahir Dar City Administration Prison because of teachers' use poor teaching strategies and some prisoners' less motivation to learn.

Though the previous researches are not related to disability issue in prison, they implicate to conduct other researches about prisoners with disabilities. Accordingly, the current study was conducted on the lived experiences of prisoners with disabilities in Amhara Regional state Bahir Dar City Administration Prison, Ethiopia.

1.2 Statement of the Problem

Imprisonment by itself is very challenging even other problematic conditions are accessioned. All prisoners are potentially vulnerable people hence, these individual needs health care and requiring proper assessment and management in prison (Travis, Western & Redburn, 2014). To change and rehabilitate prisoners' health, education, attitude, and other undesired behavior that may push them to do the previous or other additional crimes, the prison needs to provide necessary services and programs in the appropriate way to meet prisoners' unique needs. In doing so, the prison must have trained staffs that have skills, awareness, and knowledge regarding prisoners with disabilities, and similarly, the correctional institution must provide accessible and adapted services however it is not true in practice (Haualand, 2011). As a result, prisoners with disabilities are discriminated from rehabilitation programs and services such as health, education and training, communication, counseling, and others (Blanck, 2016). This may expose prisoners with disabilities to have poor health conditions, no changes in behavior, lack of self-awareness, develop self-harm feelings, and isolating themselves from the total prison population.

On the other hand, prisoners with disabilities need to overcome encounter life challenges in prison by developing self-advocating and self-help skills; As a result, these are often forced to rely on individual coping mechanisms and self-directed alternative "accommodations." For instance, prisoners with disabilities frequently resort to paying other prisoners to receive basic accommodations like paying an inmate to push an inmate's wheelchair or for attempting to sign for prisoners with hearing impairment (Blanck, 2016).

In somewhere, prison may have accessible and well-organized treatment services for prisoners with disabilities, and also these prisoners may advocate for themselves to alleviate life challenges in prison. But, it may not be goodly practice in all prison institutions. Therefore, it is important to explore the lived experiences of prisoners with disabilities.

The main reason for conducting this study is that, there are many researchers about prisoners with disabilities in the different area, however; these researchers have conducted their study by focusing on the prevalence of disability in prison, which disability type is more occur in prison and specifically treatment levels for prisoners with disabilities.

For instance, Dogbe et al. (2016) conducted a descriptive cross-sectional survey to assess the life of prisoners with disabilities in Ghana. But, the research aimed to identify in which Ghana prisons lives the high number of prisoners with disabilities. The finding indicates that (30.3 %) were from the Kumasi Central Prisons, (57 %) from the Nsawam Medium Security, and (12.8 %) from the Sunyani Central Prisons. Also, the study results show prisoners with physical disability highly imprisoned than other types of disabilities. Also, Blanck (2016) conducted on disability in prison. His research finding shows that prisoners with disabilities are facing many risks due to the lack of appropriate services in prison. Further, Schlanger's (2017) research finding indicates that however many numbers of prisoners with disabilities are available in American prisons, there are no effective health services for these prisoners. As a result, the health condition of these prisoners goes on more serious illness.

In Ethiopia, Kidus & Bereket (2016) studied on Access to the Criminal Justice System on Persons with Disability in Wolaita Zone, but the study not concern about prisoners with disabilities however findings indicates that significant obstacles were observed for persons with disabilities in access to information and physical accessibility out of prison. Additionally, Genet (2017) conducted an assessing the practices of prison education in selected prisons of Amhara National Regional State. Her research finding indicates that there is no well-organized and attractive education in prison and inmates have not been actively involved in the teaching-learning process due to the case of teachers were used a teacher-centered approach. Similarly, another cross-sectional study was conducted on Depression and associated factors among prisoners in Bahir Dar Prison (Fikirte, Fentie & Hordofa, 2019). The study results indicate that Prisoners who have children are dissatisfied with their general health and those who were sentenced to more than a year had depression more than their counterparts. Uniquely, the current study focuses on exploring the lived experiences of prisoners with disabilities that contain the accessible services and treatments in prison, challenges, and challenges enduring experiences of prisoners with disabilities.

Furthermore, the other inspiring issue to conduct this research is that however persons with disabilities are entitled to get reasonably adapted services in all spheres of life; they are discriminated and have low social participation that I have observed in my life experience. Thus, they face many challenges even they are not imprisoned. It is very simple to guess this and other similar or serious challenges facing prisoners with disabilities.

In addition to this, I have one month of training experience at the prison when I was a community facilitator worker at DOT Ethiopia which is a Canadian based international non-governmental organization and I was delegated to give training in life skill, business skill, and basic computer skill for prisoners at Bahir Dar City Administration prison. Then, however many trainees were registered to take training but, no one prisoner with disabilities has participated. Even 60 and above trainees were attending the training, most of them are used as a refreshment or a joke and they also disturb training classrooms and use inappropriate terms to communicate and call their friends. In addition, I have observed poor respect and supports from each other. Generally, they show hopeless feelings and actions. The prison environment was not accessible because it has undulation physical structure of the roads to travel in prison compounds. Such kinds of situations may affect the lives of prisoners with disabilities. This and above imaginations were a bracing bell to conduct this study on the lived experience of prisoners with disabilities in Amhara regional state Bahir Dar City Administration prison, Ethiopia in order to alleviate challenges and to be a voice for voice-less prisoners with disabilities.

Based on the above mentioned problems, this study tried to answer the following research questions:

1. How does correction house provides accessible services for prisoners with disabilities?
 - 1.1. How does correction house provides health services for prisoners with disabilities?
 - 1.2. How does correction house provides education and training services for prisoners with disabilities?
 - 1.3. How does correction house provides work and employment opportunities for prisoners with disabilities?
 - 1.4. How do correction house staff and prisoners with hearing and severely mental ill prisoners communicate and share information in prison?

- 1.5. How does correction house builds social interaction development and provision of counseling services for prisoners with disabilities?
2. What challenges do prisoners with disabilities face?
3. What challenge overcoming experiences do prisoners with disabilities have?

1.3. Aims of the Study

1.3.1. General aim

The aim of this research is to explore the lived experiences of prisoners with disabilities in Amhara regional state, Bahir Dar City Administration Prison.

1.3.2. Objectives

1. To identify service accessibilities for prisoners with disabilities.
2. To identify challenges among prisoners with disabilities.
3. To investigate challenge overcoming experiences of prisoners with disabilities?

1.4. Significances of the study

Studying the lived experiences of prisoners with disabilities has many contributions for prisoners with disabilities, prison staff and communities at all. To say this, the study finding gives directions regarding services for prisoners with disabilities. Hence, it reduces loads of prisoners' management and coordination in how and by home to be provided accessible services for prisoners with disabilities. In addition to this, it crates awareness for any stakeholders from prison about disability. Specifically it will minimize challenges and crate comfort life situations for prisoners with disabilities by improving service accessibilities and removing social and physical barriers among prisoners with disabilities. Also, it helps develop their self-confidence and self-value for that voice loss prisoners with disabilities. At community level, as they are a member of community they give chances to participate any social activities and they gate opportunities to support communities and supported by their community members. Generally, the study will develop social inclusion and minimizes discrimination in many aspects of life among prisoners with disabilities.

1.5. Scope of the Study

Though the issue of prisoners with disabilities needs to explore in several prison institutions and it has broad concepts but, due to the reason of prohibited permission to conduct this study in some prison areas that considers the current political situation of the country the study was conducted in Amhara regional state Bahir Dar City Administration prison. Conceptually, it was delimited on the lived experiences of prisoners with disabilities. Hence, the study tried to explore service accessibility for prisoners with disabilities in health and safety related services, justice and communication, education and training, Counseling and social interaction development and aver all managements systems regarding people with disabilities in prison; life challenges and challenge overcoming experiences of prisoners with disabilities were addressed.

1.6. Definitions of Terms

Challenge: The problem that face on prisoners with disabilities due to the case of either having disability or living with new environmental situation with restricted provision of necessary services.

Disability: Unable to do or perform any activities relatively considered similar age mates and peers do to the case of impairment.

Lived Experiences: The life situations of prisoners with disabilities that gains due to the case of imprisonment.

Prison: It is a penal institution to give proper correction based on the court's decision for someone who makes a crime.

Prisoners with disability: a person who has any form of disability and incarcerated by making crime and live at prison house until he or she has completed his or her time of imprisonment.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Introduction

Under this part of the chapter, the researcher reviewed related literatures which have direct relevance for this particular study. Accordingly, this chapter contains the concept of prison, the aims of imprisonment, the prison system in Ethiopia, the concept of prisoners with disabilities, the rights, and treatments of prisoners with disabilities, legal frameworks under the protection of prisoners with disabilities, challenges of prisoners with disabilities, a coping mechanism of prisoners with disabilities, self-advocating experiences of prisoners with disabilities were presented.

2.2. Concepts of Prison and Disability

Prison is an institution for the control of people who have been remanded in care by a legal specialist or who have been denied their freedom taking after conviction for wrongdoing or in a process of their accusation (Colen, 2009). It is harmful to the physical and mental wellbeing of prisoners that they are isolated from the community, prisons may be in a poor physical state, they offer inadequate activities, and inadequate access to health care needs (Dullum, 2014). In prison, persons with or without disability may confine by law as they are suspected in crime until they get free or imprisoned conviction by courts. People with developmental disabilities encounter these systems; they tend to have worse experiences and outcomes than the general population (Dubé, 2016). Disability in prison is hard as it is the outcome of complex interactions between health conditions and features of an individual's physical, social, and attitudinal environment that hinder their full and effective participation in society (ICF, 2001; CRPD, 2006). Also, Dullum (2014) noted that particularly people with disabilities are vulnerable in prison due to inadequate facilities and a lack of care available to address their special needs and their health may even deteriorate by imprisonment.

Further, Atabay (2009) states that People with disabilities face many difficulties in prison due to the nature of the closed and restricted environment and violence resulting from overcrowding, lack of proper prisoner differentiation, and supervision among others. However,

they are entitled to get reasonable accommodations as well as equal access to programs, services, and activities under the ADA and Section 504 of the Rehabilitation Act, at the Center of American Progress, Vallas (2016) reported that many prisoners with disabilities in American prison and Jails are held inappropriately in solitary confinement due to a lack of appropriate accommodations and needed intervention services.

Also, In England and Wales's prison, not only prisoners with disabilities are more challenging but also these prisons are a factor for the high prevalence rate of disability than people without prison (Cunniffe, Van de Kerckhove, Williams, & Hopkins, 2012). This implies that inappropriate accommodated services and treatments in prison is a factor to high prevalence rate of disability both in prison and it also continues after they release from imprisonment.

2.2.1. Prison in Ethiopia

The history of imprisonment in Ethiopia was started during '*Zemene Mesafint*' to imprison those who have illegal power of themes or individuals in different areas of the country (Worku, Geberemariam & Belete, 2014). However, Ethiopian prison history could be traced back to the 17th century Gulilat and Tadesse Cited in Genet (2017).

According to Genet (2017), prison location was purposely located in the remote and inaccessible area usually in mountain cliffs, one of which was called "*wehini Amba*". Thus inaccessible prison environment results in prisoner's challenge and depression and it creates comfort for prison officers to made ill-treatment and punishment among those prisoners (Gulilat, 2012; Tadesse, 2011; Worku et al., 2014). Tadesse (2011) reported that though there were places that were used as prisons long ago in Ethiopia, the conditions of the places and the methods employed to punish criminals were inhuman and degrading. Hence, the practice of imprisonment in Ethiopia was there for a long period of time without legal backup and proper handling of inmates. Taken collectively, the formal and structured prison system in the country is young when compared to other European and Asian countries (Genet, 2017).

After many years ago the modern prison and imprisonment was started during the Hailesillasieie regime (1942-1974) though there is also controversial idea about its starting date. Whatever it has either young or old history, the prison condition in Ethiopia is still a harsh and illegal treatment on prisoners in Addis Ababa, more commonly known as Maekelawi, military

bases and jails in different cities of Oromia (Shashemane, Borana, Neqemte, Dembi Dolo), the Amhara region (Gondar, Bahir Dar, Shewa Robit), the Tigray region (Humera, Mekele), and the Somali Region (Jigjiga) (ARC Foundation / Garden Court Chambers, 2021). The report also shows that prison also didn't treat prisoners with disabilities considering their special needs.

The previous research indicates that Ethiopian prisoners face many challenges due to the limitations of accessible services and appropriate treatments. Genet (2017) suggested that the practices of prison education in selected prisons of Amhara National Regional State is no well-organized and attractive education at prison and inmates have not been actively involved in the teaching learning due to the case of teachers were used teacher-centered approach. Fentahun (2020) noted that the poor practice of non-formal technical vocational education and training in Bahir Dar Prison due to the result of several challenges related to the absence of payment for inmates, inmates behavior, challenges related to budget, challenges related to the content, lack of cooperative other concerned bodies, and shortage of qualified trainer in the institution highly affected the provision of non-formal TVET in the setting. Similarly other cross-sectional study was conducted on Depression and associated factors among prisoners in Bahir Dar Prison by Fikirte, Fentie and Hordofa (2019) shows that Prisoners who had children are dissatisfied with their general health and those who were sentenced to more than a year had depression more than their counterparts. However, these previous studies are not included the issue of people with disabilities in prison, the finding are clear indicators for challenges of prisoners with disabilities until they encounter with prison house.

2.3. The Aims of imprisonment

There are a number of acknowledged reasons for utilizing imprisonment as it is an appealing form of punishment (Wood, Williams & James, 2010). This may stem from its potential to satisfy several diverse aims. Incarceration can redress the harm done by offending behavior (retribution) and work to reform offenders (rehabilitation) into law-abiding citizens (Duff & Garland, 1994).

Incapacitation is the most obvious and least contentious purpose of imprisonment. Offenders are removed from further offending in the community, at least for the duration of the prison sentence. Empirical evidence suggests that imprisonment as a deterrent or reformative

measure is not remarkably successful (West, 1982; Burnett & Maruna, 2004; Drago, Galbrati & Vertova, 2007).

According to O'Donnell (2016), the aim of imprisonment is to reconstitute the prisoner's spatiotemporal world without causing avoidable collateral damage. It is argued that this minimalist statement provides a foundation upon which to build prison regimes that are oriented towards the future and acknowledge that all prisoners, no matter what they have done, possess the capacity to redirect their lives. Garland (1991) suggested that the sociology of punishment offered an analytical framework that was superior to 'the punishment as crime control' or 'punishment as moral problem' approaches of penology studies. This shift of focus downplays concerns about the rationales and effects of punishment and promotes thinking about the social functions that punishment discharges and the relationships between prisons and other institutions. However, the aims of imprisonment are may be affected by a different factors such as financial problems, shortage of human power, untrained staff, and other necessary services (Fitsum, 2018).

2.4. The Rights and treatments of prisoners with disabilities

2.4.1. Accessibility of Health Services

Prisoners with disabilities are entitled to reasonable accommodations as well as equal access to programs, services, and activities under the American Disability Act (ADA) and Section 504 of the Rehabilitation Act. Nonetheless, as documented in a recent report by the Amplifying Voices of Inmates with Disabilities Prison Project (AVID), failure to ensure accessibility or provisions of needed accommodations is widespread in correctional facilities across the United States (Vallas, 2016).

Persons with disabilities are experiencing risks in homelessness, poverty, incarceration, and re-incarceration, lack of access to adequate healthcare and other types of cares and treatments services (Hartman, 2020) which are resulted by the high number of incarcerated people with physical and mental disabilities and the increasing level of those individuals age within the American prison system in addition to more Americans prisoners have acquired disabilities in prison due to injury, neglect and other forms of ill-treatments. These inmates are

experiencing the lack of services, medical care, and accommodations that prisons were never meant to include (Blanck, 2017).

Most incarcerated people with disabilities are injured more often in prison and experience more significant health complications than incarcerated people without disabilities (Blanck, 2017). The increasing levels of unfair treatments and difficulties in accessing services for prisoners with disabilities were restricted hours of clinic services, and lack of providers of necessary medical services in prison (Hartman, 2020).

2.4.2. Accessibility of Education and training services

The holistic support and intervention including assistance with education, training, and employment for people with mental illness would reduce the significant human and economic costs associated with this group's high rates of reoffending and incarceration (McCausland, Baldry, Johnson, & Cohen, 2013). In a practical situation, in terms of education, training, and employment, people with mental illness who come into contact with the criminal justice system are multiply disadvantaged: they have significantly low levels of education and are largely excluded from the labor market (Dowse, Baldry, & Snoyman, 2009). On the other hand, the other evidence suggested that youths with disabilities received special education services, a considerably higher percentage of youths with disabilities than is found in public elementary and secondary schools out of the prison (Leone, 1997). The prevalence of inmates with disabilities is a cause to fail to provide adequate special education services (Leone, Wilson, Krezmien, 2008). Additionally, they noted that there was no evidence of any type of special education program at the South Dakota Women's Prison and there was a lack of technical methods for identifying, evaluating, and the provision of service to young women suspected of having a disability.

2.4.3. Accessibility of Physical environments

Prisoners with disabilities had difficulties in accessing basic services such as toilets, showers, bathrooms, or the kitchen because of a lack of comfortable physical infrastructure in Australian prisons (Australian Human Right Watch, 2018). The physical infrastructure of prison was not built to accommodate or provide access for prisoners with different disabilities resulting in many inmates serving their time in solitary confinement, segregating them from the greater population, and getting education and work-related opportunities (Crowe & Drew, 2020). In addition, both

Crowe and Drew explained that lack of access to adapted equipment such as wheelchairs and prosthetic limbs affect the lives of prisoners with disabilities. The other evidence also suggested that several prison settings in Irish do not have sufficient accessible cells for prisoners with physical disabilities (Gonzalez, Cannell, Jetelina, Froehlich-Grobe, 2015).

2.4.4. Accessibility of work and Employment opportunities

People with disabilities seen as less productive and a drain on community resources are considered not worth rehabilitating and not worth educating, and thus are less qualified for employment or education (Chapman et al., 2014). This trend results from high unemployment rates, low educational and income levels among these prisoners are common. Moreover, they had low-standard living conditions in prison (Friestad & Hansen, 2004; Ramm, 2010; Ramm & Otnes, 2013). Similarly, other studies in Irish showed that prisoners with disabilities had no work and employment opportunities within the prison that are caused by the result of their disability (Gonzalez, Cannell, Jetelina, Froehlich-Grobe, 2015). The above study implies that prisoners with disabilities are discriminated against from business-related services and this practice tends to live within poor life situations that may include families of these prisoners.

