Original Research Article

We Support Each Other: Lived Experiences of Natural Support among Persons with Disabilities in Ethiopia

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Editor: Huib Cornielje

Article History:
Received: December 16, 2025
Accepted: May 29, 2026
Published: August 06, 2026

Citation: Getachew Gebeyaw Tadese, Solomon Mekonnen, Nicole Bobbette, Heather M. Aldersey, We Support Each Other: Lived Experiences of Natural Support among Persons with Disabilities in Ethiopia. DCIDJ. 2025, 36: Special Issue. doi.org/10.20372/dcidj.957

ABSTRACT

Aim: Evidence suggests that natural support plays a crucial role in promoting the inclusion of persons with disabilities. Despite its significance, the community's role in providing natural support remains underexplored in Ethiopia. This lack of exploration may obscure the importance of such support, resulting in it being undervalued and underutilized in a context where formal support systems are already limited. This study sought to understand the breadth, impact, and value of natural support for persons with disabilities, and to identify factors that could enhance it.

Method: We employed an exploratory-descriptive qualitative design, semi-structured interviews for data collection, and a reflexive thematic analysis. The study utilized Ethics of Care, Dependency, and Disability, and Appreciative Inquiry as theoretical lenses. Purposive sampling was used to recruit 21 participants. Persons with disabilities were recruited through the University of Gondar's community-based rehabilitation program, while neighbours were recommended by those persons with disabilities and/or their caregivers.

Results: Persons with disabilities receive food, clothing, school supplies, transportation, emotional support, information, and advocacy support from family, friends, and neighbours. They reciprocate by offering emotional support, helping with household tasks, and financial and material support. Improving community awareness, expanding social networks for persons with disabilities, and providing livelihood support for caregivers can strengthen natural support.

Conclusion: In the Ethiopian context, where formal support is limited, the government and its partners must recognize the importance and value of natural supports within communities for persons with disabilities and design community-based programs that effectively enhance these supports.

Keywords: Disabilities, Natural Supports, Informal Supports, Community Supports, Reciprocity

INTRODUCTION

The ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) created an obligation for State Parties to ensure access to a wide range of support services to facilitate social inclusion and personal development for persons with disabilities (United Nations [UN], 2006). A recent UN Human Rights Council (2025) report on the human rights dimension of care and support for persons with disabilities stated that support forms the foundation for the enjoyment of a wide range of rights for persons with disabilities, and recommended that all stakeholders, including local and national governments, work together to enhance care and support systems. Laws and legislative efforts alone however, cannot fully ensure appropriate actions related to the realization of rights and support for persons with disabilities (Chibaya, et al., 2022; Hussey et al., 2016; Musenyente et al., 2022).

Globally, failures in implementing legislation reduce the availability of formal supports, thereby restricting persons with disabilities' access to education, employment and healthcare(Gomda et al., 2022; Gréaux et al., 2023; Huus et al., 2021; Shahidi et al., 2023). Formal supports are provided through structured private or government organizations (Reynolds et al., 2018). In Ethiopia, formal support for persons with disabilities is constrained by a lack of effective implementation of national and international laws (UNICEF, 2019). Researchers found that persons with disabilities have been experiencing challenges in accessing formal support (Dassah et al., 2018; Tiruneh et al., 2021) and social and economic problems (Jemberu et al., 2023). As a result, persons with disabilities in Ethiopia often rely on natural supports provided by primary caregivers (Baheretibeb et al., 2024; Gebeyehu et al., 2019). However, caregivers also need support but often do not receive the needed support due to stigma and discrimination experienced in the community (Tekola et al., 2020). This suggests that comprehensive support systems that attend to both formal and natural supports are urgently needed in Ethiopia to improve the lives of persons with disabilities (Tefera et al., 2018).

Natural support, defined as a range of unpaid support provided through love, loyalty, or personal networks developed within the community (Marsack-Topolewski, 2020; Reynolds et al., 2018), often plays an important role in the lives of persons with disabilities (Friedman, 2025; Jaitely & Gaurav, 2025). Researchers have documented the important role of natural support in enabling well-being and resilience, quality of life, health, employment, housing, and participation for persons with disabilities (Friedman, 2025; Sanderson et al., 2019; Sanderson et al., 2024). Researchers have also identified the value of natural support in fostering financial security and empowerment for decision-making (Jansen-van Vuuren et al., 2024) and independent living (Duggan & Linehan, 2013). Natural support can provide emotional, informational, and instrumental support, and facilitate community integration and belonging (Friedman, 2021; Jansen-van Vuuren et al., 2024).

Although natural support for persons with disabilities can come from various sources, existing studies in Ethiopia have consistently identified primary caregivers as the main natural support providers (Baheretibeb et al., 2024; Gebeyehu et al., 2019; Gelaye & Andualem, 2022; Tefera et al., 2018; Weldeab & Opdal, 2007). However, family caregivers in Ethiopia face a heavy caregiver burden in their caretaking duties, often in isolation, with a severe lack of formal psychosocial support (Baheretibeb et al., 2024, p. 1). Additionally, the perceived and experienced stigma directed towards primary caregivers and their child affects the support of persons with disabilities (Tekola et al., 2020). Further, caregivers' capacity to support their children with disabilities is undermined by poverty, hopelessness, domestic abuse, and the multiple burdens faced by single mothers (Szlamka et al., 2023).

These studies have predominantly relied on caregivers' perspectives, leaving a gap in understanding the broader natural support network from the perspectives of persons with disabilities and other natural supporters beyond the primary caregiver, such as neighbours. This study aims to explore the perspectives of persons with disabilities and their neighbours on disability-related natural supports. Specifically, we asked: (a) What are the natural support experiences of persons with disabilities in Gondar City? and (b) How might natural support be better enabled for persons with disabilities in Gondar City?