2.4.5. Accessibility of Communication and Information services

The effective-communication in prison is a mandate for prisoners with a variety of disabilities such as prisoners with hearing impairment, visual impairment, and speech impairments (Schlanger, 2017). Also, Blanck (2016) noted that prisoners with intellectual or mental health disability, a traumatic brain injury, and learning impairments had got poor information accessibilities that they have not effective reading, writing, and understanding skills of informational documents. Further, Crowe and Drew (2020) stated that prisoners who are Deaf/hard of hearing in American prisons do not have access to American Sign Language interpreters or captioning necessary for them to communicate with correctional officers or access to legal services that are necessary within his or her prison life.

2.4.6. Accessibility of counseling services

Prisoners are subject to psychological, sociological, legal, and other challenges. They, therefore, need counseling services to have stable emotional feelings and also to improve their

interpersonal relationship with and outside the prison (Gasva, 2016). In doing so, counselors are working in prison; even there is a lack of achieving successful solutions for the prisoner in correctional settings (Varghese, Magaletta, Fitzgerald, & McLearn, 2015). In addition, Mutanana & Gasva also noted that the provision of counseling services for prisoners in Kadoma Prison is very low due to the cause of poor environmental infrastructure and a noisy prison place. Accordingly, prisoners either who have a disability or not do not get appropriate counseling services.

2.5. Legal frameworks under the protection of Prisoners with disabilities

In Ethiopia, there are legal policy frameworks and the government of the country has taken a number of legislative and policy steps that indicate a commitment to advancing the rights and treatments of persons with disabilities. These international and national legal frameworks make some reference to protecting the rights of persons with disabilities, fair treatment, appropriate care, inclusion, and full participation in society in different sectors and institutions. These related legal frameworks were presented below:

2.5.1. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), 2015

The Standard Minimum Rules for the Treatment of Prisoners (UNSMRs) (2015) constitute the universally acknowledged minimum standards for the management of prison facilities and the treatment of prisoners and have been of tremendous value and influence in the development of prison laws, policies, and practices in the member states all over the world. As such, Mandela's rule forbids the use of torture and other cruel, inhuman, or degrading treatment or punishment on prisoners' (rule 1). Rules 2 (2) also include a prohibition on discrimination including specific provisions for prisoners with disabilities in protection and promotion of the rights of these prisoners are required and shall not be regarded as discriminatory and it ensures prisoners with disabilities have full and effective access to prison life on an equitable basis and are treated in line with their health conditions.

In addition, rule 13 states that the provision of adequate conditions of prison environments is mandatory including meeting all health requirements, while rule 15 and rule 16 require that all sanitary installations (showers and toilets) must be accessible to all prisoners.

Adequate health standards and access to health services must be guaranteed by States to all prisoners especially to persons with disabilities (rule 24). And it also recommends the patient's autonomy must be respected and informed consent must govern the doctor-patient relationship.

Regarding informational provisions, Mandela's Rule includes the right to be provided clear information on the prison's rules and functioning, rights, duties, and any further issues. This information must be accessible to prisoners with disabilities and if a prisoner does not understand any of those languages, interpretation assistance should be provided based on prisoners' needs (rule 55). Rule 76 foresees training on mental health identification and provision of psychosocial support. The Mandela Rules allow for the use of restraint mechanisms if necessary. There is a specific section dedicated to prisoners with mental disabilities (Rules 109 – 110). Under this section, diversion from the criminal justice or penal system is allowed if the person is deemed not criminally responsible or if she/he develops a disability that makes him/her challenge to stay or take his/her confinement in prison, and states are encouraged to continue mental health treatment after imprisonment.

2.5.2. Universal Declaration of Human Rights (UDHR), 1948

The Universal Declaration of Human Rights promises to the inalienable entitlements of all people at all times and in all places those people of every color, from every race and ethnic group; whether or not they are disabled; citizens or migrants; no matter their sex, their class, their caste, their creed, their age or sexual orientation. The clear implication of this international legal framework is to assure every human being everywhere including correctional institutions have the right to get equitable and fair treatments in all aspects of life. This also ensures that every state has responsibilities to do these legal and humanitarian-based treatments among citizens.

In (UDHR) Article 1 state that, all human beings are born free and equal in dignity and rights and no one gets the high or low level of dignity at birth so, there are no reasons that made biases to treat and respect every people before the low and everywhere without any special risks that may suffer those individuals. Article 2 manifests that everyone is entitled to all the rights and freedoms set forth in the declaration regardless of race, color, sex, language, religion, political or other opinions, national or social origin, property, birth, or another personal status. This declaration emphasis that, every person has the right to get information that needs and can

communicate and understand by his or her language. Accordingly, prisoners with hearing loss or hard of hearing have the rights to communicate in sign languages and the prison is obligated to either delegated interpreters or give sign language training for every responsible prison staff.

The prisons books like prisons guideline and other essential teaching and learning materials must be published in braille which is necessary for prisoners with visual impairments. The unfair and inhuman treatments such as torture, cruel, degrading treatment, or punishment are prohibited in Article 5 of this legal framework. It indicates that prisoners with disabilities are free from this type of punishment in prison houses rather they the right to get necessary services based on their unique needs.

2.5.3. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984

In accordance with the principles proclaimed in the Charter of the United Nations, recognition of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world. The convention rule prohibits all forms of inhuman or ill-treatments in all human beings as these rights are deriving from the inherent dignity of the human person. For this purpose, the rule realizes that each State Party shall take effective legislative, administrative, judicial, or other measures to prevent acts of torture in any territory under its jurisdiction Article 2 (1) no exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture (Article 2.2). To prevent and eliminate these illegal treatments, the rule ensures each state party shall have education and information regarding the prohibition against torture in the training of law enforcement personnel, civil or military, medical personnel, public officials, and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment (Article 10).

2.5.4. Conventions on the Rights of Persons with Disabilities (CRPD), 2006

The Conventions on the Rights of Persons with Disabilities aim to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity (Article 1). To apply this principle,

the convention includes that “Universal design” shall not exclude assistive devices or adapted materials, and fair treatments are needed to provide for persons with disabilities where this is needed (Article 2).

The convention convinces that, to build the participation level of persons with disabilities in every aspect of life, States Parties shall take appropriate measures on an equal basis with others the accessibility of physical environment, transportation, information, and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas (Article 9 (1)). Like other legal frameworks, the conventions principle implies, every state everywhere including in penal institutions must be fulfilled necessary services considering the basis of their special needs. In order to help to ensure effective access to justice for persons with disabilities, state parties shall promote appropriate training for justice experts, police, and prison staff who are responsible in to treat and manage persons with disabilities either in or out of the prison (Article 13.2).

In Article 14 (2) the convention ensures that if persons with disabilities are deprived of their liberty through any process, they are on an equal basis with others including by provision of reasonable accommodation in prison. However, someone has any form of disability he or she has freedoms from torture or cruel, inhuman, or degrading treatment or punishment which bases on their disability in prison or other correctional institutions (Article15.2). In (Article 19, a) recognizes that Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement. It means persons with disabilities have the rights to live in an inclusive society keeping their needs by governments whatever they live.

In general, this international convention recommends every state everywhere shall promote and protect the lives of persons with disabilities in access to education, health, information, habilitation and rehabilitation, work and employment, recreation and sports, justice, and the rights to form and organize committees to advocate and struggle about their rights in every aspect.

2.5.5. The United Nations Standard Rules on the Equalizations of Opportunities for Persons with Disabilities (2019)

The United Nations Standard Rules on the Equalizations of Opportunities for Persons with Disabilities represent a strong moral and political commitment of governments to take action to achieve equalization of opportunities for persons with disabilities in all spheres of life. The purpose of the rules is to ensure that all persons with disabilities, as members of their societies, may exercise the same rights and obligations as others persons without disabilities and preventing ignorance, neglect, superstition, and fears. This rule doesn't have area specifications to promote and facilitate or provide any eligible interventions and treatments including correctional systems of every state. Basically, the rule lists these essential services for persons with a disability such as awareness rising; medical care; rehabilitation; education; work and employment and other supportive services. The rule also recognizes the overall importance of accessibility in the process of the equalization of opportunities in all spheres of society (Rule 5). It ensures that disability aspects are included in all relevant policy-making and national planning of every state and sectors including correction institutions (Rule 14).

2.5.6. Constitution of the Federal Democratic Republic of Ethiopia 1995

The Constitution of the Federal Democratic Republic of Ethiopia establishes a Federal and Democratic State structure and the constitution that strongly committed in the full and free exercise of people's right to self-determination, to building a political community founded on the rule of law and capable of ensuring lasting peace, guaranteeing a democratic order, and advancing on economic and social development without any discrimination criteria among all citizens (FDRE, 1995).

Under the constitution of Ethiopia, Article 17 (2) convinces that no person may be subjected to arbitrary arrest and no person may be detained without a charge or conviction against him and even if he or she gets a conviction, they have the right to protection against cruel, inhuman or degrading treatment or punishment on the prison system (Article 18. 1).

Article 19, 1 more clarifies the right of arrested Persons that they have the right to be informed promptly in a language they understand, of the reasons for their arrest and any charge

against them. However, we can see the real situation of the practices of this article in different institutions, and it may depend on the judicial bodies' interpretation, this article promotes the protection of the rights of all persons including people with disability in courts and other administration areas including prison house. As some of prisoners are either accused or they are on the way of anticipating courts' decision or whatever they had sentence, they have the right to communicate with their languages either in sign language/deaf prisoners or braille in written forms for people with visual impairment in prison. Other ways miscommunication between these individuals is not a matter of the convicted person. Even though there are difficulties to build trust between interpreters and prisoners with deaf, the constitution put permissions that the accused person has the right to request for the assistance of an interpreter at state expense where the court proceedings are conducted in a language they do not understand (Article 20. 7).

Inversely from the above, Article 41 (5) stet that the state shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled persons it may disaffirm the above-listed articles and other international rules that the country ratified in different times which are necessary to keep the security of every people and to assure equality in the country level.

2.5.7. Council of Ministers Regulations on the Treatment of Federal Prisoners, Ethiopia (2007)

As a principle, the FDREs prisoners' treatment rule regulation ensuring that the executions of penalties are educative and rehabilitative for all prisoners. The rule also includes that every prisoner has the right to get equal and fair treatments in Premises, bedding, clothing, sanitation, food, and medical, and other necessary services. In special cases, prisoners with communicable diseases and mental cases have special accommodations from other prisoners. However, it has another negative impact on these prisoners and it may crate social discrimination by other prisoners and isolation of themselves.

For Prisoners with health problems, there are also permissions in special food after they get a recommendation by the medical officer. Specifically, the regulation doesn't talk about other types of prisoners with disabilities such as hearing impairment, visual impairment, physical impairment, and others. The reason to say this, the rules and regulations show that prison shall be explained orally or in writing to every prisoner on his admission and/or where the prisoner is

uneducated the information shall be fully explained to him orally in the language he understands. But the rule not includes about sign language for deaf prisoner and braille written information if the written information is needed for prisoners with visual impairment.

2.5.8. Ethiopian Human Right Commission, 210/2000

The Ethiopian Human Rights Commission objectively stands to educate the public about human rights and that human rights are protected, respected, and fully enforced as well as to have the necessary measure taken where they are found to have been violating (EHRC,2000). Besides educating about human rights, the Commission has many duties and powers in human right peoples of Ethiopia, is to be achieved by guaranteeing respect for the fundamental rights and freedoms of the individual and of nations/nationalities and peoples. Under Proclamation No. 210/2000 establishing the EHRC Article 6 (1) ensure that human rights and freedoms provided for under the Constitution of the Federal Democratic Republic of Ethiopia are respected by all citizens, organs of state, political organization and other associations as well as by their respective officials. The commission also has powers and duties to make recommendations for the revisions of existing laws, enactment of new laws, and formulation of policies in the country (Article 6. 2), however, there many lows and policies which are not made inclusiveness among citizens more specifically persons with disabilities either in the correctional system or other sectors.

2.6. Challenges of prisoners with disabilities

There are many youths with learning; behavioral or emotional and cognitive disabilities enter into the correctional system than their peers who are not disabled (Newman, Wagner, Cameto & Knokey, 2009). These prisoners with disabilities face challenges with the criminal justice system because of certain deficits that they may demonstrate related to reasoning, thinking, learning, and social interactions. Especially there is often misunderstanding within the interrogation process by persons with mental illness and intellectual disabilities in prison (Perske, 2010).

Newman and colleagues (2009) noted that more than one-third of the persons in state juvenile facilities are considered eligible for special education. The challenge of providing special education is clearly the most restricted of settings is one that continues to present unique

challenges like the design and implementation of instructional programs for adolescents with varying lengths of stay that require special attention in order to enhance learning benefits.

Further, the types and characteristics of individuals with disabilities may place them at special risk in terms of vulnerability within the correctional system as well as in terms of presenting oneself well for release (Polloway A, Patton R, Smith, Beyer and Bailey W, 2011). Also, these prisoners are experiencing difficulty in performing tasks that require them to integrate or synthesize information from complex or lengthy texts or to perform quantitative tasks that involve two or more sequential operations and that require the individual to set up the problem (Haigler, Harlow, O'Connor, & Campbell, 1994).

Researches in Norway showed that little knowledge existed on prisoners with mental illness, intellectual disability, and other sensory or physically impaired prisoners in Norwegian prisons and that these groups are both overrepresented and underserved (Friestad and Hansen 2004; Hartvig and Østberg, 2004; Ministry of Justice, 2009; Rasmussen, Almvik, and Levander 2001; Rua, 2009; Sivilombudsmannen, 2010; Stortingsmelding 37 (2007–2008); Søndena 2009). It results in there has been little focus on treatment and intervention for prisoners with sensory or physical disabilities in Norway.

The other studies in the USA also indicate that prisoners with hearing impairments are over-represented in correctional services, and receive poorer service than other prisoners (Miller, Vernon and Capella, 2005; Vernon and Greenberg, 1999). It is not possible, however, to assume uncritically that the same is the case in Norway, since the correctional services and the systems of justice are different in these two countries (Pratt, 2008).

Morgan (2019) states that Prisons have no accessible environments for people with disabilities that most Prisons and jails are violent and have dangerous places for any person, and even more so for people with disabilities who face a heightened risk of violence and harassment. This and other bad conditions of imprisonment results in chronic health conditions, and other disabilities due to low-quality health care, violence and bad nutrition, among prisoners with disabilities.

Recent advocators showed that prisons routinely violate the rights of people with disabilities in prison: from denying them access to educational programs and services, denying

them mental health care, or failing to provide them with accommodations such as emergency alarms for deaf prisoners or sign language interpreters during critical encounters to placing incarcerated people with mental or psychiatric disabilities in solitary confinement without proper medical and mental health treatments (Morgan, 2019).

The WHO (2007) report shows prisons' unfair and ill-treatment due to overcrowding; violence; solitary confinement; lack of privacy; separation from family and friends; lack of meaningful activity; uncertain futures in terms of housing, work, and relationship with prisoners with disabilities.

In addition to this, Australian Human Rights Watch (2018) indicates that lack of support and reasonable accommodation particularly prisoners with psychosocial or cognitive disabilities are extremely challenging to understand prison rules and follow instructions. As a result, they are at higher risk of violating the rules and of facing violence from other prisoners and staff. Difficult conditions of confinement such as sharing cells due to overcrowding, a lack of accessible toilets or showers, and negative staff attitudes can present additional physical and psychological challenges for people with disabilities in prison.

Further, in Ghana recent research studies show that prisoners with disabilities sometimes find themselves in trouble within prison house. The management of such prisoners in terms of provision of social amenities, access to family relations, access to recreational activities, and many other opportunities has received little attention (Dogbe et al., 2016).

Such individuals are therefore vulnerable to deficiencies in services such as health care, rehabilitation, social support, and assistance; a situation that is contrary to the provisions of the Declaration on the Rights of the persons with disabilities. Although the regulations on the treatment of prisoners are set out in Ghana's prison, there is very little on the protection of the rights of prisoners with disabilities.

2.7. Challenge Overcoming Experiences of prisoners with disabilities

2.7.1. Coping Mechanism Experiences

In more detail, the term coping refers to the ways that people respond to and interact with problem situations (Zamble & Gekoski, 1994). Life continuously presents people with circumstances that can affect their physical or psychological well-being. The way they deal with these situations can determine whether they surmount them or suffer a variety of undesirable consequences.

Cohen and Lazarus (1979) defined coping as the action-orientated and intrapsychic efforts to manage environments and internal demands, and conflicts among them, which tax or exceed a person's resources. Later, Lazarus and Folkman (1984) revised this definition to be the constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. More specifically, Folkman and Lazarus (1980) defined coping as “the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them.” In this way, coping is defined by a sequence of behavioral and cognitive actions or processes, forming a coping episode.

Individuals cope with the aforementioned chronic conditions using a variety of methods. Coping occurs as not only a response (reactive) but also as a proactive (anticipatory) approach to foreseen challenges (Schwarzer & Knoll, 2003). In this vein, the timing and certainty of the event may impact the strategies employed, given that coping is a dynamic process that requires constant reappraisal for the duration of the stressful encounter.

Depending on personal preferences, heuristics, and the nature of the stressful situation at hand, individuals adopt various coping strategies. Individuals must utilize appropriate coping strategies to minimize detrimental consequences and avoid ineffective methods of stress relief, such as substance abuse and social isolation. As physical and mental demands of the disability may fluctuate throughout the lifetime, adopted coping strategies may shift to better facilitate adjustment (Hudek-Knežević, Kudum, & Maglica, 2005).

Folkman and Lazarus (1980) noted that coping efforts serve two main functions: management of the person-environment relationship and regulation of associated stressful emotions. These functions provide the basis for problem-focused and emotion focused coping, respectively.

According to them explanations, problem-focused strategies are aimed at solving the problem or reducing the source of the stress, whereas emotion-focused strategies are designed to manage the emotional distress accompanying the given problem. From coping styles, acceptance coping involves active cognitive and behavioral efforts to understand a given situation and resolve a stressor by seeking guidance, has been linked to beneficial long-term adaptation to anxiety and improved physical symptoms in ill patients with diseases such as AIDS, diabetes, and heart failure (Dahlbeck & Lightsey, 2008) whereas avoidance coping involves escape behaviors to avoid thinking about a stressor or its consequences (Ebata & Moos, 1991). Examples of avoidance coping include denial and wishful thinking.

In the case of disability, a significant facet of successful coping involves finding the positive aspects of a situation and seeing the greater purpose or “meaning” behind it. Janoff-Bulman and Frantz (1997), for instance, suggest that successful adjustment in the face of adversity requires an individual to make sense of the traumatic event and subsequently find some benefit in the experience. Important processes are associated with positive meaning-making and benefit-finding, which can be especially useful for individuals coping with disabling experiences. Davis and Morgan (2008) propose that finding meaning and/or “growing” from an injury or disability typically requires an individual to follow a specific path to understanding. First, the individual perceives the experience of trauma or hardship as negatively affecting his or her life goals, identity, and/or worldview. Second, these negative feelings prompt a search for meaning, which includes an effort to understand the trauma and why it has happened to him or her. Third, the practice of making sense of one’s predicament leads directly or indirectly to the perception that one has grown (Davis & Morgan, 2008). In this way, an individual may cognitively minimize or mitigate the negative implications of the experience and positively reframe possible consequences to the self, others, and, in a broader context, the world (deRoos-Cassini, de St. Aubin, Valvano, Hastings, & Horn, 2009). Making meaning, thus, may also help the individual determine which resources may be necessary for coping (Schwarzer & Knoll, 2003).

Gallagher and MacLachlan (2000) reported that, post-amputation, 48% of individuals found positive meaning in their experience and thought something positive had happened as a result of the procedure. In particular, they reported independence gained with an artificial limb, viewing the experience as character building, changing one's attitude toward life, improved coping abilities, financial benefits, elimination of pain, and using it as an opportunity to meet people. Having coped with a major challenge, individuals may commonly report an increased sense of survival and ability to prevail (Tedeschi & Kilmer, 2005).

Under the perspectives of stress process and stress resource theories, which preserves well-beings in the midst of traumatic and stressful experiences, coping types of resources include social support described a "hardiness" approach to dealing with stressful events by maintaining a conviction of internal control, commitment and sense of challenge (Schwarzer & Leppin, 1991), self-efficacy (Bandura, 1977) or optimism (Scheier & Carver, 1992). These strategies are protective and foster resilience despite the stressful conditions of confinement and may help illuminate how people cope with the prison experience.

According to American Human Right Watch report (2003), prison is a challenging environment for all prisoners; even it is harder for those with serious mental illnesses. The report also shows that prisons are tense and overcrowded places in which all prisoners struggle to maintain their self-respect and emotional equilibrium despite omnipresent violence, exploitation, and extortion; despite an utter lack of privacy; stark limitations on family and community contacts; and the paucity of opportunities for education, meaningful work, or other productive, purposeful activities. Without adequate supports, people with intellectual disability leaving prison are likely to reoffend (Borzycki and Baldry, 2003). To prevent such kinds of problems and challenges and to live independent life, prisoners with disabilities are often forced to practice coping mechanisms and self-directed alternative or accommodations in correctional system. For instance, prisoners with disabilities frequently resort to paying other non-disabled inmates to receive basic accommodations (e.g., paying an inmate to push an inmate's wheelchair or for attempting to sign for a deaf inmate) (Blanck, 2016).

In prison house, prisoners with traumatic brain injury, however injury's severity varies so widely and recovery is unique to each individual, some people can find coping strategies to compensate for areas of challenge to overcome environmental and health related barriers such as

difficulties in understanding directions, troubles in remembering instructions from prison staff, anxiety or depression and withdrawing from social interaction (Shulein, Klemme, Johnson and Harniss, 2020).

2.7.2. Self-Advocating Experiences

According to Schreiner (2007) self-advocacy is simply “the ability to speak up for what we want and need” (p. 300). Wehmeyer & Abery (2013) also noted that self-advocacy is the concept of self-determination. It is important for everyone, even if, it is especially important for people with intellectual and developmental disabilities. When people do not advocate for themselves, they may be pushed to do things that don’t feel right to them or become depressed and they may also lack self-confidence and feel as though their life is out of their control.

Self-advocacy has many positive impacts for the growth in leadership capabilities of adults with developmental disabilities (Frawley & Bigby, 2011). Another impact of self-advocacy for adults with developmental disability is a change in self-concept (Gilmartin & Slevin, 2009). This change in self-concept is demonstrative of transformational learning as part of self-advocacy development (Mezirow, 1978; 2000).

In Australian study suggested that, self-advocacy had also been a means for social inclusion of long-term members, providing a sense of belonging, social connections and occupation (Frawley & Bigby, 2015). There are also some indications in the accounts of self-advocator’s experiences in the potential of groups to positively change the social identities of people with intellectual disabilities and counter some of the negativity and labeling that entrenches their stigmatized identities and ongoing social exclusion.

As Poetz (2003) suggested, in enacting self-advocacy and through engagement with independent self-advocacy organizations, there seems to be the potential for people with an intellectual disability to develop new skills and take on new roles, to see themselves in different contexts and for others to see them in a new light. According to Deaf Advocacy Training Work Team of the National Consortium of Interpreter Education Centers (NCIEC) (2009), many deaf, deaf blind and hard of hearing people who use their services has lack advocacy skills for themselves. Often this is because they (members of the deaf community) do not know how to

advocate for themselves, or do not have the training or are afraid to advocate for themselves. Instead of self-advocating, they isolate or discriminate themselves from societies.

Prisoners with disabilities are denied access to accommodations throughout the criminal and judicial system, resulting in higher rates of arrest, detainment, and incarceration. Advocating for equity, voting for public servants who actively protect and increase rights of individuals once they contact the judicial system, supporting civil liberties and rights organizations, writing letters to legislative representatives, and educating more members of communities about the inequities and injustices that embedded the criminal justice system is important (Orange, 2020).

Without supports, persons with disabilities are at increased risk of incarceration and their lives in prison, may not be able to advocate for their needs and experience worsening health, they are at increased risk of being victims of crimes within prison and are denied access to educational and vocational services (Blanck, 2016).

The self-advocators of prisoners with disabilities suggest that, poor conditions of police and prison detention, not only in terms of the harsh physical environment but also in terms of incidents of violence and abuse among officers and detainees alike, and the lack of access to medical help and other forms of social support can exacerbate pre-existing needs and vulnerabilities (The Ministry of Home Affairs in Zambia, 2015). And, at the same time, pre-existing needs and vulnerabilities can make the experience of poor conditions and abusive relationships more difficult to bear. The above events are barriers to advocate and meet the advocates goals in correctional system.

According to Gelman (2015), developmentally disabled offenders should be afforded the same rights, due process protections, and dispositional alternatives as are others involved in the criminal justice system. They should be involved to the maximum degree possible in all steps in the process and they are expected to advocate, struggle and be aware what they need.

In prisons, protection and Advocacy system with the collaboration of prisoner's family members and prison officials to create and expand the network of advocates and community stakeholders dedicated to prison-related issues (Guy, 2016). In addition, Guy noted that the protection and Advocacy system built coalitions to advocate within the prison administration as well as with state and local government officials on behalf of inmates with mental illness and

other developmental disabilities. This work has ranged from providing training on disability-related issues to community groups and governmental agencies, to participating in workgroups and taskforces related to criminal justice and prison issues. Similarly, these advocating systems have worked to educate policy makers about prison-related issues, including commenting on proposed state legislation regarding prison programs, and offering information and insight related to policy and legislative reform efforts aimed at protecting the rights of inmates with mental illness in prison.

CHAPTER THREE

3. RESEARCH METHDODOLOGY

3.1. Introduction

This section includes the research approach, research design, source of data, study area, population, sample and sampling technique, data gathering tools, procedures of data collection, data analysis and presentation methods, trustworthiness and ethical consideration.

3.2. Research Approach

Qualitative research methods are used to answer questions about experience, meaning and perspective, most often from the standpoint of the participant (Hammarberg, Kirkman & de Lacey, 2015). Hence, the aim of this study was to explore the lived experiences of prisoners with disabilities at Bahir Dar City Administration Correction , the researcher used qualitative research approach and phenomenology design to explore and make a detail understanding about the life situations of prisoners with disabilities.

3.3. Design of the Study

The researcher was employed hermeneutic phenomenological research design as it has a great role for the researcher to gain a deeper understanding of an experience (Van der Zalm and Bergum, 2000; van Manen, 2011). In addition to this hermeneutic phenomenological research design departs from ‘simply raising awareness about a phenomenon’ through simple description in favor of wanting to ‘attain a broader and deeper understanding’ of what the phenomenon means to those who experience it in their own social-cultural contexts and realities, including how the experience alters their entire being (McConnell-Henry et al., 2009). As the research design is a guideline of the research which constitutes the collection, understanding and analysis of data (Kothari, 2004), the researcher used this research design and interpret the life experiences of prisoners with disabilities.

3.4. Sources of Data

As the aim this study was to explore lived experiences, the researcher utilized primary sources of data from the study participants. Hence, the researcher directly communicate prisoners with disabilities, prison staffs and directly observe the overall environmental, managerial and life situation of prisoners with disabilities in Bahir Dar City Administration Prison. Additionally, the researcher conducts a group discussion among prisoners with disabilities. Therefore, these primary sources were give reliable and valid data to achieve the expected objectives.

3.5. Study Area

The study was conducted in Bahir Dar City Administration Prison which is located on the outskirts of the vibrant Bahir Dar city about 12km south from the city center and about 9 km from the new bus station on the way to Adet District. Bahir Dar city is located on the northwest of Ethiopia 565 k meters away from Addis Ababa, the capital of Ethiopia. The total population of the city was 221,991, of which 180,174 (81.16%) were urban residents, and the rest of them were living at rural kebeles around the city (Central Statistical Agency of Ethiopia, 2007). There were about 2225 prisoners detained in this prison. Among these 25 prisoners with disabilities or health related impairments were included that are identified by prison health experts.

3.6. Population, Sample and Sampling Techniques

3.6.1 Population

The population of the study included all prisoners with disabilities and prisons' staff who has different leadership and expert roles in Bahir Dar City Administration correction house. Though the study focused on lived experiences of prisoners with disabilities, there are two reasons for including prison staffs: first, to cross-check the data gained from prisoners and to make allegation that the data collected from prisoners and these staff members. Second, there researcher was collects data from prison staff about severely mentally ill prisoners as they are challenged to told their life story in prison. In this regard, the total populations of the study area include 45 in number. Among this 25 are prisoners with disabilities and others (20) are coordinators and experts working in the correction center.

3.6.2. Sample and Sampling Techniques

Moser & Korstjens (2018) noted that phenomenological study uses criterion sampling, in which participants meet predefined criteria. According to Moser and Korstjens explanation, the most prominent criterion is the participant's experience with the phenomenon under study; however the researchers look for participants who have shared an experience, but vary in characteristics and in their individual experiences. Accordingly, the researcher took 21 samples by using criterion purposive sampling techniques that these participants have individuals' life experiences about the study issue and researchers expectation to get relevant and plentiful data from these participants (Yin, 2011). The researchers' predefined criteria were included in the prisoners group: types of disability, degree of severity, year of imprisonment, and in prison staff group; types of profession and year of work experiences. It follows that, among the total number of 21 samples, 12 prisoners with disabilities and 9 prison staffs such as coordinators, justice expert, health facilitator, Doctor, nurse, teacher, trainer, counselor and waiters were selected for this study.

3.7. Data gathering instruments

For this study the researcher employed multiple sources of data such as semi-structured interview, observation and focus group discussion which are mostly preferable for qualitative study (Creswell, 2009).

Interview Guide: For the purpose of this study the researcher utilized semi-structured interviews by making face to face contact with interviewee as it uses to do an intensive exploration (Kothari, 2004). To develop the interview guiding questions, the researcher was taken as the sources were the minimum standard rules of prisoners' treatment and the conventions on the right of persons with disabilities and other related literatures. The interview guide was first developed in English and later translated to Amharic. In this regard, the researcher was developing 28 interview guides for prisoners with disability and 39 interview guides for prison staff but the question was different from one prison staff to the other that bases their professions and roles in prison. These interview guides were predetermined to explore three research question service accessibilities for prisoners with disabilities, challenge and challenge overcoming experiences of prisoners with disabilities.

Observations: Observation is that the researcher takes field notes on the practical observable situation that may a behavior or activities of participants at the study site (Creswell, 2014). Accordingly, the researcher was conduct observations by using 24 predetermined semi structured observation questions and recording other additional relevant data during observation time. Therefore, the researcher was observe the research sites to gate clear and detail information about the study issue that uses to crosscheck what the interviewee says during interview time and what the real observed activities and situations in rest and bedrooms, cafeterias, classrooms, recreational areas, toilets and showers and offices.

Focus group Discussion (FGD): it is an essential data gathering instrument especially to get a large amount of information over a relatively short period of time and accessing a broad range of views on a study issue (Mack, Woodson, Kathleen, Queen, Guest & Namey, 2005). Thus, the three basic questions were developed that address contents of the overall prison management and its effect on the lives of prisoners with disabilities, prisoners self-help and advocating experience and suggested ideas to build rehabilitative prison environment. Among the 21 participants 12 participants were participated and categorized into two groups for FGD purposes. Then the researcher was facilitating by rising questions and take notes.

3.8. Data collection procedure

The researcher was following the steps prior to data collection process. Accordingly, the researcher was asking permissions from prison house coordinators. After getting permissions, the investigator identified and purposefully selects the observed sites and participants that help to understand the real problem and get relevant data for the study issue (Creswell, 2014). Firstly the researcher was conduct interviews which take time from 40 to 50 minutes for each interviewee. During the interview time, the researcher was taken notes. The researcher was also take cares about the culture of a place and participants, the more easily communicate and sharing accurate information among interviewer and interviewees (Spradley, 1979). Secondly, the researcher was selecting the observed sites and activities of participants carefully by using predetermined selection criteria for the specific purpose of study issue. After the selection of this target, researcher conducts observation in the practical situations, implementation and other necessary observable activities. During data collection time, the researcher was guided by predetermined semi structured observation check list and the aim of research. Finally to gather

data through FGD, all prisoners with disability who are participated in interview also again included in focus group discussion. The researcher had two and more roles both as a facilitator and note taker at discussion session by rising open-ended questions. Focus group discussion was take from 1:00 to 1:30 hours. Generally the researcher was collect data by conducting three different data collection instrument and merge similar data into one categories or themes.

3.9. Data Analysis Techniques

According to Smith, Flowers, and Larkin (2009) Interpretative Phenomenological Analysis committed to the examination of how people make sense of their major life experiences and it shares the views that human beings are sense-making creatures and therefore the accounts which participants provide will reflect their attempts to make sense of their experience. Additionally, Smith et al. (2009) argued that the bottom line with IPA, as a tradition that is participant oriented is that the approach is more concerned with the human lived experiences, and posits that experiences can be understood via an examination of the meanings which people experiences upon it. Hence, the study was guided by hermeneutic phenomenological design and the researcher aimed to explore the lived experiences of prisoners with disabilities, IPA was utilized as a data analysis technique. A line with this the researcher emerge themes which have similar meninges and it is more appropriate to analysis. Further, Creswell (2013) noted that researchers should “Develop a list of significant statements” as a foundation to understanding the phenomenon (p. 193). These statements can come from interviews and other relevant research sources that speak to the experience that’s being studied, and he also suggested that researchers should “treat each statement as having equal worth, and works to develop a list of non-repetitive non-overlapping statements” (p. 193). For instance, the study was employed this thematic analysis technique guided by IPA that the researcher categorized and form themes among verities of collected data that have common character as it uses to get meaningful relationships of each theme. In addition, the researcher analyzes and interprets, and triangulates data were collected by interview, observation, and focus group discussions in each theme.

3.10. Trustworthiness

(Pilot & Beck, 2014) suggested that trustworthiness refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study. There are strategies to increase credibility even the best-known strategy to increase credibility is triangulation (Creswell, 2014).

For this purpose, confirmation triangulation was employed for this study. Confirmation is the use of two or more data collection instruments and techniques to overcome the bias of using a single-method, single-observer, or single theory approach (Begley, 1996; Shih). This increases the credibility and validity of the findings owing to the convergence and corroboration of data (Connelly, Bott, Hoffart, & Taunton, 1997). For instance, the researcher was collected data by using interviews, observation, and focus group discussion with multiple sources of participants both prisoners with disabilities and staff members. Then these collected data were triangulated in each theme these are grouped in similar character.

3.11. Ethical considerations

The study was conduct in ways that protect dignity and safety of the study participants. According to Hamersley and Traianou (2012), researcher should pay highest concern on risk of harm, autonomy, and informed consent and privacy, confidentiality, and anonymity. In this study ethical issues like access and participation, anonymity, informed consent, confidentiality and researcher-researched relationships was give high value especially as it is a place of penal institution. As it is advisable to gain permission early, inform the participants about the possible benefits of research. It helps in achieving good will and cooperation. The essence of anonymity is that information will provide by participants should in no way reveal their identity. The researcher was provided letter of consent for all participants included in the study. It helps them to decide whether they take part or not. In addition to this the researcher used commonly understandable language based on the context of the participants. All key informants will ask to participate voluntarily that they can with draw at any time regarding inconvenience. They are informed by researcher that does not publish their names, personal addresses and any issues than their opinion and data are not use for any other purposes. If it is possible they will be informed about the progress of the study. Therefore; it is clear that an ethical issue discussed above was strictly followed by researcher.

CHAPTER FOUR

4. Data Analysis and Presentation

4.1. Introduction

This chapter mainly focuses on the data presentation and analysis which the data obtained from participants by using semi-structured interviews, observation, and focus group discussion from prisoners with disabilities and prison staff in Bahir Dar City Administration Correction house. To do so, the following contents were included in this section: Demographic information of participants, the accessibilities of services for prisoners with disabilities, challenges of prisoners with disabilities, and prisoners' with disabilities experiences to cope with life challenging in prison. Data Analysis and presentation had major and sub-themes which were derived from research questions and collected data from the study participants.