METHODS

Theoretical Frameworks

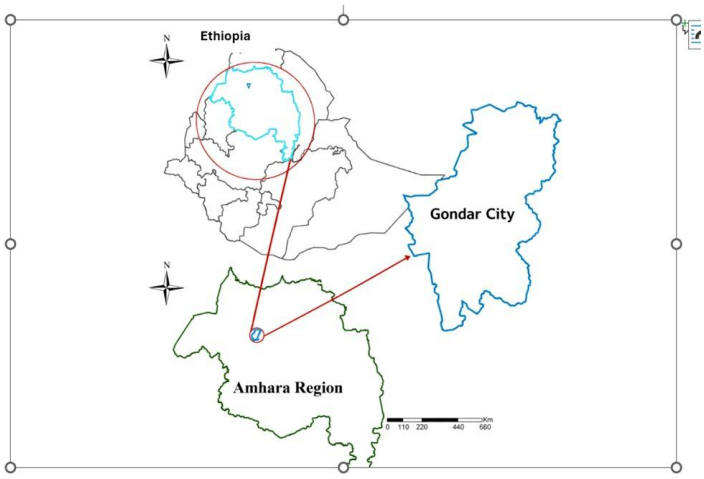
This study is situated within the social constructivist paradigm (Creswell & Poth, 2018; Denzin & Lincoln, 2018). Social constructivism informed our understanding that experiences and meanings of natural support are not fixed or universal, but are shaped through social relationships, cultural values, and everyday interactions of communities. Accordingly, we explored how persons with disabilities and neighbours experienced natural supports within their local context, rather than treating such supports as pre-given or static entities.

Additionally, this study employed Kittay's (2011) Ethics of Care, Dependency, and Disability and Cooperrider et al.'s (2008) Appreciative Inquiry as theoretical lenses. Kittay (2011) argues that all human beings experience phases of dependency and that even those without disabilities are only temporarily able, highlighting the interdependence among individuals with varying abilities. Appreciative Inquiry focuses on the strengths of organizations or communities in order to understand what contributes to their success (Cooperrider et al., 2008). These theoretical lenses provided comprehensive insights into the phenomenon of natural support (Reeves et al., 2008), and were specifically used to formulate the interview questions and establish the study's conceptual foundation (Reeves et al., 2008). Further, these theoretical lenses served as interpretive or sensitizing tools that guided our analysis. However, they did not function as a rigid template for coding and theme development. Instead, theme development was rooted in participants' accounts, with the theories used to enhance the construction of those themes.

Setting

This study was conducted in Gondar City, Amhara Regional State, northwest Ethiopia, about 745 km from Addis Ababa. Teda, Arbaya, and Woleka are satellite Kebeles in Gondar City (see Figure 1). Our study aimed to capture a diversity of experiences relevant to the research question, so we do not have participants from all satellite Kebeles, nor claim representation from central Kebeles. As a qualitative study, we focused on depth and diversity of experiences rather than representativeness.

Figure 1: Study area Map



Source: Shape File CSA 2021 Map Done by ArcGIS 10.7 Software.

Study Design

This study is one piece of a larger PhD dissertation that also explored the CBR program support experiences of persons with disabilities. This study employed an exploratory, descriptive-qualitative (EDQ) design (Hunter et al., 2019), which provides methodological flexibility for investigating a phenomenon of interest and is recommended when exploring a topic that has received limited research attention (Bradshaw et al., 2017; Hunter et al., 2019).

Participants

In line with EDQ methodology (Bradshaw et al., 2017; Hunter et al., 2019), we used purposeful sampling to select participants among persons with disabilities and their neighbours. This sampling method aimed to ensure the sample closely matched the research objectives, thereby enhancing the rigor and trustworthiness of the data (Campbell et al., 2020). Persons with disabilities were purposefully chosen. All persons with disabilities were recruited from those who had received support from the University of Gondar CBR program. Neighbours were recruited through recommendations made by persons with disabilities or their caregivers. Neighbours were included as study participants because they are an essential part of the social environment for persons with disabilities. Natural support often comes from nearby community members, such as neighbours, but they are often overlooked in Ethiopia. Understanding neighbours' perspectives offers insights into community attitudes toward natural support for persons with disabilities and what could better enable natural support to capture these dynamics, providing a comprehensive view of natural support in the community.

The inclusion criteria used for the persons with disabilities were: (1) able to provide informed consent OR informed consent from the primary caregiver along with assent to participate; (2) speaking Amharic or sign language; and (3) being aged 14 or older. The inclusion criteria for neighbours were: (1) individuals recommended by persons with disabilities or/and their families as persons who support them, AND (2) a minimum of six months of experience in supporting persons with disabilities (This criterion was used to ensure that participants had adequate and sustained involvement in supporting persons with disabilities); AND (3) reside close to persons with disabilities and their families; AND (4) speak Amharic or sign language.

The EDQ methodology allows flexibility in determining sample size (Hunter et al., 2019). We applied information power to estimate sample size (Malterud et al., 2016). Data collection continued until information power was reached (Malterud et al., 2016), which means when sufficient data had been collected to develop a robust and valid understanding of the aim.

Sufficient information power depends on five factors: the study aim, sample specificity, the use of established theory, the quality of the dialogue, and the analysis strategy (Malterud et al., 2016). The study posed a specific research question and focused on a particular group with experience in natural support, making it highly relevant to the study's objectives. The interview dialogue was effective; participants shared detailed experiences that aligned with the study's aim, and the research was supported by established theory. Although the participants represented various disability types, all were selected for their direct experience with natural support. The study focused narrowly, yielding rich, in-depth accounts that revealed recurring patterns across participants. Rather than striving for exhaustive representation of each disability category, the analysis aimed to deepen understanding of natural support experiences. For instance, we initially interviewed 9 individuals with disabilities, but after reviewing the data, we decided to conduct 3 additional interviews for greater depth.