4.2. Demographic information of participants

4.2.1. Demographic information of Prisoners with disabilities

Demographic information of participants has two categories which includes prisoners with disabilities and prisons' staff. Accordingly, the first categories of demographic information include twelve prisoners who have different disabilities. Among these, for every six categories of disabilities such as physical disability, visual impairments, mental illness, epilepsy, diabetes, and cancer, two prisoners were participated.

The researcher has used codes or pseudo name instead of their real names of the participants as it also unethical the research rule. As such this, each participant prisoners with disabilities were given individual codes like PWD. So this code is also used not only for data collection purposes, it also used in data analysis and presentation as follows.

Table 1: Demographical Information of prisoners with disabilities

No	Code	Sex	Age	Marital status	Educational level	Types of disability	Level of impairment	Years of imprisonment
1	PWD1	M	34	Married	Grad -10	Visual impairment	Partial sighted	6 years
2	PWD2	M	37	Married	Grade - 6	Visual impairment	Partial sighted	8 years
3	PWD3	M	37	Married	Grade -11	Physical disability	Paraplegia or both legs damaged	1 years
4	PWD4	M	29	Un Married	Diploma	Physical disability	Monoplegia or one lags damage	2 years
5	PWD5	M	39	Married	Degree	Mental illness	Moderate	7 years
6	PWD6	M	28	Unmarried	Uneducated	Mental illness	Sever	11 years
7	PWD7	F	33	Married	Grade - 12	Diabetes	Moderate	1.5 years
8	PWD8	M	40	Divorced	Uneducated	Diabetes	Sever	6 years
9	PWD9	F	31	Married	Level - 3	Epilepsy	Moderate and conditional	2 years
10	PWD10	M	30	Married	Grade - 7	Epilepsy	Sever	5 years
11	PWD11	F	30	Married	Level - 1	Cancer	Moderate	9 years
12	PWD12	F	29	Unmarried	Grade - 3	Cancer	Moderate	7 months

Source: Bahir Dar City Administration Prison House (2013 E.C)

The above table shows that the all participants of prisoners with disabilities. Among these 2 prisoners with disabilities were including for each six categories of impairments. From these participants, half of them have severe impairments and others have moderate impairments. And most prisoners with disabilities are less educated or they are not completed their education while some are graduated in degree, diploma and TEVT programs.

4.2.2. Demographic information of staff of prisons'

The second category of demographic information includes eight prison staff that has different profession. Among the eight prison staff, general prison coordinator, justice expert, health facilitator, doctor and nurse, counselor, regular education teacher, TVET trainer, and waiter were included. As it is shown in the first category, for confidentiality purposes, participated prisons staffs coded as PS. This code is also used by the researcher during data collection time.

Table 2: Demographical Information of prisons' staff

No	Code	Sex	Age	Marital status	Educational Level	Profession	Work experiences in prison
1	PS1	M	40	Married	Masters	Coordinator	8 Years
2	PS2	F	34	Married	Degree	Justice Expert	5 years
3	PS3	M	42	Married	Master	Health Expert/ Facilitator	7 years
4	PS4	F	30	Married	Degree	Nurse	2 years
5	PS5	M	33	Married	Degree	Doctor	5 years
6	PS6	F	32	Married	Master	Counselor	5years
7	PS7	F	27	Unmarried	Advance Diploma	TVET trainer	2 years
8	PS8	M	35	Married	Degree	Regular education teacher	4 years
9	PS9	M	34	Married	Grade - 9	Waiter	2 years

Source: Bahir Dar City Administration Prison House (2013 E.C)

The above table includes prisons' staff participants those who are working in different professions. Among these all are educated and graduated in different fields of studies except waiters. From these participants, the all prison staffs have two and above working experiences in prison.

4.3. Major Findings and the analysis of the research

Table 3: Major and Sub- Research Themes

The table here under shows the findings of the research

Both major and sub-research themes emerged from the collected data from participants.

Research Themes		
No	Major Themes	Sub- themes
1	The accessibilities of services for prisoners with disabilities	-Health and safety-related services
		- Education and training services
		-Work and employment opportunities
		- Communication and information services
		- Social interaction development and provision of counseling services
2	Challenges of prisoners with disabilities	-Health related challenges
		-Challenges in Education and training
		-Environmental Challenges
		-Economic challenges
		-Information and communication Challenges
		-Social interaction challenges
3	Experiences of prisoners with disabilities to cope with prisons' life challenges	-Coping mechanism experiences of prisoners with disabilities
		-Self-advocating experiences of prisoners with disabilities

4.3.1. Service Accessibilities for prisoners with disabilities

Under this section, the accessibilities of services in prison for prisoners with disabilities mainly considers health and safety, education and training, work and employment, communication and information, social interaction, and counseling service provisions were analyzed and presented using the finding that was obtained from prisoners with disabilities and prisons staff.

4.3.1.1. Health and safety-related services

Prisoners with disabilities have particular health care needs related to their types of disability and level of severity, such as physiotherapy, regular eyesight and hearing examinations, and occupational therapy, some of which may be difficult to meet in prisons. As they need access to tools and services that enable them to enjoy or to move freely in prisons to the fullest possible extent, such as hearing aids, wheelchairs, canes, crutches, and other relevant services. Regarding this, the participants of the research give the following accounts as follows.

Most of the participants said that the prison has not enough and fear health treatments and appropriate services for prisoners especially for prisoners with disabilities. However, there are modest accessible services in prison. PWD 1 explained that: “Even if the prisons try to serve our health conditions, still there is no special consideration for prisoners with disabilities”. According to the PWD1 explanation, usually the prison staffs see prisoners with disabilities as a temperament rather than giving good responses and supports when they ask to get support or professional-based treatments. Additionally, PWD3 stated that there is poor access and an ill treatment of prisons in bedrooms, toilets, showers, and the safety of surroundings in his room. He also states that the prison does not protect the bedbug and other vermin in the prisoners’ room. This implies those prisoners with disabilities and also other non-disabled prisoners are simply vulnerable to different communicable diseases.

Prisoners with mental illness are highly disadvantaged in prison, especially those who has severe illness due to the case of having the challenge to express their pains and facing problems. However, the prison has constitutional-based rules to treat and reduce charges for mentally ill prisoners, there are implementation gaps. As a result, they took high punishments instead of getting first aid health assessments, though it is illegal that they cannot identify or understand their committed crimes (PS1, PS2, PS3, PS4, PS5, PS6, April 2013).

PWD8 explained that:

I had to get challenge especially in toileting and getting enough food services' and I am highly hungry, and sometimes I cannot control my urine and feces in this time I feel frustrated to go to the toilet again and again especially in the evening time.

Also, he said that “I could not get additional food even I ask to eat again except remnant foods by other prisoners”. According to this participant’s explanation, prisons’ food quantity is not enough and it is only for the survival of prisoners’ hunger. In addition, prisoners with disabilities or health-related impairments do not have a good feeling in toileting. They also explained that there is no supervision by health experts to check prisoners with different health-related impairments even if is needed.

Both PS4 and PS5 explained that “We haven’t sign language skills to treat prisoners with hearing impairment even still no one coming to Bahir Dar City Administration Prison (BCAP)”. They agree that if the prison or the clinics and hospitals give opportunities to take such kind of skill-based pieces of training, they are interested to take trainings but there is no information regarding this issue. I am asked again how to they help if accidentally deaf prisoners come to their clinics and hospitals. Their answer is only taking laboratory tests and interpreters’ ideas. But they agree that it is difficult or no made confidence to them that to say real health treatments however no choice to do better for them. They also state that prisons have not special protocol to treat prisoners with disabilities except prisoners with mental illness even it is also permitted to Emanuel hospital psychiatric doctors in Addis Ababa. However, the distance of Emanuel hospital and shortage of beds in the hospital is another challenge to make first aid health assessment and treatment for Bahir Dar City Administration prison. This implies unavailability of special psychiatric doctors in Bahir Dar City Administration prison clinic and hospitals which works as a partner of the prison is a critical challenge to treat prisoners in the right way.

In addition to participant interview responses and discussions, I had observed bedrooms, toilets, and showers. It is not clean and comfortable for prisoners with disabilities more specifically for prisoners with physical disability and severe mental illness.

The prison has modest health accessible services and treatment practices; however it is not planned for prisoners with disabilities. Hence, they cannot get necessary health services when they want treatments (PWD3 & PWD4, April 2013). A line with this PS1 and PS3 explained that, the prisons try to identify and register each prisoner with disabilities during the first time of imprisonment. After this, there is a follow-up and also if they need to check up, prison health experts facilitate to go to the clinics or if the problem is highly severed they refer to Tibebe Ghion Specialized Hospital and Felege Hiwot Referral Hospital in Bahir Dar City. The prison also covers clinical costs of prisoners.

Generally, to summarize the participants' response, the prisons do not have inclusive health services and treatment strategies to participate or equally treat people with disabilities in prison based on their unique needs. It does not have care because of no precaution and currently poor health care practices.

4.3.1.2. Education and training services

According to participants' explanation, In Bahir Dar City Administration Prison, there is a provision of regular education and different vocational training practices in correctional institutions to rehabilitate the inmates. Regular education is from Grade one up to Grade 12 and other short and long-term vocational training.

Regular education teachers and vocational trainers' response indicates that prisons' educational environment, and classroom education practices are not participatory or included prisoners with disabilities. A line with this, the prison does not have adapted teaching materials in classroom practices and in library store books. However, there was one student with visual impairment included in the regular classroom, no supports such as slates and stylus to write in braille and no braille books. And there are no sign language books and interpreters for students with deaf even though there is no prisoner with the deaf in prison.

PS7 and PS8 said that "we have not training to teach students with disabilities in the regular classroom in prison". Especially, the metalwork trainers state that there is a very interested prisoner with physical impairment in her training class but the training classroom is not comfortable for him as he is a crunch user. Due to this case, "I feel depressed to deliver trainings". "I try to support but, the problem was not solving by only my effort". According to

her explanation, she has an interest to support but she doesn't solve problems merely without other staff and institutional-based participation. This implies trainers have a positive view except for lack of knowledge and skills to support and struggle to more convince other staff members to practice such kinds of treatments for prisoners.

PWD1 said that "I have a sight problem and it has occurred before I come to prison house". He also states that he does not know what the cause while; its pain is an increase from time to time. As a result, it affects his works both in class and out of the classrooms. In this case, he asked to get supports from either his peers or prison staff even no more supports and services what he needs to get. In the class room, he wrote notes but mostly even he is challenged to read and write quickly and fluently. He also said that "if I got bold notes I can read like other prisoners". Furthermore, He explained that if the prison accessed necessary materials such as eyeglass and bold notebooks, he gets equal chances like other prisoners.

Similarly, Both PWD3 and PWD4 states that prison doesn't matter for prisoners with disabilities; however they see their critical challenges and barriers to participating in different activities in prison. As I had present before in trainers' explanation, he is interested to get training but the classroom is not feeling comforts. Sometimes he had got support from his peers to enter into training classrooms.

PS8 said that "there is one student in my class room and I saw, he faces challenges to read and write". "Usually, he sits in front of students around blackboards". She also states that one day she asked him why he is challenged in the classroom. Then as she explained his idea, the student has vision problems not only in class but also in a dark time in his restrooms. The teacher also reported that, the student was jump lines at the time of writing and reading, and face challenges to identify letters from distance but he is interested and clever student in classroom participation. She said that "I told students to help this student in study areas". However, some prisoners did not agree with this idea.

From this concept of implication, due to the absence of prisons' adapted and accessible materials for students with visual impairment, not only students, but teachers also face challenges to teach effectively.

Participants' response claims that education and training based treatments in prison did not convince prisoners with disabilities. According to participant's explanation, every education and training services were planned for only regular students and trainers rather than considering prisoners with disabilities. In addition, he said that no experts to raise these types of issues and no enough prison budgets to re-adjust training sections, classrooms, and to provide educational materials.

4.3.1.3. Work and employment opportunities

Prisoners have the right to get trainings to participate in work and get employment opportunities to live an independent life in correction house and after they release while it is not true in practice.

Accordingly, Bahir Dar City Administration prison has some employment opportunities for prisoners either they use skills and knowledge from previous experience or in long and short term vocational training in prison. PS1 explained that the correctional institution give permissions to do different types of business-related activities except for prohibited foods and drinks such as alcohol, hashish, and cigarette as these foods and beverages affect the security and health of prisoners. Permissible businesses in prison are metal works, woodworks, tailoring, mini agriculture, weave, laborer, shop and café and restaurants which is free from alcohols.

As reflected by the participants, the above permissible businesses are not fairly distributed for all prisoners especially for people with disabilities. Persons with disabilities are mostly discriminated from such kinds of activities because of very low expectations of prison staff and non-disabled prisoners.

PWD 9 explained that "I have pains of epilepsy and sometimes I oblivion what I am doing but, I get up after a munities". She also explained, she has interests to start a business including the participation of laborers in prison but usually, she did not select by the facilitator because of her epilepsy. As a result, she has financial problems to support herself.

PWD4 explained that "after I have finished my training I wish to start my business but I think the environment is not comfortable to move freely be like, the prison will make some environmental adjustment". According to his explanation, if the prison will not make an

environmental modification, he does not start his business. This shows that the prison environment and coordinating system is not fit for all prisoners in accordant with their needs.

PS1 states that the institution has aimed to provide business-related supports and services for all prisoners but it is a challenge to address all interested and skilled prisoners. He said that “During my work experiences, even the prison strive for all prisoners, I did not saw prisoners with disabilities in business owner either individually or in groups”. He also explained still he did not notice seriously during his work experience. This idea claims that prisoners with disabilities are live out in business-related issues in Bahir Dar City Administration Prison.

4.3.1.4. Communication and information services

Communication is a necessary tool for every individual; especially it is more necessary for prisoners to solve imprisonment challenges and to get information access about their accusal issues, to understand the level of the sentence, and other messages from correctional institutions. As such this, all prisons are expected to fulfill information and communication access for all prisoners without any type of discrimination. The way of communication is either in writing, verbal, or sinning whatever it uses for communication or exchange of information from one prisoner to another prisoner, prison staff, judge, nurses, doctors, and other responsible bodies in prison.

According to participants’ responses, the information and communication system of Bahir Dar City Administration prison is only for non-disabled prisoners. To say this, prison does not consider prisoners with deaf, visual impairment and others prisoners with disabilities.

Regarding information and communication ways of the prison, PS1 said that “in our institution, there are no sign language interpreters, no documents in prison which are written in Braille like rule and regulations or prisons’ protocol”. However, prisoners with hearing impairment and visual impairment are challenged without such kinds of communication ways. Moreover, the prison is not considered the communication of prisoners with mental illness as they have limitations to express feelings, ideas even they do not know why and how they are imprisoned. Especially prisoners with severe mental illness prisoners cannot identify where they live and they ask to go out with prison. According to PS1’ explanation, instead of treatments or support prisoners with mental illness were get punishments and discriminations from mass

population to prevent others violence or keeping their wellbeing. This implies the correctional institution does not care for these prisoners and disaffirm the international and national minimum standard rules of prisoners' treatment including people with disabilities in prison.

They all participated prison staff explained they have not to sign language skills even there are no deaf or partially deaf prisoner currently in prison. They also stet that they face challenges to give accessible services and treatments for a prisoner with mental illness. PS6 states as follows:

Prisoners with disabilities have to get counseling services. However, severely mentally ill prisoners do not understand and take care of the counseling services. For instance, I give advice to relative peers and other coordinator staff to guide these prisoners. Mostly I face challenges in advising them.

From the above explanation, the counseling purpose is meaningless without a receiver and implementer. Accordingly, prison treatment is needed hospital-based without receiving ill convicted sentences of courts.

Also, PS2 states that the imprisonments of the mentally ill prisoners are not our duty because our responsibility is only after they get the convection to imprison and sometimes we recommend to health experts to support and referrer severely mentally ill prisoners when they face challenges and suffer to communicate and to share any relevant information regarding their accused issues. Accordingly, some mentally ill prisoners have got a concession from courts by decreasing their level of high convection. Another participant, PS4 mentioned that:

I cannot smoothly communicate prisoners with mental illness. For instance, I call their peers to express their feelings or needs for treatments. Sometimes they come to clinics but they cannot speak freely and I see unpleasant feelings with them. Due to this, I frustrate to give needed services and treatments. As options, I recommend to my staff members to write referrals for specialized hospitals to get special treatment by special doctors.

The participants' interview shows that however, there are many prisoners with disabilities in prisoner; they face challenges to communicate, understand, and share information with mentally ill prisoners. As a result, these prisoners are not got real treatments it may either health,

justice-related services. From the participants' explanation, they also fight with coordinators as a result of miscommunication and violation of rules and regulations.

4.3.1.5. Social interaction and provision of counseling services

Social interaction is an asset for human beings. Under this, its development should be better in different correctional institutions as the institution aims to rehabilitate and correct the undesirable behavior of inmates. For social interaction development, the provision of counseling services in prison has a great role even its good practice is questionable.

According to the PS1's explanation, Bahir Dar City Administration Prison has aimed to build a rehabilitative prison environment among all prisoners either they are life imprisonment or a short imprisoned life. To apply this, the prison employs two counseling experts who are taken counseling arts and philosophy; however, the number of prisoners and counselors is imbalanced. As a result, the prison does not meet its goal in a proposed time an inmate's number. He also said that some prisoners change their misbehavior and they are much disciplined after they get counseling services and also they participate in different positions in prison. They are a model of other prisoners. Followed by their great behavioral change, they also get concession and release at unexpected times. In addition to the PS1, PS6 mentioned that:

Even I have got satisfaction when I see the happiness of prisoners after they get advice, it is difficult to deliver. I have not full confidence to say I give good counseling services for prisoners especially for prisoners with disabilities because of the high imprisoned population number in prison. More ever, individual counseling services are very challenging. As a solution, I give group counseling for prisoners except the counselee who come to our office by his or her interest.

PWD 8 also states the counseling situation as follows:

I am a diabetic I need counseling services not only to me but also it is necessary for other inmates because they against prisoners who have a disability and health-related impairments. We do not get enough counseling services in this institution rather the volunteer prisoner or peers are advised and support us.

The above-mentioned ideas indicate, as a result of the low provision of counseling services in prison, prisoners with disabilities are poorly treated by their peers and prison staff members. Counseling is not only about the development of social interaction, but it may also include self-awareness, self-respect, and self-help skills. However, it is not well done in Bahir Dar City Administration Prison. The other PWD3 voiced that:

I do not say there is a counselor in this prison because they do not struggle for prisoners with disabilities. They see our environmental and social challenges but still, there is not much change we see. They only speaking but I do not see their realistic activities in prisoners' life. I highly expect them but they do not differ from other staff members in advising.

The above statement claims that counselors do not have counseling strategies considering people with disabilities in prison. Even I also state earlier from the counselors explanation. Without disability inclusion or disability-oriented counseling strategies, prison counseling services do not come to a great change among the interaction and attitude of prisoners.

Generally, social interaction and provision of counseling services in Bahir Dar City Administration prison is not goal-oriented. It does not practice effectively. To do better behavioral changes in all prisoners and to build a participatory prison environment, the prison is expected to do more from the current attempt practices.

4.4. Challenges of prisoners with Disabilities

In this section, views of prisoners with disabilities regarding their challenges in health, education and training, physical environment, financial or economic, information and communication, and social interaction which are faces in their imprisonment life are presented.

4.4.1. Health Challenges

Imprisonment is not suspension of basic needs while a little bit of restriction has necessity for the aims of correctional institutions and the health of prisoners.

Regarding health-related challenges; participants expressed in an extensive way what and how much they challenged during their imprisonment life. For example, PWD8 states that:

The prison does not provide enough food and also it is not qualified. Sometimes foods may sense as contaminated. As a result, I chose to stop eating but I cannot do it because of my disease. Due to this case, my health condition is reached in connotative level. I do not get enough pills or drugs when I need them and go into the clinic. In addition, the safety of our classroom is poor and mostly prisoners simply get communicable infectious diseases. I feel there is no health expert from this institution. If I need to go to a referral hospital, they do not feel happy rather they mitigate our pains. If it is possible, please tell them or give them advice.

The above-mentioned idea shows the prisoners with disabilities are more challenged because of getting inappropriate health services. Instead of rehabilitation prisoners, life goes in to unpleasant or in a reverse way.

PS5 also explained that prisoners are highly deprived of their liberty and are highly controlled by police guards even they are sickening. In referral hospital, prisoners held by a manacle. In this situation, especially mentally ill prisoners are trying to separate manacle and they fight with police guards. As a result, they may not get good medical treatments rather they see and get the horrid feelings. He also said that even prisoners get medical treatments they also go back into unsafe or unclean restrooms, beds, showers, and toilets.

According to PS3 explanation, prisoners with mental illness are more challenged not only for them but also challenge nurses and doctors. These prisoners are challenged to use toilets and sometimes they also use in restrooms. From PS3's view especially severely mentally ill prisoners face difficulties in wearing, eating, and drinking, or they cannot identify safe or unsafe things. As a result, they are mostly affected by other diseases. They are also a threat to other prisoners.

To summarize participants' interviews, prisoners with disabilities faced many health and safety-related challenges. To provide effective health care services, the prison requires the expertise of a range of specialized professionals including psychiatrists, psychologists, counselors, nurses, and occupational therapists. In reality, Bahir Dar City Administration prison has not specialized health experts to provide accessible health services for prisoners with mental illness and others who have high health problems. In this prison, nurses have a low status and they work in an unpleasant working environment and equipment with inadequate support.

Therefore, the prison has an unqualified and shortage of health care services for prisoners with disabilities.

However, there are clinics and cooperative referral hospitals with the correctional institutions; the participants' explanation indicates each treatment and support-based practices are for report purpose. In reality, both the health facilitators and nurses are not motivated by the prison health management system. In this regard, prisoners with mental illness are ill-equipped to survive in the often brutal and brutalizing environment of prisons, and their condition most often deteriorates in the absence of adequate health care and appropriate psychological support.

4.4.2. Challenges in Education and training

Education is a basic need for human beings and there is a convention that every state government must be provided education services without any education fee. Following this, prisoners with disabilities have the rights to get an education without any discriminatory challenges. Aside from educational services, the provision of training such as life skill, self-care, business skill, and other professional skills is also very important for prisoners with disabilities, even though, there is a challenge for prisoners to participate in such kinds of training and education in Bahir Dar City Administration prison. PWD1 states that:

I do not learn effectively. Especially I have face challenges in reading and writing specifically normal books or books which are written in measly. In the classroom I must sit nearest to the blackboard without doing this I cannot write notes quickly and accurately. In exam time, I also ask my teacher to read some words sentences when the test is written on the blackboard.

As stated by PWD4, he also faces many challenges in training classrooms that the classroom environment is not accessible for crunch user trainees. As such this, he cannot walk freely and independently to enter the training class. He also mentioned that libraries' setting arrangement is not accessible for people with a physical disability to read different reference books in a library.

PS1 also explained that severely mentally ill prisoners have not to get permission to participate in any level of education and training class because they may disturb others in classrooms. They mostly hold by manacle rather than getting the education and life skill training

related to their safety. He said that “we have no choice to do better”. They also challenge to go to their home. They are shouting, crying, they do not obey laws, rules, and regulations and others also insult and hit their peers and police guards. So prisons’ best treatment is using manacle to save their and others life.

According to the above all participants’ explanation, prisoners with disabilities are challenged in various contexts regarding education and training. Whatever they have any types of disability the prison educational management system is not inclusive. For example a student with low vision is very challenged in education. Due to this, he may either drop out or fall up. It is a result of improper educational services for prisoners with disabilities. In addition, mentally ill prisoners are also against from educational activities. Prison staffs also have not special needs and related concepts. They have not Braille and sign language skills. Thus, if totally deaf and blind prisoners would include in this prison, they are more challenged than the current because no one trained staff in prison.

4.4.3. Environmental Challenges

The environmental condition has a great role to shape human beings behavior and life either it is to be good or bad or either effective or ineffective. It means if the prison environment is inclusive for all individual needs, and accepts individual differences, prisoners with disabilities have chances to rehabilitate or correct misbehaviors and rebuild or behave acceptable behaviors during imprisonment life. Such like the physical environment has great influences on human beings life; the environmental situations of Bahir Dar City Administration prison are presented as follows:

In Bahir Dar City Administration prison, there are two physically disabled prisoners that I have explained before especially about crunch user prisoners. Moreover, a wheelchair user prisoner explained about severe environmental challenges as follows:

I am a physically disabled prisoner I cannot move without a wheelchair, because this environment is cumbersome to me. As a result, I need support to do any activates. Usually, I face challenges in toilets and shower even other environmental situations have not that much comfort. Sometimes I want to walk in a prison compound but I did not move far from my restrooms because there is a restricted palace for wheelchair user prisoners due to the

case of environmental conditions. In my imprisonment experiences, I did not do different supportive activities rather I count my reminder imprisonment time. There are many places without ramp and there is the abyssal place in prison though there is one ramp only in clinics.

Before, I had explained in education and training challenges about the other crunch user prisoners with physical disability that he faces challenges to attend his training. In addition to classroom environment challenges, He also stated that the physical environment of the prison is a full of barriers in toilets, showers, offices, libraries, and other recreational areas. This implies physical environment is not accessible and comfortable for prisoners who are crunch, wheelchair, and white cane users. According to participants explanation environmental challenge affects all over activities such as education, training, health and others lives because it limits such kinds of participations.

The above two participants' explanation shows that prisoners with physical disabilities suffer to live in prison, and the prison staff and coordinators do not give value to these prisoners. Accordingly, they have got life challenges instead of rehabilitation. A line with this I had to observe environmental situations of libraries, cafeterias, clinics, restrooms, classrooms, and all prison compounds. These environments are not comfortable for persons with disabilities especially for persons with disabilities except clinics. Thus, environmental challenges are the other second imprisonment for persons with disabilities.

4.4.1. Economic or Financial challenges

Due to its nature of relationships, economic or financial challenges of prisoners with disabilities are more related to the other challenging situations however, others are also interrelated.

PWD8 explained that financial challenges mainly related to accessibilities of work and employment opportunities in prison. As I presented before, the prison has poor work and employment opportunities for prisoners with disabilities which results from financial challenges of prisoners with disabilities.

In this regard, PWD8 mentioned that:

I want to participate in different business-related issues but, still, I did not get chances and after I was imprisoned I have not any kind of money. Even if the prison provides food services, I need to support my families and myself for other expenditures to fulfill my basic needs at a current or for future life. Currently, I cannot buy clothes and other necessary things and my family also ask me to cover their living costs. No one supports me in finances. I have four children. Among the four children, one child is grade five until I have imprisoned but she is a dropout from school and knows she works as a waiter to support her youngest sisters and brother. In addition to my child, my wife also sometimes works as a laborer.

Similarly, PWD3 mentioned that the prisons' physical environment is not comfortable to run a business if the prison gives permission. He said that still he did not start business and no sources of income from prison. Currently, he has taken metal work trainings and he has a plan to start his business either in prison or even if he gets a chance to release from this miserable life. He had also explained that the prison has prioritized for non-disabled prisoners in business opportunities. From his explanation the institutions coordinating system in business-related issues are not fair.

Regarding business issues, PS1 also mentioned similar ideas like prisoners. He explained that the prison did not consider prisoners with disabilities because they believe that if the prison gives for these prisoners they also ask for other additional costs and they also think that non-disabled prisoners are more profitable than people with disabilities. This idea claims that prisoners with disabilities have low potentials to make profitable business, and other professional works like woodwork, waive, and metalwork in prison.

In general, prisoners with disabilities in Bahir Dar City Administration prison have got discrimination or biases to start a self-help business. Following this, they face many challenges in health, education, and other basic needs including their families.

4.4.1. Challenges in information and communication services

Information and communication system needs either translator or receiver to accomplish its goals and both the translator and receiver also expected to express, understand, conceptualize, analyze, interpret and give meanings for the content that we want to transform or receive and share ideas with others.

The way of communication may listen, voices or speaking, reading, writing, and signing. If the system is included these types of services, people with disabilities can simply communicate and exchange information like other community members but, this is a challenge for mentally ill prisoners especially those who has a severe mental illness. Accordingly, I had present communication challenges of mentally ill prisoners and prisoners with low vision in accordant to participants interview and observation data. The PS2 suggested that:

Prisoners with mental illness and low vision are very challenged to communicate and to share information with inmates or prison staff. She expressed that sometimes low vision prisoners are challenged to read written documents and usually he also asks me to read his accused papers'. She told him after she read his papers message or information. Thus, prisoners with low vision can communicate in such a way but, she explained the severe challenges to communicate mentally ill prisoners. Regarding mentally ill prisoners communication, she expressed tenaciously that the staff has no choice to communicate. As such this, prisoners with severe mental illness do not get and also share information instead they only see and read court sentences papers. Prison staffs assess their documents and registration dates to inform their releasing date. In addition, PS1 told the life history of one mentally ill prisoner as follows:

One mentally ill person has killed his wife before 10 years ago. This person did not recognize his mistakes at that time because he missed his self. After a time he knows what he did or that he killed his wife. Then he was highly shouted and hold in importunate way of his dead wife. Even he did not know and understand his mistake, but he was feeling bad in that situation. Then after his wife's family starts accusation on this person. The courts decide to punish this person without argumentation and convicted him for 11 years to imprison. Thenceforth, his mental illness also highly severe in prison, and knows he does not keep his safety and others. He has left 1 year to release or finish his conviction but still, he does not ask or talk about his imprisonment and convection. According to the PS1 explanation, this mentally ill prisoner does

not care about his life and he does not ask and remember about his imprisonment. He also does not identify where he lives. He said that they have no choice and skill to help this prisoner but them simply waiting only court's decision. Even courts can reduce charge and his level of sentences that are also included in the country's constitution and prison treatment legislations even it is not practiced.

Similarly, the PS6 also mentioned that prisoners with mental illness face communication challenges during counseling time. They do not care about counselors' advice and other orientations. She said that they did not understand instead they want to try to go out of prison. As a result, the prison is obligated to use manacle until they spare this idea.

PWD1 stated that he has difficulty reading in handwriting papers which were sent from courts about his accusal issues. He said that "in some areas, when the letter is measly writing I cannot read manuals even I need to read about prisons rule and regulations". This and other related reading problems also face in education what I had presented before. As a result, low vision prisoners did not get full information services in their imprisonment life. This challenge results, prisoners doing other additional crimes in prison or they may get unfair convictions due to the case of miscommunication.

In general, the participants' information claims that information and communication services in the prison are not addressed unique needs prisoners with disabilities. Due to the absence of qualified legal assistance prisoners with mental illness are coerced into confessing to an offense, much more readily than other prisoners. Even if there is no current totally blind and deaf prisoner, the prison does not ready and has accessible information services such as large print for low vision prisoners, electronic formats, and audio files, sign language video, and braille books or manuals. These should be proofed by those who use the formats to determine their accessibility and these materials should be available for prisoners to access throughout the prison sentence.

4.4.1. Social interaction challenges

The participants state those prisoners with disabilities especially prisoners with severe mental illness and severe epilepsy are discriminated by nondisabled prisoners or other prisoners without such kinds of disability. As a result, these prisoners have an odious life in prison and they face

challenges to share their tense conditions and ask for supports from staff members and prisoners. Prisoners with Epilepsy mentioned that he is highly marginalized by prisoners because they feel it is a communicable disease. Mostly the new prisoners and staffs are more frustrating when the condition happened, even still some long-life prisoners also think similarly. To some extent, prison health experts and counselors give awareness or advice about the necessity of social interaction and also about communicable and non-communicable diseases but prisoners do not accept it. PS6 explained that prisoners who are coming from rural areas highly discriminate or fear prisoners with health-related impairments. This frustration leads to the isolation of such prisoners, and expose to the further deterioration of their health conditions and stigmatizations. As a result, these prisoners were discriminated from participation in education and vocational training programs and services in prison.

Both PS1 and PS6 state that mentally ill prisoners are discriminated by both prisoners and staff because they show dangerous or illegal acts especially when they saw females that they want to make abduction or compel. Even if health experts strive to treat and interact with them, they had no interest because they perceived that they are more disruptive, they took more time and attention or they cannot easily communicate about their problems and their needs. It results in mentally ill prisoner isolated not only from social interaction but also other basic infrastructural services in prison.

Generally, the above explanation shows that prisoners with disabilities were discriminated due to the result of lack of awareness in prisoners, staff members, and the severity of the problem that may not be controlled by mentally ill prisoners. In addition, poor provision of counseling services and ill treatments of prisoners also trigger the other problem. Because if prisoners with severe mental illness are not imprisoned or they should get a convincing treatment by special doctors rather than confined into prison, they can cure and develop healthy or positive social integration.

4.5. Challenge Overcoming Experiences of Prisoners with Disabilities

In this section, experiences of prisoners with disabilities to overcome challenges in their life of imprisonment were presented. Accordingly, coping mechanisms and self-advocating experiences of prisoners mainly addressed.

4.5.1. Coping Mechanism Experiences in Prison

Under this finding, a coping mechanism is a strategy that prisoners used or adapted to solve or alleviate life challenges in prison. In this regard participants mentioned as follows:

PWD3 explained that he was highly challenged by the prisons physical environment to involve in different aspects of his imprisonment life. For instance, He had been used different solution-based activities such as asking peer support, expert support, coordinators support and he also chooses the least restrictive physical environment even it is possible to say overall prison environment is dangerous for wheelchair and crunch users. He said that, when he asked non-disabled prisoners to push his wheelchair, they are voluntary to support however, there are some rigid or involuntary prisoners. He stated that, without peers and others person's support, he does not expect to live until this time within his current health status, because he cannot move independently to gain basic services including medical, education, showers, toilets, and cafeterias. At first time, he was highly frustrated to ask for supports but, it is not a choice rather it is mandatory to survive prison life. Thus, he has used such kinds of coping techniques to live easy life or to reduce the challenges of imprisonment.

Similarly, PWD8 explained that he was hungry most time due to his severe health conditions and he needs additional food. To prevent the feeling of hungry, he asked to add food without the normal feeding systems of the prison even if, the prison does not give permissions because no one prisoner uses above 36 birr per day for food services. Hence, he used as an option is collecting the remnant foods from other prisoners. It may unhealthy or contaminated but this the last good option or best way for this prisoner. In this case, he has been survived his imprisonment life.

The other prisoner voiced that; "I have been facing challenges in the classroom to read and write teachers short notes when I had to sit at high distance place to the blackboard. In addition, other measly handwriting also difficult to read including letters that may have sent from courts. Whatever, if it is difficult for me I do not stop asking support from either my peers or staff members. In the classroom, I have sat in front of my classmates or nearest to blackboard if not I hardly understand my education. Not only this, but I also ask my

teachers and friends to read that difficult notes to read. I am still learning to my class by using such kinds of services.

According to PS1 and PS6 explanations that prisoners with mental illness were used forces without asking any permission they directly struggle to do something that they need or they may shout if they need something. As a result, most prisoners were discriminate or shun from them. Following this, prisoners with severe mental illness were facing challenges. Even they do not ask for supports and have communication barriers; some candied prisoners were interacting by deceit and understand their basic problems and needs. I had communicated moderately mentally ill prisoner to gate information regarding his coping techniques but he does not communicate and understand fluently. His mental illness was highly severed intermittently when he is angry and sometimes it also severs in unknown conditions. “He explained that I ask supports especially when I want to go to a clinic and in somewhat in cafeterias”.

The above coping techniques of prisoners with disabilities were supportable except for severely mentally ill prisoners even they cannot understand and memorize what they doing bad or good activities. Such it is, prisoners with disabilities cope or adapt to a challenging life in prison. It is difficult to say they effectively adapt challenges but it is a good practice from nothing. However, these prisoners practice coping strategies; it used to reduce severe challenges other ways it does not entirely reduce at all. Thus, the prison accessible services and treatment system of the prison must be making amendments to either its protocols or the observable practices regarding prisoners with disabilities.

4.5.1. Self-Advocating Experiences in Prison

Self-advocating is a way of struggling for one’s self or a tool to protect from harsh life events and participating in deserving social life.