Participant Recruitment

We reviewed a de-identified list provided by the University of Gondar CBR program that excluded names, phone numbers, and home addresses. This list provided detailed information on the number of persons with disabilities, their disability type, age, services received, and the length of engagement with the CBR program. Using this information, we identified potential participants based on the study's inclusion criteria. CBR field workers, after being briefed on ethical considerations and signing confidentiality agreements, initially approached potential participants to see whether they would be willing to be contacted about participating in a study. Then, with consent, CBR workers connected us with interested participants. To recruit neighbours, we asked the study participants with disabilities to recommend neighbours who provided them with natural support. Persons with disabilities obtained their neighbours' consent to share their contact information with the lead author. In total, 21 participants were included in the study: 12 persons with disabilities and 9 neighbours.

Data Collection

We used a semi-structured interview guide with open-ended questions to encourage participants to describe their natural support experiences (Kekeya, 2021). Interview questions were prepared in English and then translated into Amharic, the local language. To ensure accurate translations, the protocol was translated by an expert trained in both English and Amharic. Interviews were conducted in Amharic, audio recorded, and transcribed. All transcripts were de-identified, and participants were assigned unique code numbers (ID).

We conducted a pilot interview with two participants, one from each group. We transcribed and translated the pilot data to evaluate depth. Finally, we created a refined interview guide for the actual interviews. The sample questions for persons with disabilities included: (a) Could you please share your experiences of support from: (i) family, (ii) neighbours, and (iii) friends who have helped you without expecting any payment?; (b) Could you please share how you support your family, neighbours, and friends in return for their support? And (c) thoughts on how natural supports could be improved for you?; The sample questions for neighbours: (a) Could you please tell me what support you provide for your neighbour with a disability? (b) Thoughts on how natural supports can be improved for persons with disabilities?

Data Analysis

The data collection, analysis, and report writing stages were interconnected and occurred concurrently, rather than as discrete steps (Creswell & Poth, 2018). Since EDQ research aims to explore and describe the core elements of participant experiences (Hunter et al., 2019), we employed reflexive thematic analysis (Braun & Clarke, 2022) as an

analytical approach. Reflexive thematic analysis involves identifying, analyzing, and reporting patterns within the data (Braun & Clarke, 2022). Throughout data collection and analysis, we documented and discussed our ongoing reflective process (Barrett et al., 2020; Hunter et al., 2019), acknowledging and exploring how our experiences were shaping and influencing the research (Olmos-Vega et al., 2023).

We followed Braun & Clarke's (2022) six steps of reflexive thematic analysis. The interview data were coded and thematized in their original language to maintain the nuances of participants' responses, with selected excerpts translated into English by experts. **Familiarizing with the data:** After each interview, we listened to the audio recording, took notes, transcribed it, and read the transcripts multiple times to immerse ourselves in the data. **Coding:** Two coders independently coded data from six participants to learn from each other's processes. The lead author coded the remaining data with ongoing briefings with the last author. The coded data from the first two participants were translated into English and reviewed by the last author. The process was entirely inductive, and we used NVivo 15 (NVivo, 2025) for coding. **Generating initial themes:** We identified shared patterns across the dataset and organized code clusters around core ideas to address our research questions. **Developing and reviewing themes:** We assessed candidate themes against both the code extracts and the full dataset. **Naming themes:** each theme was clearly defined and focused on a strong core concept, ensuring alignment with the data and our research purpose. **Finally**, we structured our analysis and selected excerpts into a coherent narrative.

Ethical Considerations

The study was conducted in accordance with the Queen's University General Ethics Board (GREB) (TRAQ 6038846), approved on June 26, 2023, and the University of Gondar Institutional Research Ethics Review Committee (IRERC), approved on August 16, 2024. Participation in the study was voluntary, and informed consent was obtained from all participants. For children under 18, both their assent and their caregivers' consent were obtained. We explained the study's purpose, procedures, potential risks and benefits, participants' right to withdraw at any time without penalty and confidentiality. Accessibility accommodations were arranged for each participant, including interview locations, personal assistants, and sign language translators as required.

RESULTS

Persons with disabilities, seven males and five females, aged 14 to 45, participated. Half of the participants were under 18 years old, and the other half were adults. In terms of disability type, nine had physical disabilities (mobility and cerebral palsy), two had sensory disabilities (hearing and visual), and one had intellectual disability. Neighbours consisted of eight females and one male, aged 30 to 43. The duration of the relationships between the persons with disabilities and their neighbours spanned from 7 to 17 years.

Table 2: Themes and Sub-themes

No	Theme	Subtheme
1	Types of Natural Support	Basic Needs Support Educational Support Emotional Support Information and Advocacy Support
2	"የሰው ጌጡ ሰው ነው"(People are the Beauty of the People): Why the Community Supports Persons with Disabilities	

3	Reciprocity: Persons with Disabilities Supporting the Community	
4	Seeking Improvement in Natural Support	Creating Community Awareness Medical and Livelihood Support for Caregivers Enabling Social Networks of Persons with Disabilities

Types of Natural Support

The findings indicate families, friends and neighbours are the primary source of natural support for persons with disabilities in the community. We identified four major types of natural support: (1) basic needs support, (2) educational support, (3) emotional support, and (4) information and advocacy support.

Basic Needs Support

Participants identified receiving or giving support for basic needs through nutritional, material, and financial resources, as well as support for routine daily activities. Nutritional support included groceries, while material support consisted of clothing and personal care items. Financial support refers to the money received as gifts or loans to cover basic needs, such as food and housing. All neighbours mentioned providing food, especially during the holidays, when individuals faced challenges accessing food. A neighbour (code 03, age 38, female) noted:

I do not have any money myself. However, whenever I have something to eat, I invite her [a person with a disability] over to my place. Inviting her into my home is my way of expressing my love for her. We share whatever little I have and spend joyful holidays together.