The participants agree that almost all of them do not know what deserved services and what types of rights do have in prison including consideration of their special needs. They explained that they only accept what they ordered to implement. Depending on the type of disability and severity of the problem they need special assistance and treatment. For this matter, self-advocating is relevant which may in a group or individually. PWD3 explained as follows:

I am a wheelchair user, and I ask prison coordinators to adjust the physical environment that affects my movements to enter into clinics, toilets, and showers. They also support to do this environmental adjustment. Today, I can move freely in such areas but it needs adjustment still, however it is slightly suitable. In other treatments, I did not advocate or struggle perhaps I simply ask like as support. I think if I advocate to me and other prisoners right in prison, there may be other additional plaint charges. I do not know what type of right in prison because I had heard badly away from this before I had got in prison. As such this, I think it is so good relatively my previous information.

Similarly, PWD12 voiced that they only count their residual imprisonment. He said that, prisoners with disabilities try to be disciplined and aims to reduce their plaint charges and getting remorse in prison or courts instead of striving and advocating about the implementation of minimum standard rules of prisoners treatment including people with disabilities. According to, the participants' explanation, imprisonment is the restriction of basic needs and the confinement of liberty. In this regard, self-advocating is seen by prisoners as a crime, not as a right. This tends prisoners to develop voice absenteeism by accept difficult situations. In BCAP, Prisoners with disabilities have not organized committees to advocate about disability treatment issues and accessible services while other committees did not care about disability. Generally, self-advocating in this prison is anomalous activities for prisoners with disabilities.

CHAPTER FIVE

5. Discussion of the Findings

5.1. Introduction

Under this part of the section, a discussion of the findings was presented and the findings were also compared here with the previous research findings that are presented in the literature review or others that are related to this current study. Therefore, the findings of the discussions here are presented as follows.

5.2. Services accessibilities for Prisoners with Disabilities

The provision of accessible services in prison is used to make effective rehabilitations on prisoners with disabilities and it means to build the whole community because these currently imprisoned persons will integrate with societies after their release even some are convicted of life imprisonment. However, the practical treatment ways of prisoners are very poor in Bahir Dar City Administration Prison.

In Bahir Dar City Administration prison, Prisoners with disabilities are over-represented than the other prisoners because of the lack of inclusive management or treatment strategies in the correctional system were it also similar to other studies (Ericson & Perlman, 2001). Accordingly, these prisoners have discriminated participation in health, education, and training, accessibility of information and communication, work and employment opportunities, and counseling services. Similarly, such prisoners in Ghana also have received little attention in terms of provisions of social amenities, access to family relations, access to recreational activities, and many other treatment opportunities (Dogbe et al., 2016). In this case, these prisoners are vulnerable to deficiencies in services such as health care, rehabilitation, social support, and assistance. In addition, prisoners with severe mental illness are particularly discriminated, and marginalized from getting adequate and properly accessible services in prison (Human Rights Watch, 2003; Lurigio, 2001; Metzner, Cohen, Grossman, & Wettstein, 1998; Osofsky, 1996). Blanck (2016) also suggested that prisoners with disabilities in America have got unnecessary exclusion from equal participation in confinement and rehabilitation programs as offered to the general prison population.

5.2.1. Health and Safety related services

In health-related treatment, these prisoners also have got unfair treatments and poor provision of medical services even some health service were delivered. The prison has no special health guidelines to treat people with developmental disabilities and other health-related impairments (Smith, 2005). In BCAP, there is also a lack of a safe prison environment such as bedrooms, toilets, showers, and other surroundings. As a result, bedbug and other vermin in the prisoners' room are common. Hence, these prisoners are simply exposed to different communicable diseases, serious harm, loss of function, injury, and even death (Blanck, 2017).

Prisoners with diabetes are disadvantaged in food and other health-related services in the prison, however; these prisoners' health conditions needed special treatments and assistance with activities of daily living, such as hygiene and nutrition (Robert, 2006). Moreover, the prison staff especially nurses and doctors have not skills to give health treatments for prisoners with disabilities specifically for prisoners with mental illness and deaf. To say this, they have not to sign language skills and they have not psychiatric professions. Due to this case, these prisoners are prohibited to use appropriate health-related services in prison and other similar researches also were found by (Miller, Vernon, and Capella 2005; Vernon and Greenberg 1999). Additionally, prisoners with mental illness are live long life in prison due to the lack of pre-health assessment and identification services.

5.2.2. Education and Training services

However, there are regular educations and vocational training practices in Bahir Dar City Administration Prison, educational environment, and classroom are not participatory or included prisoners with disabilities. For instance, these prisoners are isolated from education and training services. This multiply disadvantage of disability-based educational treatment is also noted by (Dowse, Baldry, & Snoyman, 2009). It also more serious for mentally ill prisoners however, education and training services are used to improve reintegration outcomes and reducing recidivism for prisoners with mental disability (Ellem, Wilson, & Chui, 2012; Lindsay, Steptoe, Wallace, Haut, & Brewster, 2013).

A line with this, the prison does not have adapted teaching and training materials that consider their special needs. As a result, the participation of prisoners with disabilities in

education was affected. On the other hand, Prisoners with disabilities were also less likely to utilize vocational programs and work assignments but were more likely to use educational programs than prisoners without disabilities (Gonzalez M J, Cannell B M, Jetelina K K, Froehlich-Grobe K, 2015).

5.2.3. Work and Employment opportunities

Work and employment opportunities of prisoners with disabilities in prison are not fairly distributed and it is not considered people with disabilities. In addition, the physical environments of prisons are not comfortable to do business activities. Krienert et al. (2003) also noted that many prisons do not maintain several services provided to inmates with physical disabilities. Further, there are very limited services to accommodate inmates with disabilities. Therefore, inmates who have not had access to services and programs in prison face extensive challenges. In addition, these inmates often be segregated due to their physical and mental disabilities through physical barriers such as stairs and face other eligibility issues regarding their participation in prison programs (Morton & Anderson, 1996).

5.2.4. Information and Communication services

The accessibility of information and communication services also does not address prisoners with disabilities. A line with this, prison staff also does not have sign language skills to communicate with prisoners with hearing loss even no deaf prisoners live in prison currently. Information-based manuals and documents also do not prepare in braille that considers prisoners with visual impairments. Moreover, prisoners with mental illness cannot communicate smoothly, and also the prison system does not consider these prisoners' way of communication or if it necessary assistances is mandatory to understand and exchange relevant information within these prisoners. Further previous studies by (Flynn, Gomez-Carillo de Castro and Fhlatharta, 2020) found that a huge amount of information for prisoners was in written form, and being unable to access prisoners with disabilities that face difficulties in accessing information about the prison and their rights in prison. In addition, Baker (2020) showed that there is limited availability of accessible aids and lack of appropriate information on prison services that results from limited opportunities to communicate with peers and family members are just some of the barriers that facing prisoners with disabilities in the prison system.

5.2.5. Social interaction and the provision of counseling services

The provision of counseling services in prison has many advantages to develop social interaction among prisoners or empowering prison inmates through attitudinal and behavioral changes which are consciously and concisely moderated to lower crime and recidivism (Tenibiaje, 2010). However, counseling is important for the life of prisoners either who has disabilities or without disabilities, it is not sufficiently practiced in Bahir Dar City Administration Prison house. For instance, these prisoners with disabilities have not got appropriate counseling services. As a result, people with disabilities develop isolation and discrimination including hopeless feelings and self-harm due to the case of prison life challenges and poor counseling supports.

Further studies also noted by Graffam and Shinkfield (2012), the development of intrapersonal skills of prisoners with intellectual and developmental disabilities in prison also influences their social interaction skill after they release and they return to their local community. Even if, the prison has two counselor experts but they cannot address the whole number of prisoners. As such, the counselors mostly practice group counseling to address the whole prisoner though some prisoners with disabilities have needs individual counseling services. Specifically, a special counseling program for prisoners with disabilities is an anomalous practice for the prison system. The previous similar studies also found that there is a lack of counseling practices for prisoners in Zimbabwe due to the result of low counseling skill in counselors, negative attitude of counselors, and environment that is not conducive for counseling and limited resources to ensure professional counseling services (Gasva, 2016).

5.3. Challenges of prisoners with disabilities

Prisoners with disabilities face varieties of challenges in their imprisonment life in Bahir Dar City Administration prison due to the case of disability-related discrimination and inconsiderable provision of services. Field & Jette (2007) also suggested that all adults living with disabilities face challenges within the scope of their daily lives including environmental barriers to health care, employment, education, and other basic services; lower levels of income and access to permanent housing; increased health care and caregiving needs and corresponding costs. Further, the other evidence suggests that offenders with disabilities have high recidivism rates (Klimecki, Jenkinson, & Wilson, 1994; Zakopoulou et al., 2013; Zhang, Katsiyannis, Barrett, & Willson, 2007).

Incarceration mostly linked to poor health conditions, and upon release from correction house, many individuals experience difficulty in maintaining good health (Wallace & Wang, 2020). It is also more serious for persons with disabilities in prison because of other poor infrastructure and less adapted health services. These prisoners face many health challenges in Bahir Dar City Administration prison; however, the prison tries to manage some challenges. These challenges resulted from prisons' low provision of health and safety services, inaccessible clinics environment, lack of professional skills or psychiatric doctors, and poor quality of beds and rooms including showers and toilets. The previous researches by Morgan (2017) similarly found that these prisoners are uniquely harmed by the negative health effects of solitary confinement and they receive less access to health programs because they do not get accommodated services to allow them to participate in health service programs. Additionally, the quantity and quality of food services in prison are the other challenges especially for prisoners with diabetes.

Prisoners with severe mental illness face poor self-care or self-help skills to survive prison life challenges. Blanck (2016) also noted that prison staff and prisoners already are at risk in the prison environment and are placed in further jeopardy by the lack of identification, provision, and monitoring of ADA accommodations. As a result, prison staffs are often forced to make on-the-spot decisions about daily life, safety, and health issues facing prisoners with disabilities. Prisons' nurses and doctors are also often left alone with the responsibility for the care of these prisoners that health care needs are in conflict with the prison's security regulations; they often let safety issues (Rua, 2009).

However, Prisoners with disabilities are entitled to participate in educational services like other prisoners without disabilities; they lose this legal right because of inaccessible environmental conditions and unequal distribution of educational services in Bahir Dar City Administration Prison. The physical environment and the practice of the education system in this prison mainly a challenge for prisoners with disabilities. To say this, these prisoners cannot freely move to enter into either training or classroom. Also, Hauland (2014) he noted that prisoners with physical disabilities are denied access to training facilities because of inaccessible environments in prison classrooms in Norway. Additionally, Polloway et al. (2008) stated that the prison setting is a unique challenge to providing special education for prisoners.

There are no adapted education and training materials in prison even they are needed for prisoners with disabilities such as braille and sign language books, video learning documents, slate and stylus, and books that is written in bold for prisoners with low vision. Further evidence suggested that the lack of adequate educational services for youth with disabilities in correctional settings is another challenge to the implementation of empirically-based instructional practices and outcomes (Rutherford, Robert, Leone & Peter, 2001). Moreover, Prisoners with mental illness are severely challenging to get the education and other training services in prison this is also similarly noted by Rowe et al. (2019).

The physical environment of the prison is not comfortable for the wheelchair, crunch and white can users. As a result, prisoners with disabilities face challenges to participate in different prison programs such as education and training, work, cafeterias, and clinics. Similarly, Australian Human Rights Watch (2018) also reported that prisoners with disabilities are discriminated because of a lack of physically accessible toilets and showers. Furthermore, as a consequence of lack of accessibility, prisoners with disabilities are more likely to experience isolation than other inmates. Thus, fully or partially isolated inmates had more health problems than non-isolated prisoners, and that the condition of those with somatic illnesses was worsened during isolation (Gamman, 1995). Additionally, Crowe & Drew (2020) suggested that an inaccessible physical environment develops segregation of prisoners with disabilities. Flynn et al. (2020) stated that the schools in prisons, the places of employment within the prison, and other areas including the recreational spaces were inaccessible to prisoners with disabilities.

Prisoners with disabilities are discriminated by prison officials to participate in work and employment activities. Thus, these prisoners tend to develop dependent life situations either within non-disabled prisoners or their families. The previous report by Vallas (2016) shows that many people with disabilities face barriers in employment, stable housing, and other necessary elements of economic security, it poses additional obstacles that make living with a disability an even greater challenge. Accordingly, despite tremendous progress enshrined in the Americans with Disabilities Act and other landmark civil rights laws, many people with disabilities continue to face serious barriers to involvement in work and employment activities. Gonzalez et al., (2015) point out that, these prisoners also experienced greater challenges in terms of low income,

foster care, and history of abuse than prisoners without disabilities due to the case of less appropriate disability-based accommodations in prison.

Prisoners with mental illness are seriously challenging to communicate and state their ideas both in writing and speaking. Related to this current research findings, Schlanger (2017) stated that prisoners with intellectual disabilities are unable to access medical care or other resources and services because of poor communicating, understanding, and information sharing skills, and prisons fewer consideration treatments of these prisoners. Further studies by Blanck (2016) show that many prisoners with disabilities do not communicate, these are cognitive disability, intellectual or mental health disability, a traumatic brain injury, and learning impairments from which inmates cannot effectively read, write, and understand informational documents. This communication challenge also affects their years of imprisonment to increase or to get inappropriate court decisions.

In Bahir Dar City Administration Prison, Prisoners with severe mental illness and Epilepsy are socially discriminated than other prisoners without disabilities. The prison conditions deprive these prisoners of their integrity in the prison system including social integration (Casciani, 2009; Doyle, 2009; Quinlan, 2010; &Telegraph, 2009). Similarly, (Haualand, 2014) study found that due to the lack of accessibilities, prisoners with disabilities are more likely to experience isolation than other inmates. This isolation also exposed to other severe health problems adding to the previous health conditions (Gamman, 1995). Most prison officials and other prisoners are unwilling to associate with prisoners with mental disabilities, due to misconceptions and fears that most people in society have about them. Moreover, socially isolated prisoners with disabilities are more challenged to solve any problem that faces within their imprisonment.

5.4. Challenge overcoming Experiences of Prisoners with disabilities

5.4.1. Coping Mechanism experiences

Life in prison is so very challenging. Hence, the challenge is more serious for Prisoners with disabilities such as challenges in health, educational, financial, environmental, and social discrimination. Despite these challenges, these prisoners are taken many problem-solving activities during their imprisonment. Among these, experiencing coping mechanisms is mainly

practiced by prisoners in Bahir Dar City Administration Prison. In doing so, prisoners asked for supports from their friends and prison officials. Schwarzer & Leppin (1991) suggested that coping types of resources include social support helps to deal with stressful events by maintaining a conviction of internal control, commitment, and sense of challenges.

However, Prisoners with physical disabilities are challenged to move freely due to the case of inaccessible physical environments, they select the least restrictive environments in addition to asking for peer supports to push their wheelchair. Also, the previous study's findings by Blanck (2016) show that in the absence of system-wide policies and appropriate services in prison, prisoners with disabilities are often forced to rely on individual coping mechanisms and self-directed alternative "accommodations." For instance, inmates with disabilities frequently resort to paying other inmates to receive basic accommodations e.g., paying an inmate to push an inmate's wheelchair or for attempting to sign for deaf inmates. Similarly, Knežević, Kudum, & Maglica, (2005) stated that the lives of persons with physical and mental disabilities may fluctuate over the course of their lifetime, for instance, adopted coping strategies may shift to better facilitate the adjustment. This coping style may minimize their stress and help to participate in different programs and services.

Furthermore, prisoners with visual impairment also try to cope with the prison's life challenge by asking for supports from prison coordinators, teachers, trainers, and friends and they strive to adapt to the prison system. Other prisoners with diabetes are also challenged in food services that they need much food services because of their health condition. Thus, these prisoners eat trimming foods for the survival of his or her hunger feelings. Even it exposed to additional health problems. Primarily, prisoners with severe mental illness shout and insult others when they need something to help. Prisoners with disabilities have taken their coping styles to overcome imprisonment challenges either it is bad or good feelings for others. Also, Shulein et al.(2020) reported that prisoners with traumatic brain injury practice coping strategies to reduce challenges such as difficulties in understanding directions, troubles in remembering instructions from prison staff, anxiety or depression, and withdrawing from social interaction.

5.4.2. Self-Advocating experiences

The study finding indicates that prisoners with disabilities have low self-advocating experiences. Hence, most prisoners with disabilities have no awareness about their rights in prison and even some prisoners know about their rights they frustrate to advocate. Not only frustrating in self-advocacy, but also prisoner feels bad or shame when they ask for support from other non-disabled prisoners or prison officials. Further, Blanck (2016) noted that incarcerated prisoners with disabilities are facing many challenges due to the lack of appropriate materials and low advocating skills for themselves. Similarly, the other previous studies indicated that there is a low formation of self-advocacy groups of persons with developmental disabilities in Korea (Kim, Hall & Jung, 2020). Also, the Deaf Advocacy Training Work Team of the National Consortium of Interpreter Education Centers (NCIEC) (2009) shows many deaf, and deaf-blind, and hard of hearing people who use their services have lack advocacy skills for themselves this is because they do not know how to advocate for themselves, or do not have the training or are afraid to advocate for themselves. For instance, these prisoners isolate themselves from programs instead of self-advocating and actively participating.

CHAPTER SIX

SUMMARY, CONCLUSION, LIMITATION, AND RECOMMENDATIONS

6.1. Summary of the Findings

However, prisoners with disabilities are entitled to get reasonably adapted services and they have the right to participate in different programs in prison as like as non-disabled prisoners, they face many life challenges in prison due to the lack of such accommodated deserved services in Bahir Dar City Administration Prison. Hence, the prison management system is not considering the unique needs of persons with disabilities. As a result, prisoners with disabilities do not get appropriate health services and treatments. Furthermore, the safety of prisons' beds, beddings, showers, and toilets are not keeping in cleanly. The quantity and quality of food services are not considered the health condition of prisoners particularly prisoners with diabetes as they need extra food. Even if, prisoners with disabilities need special health-related treatments especially for prisoners with mental illness, there are no special doctors or psychiatrists in prison clinics and other referral hospitals that work with the collaboration of Bahir Dar city Administration prison.

Also, the provision of education and training services in prison is not addressed these prisoners because of a lack of educational materials, inaccessible classrooms, and school compounds. More specifically prisoners with mental illness are discriminated from educational services. Education and training manuals prepared as usual contexts that not included the special needs of prisoners. In addition, teachers and trainers have not know-how in Braille reading and writing skills, sign language skills, and other inclusive-based teaching methods. Work and employment opportunities are not also fairly distributed or comfortable for these prisoners. Thus, prisoners face financial challenges to and it also affects their families.

Although prisoners with disabilities need assistance, interpreter, and other well-adapted informational materials and services including special needs expert, there is no any assistive materials and especially trend experts. As a result, they are challenging to communicate and share prison information with prison officials and other stakeholders. In published information either in Braille or sign language and other video recorded materials that are essential to aware

prisoners with hearing impairment and visual impairment. For instance, these prisoners ask supports from coordinators and other non-disabled prisoners. Especially prisoners with severe mental illness are challenged to express their ideas. This miscommunication results in other additional crimes and accused charges including isolation of other prison services. Mostly they are socially discriminated by non-disabled prisoners. In addition, however, the prison has counseling programs but it is not addressing all prisoners. For instance, counselors deliver group counseling strategies even these prisoners with disabilities may need individual counseling services. In this case, the prison has poor counseling services.

To minimize life challenges in prison, these prisoners try to cope and adapt by practicing coping mechanisms even if they are not effectively performing or highly practice. On the other hand prisoners with disabilities have low self-advocating experiences rather than accepting what they are informed and permit prison officials. Generally, prisons' ways of treatment, provision of deserved and adapted materials or services for prisoners with a disability is the unlooked issue. Consequently, the life situation of prisoners with disabilities in prison is at risk rather than getting rehabilitation services.

6.2. Conclusions

The study aims to find out the lived experiences of prisoners with disabilities in Bahir Dar City Administration Prison. Accordingly, the researcher has concluded the research results based on the findings as follows.

- The prisons have no special consideration of health-related services for prisoners with disabilities. Hence, it is exposed to other serious health conditions.
- Education and training services in prison do not consider prisoners with disabilities that teachers, trainers, and other teaching and learning materials do not consider prisoners' special educational needs. Therefore, prisoners with visual impairment and mental illness are not adequately learned.
- Due to the case of inappropriate work and employment opportunities, prisoners with disabilities face financial challenges in prison and they are at risk even after they release from imprisonment.
- There are no effective counseling services in prison as a result of the low number of counselors and poor counseling skills for prisoners with disabilities especially prisoners

with severe mental illness. As a result, prisoners with disabilities have not self-awareness skills, self-concept and they are hopeless. If prisoners with disabilities have got sufficient counseling services, they may develop positive self-concepts.

- In Bahir Dar City Administration Prison, no available services that used to communicate and share information, and that result in prisoners with low vision are a challenge to read documents. Similarly, prisoners with severe mental illness are faced with challenges to understand and communicate their accused issues. In this case, they get convictions from courts and they are limited to participate in different prison programs even they need assistants or facilitators. Moreover, sign language books and videos are not available in prison.
- There is low social interaction in prisoners with disabilities, staff officials, and non-disabled prisoners. Particularly, prisoners with severe epilepsy and mental illness face social discrimination. Thus, they isolate themselves and feel lonely.
- These prisoners are challenged to overcome prison life barriers even though they try to cope, strive and survive the unpleasant imprisonment life.

6.3. Limitation of the study

As the researcher aims to explore the lived experiences of prisoners with disabilities, the study has limitations in data collection methods that the researcher was proposed to use document analysis and photographs for triangulation of the data and to more convince and to show the real-life situation of prisoners with disability in prison. But, the prison rules do not give permissions to do these activities. For instance, the researcher uses interview, observation, and focus group discussions data collection methods.

6.4. Recommendations

Based on the research findings obtained and conclusions made, the following recommendations are forwarded for responsible bodies.

- The government should evaluate the level of treatment and availabilities of adapted services in prison.

- The government should employ psychiatric specialists or specialized doctors at least at the regional prison level to make quick identification and to provide sufficient health services especially for prisoners with mental illness.
- The prison should allocate budgets that consider prisoners with disabilities to address adapted services.
- The prison should give special training for prison officials such as braille reading and writing and sign language skills. If it is possible, the training should address all but more specifically nurses and doctors, counselors, coordinators, teachers and trainers, waiters, and justice experts that are used to communicate and share any relevant information with prisoners with hearing impairment and for the enrichment of informational documents for prisoners with visual impairment.
- The prison counselor should provide awareness-raising programs on how prison officials assist prisoners with disabilities. In addition, the counselor should create awareness about disability to minimize misconceptions and discrimination between prison staff, non-disabled prisoner, and prisoners with disabilities
- The prison should adjust the physical environment that accepts all individual differences in clinics, toilets, showers, cafeterias, classrooms, and different work and recreational areas.
- The prison should give permissions for prisoners with disabilities to form self-advocacy groups that the group should advocate and struggle for their rights in prison.
- The prison should employ skilled special needs experts to make appropriate identification, assessment, and interventions for prisoners with disabilities in prison.
- The governmental and non-governmental organizations should provide necessary accommodated services and other awareness-raising programs to address the unique needs of prisoners with disabilities in health, education, and training, work and employment, communication and information, counseling services and other deserved interventions services.

Recommendations for further researches

Furthermore, the special needs expert should explore how to preserve the challenging life of prisoners with disabilities in prison either in similar or other study areas.

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APPENDICES

Appendix A

Bahir Dar University

College of Education and Behavioral Sciences

Department of Special Needs and Inclusive Education

Interview guide for prisoners with disabilities

Dear Respondents

The main purposes of this interview guide are to gather the relevant data on the lived experiences of prisoners with disabilities in Bahir Dar City Administration prison house as part of master thesis being conducted by Tadele Yismaw post graduate student of Special Needs and Inclusive Education. The aim of the study is to explore the lived experiences of prisoners with disabilities in Bahir Dar City Administration prison house. Thus your responses are highly significant in determining the success of this study. Therefore you are kindly and honestly requested to respond genuinely to all items of the interview questions. The data that will be collected is only used for academic propose. The researcher would like to assure that your responses are strictly confidential.

Thank you in advance!

Part one: Demographic data of Respondents

1. Sex_____
2. Age_____
3. Marital status_____
4. Educational level_____
5. Work_____
6. Time of imprisonment_____
7. Types of impairment_____

Part Two: Questions related to Health and safety treatments

1. What type of health services are you get?
2. How do you describe the accessibility and quality of health services?
3. How do you perceive health professionals' assistant, skills and ways of handling?
4. How do you see the quality of rest and beds rooms, toilets, cafeterias and food services?
5. Who is your intimacy person when you need to get health services?

Part Three: Questions related to Treatments in Education and training services

1. What types of education and training services are you get?
2. How do you see the provision of education and training services?
3. How do you describe teachers and trainers skills to teach and give trainings which bases on your interest?
4. How do see teaching and training materials?
5. What do you feel about the comfortableness of prisons' school compound, classroom and training rooms?

Part Four: Questions related to Provision of work and employment opportunities

1. What is your source of business in prison house?
2. What types of service you get to start your business in prison house?

Part Five: Questions related to Treatments in justice sentence and the way of communication of prisoners with disabilities

1. How do you communicate with judicators and prison coordinators about your accusal issues?
2. How do you see the treatments of judicators and prison coordinators?
3. How do you get information about the overall management system of the prison?

Part Six: Questions related to social interaction development and provision of counseling services

1. How do you see social life in prison house?
2. How is your social interaction skill with other prisoners?
3. How do you explain social interaction of prison staffs, non-disabled prisoners and prisoners with disabilities?
4. How do you get counseling services in different aspects of your life?

Part Seven: Questions related to challenges and its consequences on prisoners life

1. How do you see prisons' life?
2. What challenges do you face in your life time of imprisonment?
3. What do you think about the causes of these challenges?
4. How do you explain the consequences of these challenges in your life?
5. Who is the stakeholder to alleviate these challenges?

Part Eight: Questions related to Prisoners with disabilities' experiences to cope prisons' life

1. What types of life experiences do you have to solve challenges in your imprisonment life?
2. How do you ask and get supporting services when you face challenges?
3. How do you struggle for your rights in prison house?
4. How do you share your problem solving experience to other prisoners with disabilities?

Appendix B

Bahir Dar University

College of Education and Behavioral Sciences

Department of Special Needs and Inclusive Education

Interview guide for prison Staffs

Dear Respondents

The main purposes of this interview guiding are to gather the relevant data on the lived experiences of prisoners with disabilities in Bahir Dar City Administration prison house as part of master thesis being conducted by Tadele Yismaw post graduate student of Special Needs and Inclusive Education. The aim of the study is to explore the lived experiences of prisoners with disabilities in Bahir Dar City Administration prison house. Thus your responses are highly significant in determining the success of this study. Therefore you are kindly and honestly requested to respond genuinely to all items of the interview questions which concerns on your professions and responsibilities. The data that will be collected is only used for academic propose. The researcher would like to assure that your responses are strictly confidential.

Thank you in advance!

Part one: Demographic data of Respondents

1. Sex_____
2. Age_____
3. Marital status_____
4. Educational level_____
5. Types of profession_____
6. Work experience_____

Part Two: Interview guide for prison coordinators

1. What is your specific responsibility in prison?
2. How do you facilitate the issue of prisoners with disabilities?
3. How do you communicate with prisoners with disabilities?
4. As a prison coordinator, what types of problems you observe that face on prisoners with disabilities?
5. What challenges do you face when you facilitate prisoners with disabilities?

Part Three: Interview guide for Justice Expert

1. How do you see the issue of prisoners with disabilities regarding to your profession?
2. How do you advocate for the right of prisoners with disabilities and services which are deserved to them?
3. How do you evaluate the practices of fair treatments on prisoners with disabilities?
4. How do you communicate with prisoners with disabilities when they want to ask and discuss about their accusal issues?
5. As a justice expert, what challenges you observe that affect the overall management systems of the prison regarding to prisoners with disabilities?

Part Four: Interview guide for Health Experts

1. How do you see the health of prisoners with disabilities?
2. How do you treat prisoners with disabilities?
3. How do you describe the accessibility of prison's health materials and experts to treat prisoners with disabilities?
4. What challenges do you face when you treat prisoners with disabilities?
5. What you recommend to create rehabilitative healthy prison environment especially for prisoners with disabilities?

Part Five: Interview guide for teachers

1. Have you ever get prisoners with disabilities in your teaching classroom?
2. How do you teach prisoners with disabilities?
3. How do you see your skills and knowledge to teach prisoners with disabilities?
4. What types of adapted materials you use when you teach prisoners with disabilities?
5. What challenges do you face when you teach prisoners with disabilities?

6. How do you solve challenges when you teach prisoners with disabilities?

Part Six: Interview guide for trainers

1. What types training you give in prison house?
2. Have you ever get prisoners with disabilities in your training classroom?
3. How do you provide trainings on the interest of prisoners with disabilities?
4. What the purpose the training regarding to prisoners with disabilities?
5. What types of training material you use?
6. What challenges you face when you give trainings for prisoners with disabilities?

Part Seven: Interview guide for waiters

1. How do you serve food services for prisoners with disabilities?
2. How do you communicate prisoners with disabilities in cafeterias?
3. What challenges you face when you provide food services for prisoners with disabilities?
4. How do you solve challenges when you serve food service for prisoners with disabilities?

Part Eight: Interview guide for Counselor

1. What types of counseling services you provide for prisoners with disabilities?
2. What the purpose the counsel regarding to prisoners with disabilities?
3. What type's contents are included in counseling services?
4. What challenges you face when you give counseling services for prisoner with disabilities? How do you solve it?

Part Nine: Interview guide for Gender and special needs expert

1. What is your role that you are delegated as special needs expert?
2. How do you see the issue of prisoners with disabilities regarding to special needs profession?
3. How do you evaluate prisons regarding to provision of accommodate services for prisoners with disabilities?
4. How do you advocate for the rights of prisoners with disabilities?
5. What types of guidelines does prison have to treat prisoners with disabilities?

Appendix C

Bahir Dar University

College of Education and Behavioral Sciences

Department of Special Needs and Inclusive Education

Observable sites and Observation contents or criteria

1. Cafeteria

- 1.1. Accessibility of cafeterias' environment for prisoners with disabilities especially for wheelchair user, crunch and white cane users
- 1.2. Availability and comfortableness of rumps, chairs, desks in cafeteria
- 1.3. Safety of the cafeteria
- 1.4. Feeding situations of prisoners with disability
- 1.5. waiters and prisoners interaction

2. Rest and bed rooms

- 2.1. Safety of rest and bed rooms
- 2.2. Physical accessibility of beds and rooms
- 2.3. Prisoners ration in rest and bed rooms
- 2.4. Interaction of prisoners with disability

3. Training class, Classrooms and Libraries

- 4.1. Physical accessibility of classrooms
- 4.2. Accommodation of chairs and desks
- 4.3. Teachers, trainers and prisoners interaction
- 4.4. The way of teaching and training of prisoners with disability
- 4.5. Teaching and training materials in classroom and training

4. Recreation or sport areas

- 4.1. Physical accessibilities of recreation or sport areas
- 4.2. Availabilities, skills and interaction of trainers and prisoners with disabilities
- 4.3. Safety of recreation or sport areas
- 4.4. Availability of accommodated sport materials for prisoners with disabilities

5. Toilets and washroom

1. Accessibilities of toilets and washrooms
2. Distance of toilets and washrooms from bed and rest rooms
3. Safety of toilets and washrooms
4. Adaptability of toilets and washrooms for prisoners with disabilities

6. Offices

- 5.1. Physical accessibilities of office buildings and rooms
- 5.2. The handling way of prisoners documents

Appendix D

Guiding Focus Group Discussion questions for prisoners with disabilities

1. How do you describe the overall management system of prison house and its consequences on the life's prisoners with disabilities?
2. What are your problem solving activities or experiences during imprisonment and how do you practice these activities?
3. What you recommend to alleviate challenges of prisoners with disabilities and to crate rehabilitative prison environment?

Appendix E: Amharic Version interview Guide

በባህር-ዳር ዩኒቨርሲቲ

ትምህርትና ሥነ-ባህርይ ሳይንስ ኮሌጅ

የልዩ ፍላጎትና አካቶ ትምህርት ትምህርት ክፍል

ከአካል ጉዳተኛ ታራሚዎች ጋር የሚደረግ የቃለመጥይቅ መሪ ጥያቄዎች

ዉድ የጥናቱ ተሳታፊዎች

የዚህ መጠይቅ ዋና ዓላማ አካል ጉዳተኛ ታራሚዎች በማረሚያ ቤት ውስጥ ያላቸው የህይወት ልምድን መሰረት ያደረገ ሲሆን በዋናነት የሚያተኩረው በባህር ዳር ከተማ አስተዳደር ማረሚያ ቤት ዉስጥ በሚገኙ ታራሚዎች ላይ ነው። በመሆኑም እርስዎ የባህር ዳር ከተማ አስተዳደር ማረሚያ ቤት ታራሚ እንደመሆንዎ የሚሰጡኝ መረጃ በባህርዳር ዩኒቨርሲ ትምህርትና ሥነ-ባህርይ ሳይንስ ኮሌጅ ስር በልዩ ፍላጎትና አካቶ ትምህርት ትምህርት ክፍል የማስተርስ ዲግሪ ማሟያ ለምሰራዉ ጥናት ለእኔ መምህር ታደለ ይስማው እንደ ዋና ግብአት ስለሚያገለግለኝ ለምጠይቀዎት ጥያቄዎች በመመለስ እንዲተባበሩኝ ስል በትህትና እጠይቃለሁ። ለዚህ ጥናት የሚሰጡት መረጃ ለምርምር ስራ ብቻ የሚውልና በሚስጥርም የሚያዝ መሆኑን ለማረጋገጥ እውቃለሁ።

ለትብብርዎ ከወዲሁ ምስጋናየን አቀርባለሁ!!

ክፍል አንድ፡ የታራሚዎች የግል መረጃ

1. ፆታ _____
2. እድሜ _____

3. የትዳር ሁኔታ _____
4. የትምህርት ደረጃ _____
5. ስራ _____
6. በማረሚያ ቤት ውስጥ የቆይታ ጊዜ _____
7. የአካል ጉዳቱ አይነት _____

ክፍል ሁለት፡ ከጤና እና ደህንነት ጋር የተያያዙ ጥያቄዎች

1. ምን ምን ዓይነት የጤና አገልግሎቶችን ታገኛለሽ/ህ?
2. በማረሚያ ቤት ውስጥ ያለውን የጤና አገልግሎት አሰጣጥ ጥራት እና ተደራሽነት እንዴት ይገልጹታል?
3. የጤና ባለሙያዎችን አርዳታ፣ ችሎታ እና የአገልግሎት አሰጣጥ መንገድ እንዴት ተገነዘቡት?
4. የማረፊያ ክፍሎች፣ አልጋዎች ፣ መጽዳጃ ቤቶች ፣ የምግብ ቤቶች እና የምግብ አገልግሎቶችን ጥራት እንዴት ያዩታሉ?
5. የጤና አገልግሎቶችን ማግኘት በሚፈልጉበት ጊዜ የእርስዎ የቅርብ ደራሽ ማንዉ?

ክፍል ሶስት፡ ከትምህርት እና ስልጠና አገልግሎቶች ጋር የተያያዙ ጥያቄዎች

1. ምን ምን አይነት የትምህርት እና ስልጠና አገልግሎቶችን ታገኛለሽ/ህ?
2. የትምህርት እና የሥልጠና አገልግሎቶችን አሰጣጥ እንዴት ያዩታል? የ
3. መምህራን እና አሰልጣኞች የእርስዎን ፍላጎት መሰረት ያደረገ ስልጠና እና ትምህርት ከመስጠት አንገል ያላቸውን ችሎታ እንዴት ትገልጭዋለሽ/ህ?
4. የማስተማርያ እና የማሰልጠኛ ቁሳቁሶችን እንዴት ይገልጹታል?
5. በማረሚያ ቤቱ መማሪያ ክፍል እና የሥልጠና ክፍሎች ባለው የምሻት ሁኔታ ምን ይሰመዎታል?

ክፍል አራት፡ ሥራ እና ከሥራ ዕድል ፈጠረዎች ጋር የተዛመዱ ጥያቄዎች

1. በማረሚያ ቤት ውስጥ የገቢ ምንጫዎ ምንድነው?

2. የገቢ ምንጫዎን ስራ እንዲጀምሩ ምን ዓይነት አገልግሎት/አገዛ ይሰጠዎታል?