Neighbours invited persons with disabilities to celebrate and eat together when they organized activities in the church. A person with visual impairment (code 033, age 29, female) mentioned:

My neighbours invite me; I eat and drink. I have a neighbour who has helped me get here from the sixth grade until now [now, she is a University student]. … She helps me with anything I need. She gave me beans, chickpeas, pepper, salt, and powder.

Persons with disabilities received material support from their families, neighbours and friends, including clothing. Persons with disabilities noted that they received material support during special occasions, such as weddings, baptisms, funerals, and religious events. During these occasions, materials are required to build temporary shelters and to prepare food for guests. These materials are typically purchased by a collective composed of community members who divide the costs among themselves and use the resources exclusively. According to persons with disabilities, they accessed these materials for free thanks to their neighbours' willingness to support them. A person with visual impairment (code 033, age 29, female) noted, "*When I have any events, I bring cups, dishes, and tents and use them like anyone else from the collective for free of charge.*"

Financial support was provided in the form of gifts and loans. Neighbours described this support as a crucial means of addressing the immediate needs of persons with disabilities and mitigating their challenges. A person with physical impairment (code 031, age 45, female) observed that "*neighbours are nice to me. When I tell them that I am in trouble, they lend me money. They also give me money as a gift when I need it.*"

Another form of support received by persons with disabilities is assistance with daily activities. This included help for routine activities, such as using the washroom, eating, changing sleeping positions, personal care, mobility assistance, and household chores. Temporary home care was provided by neighbours and other family members when primary caregivers were unavailable. Participants with disabilities and neighbours reported that family members sometimes entrusted neighbours with the care of their children with disabilities when they needed to work or engage in social responsibilities. One neighbour

(code 03, age 38, female) remarked: "*As neighbours, we need to support the child [with a disability] when her mother is not around, treat her like our own child, and be there for her. Feeding her and assisting her in using the restroom means a lot.*"

Persons with cerebral palsy and mobility impairments corroborated that they received temporary home care from neighbours, friends and extended family members. A person with cerebral palsy (code 01, age 14, female) described:

My mother goes to work at 5 am every morning, and during that time, she keeps the door locked while I stay inside. Our neighbours help by unlocking the door and providing me with breakfast. Whenever I need to use the restroom, they are always there to help me get there. I can't move my wheelchair on my own and always rely on support from my neighbours.

Neighbours described providing personal care and mobility assistance. Mobility support included helping persons with disabilities outside their homes for activities such as attending church and social events, while in-home support involved assisting them with mobility within their homes. Participants with mobility impairments and cerebral palsy confirmed receiving such support from their parents, siblings, friends and neighbours. A person with a physical disability (code 020, age 23, male) indicated, *"They [neighbours] help me get out of bed and assist me as I move into my wheelchair. They push my wheelchair and walk alongside me, ensuring I move safely. Whenever I need a haircut, they even cut my hair themselves."*

Educational Support

Persons with disabilities attending school reported receiving various forms of educational support from their families, neighbours, and friends, including transportation to and from school, stationery, encouragement, tutoring, and help with reading and writing. Persons with disabilities affirmed that their parents or primary caregivers were the main sources of educational support. However, these primary caregivers often faced economic challenges, as their caregiving responsibilities affected their ability to generate income. In such cases, siblings and extended family members played a significant role in providing educational materials and covering transportation costs. A person with physical disability (code 025, age 17, male) commented:

Usually, it is my mother whom I ask to buy me paper, markers, exercise books and pens. She buys them if she has money. ... My aunties tell me to let them know what I want them to buy for me. They bought me a school bag and gave me money for transport since the school I attend is far from [home]. I pay sixty birr for a round trip every day. I spend a lot of money on a cart to travel to school. My brothers also cover that cost.

Persons with physical impairments received mobility support to and from school from neighbours and friends, especially when primary caregivers were unavailable. For example, a neighbour (code 017, age 36, female) reported that "*When his mother was sick, I paid one thousand birrs for a Bajaji [three-wheeled electric vehicle] transport to take him [a person with a disability] to school and bring him back home. As much as I could, I support him so that he does not drop out.*" Those with disabilities highlighted that this support was critical for their education. Without natural support from the school or community, participants often could not attend school, particularly when their primary caregivers faced health issues and work commitments. A person with cerebral palsy (code 01, age 14, female) explained:

My mother has epilepsy. Every time she has a seizure, our neighbours bring me to school and return me home. Oftentimes, the organization my mother works for does not let her leave early to pick me up from school. When that happens, friends from my neighbourhood take me home. My mother tells our neighbours that she cannot come and asks for their support in taking me home. It takes me 30 minutes to get to school, and my friends also take me there and bring me home.

Typically, persons without visual impairments read printed materials aloud for those with visual impairments. This participant (code 033, age 29, female) described, "*My friends are very supportive. They read to me when I study. They made me reach this level. …I pay a lot of*

money to readers, but friends read for free. I think their reading support is worth more than money." A participant with a hearing impairment also mentioned receiving writing support from friends to help compensate for the lack of sign-language skills among teachers. The participant (code 036, age 19, female) stated:

While the teachers are teaching in class, I learn by watching what they write on the blackboard and reading their lips because the courses are not given using sign language. But my friends at school allowed me to write down what I did not understand [through lip-reading] and what the teachers did not write on the blackboard. I copied from a friend's notebooks. Friends are good at helping me with that.

All participants with disabilities and their neighbours described encouragement as vital support and an important motivating factor, enabling persons with disabilities to continue their education. A neighbour (code 030, age 43, female) indicated, "*I encourage him to study with my children, to write, to learn, and to achieve a great level. I give him counselling support, saying 'learn your lesson, and you will teach the people who insulted you because of your disability'*"

Emotional Support

Emotional support for persons with disabilities included: (a) offering advice and encouragement, (b) spending time or playing together, and (c) treating persons with disabilities equally. These supports demonstrated care, acceptance and respect. Neighbours emphasized that love and acceptance are essential supports that everyone should extend to persons with disabilities. One neighbour (code 03, age 38, female) described:

What matters most to her [a person with a disability] is love. I believe that love comes first. Material support is secondary. She [a person with a disability] needs to feel loved above all else. We must give them love and our time. Even dedicating just 20 minutes to speaking with them can provide them with hope.

Persons with disabilities received advice and inspiration from family, neighbours, and friends to help them cope with the stress associated with their disabilities and the stigma they faced, while also motivating them to become better individuals in the future. They confirmed that such encouragement significantly enhanced their emotional well-being. Both persons with disabilities and their neighbours highlighted that natural support providers with an optimistic attitude offered valuable encouragement and advice. Neighbours noted that advice was the main type of help they provided and one of the easiest ways to support persons with disabilities. Participants with disabilities reported that this support increased their commitment to academic success, nurtured their passions, enhanced their emotional well-being, and fostered a positive attitude toward themselves and their community. A person with physical disability (code 025, age 17, male) described:

My brothers and neighbours encourage me to keep painting and be successful. I have a cousin who is a teacher. He encouraged me to ask him anything he could help with. …They [families, friends and neighbours] encourage me to keep going, continue painting, and become successful.

Participants with disabilities often faced bullying and stigma. In these cases, they observed that advice and encouragement motivated them to envision a better future and to recognize the community's lack of awareness. They indicated that natural support providers were crucial to their emotional well-being by offering hope through advice and encouragement. A person with visual impairment (code 033, age 29, female) remarked:

I focus my attention on those who encouraged me. It gives me hope. I got to this level by following people who encouraged me. This is the biggest role of support. When people give you advice and encouragement, you feel like anyone else, and you tend to forget your disability. It makes you think that you will be successful and help other people.

Participants with disabilities noted that spending time and playing as equals with family, neighbours, and friends was an important source of emotional support, helping to protect them from feelings of isolation and discrimination. Both persons with disabilities

and their neighbours highlighted that these interactions contributed to a sense of belonging and inclusion within their families, communities, and social circles. A person with physical disability (code 020, age 23, male) recounted:

[Families and neighbours] see me as a person, not someone defined by a disability. They never hurt my feelings. They know what I want, and they make it happen. Sometimes, I tell them what I need, and they do it.

Those with severe impairments (cerebral palsy) reported that they were often confined to their homes and relied on friends and neighbours to visit, which strengthened their sense of belonging: "*We [families] play with toys. He [friend] brings me toys and play materials, and he brings kids over to my place when I ask him. … My cousins also come to play with me.*" (Code 07, age 15, male).

Information and Advocacy Support

Persons with disabilities reported receiving information and advocacy support from their families, friends, and neighbours. Neighbours confirmed providing this support, helping to challenge negative community attitudes, facilitate social interactions, advocate for medical access, and refer participants to potential formal support resources. Additionally, participants reported that advocacy from families, neighbours, and friends was essential not only for addressing their immediate needs but also for promoting inclusion in education, employment, and safety-net programs. A neighbour of a person with disability (code 08, age 30, female) noted:

I always talk to our neighbours and ask them why they don't stop their children from laughing at others because of their disability. I also tell them: "You have a child too. You never know what the future holds for your own child. So you should not allow them to hurt others because of their disability; instead, you have to support them." I ask them why they don't invite them during holidays.

Persons with disabilities highlighted that they often had limited mobility and faced challenges accessing information about formal government support. They emphasized the vital role natural support providers play in informing them of formal community supports. Families, neighbours, and friends shared information about organizations that can assist with medical costs, including community-based rehabilitation programs. They also provided information on how to access free health insurance from the Kebele (the smallest administrative unit of Ethiopia). Not only did they provide information, but families, friends, and neighbours also contacted potential organizations directly on behalf of the person with disabilities. A person with cerebral palsy (code 016, age 14, male) noted:

They [natural support providers] inform me whenever there is support available from the Kebele for persons with disabilities. …Then, once I was identified, the Kebele enrolled me as a beneficiary. They [natural support providers] communicate with the Kebele administrators to ensure I receive assistance whenever there are opportunities. …The local community reported my situation, indicating that I need support. ...Due to this community information, I received educational materials.

'የሰው ጌጡ ሰው ነው': [People are the Beauty of the People]: Why the Community Supports Persons with Disabilities

In this theme, participants with disabilities explained the reasons their natural support providers help them, while neighbours shared their reasons for offering support. Participants mentioned four major reasons: social and cultural value, creating a better future for persons with disabilities, religious teaching, and their residences being in close proximity.

The primary reason was the social and cultural value of interdependence and mutual assistance within the community. For example, the proverb 'የሰው ጌጡ ሰው ነው' (code 031, age 45, female) underscores the value of one human being to another, emphasizing human

connection, solidarity, and mutual support. Another key reason was a sense of responsibility. Participants indicated that primary caregivers were considered the sole responsible individuals for supporting their loved ones with disabilities.

Additionally, participants noted that support providers were motivated by the desire to create a better future for persons with disabilities. All neighbours expressed their hope for a better future for persons with disabilities. A neighbour (code 03, age 38, female) noted:

She [neighbour with a disability] holds a special place in my heart. She is like a daughter to me. Even though I am not her biological mother, I care for her deeply. She will have a better life in the future. Her current situation will not be permanent. Nobody knows what the future holds for her. She will graduate and lead a better life.

All neighbours highlighted that religious beliefs, which encourage mutual support, also motivated them to help disadvantaged groups, including persons with disabilities. These neighbours mentioned their commitment to religious principles as a reason for providing support. A neighbour (code 019, age 35, female) confirmed that *"God has instructed us to support one another and live together. Therefore, it is a must to help each other. Regardless of their religious background, people should support one another within their means. That's why I am supporting them."*

Finally, both persons with disabilities and their neighbours confirmed that living in close proximity to each other was one of the reasons for providing support. This proximity made neighbours aware of the social and economic situations faced by persons with disabilities, motivating them to provide support.