ክፍል አምስት፡ ከአካል ጉዳተኛ ታራሚዎች የመግባቢያ ስነ ዘዴ እና ክፍትሃዊ ፍርድ አሰጣጥ ጋር የተያያዙ ጥያቄዎች

1. እርስዎ ስለተከሰሱበት ጉዳይ ክፍትህ አካላት እና ከማረሚያ ቤቱ አስተባባሪዎች ጋር በምን መልኩ ነው ሀሳባችሁን ምትለዋዎጡት?
2. የዳኞች እና የማረሚያ ቤቱ አስተባባሪዎች ሙዌ ድጋፍ አሰጣጣቸውን እንዴት ትገልጭዋለሽ/ትገልጻለህ?
3. ስለ ማረሚያ ቤቱ አጠቃላይ የአመራር ስርዓት እንዴት መረጃ ያገኛሉ?

ክፍል ስድስት፡ ከማህበራዊ መስተጋብር ልማት እና የምክር አገልግሎት አሰጣጥ ጋር የተዛመዱ ጥያቄዎች

1. በማረሚያ ቤት ውስጥ ያለውን ማህበራዊ ኑሮ እንዴት ይገልጹታል?
2. እርስዎ ከሌሎች ታራሚዎች ጋር ያለዎት የማህበራዊ ግንኙነት ችሎታ እንዴት ነው?
3. የማረሚያ ቤቱ ሠራተኞች፣ አካል ጉዳተኛ ታራሚዎች እና አካል ጉዳተኛ ያልሆኑ ታራሚዎችን ማህበራዊ ግንኙነት እንዴት ትገልጭዋለሽ/ትገልጻለህ?
4. ከተለያዩ ህይወትዎ ጋር ሊዛመዱ የሚችሉ የምክር አገልግሎቶችን እንዴት ነው ሚያገኙት?

ክፍል ሰባት፡ በአካል ጉዳተኛ ታራሚዎች ላይ ከሚገጥሙ ችግሮች እና በሕይወታቸው ላይ ከሚያስከትሏቸው መዘዞች ጋር የተያያዙ ጥያቄዎች

1. የማረሚያ ቤትን ሕይወት እንዴት ትገልጭዋለሽ/ትገልጻለህ?
2. በማረሚያ ቤት ሕይወትዎ ውስጥ ምን ፈታኝ ሁኔታዎች አጋጥመዎታል?
3. የእነዚህ ፈታኝ ሁኔታዎች መንስኤ ምንድነው ብለው ያስባሉ?
4. እነዚህ ፈታኝ ሁኔታዎች በሕይወትዎ ውስጥ ምን ዓይነት ተጽኖ አሳደሩብሽ/ህ?
5. እነዚህን ፈታኝ ሁኔታዎች ለማቃለል ባለድርሻው አካል ማን ነው ብለው ያስባሉ? ለምን?

ክፍል ስምንት፡ አካል ጉዳተኛ ታራሚዎች የማረሚያ ቤትን ሕይወትን ለመቋቋም ካላቸው ልምዶች እና ተሞክሮዎች ጋር የተያያዙ ጥያቄዎች

1. በማረሚያ ቤት ሕይወት ውስጥ ፈታኝ ሁኔታዎችን /ችግሮችን ለመፍታት ምን ዓይነት የሕይወት ተሞክሮቶች አለዎት?
2. ችግር ሲያጋጥም በምን መልኩ እርዳታ ጠይቀው ነዉ ድጋፍ ሊያገኙ የሚችሉት?
3. በማረሚያ ቤት ውስጥ ስለሙብትዎ እንዴት ይታገላሉ?
4. ችግሮችን የመፍታት ልምዶች እና ተሞክሮቶችን ለሌሎች ታራሚዎች እንዴት ያጋራሉ?

Appendix F

በማረሚያ ቤቱ ውስጥ በተለያዩ የሥራ ገላጭነት ላይ ለሚሰሩ ሰራተኞች የሚደረጉ የቃለመጠይቅ መሪ ጥያቄዎች

ዉድ የጥናቱ ተሳታፊዎች

የዚህ መጠይቅ ዋና ዓላማ አካል ጉዳተኛ ታራሚዎች በማረሚያ ቤት ውስጥ ያላቸው የህይወት ልምድን መሰረት ያደረገ ሲሆን በዋናነት የሚያተኩረው በባህር ዳር ከተማ አስተዳደር ማረሚያ ቤት ውስጥ በሚገኙ ታራሚዎች ላይ ነው። በመሆኑም እርስዎ የባህር ዳር ከተማ አስተዳደር የማረሚያ ቤቱ ሰራተኛ እንደመሆንዎ መጠን የሚሰጡኝ መረጃ በባህርዳር ዩኒቨርሲቲ ትምህርትና ሥነ-ባህርይ ሳይንስ ኮሌጅ ስር በልዩ ፍላጎትና አካቶ ትምህርት ትምህርት ክፍል የማስተርስ ዲግሪ ማሟያ ለምሰራዉ ጥናት ለእኔ ለመምህር ታደለ ይስማው እንደ ዋና ግብአት ስለሚያገለግለኝ ለምጠይቀዎት ጥያቄዎች በመመለስ እንዲተባበሩኝ ስል

በትህትና እጠይቃለሁ፡፡ ለዚህ ጥናት የሚሰጡት መረጃ ለምርምር ስራ ብቻ የሚውልና በሚስጥርም የሚያዝ መሆኑን ለማረጋገጥ እውቃለሁ፡፡

ለትብብርዎ ከወዲሁ ምስጋናየን አቀርባለሁ!!

ክፍል አንድ፡ የሰራተኞች የግል መረጃ

1. ያታ _____
2. እድሜ _____
3. የትምህርት ደረጃ _____
4. የትምህርት ደረጃ _____
5. የሚሰሩበት ሙያ _____
6. የስራ ልምድ _____

ክፍል ሁለት፡ ከማረሚያ ቤቱ አስተባባሪ ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. በማረሚያ ቤቱ ውስጥ ዋና ኅላፊነትዎ ምንድነው?
2. አካል ጉዳተኛ ታራሚዎች በተመለከተ ምን ምን ስራዎችን ይሰራሉ?
3. ከአካል ጉዳተኛ ታራሚዎች ጋር እንዴት ነው ምትግባቡት/መረጃ ምትለዋወጡት?
4. እንደ ማረሚያ ቤቱ አስተባባሪ አካል ጉዳተኛ ታራሚዎች ምን ምን ችግሮች ሲያጋጥሟቸው አስተውለዋል?
5. ለአካል ጉዳተኛ ታራሚዎች በሚያስተባብሩበት ወቅት ምን ችግር አጋጥሞታቸው ያወቃል?

ክፍል ሶስት፡ ከማረሚያ ቤቱ የፍትህ ጉዳይ ባለሙያ ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. ከህግ ሙያ እንደ የአካል ጉዳተኛ ታራሚዎችን ጉዳይ እንዴት ያዩታል?
2. ስለ አካል ጉዳተኛ ታራሚዎች መብት እና ለነሱ ከሚያስፈልጉ አገልግሎቶች ትግበራ አንፃር እንዴት ነው እየተሟላቱ ወይም እያስተባብሩ ያሉት?

3. የማረሚያ ቤቱን የአካል ጉዳተኛ ታራሚዎችን እያያዝ በተመለከተ ክፍትሃዊነት እንግር እንዴት ይገመገሙታል?
4. አካል ጉዳተኛ ታራሚዎች ስለ ተከሰሱበት ጉዳይ ለመጠየቅ ወይም ለማዎያየት በሚመጡበት ጊዜ በምን መልኩ ነው መረጃን ምትለዋዎጡት ወይም ምትግባቡት?
5. እንደ እንድ የህግ ወይም የፍትህ ባለሙያ ከአካል ጉዳተኛ ታራሚዎች እንግር የማረሚያ ቤቱን የጠቅላላ አስተዳደር ሁኔታ ተፅዕኖ ሊያሳድሩ የሚችሉ ነገሮች ምን ምን አስተዋለዋል ?

ክፍል አራት፡ ከማረሚያ ቤቱ የጤና ባለሙያ ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. የአካል ጉዳተኛ ታራሚዎችን የጤና ሁኔታ እንዴት ይገልጹታል?
2. ክእለት መቶ እንግር አካል ጉዳተኛ ታራሚዎችን በምን መልኩ ሊያስተናግዷቸው የሚችሉት?
3. የማረሚያ ቤቱን የጤና ባለሙያ እና የእቃ አቅርቦት ተደራሽነት ከአካል ጉዳተኛ ታራሚዎች ጤና እያያዝ ጋር እንዴት ይገልጹታል?
4. አካል ጉዳተኛ ታራሚዎችን በሚያስተናግዱበት ጊዜ ምን ችግር ገጠመዎት?
5. የማረሚያ ቤቱ አጠቃላይ ሁኔታ አካል ጉዳተኛ ታራሚዎችን በጤና፣ በአመለካከት፣ በመልካም ስነልቦና እና በባህሪ የታነፁ ሊያደረግበት የሚያስችሉ የመፍትሄ ሀሳቦች ምን ምን ሊሆኑ ይችላሉ?

ክፍል አምስት፡ ከማረሚያ ቤቱ መምህር ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. በምታስተምረበት/ርበት ክፍል ውስጥ ብዙውን ጊዜ አካል ጉዳተኛ ታራሚዎች ተካተው ይገኛሉ?
2. አካል ጉዳተኛ ታራሚዎችን የማስተማሪያ ዘዴዎ ምንድነው?
3. የእርስዎን እዉቀት እና ችሎታ አካል ጉዳተኛ ታራሚዎችን ከማስተማሪያ እንግር እንዴት ይፍትሻሉ?
4. ለአካል ጉዳተኛ ታራሚዎች ተስማሚ የሆነ የማስተማሪያ መሳሪያዎችን ምን ምን ይጠቀማሉ?
5. አካል ጉዳተኛ ታራሚዎችን ሲያስተምሩ ምን ችግር ገጥመዎት ያውቃል?

ክፍል ስድስት፡ ከማረሚያ ቤቱ የስልጠና ባለሙያ ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. በማረሚያ ቤቱ ውስጥ ምን ዓይነት ስልጠና ነው ሚሰጡት?
2. በስልጠናዎ ክፍል ውስጥ አካል ጉዳተኛ ታራሚዎች አብዛኛውን ጊዜ ይካተታሉ?
3. የስልጠናዎ አሰጣጥ ዘዴ የአካል ጉዳተኛ ታራሚዎችን ፍላጎት መሰረት ያደረገ ነው ምክንያት?
4. ከአካል ጉዳተኛ ታራሚዎች እንግር የስልጠናው አላማ ምንድን ነው?

5. ምን እይነት የስልጠና መሳሪያዎችን ይጠቀማሉ?
6. አካል ጉዳተኛ ታራሚዎች በሚያሰለጥኑበት ወቅት ምን ችግር ገጥሞት ያቃል?

ክፍል ሰባት፡ ከማረሚያ ቤቱ የመስተንግዶ ባለሙያ ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. አካል ጉዳተኛ ታራሚዎችን በምን መልኩ ነው ምታስተናገዷቸው?
2. ከአካል ጉዳተኛ ታራሚዎች ጋር በምን ነው የምትገባቡት?
3. አካል ጉዳተኛ ታራሚዎችን በምታስተናግዱበት ጊዜ ምን እይነት ችግር ገጥሞት ያውቃል?
4. አካል ጉዳተኛ ታራሚዎችን በምታስተናግዱበት ጊዜ የሚገጥምዎትን ችግር እንዴት ይፈቱታል?

ክፍል ስምንት፡ ከማረሚያ ቤቱ የምክር አገልግሎት ባለሙያ ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. ለአካል ጉዳተኛ ታራሚዎች ምን እይነት የምክር አገልግሎት ነው የሚሰጡት?
2. ከአካል ጉዳተኛ ታራሚዎች ህይወት አንጻር የሚሰጠው የምክር አገልግሎት አላማው ምንድን ነው?
3. የምክር አገልግሎቱ ምን ምን ይዘቶችን ያካተተ ነው?
4. ለአካል ጉዳተኛ ታራሚዎች የምክር አገልግሎት በሚሰጡበት ወቅት ምን ችግር ገጥሞት ያውቃል?
እንዴት ፍቱት?

ክፍል ስምንት፡ ከማረሚያ ቤቱ የስርዐት ያለ ስነ ልቦና ፍላጎት ባለሙያ ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ መሪ ጥያቄዎች

1. በማረሚያ ቤት ውስጥ የልዩ ፍላጎት ባለሙያ ሁነህ መመደብሽ/ህ ለአካል ጉዳተኛ ታራሚዎች ያለው ሚና ምንድን ነው?
2. በማረሚያ ቤት ውስጥ ያለውን የአካል ጉዳተኞችን ህይወት ክልዩ ፍላጎት ሙያዎ አንጻር እንዴት ያዩታል?
3. እንደ ልዩ ፍላጎት ባለሙያ ማርሚያ ቤቱ ለአካል ጉዳተኛ ታራሚዎች ተስማሚ አገልግሎቶችን ከመስጠት አኳያ እንዴት ይገመግሙታል?
4. ስለ አካል ጉዳተኛ ታራሚዎች መብት እና አገልግሎት እንዴት ነው ሚታገሉት?
5. ማረሚያ ቤቱ ከአካል ጉዳተኛ ታራሚዎችን አያያዝ አንጻር ምን እይነት አስተዳደራዊ መመሪያ አለው?

Appendix G

በምልከታዉ ሂደት ውስጥ የሚካተቱ ቦታዎች እና የመገምገሚያ ይዘቶች ወይም መስፈርቶች

1. የመመገቢያ ቤቶች ሁኔታ

- 1.1. የመመገቢያ ቤቶች አካባቢያዊ ሁኔታ ለአካል ጉዳተኛ ታራሚዎች ያላቸዉ ተደራሽነት እና ተስማሚነት
- 1.2. በምግብ ቤቱ ውስጥ የሚገኙ የመገልገያ መሳሪያዎች እንደ ጠረንጴዛ ፣ ወንበር እና የመተላለፊያ ቦታዎች ተስማሚነት እና ተደራሽነት
- 1.3. የምግብ ቤቱ ንፅህና አያያዝ
- 1.4. የአካል ጉዳተኛ ታራሚዎች የአመጋገብ ሁኔታዎች
- 1.5. የአስተናጋጅ እና ታራሚዎች የመገባባት ሁኔታ

2. የማረፊያ እና የአልጋ ክፍሎች ሁኔታ

- 2.1. የማረፊያ እና የአልጋ ክፍሎች የንፅህና ሁኔታ
- 2.2. የማረፊያ እና የአልጋ ክፍሎች አካላዊ ተደራሽነት እና ተስማሚነት
- 2.3. የማረፊያ እና የአልጋ ክፍሎች ውስጥ የታራሚዎች ብዛት
- 2.4. የማረፊያ እና የአልጋ ክፍሎች ውስጥ የአካል ጉዳተኛ ታራሚዎች ማህበራዊ ግንኙነት

3. የሥልጠና ክፍል፣ የመማሪያ ክፍሎች እና ቤተመጽሐፍቶች

- 3.1. የሥልጠና ክፍሎች፣ የመማሪያ ክፍሎች እና ቤተመጽሐፍቶች ተደራሽነት እና ተስማሚነት
- 3.2. የወንበሮች እና የጠረጓጌዎች ተስማሚነት
- 3.3. የአስተማሪዎች፣ አሰልጣኞች እና ታራሚዎች ግንኙነት
- 3.4. የአካል ጉዳተኛ ታራሚዎች የማስተማሪያ እና የማሰልጠኛ ዘዴዎች
- 3.5. የማስተማሪያ እና የማሰልጠኛ ቁሳቁሶች ተደራሽነት እና ተስማሚነት

4. የመዝናኛ ወይም የስፖርት ማዘወተሪያ አካባቢዎች

- 4.1. የመዝናኛ ወይም የስፖርት ማዘወተሪያ አካባቢዎች ተስማሚነት እና ተደራሽነት
- 4.2. የስፖርት አሰልጣኞች ተደራሽነት፣ ክህሎት እና የአካል ጉዳተኛ ታራሚዎች ግንኙነት
- 4.3. የመዝናኛ ወይም የስፖርት ማዘወተሪያ አካባቢዎች ንፅህና
- 4.4. የስፖርት ማዘወተሪያ ቁሳቁሶች ለአካል ጉዳተኛ ታራሚዎች ያላቸው ተስማሚነት

5. የሽንት ቤት እና የሻውሩ ሁኔታ

- 1. የሽንት ቤት እና የሻውሩ ተደራሽነት
- 2. የሽንት ቤት እና የሻውሩ እርቀት ከማረፊያ ክፍሎች አኳያ
- 3. የሽንት ቤት እና የሻውሩ የንፅህና ሁኔታ
- 4. ሽንት ቤቱ እና ሻውሩ ለአካል ጉዳተኛ ታራሚዎች ያለው ተስማሚነት

6. ቢሮዎች

- 5.1. የቢሮ ህንፃዎች እና ክፍሎች ለአካል ጉዳተኛ ታራሚዎች ያላቸው ተስማሚነት
- 5.2. የአካል ጉዳተኛ ታራሚዎችን የመረጃ እያያዝ ሁኔታ

አካል ጉዳተኛ ታራሚዎች ጋር የሚደረግ የጋራ ውይይት ቃለ መጠይቅ መሪ ጥያቄዎች

1. በአጠቃላይ የማረሚያ ቤቱ አስተዳደራዊ ሁኔታ በአካል ጉዳተኛ ታራሚዎች ህይወት ላይ የሚያስከትለው ተፅኖ ምን ይመስላል?
2. በማረሚያ ቤት ውስጥ ለሚገጥሟቸው ችግር የመፍትሄ እርምጃዎች እና የትግበራ ዘዴዎች ምን ምን ናቸው? ለምን?
3. እንደ ታራሚ በአካል ጉዳተኛ ታራሚዎች ላይ የሚደረሱ ችግሮችን ለመቀነስ/ ለማጥፋት እና ታራሚዎቹ በፀባይ፣ በአመለካከት ና በአዉቀት የታነፁ ለማድረግ ማረሚያ ቤቱም /ታራሚዎች ምን ምን ስራዎችን ቢሰሩ የተሻለ ነዉ ብለዉ ያስባሉ?