Reciprocity: Persons with Disabilities Support the Community

This theme discusses the reciprocal support experiences of persons with disabilities provided to their natural support providers, such as help with household chores, emotional support, financial and material assistance, and educational support. A woman with a physical disability (code 031, age 45, female) noted, "*Nowadays, if you always look for support from them, they will get tired of you and may even stop supporting you. Therefore, I will do what I can for them as well.*" Similarly, all neighbours stated that reciprocity is essential for maintaining their support networks and that they view it as a mutual obligation, in which individuals with disabilities and neighbours give and receive support based on their abilities.

Persons with disabilities described how they supported their families, friends, and neighbours by making coffee, washing clothes, baking injera, cooking, and cleaning. They explained that the support they offered to their natural support providers not only sustained their networks but also served to repay the support they received. A person with an intellectual disability (code 012, age 25, female) stated:

I wash their clothes in return for what they do to me. I can do nothing to support them other than do their laundry. I sometimes cook for them. I support my friend when she gets sick. I offer her something in my abilities. I help her as she helps me. When she needs me, I respond promptly and provide her with the support she needs.

Persons with disabilities shared that they provided emotional support to their natural support providers, encouraging them to become resilient and optimistic in facing the challenges they encountered. They believed that the challenging experiences they had endured due to their disabilities strengthened the emotional support they were able to offer others. A person with physical disability (code 020, age 23, male) discussed:

I encourage my friends and neighbours not to give up and to be as strong as I am. I tell them to go to school, gain power. In the neighbourhood, you can see families in need. I encourage these families to stay strong and know that better days are ahead. I advise everyone in the neighbourhood to stay resilient and look forward to the rewards of tomorrow. That's how I motivate my family, friends, and neighbours.

Neighbours acknowledged receiving emotional support from persons with disabilities, describing it as advice, spending time together, and exchanging ideas. A neighbour (code 026, age 32, female) confirmed that "*she gives us advice and helps us. She is with us during both good and difficult times. We laugh and play together.*"

Persons with disabilities discussed the financial and material support they provided to their natural support providers, including money, food, and household items. A person with a physical disability (code 031, age 45, female) noted:

I feed them [family] if I have. I give not only to my family but also to the neighbourhood. I do not request a return for those who took a loan from me unless they remember and return it to me. If I have money and there are people in need like me, I will share it with them. Often, if they ask me for a loan, I have loaned it to them. I invite them to have coffee and breakfast.

Persons with disabilities discussed the educational support they provided to others. This support came from children with disabilities who offered academic assistance to their natural support providers, both in school and at home. For example, a participant with cerebral palsy (code 016, age 14, male) shared, "*I am very good to my friends. I lend them pens, exercise books, and textbooks. I motivate them in their mathematics education. I encourage them as they encouraged me. I let them study with me.*"

Areas of Improvement in Natural Support

Although persons with disabilities reported receiving a wide range of natural supports, both participants with disability and their neighbours identified three key areas requiring improvement in order to enhance natural support: raising community awareness, providing medical and livelihood support for caregivers, and strengthening social networks of persons with disabilities.

Creating Community Awareness

Despite having people who provide different forms of natural support, there are also others in the community, including family members, neighbours and the school communities who contribute to stigma and discrimination against persons with disabilities. To address this problem, participants emphasized the need for awareness creation to expand and strengthen natural support within the community.

Persons with disabilities emphasized that stigmatizing community attitudes foster social distance and exclusion, thereby restricting opportunities to develop informal relationships that often form the basis of natural support. They reported that the community believes the impairments of persons with disabilities can be transmitted to others. Neighbours also confirmed that some community members did not understand disability and its impact on persons with disabilities. According to them, this lack of understanding hindered the provision of natural support from the community for persons with disabilities. Both groups noted that this misunderstanding was evident in both schools and neighbourhoods. A person with cerebral palsy (code 01, age 14, female) stated:

We used to live in a rented house. The owner of the house used to give us a hard time. I used a bedpan, and they used to prohibit her [mother] from emptying the bedpan into the toilet, thinking that they [owner of the house] would acquire my disability.

Persons with disabilities who were students reported experiencing stigma from peers. They found it more challenging when there was no formal support from the school. This stigma hindered their access to support from their peers and participation in extracurricular activities. A student with a hearing impairment (code 036, age 19, female) described:

Many children pointed to me, saying, "She is deaf", and at that moment, I felt bad. I do not participate [playing with peers in school] because I am the only one who is deaf. When I go to play with them, I see them point out that she is deaf, and I feel awful, and I sit. They laugh and play, and I sit holding my bag.

Persons with disabilities noted that some families lacked awareness about disability, especially in rural areas. This limited support from parents, extended families, and siblings forced some persons with disabilities to migrate to urban areas in search of better support options. A person with visual impairment (code 033, age 29, female) noted:

Due to the loss of my eyesight, my family did not want to help me or teach me, and I left them to [go to] the city to find support. I saw many things done for them [my other siblings], but my family didn't want to do it for me. I was born in a rural community where there was no education. I think that my poor health made them not pay attention to me.

In addition, participants commented on the mistaken belief that persons with disabilities were not capable of reciprocal support. They stated that persons with disabilities were often seen solely as recipients rather than providers of support. A person with physical disability (code 031, age 45, female) stated, "*Sometimes, I think the reason the neighbours believe that we may not be capable of supporting them is that my husband, my children, and I are disabled. They think I can't help them in return when they help me.*"

Medical and Livelihood Support for Caregivers

Health problems of caregivers can hinder persons with disabilities' access to natural support. Nine participants with disabilities confirmed that when their primary caregivers became ill, their natural support diminished, increasing their challenges. The data showed that this problem worsened when persons with disabilities and their families had weak social networks among peers, neighbours, extended family, and siblings. Consequently, persons with disabilities and neighbours expressed a desire for medical support for caregivers and for continued access to natural supports when primary caregivers experience health issues. A person with cerebral palsy (code 01, age 14, female) noted:

The major challenge I face is when my mother gets ill. I find it difficult to use the restroom unless my mother is around to support me. I want to get immediate medical support for my mother when she gets ill. Even though others support me, my mom is the one who supports me in a way I need.

To effectively support persons with disabilities, participants indicated that it was essential to provide livelihood support for caregivers. Persons with disabilities noted that many caregivers faced reduced employment opportunities and heightened financial strain due to their caregiving responsibilities. As persons with disabilities observed, improvements to livelihood support for caregivers would be essential to sustaining the natural supports they received.

Enabling Social Networks of Persons with Disabilities

Persons with disabilities emphasized the vital importance of fostering positive relationships with neighbours, friends, and family, not only for building and maintaining social networks, but also for ensuring the sustainability of natural support. Persons with disabilities and all neighbours stressed the importance of social networks for persons with disabilities. However, participants with disabilities expressed challenges in building these networks, which affected their ability to access natural support beyond primary caregivers. Factors, such as conflict with family members, parental overprotection, and negative attitudes from extended family, hindered their social networks. Among these, caregiver overprotection was identified as a significant factor limiting the development of social networks. A person with hearing impairment (code 036, age 19, female) disclosed:

I do not even have a friend. I am not even allowed to play with friends. I just do housework. The house is always closed, and no friend comes because it is said that a friend is not good at this time. … I would like to play with them, have fun, tell jokes, and laugh with them. … My father is very controlling and wants me to sit at home and never wants me to go out and meet people.

DISCUSSION

The aim of this study was to describe natural support experiences and to better understand how natural support could be enabled for persons with disabilities, using the perspectives of both persons with disabilities and their neighbours. Including neighbours' perspectives highlights the importance of natural support grounded in their own views, rather than relying solely on the perspective of persons with disabilities. Neighbours play a significant role in providing natural supports embedded within community contexts. These perspectives broaden understanding of natural supports and underline the value of non-familial relationships in maintaining mutual support, as they show how natural support emerges from mutual willingness, trust, and social networks.

We have learned that natural support plays a crucial role in the lives of persons with disabilities, assisting with daily activities, meeting basic needs, offering emotional and educational support, and providing information and advocacy. These findings are best understood through the lens of Appreciative Inquiry, which highlighted existing strengths within neighbourhood relationships and community life that enable natural support for persons with disabilities. From an Appreciative Inquiry perspective, these findings reveal the everyday assets, relational strengths, and community capacities that exist and can be built upon to foster inclusion and belonging. This study is consistent with the findings of Sanderson et al. (2020) and Sanderson et al. (2019), who found that extended family and non-family supporters (friends and neighbours) provide temporary home care, personal care, mobility assistance, and support with household chores and recreation.

Our study confirmed that persons with disabilities experienced challenges in attending events outside their homes due to their mobility impairments. Nevertheless, the support they received from natural support providers enabled them to participate in activities outside their home, such as attending church and social events. Similarly, Sanderson et al. (2019) noted that adults with intellectual and developmental disabilities in the United States received the most extensive natural support in recreation, and that individuals who resided with their families had a higher level of daily activity support.

Our findings show that persons with disabilities receive educational support from families, friends, and neighbours. Parents and primary caregivers are the main support providers, but their limited financial resources and caregiving responsibilities often create challenges. In these situations, extended families provide school materials, transportation, and encouragement. This suggests that natural support played a significant role in achieving academic inclusion for persons with disabilities, through immediate caregivers and broader family and social networks. Similarly, a study of postsecondary students with mobility impairments in Canada found that having someone to spend time with and talk to was crucial to an individual's educational success (Berry & Domene, 2015). A literature review by Rossetti & Keenan (2018) found that friends were crucial for educational support, including companionship, instrumental support such as information, practical help, and advocacy, and emotional support.

Our findings show that persons with disabilities receive both regular and occasional nutritional aid, often through grocery shopping, food sharing, clothing, personal care items, and financial assistance. These findings are consistent with the studies by Arnold & Harris (2025) and Friedman (2025), which indicate that families, neighbours and friends provide nutritional and financial assistance.

Our study highlighted that persons with disabilities received emotional support through advice, spending time together, playing, and equal treatment. These supports reflect the care, acceptance and value that significant others provide, making life more meaningful (Berry & Domene, 2015; Friedman, 2025). This suggests that emotional support enhances the sense of belonging among persons with disabilities within their families, friends, and neighbours. Consistent with our study, research on students with

disabilities in Canada found that natural support, such as encouragement and affirmation from family and friends, enhanced a sense of belonging, involvement in social interactions, and self-esteem (Berry & Domene, 2015; Nuri et al., 2025).

Finally, persons with disabilities and their neighbours acknowledged the role of advocacy and information in accessing both formal and natural supports. In a country like Ethiopia, without an organized, readily available system for disseminating information about disability related support, natural support is vital for persons with disabilities to obtain and explore support. This suggests that the community is not only a provider of direct support but also a source of advocacy and information. Similarly, Aldersey et al. (2025) noted that persons with disabilities often cannot access disability-related support without advocacy, and that this should be the collective responsibility of families, formal support providers, and the community.

Our findings suggest that natural support networks are particularly important for individuals with limited ability to advocate for themselves, and that these networks can also shape community attitudes, strengthen social connections, and connect persons with disabilities to available resources. Likewise, Nuri et al. (2025) found that natural support was essential for advocating for system change, access to employment and long-term financial goals for persons with disabilities.

Support Reciprocity

Our findings show that natural support relationships are reciprocal, with persons with disabilities actively supporting their friends, neighbours, and family members through household assistance, emotional care, educational support, and financial and material support. This suggests that our findings challenge the dominant tendency in disability research to frame support as flowing primarily towards persons with disabilities.

In the Ethiopian context, where previous studies have mainly emphasized the family as the primary source of support for persons with disabilities (Alemnh, 2025; Jemberu et al., 2023; Leeuw et al., 2024; Tesfaw et al., 2023), our findings extend this understanding by showing that persons with disabilities are not only recipients within these networks but also contributors. Similarly, previous studies suggest that persons with disabilities can offer various forms of support within their networks, although the forms of this support vary by disability type and context (Callus, 2017; Edwards & Loughnane, 2024; Giesbers et al., 2020; Liu et al., 2016; Naudé et al., 2024; Truesdale et al., 2021).

Our findings suggest that persons with disabilities provide instrumental and emotional support to friends, neighbours and family members, supporting existing evidence that they play meaningful and active roles within their social networks. Rossetti & Keenan (2018) similarly found that persons with disabilities offer companionship, instrumental and emotional support to friends. Through friendships, persons with disabilities offer emotional support and spend time together (Callus, 2017), thereby enhancing their social integration within the community (Liu et al., 2016). Our findings build on this literature by demonstrating that these reciprocal supports extend beyond friendship networks to include neighbour and family members. Additionally, Giesbers et al (2020) found that persons with mild intellectual disabilities view themselves as supportive to their families and create reciprocal relationships that involve both tangible and emotional support (Truesdale et al., 2021).

Our findings and the broader literature highlight natural support as a vital asset for fostering interdependence and sustaining networks among individuals with varying abilities (Edwards & Loughnane, 2024; Kittay, 2011). This perspective underscores that support involving persons with disabilities should not be viewed solely in terms of receipt of support, but rather as a mutual and relational process, highlighting the value of persons with disabilities within their communities. Our findings strengthen the theoretical lens of the ethics of care, dependency, and disability, which highlights that support is not an

unidirectional act but a dynamic and reciprocal exchange in which individuals give and receive support (Kittay, 2011).

Enabling Natural Support

Our findings also suggest areas for further improvements for natural supports to flourish. The main barriers identified were stigma, limited integration of health and livelihood services and fragile social networks. The findings further noted that low community awareness about disability restricts the support that family, friends and neighbours can provide. This indicates that community awareness-raising is a key strategy for strengthening natural support for persons with disabilities. These findings are consistent with previous studies showing that stigma, limited community understanding, and limited social networks can constrain natural supports (Harrison et al., 2021; Sanderson et al., 2020).

Strong social networks are central to natural supports, but our findings suggest that parental overcontrol limits these networks. This finding is consistent with studies showing that social isolation, limited mobility, and reduced self-determination often restrict persons with disabilities from building supportive relationships, especially those living in family homes (Friedman & Rizzolo, 2018; Hemm et al., 2018; Meral et al., 2023; Sanderson et al., 2020). Our findings suggest that organizations should prioritize social networking intervention to strengthen natural support, consistent with the recommendations from Friedman & Rizzolo (2018). Other studies also noted that preventive and inclusive strategies such as community groups, peer support, circles of support, and inclusive events are needed to build confidence and expand connections (Aldersey et al., 2025; Araten-Bergman & Bigby, 2022; Friedman, 2025; Sanderson et al., 2020, 2020).

Based on these findings, it is recommended that, in Ethiopia, where formal support is limited, the government and partners must recognize the value of natural supports for persons with disabilities and develop effective community-based programs. Policymakers should integrate disability inclusion into support strategies and enhance coordination between formal and natural support systems. Policies must encourage active involvement from families, neighbours, and local leaders. NGOs and service providers should implement disability awareness initiatives, strengthen social networks, and establish community support groups. Additionally, training for community members, religious leaders, and community-based organization workers can reduce stigma and improve support. These actions can transform natural support into a more intentional community resource.

Limitations

This study is not without limitations. The first author interviewed a person with a hearing impairment with the assistance of a sign language translator. During the interview, information may have been lost when the translator conveyed the questions to the participant and relayed the answers to the interviewer. Translating the study material from Amharic into English may also result in some loss of meaning. To minimize this meaning loss, this research material was translated by an expert in both Amharic and English, and the first and second authors of this study are also Amharic and English speakers, and they verified translations. Furthermore, the study features the perspectives of persons with disabilities and neighbours on natural support. Although these insights are essential, they could be further complemented with perspectives of family, such as siblings and extended family members, friends, or formal support providers. Finally, this study features perspectives from participants with diverse disability experiences, including persons with physical, intellectual, and sensory impairments. As such, the findings reflect general cross-disability experiences rather than insights into experiences of those with specific impairment categories. This diversity, although intentional to capture a

range of perspectives and experiences, may have limited our ability to deeply explore experiences unique to specific disability or impairment groups.

CONCLUSION

Persons with disabilities benefit from natural support provided by friends, neighbours, and family. These supports enhance various aspects of their lives. Although Ethiopian culture values interdependence and community support, stigma against persons with disabilities hinders natural support, underscoring the need for interventions to establish structured natural support systems. Given the limited formal support in Ethiopia, it is important to promote community assets to strengthen these networks and nurture natural support. However, relying solely on natural support without formal services can be risky, especially in an underfunded formal support system with low awareness about disability. Therefore, natural support should complement, not replace, inclusive policies and adequate professional support because natural networks alone are often uneven, fragile, and shaped by social stigma. While family, friends, and neighbours provide important emotional and instrumental supports, they cannot guarantee consistent access to rights and services. Inclusive policies and professional support are therefore essential to create a reliable system in which natural support strengthens inclusion rather than carrying the full burden of care.

Acknowledgements

We would like to thank the participants of the study. We also thank the University of Gondar CBR workers for their support in facilitating data collection. We appreciate the Balancing Act project team members. Additionally, thank you to Aleminew Abebe for the feedback and support during the initial coding of the data and to Tom Collier for assistance with demographic surveys and logistical support. Thanks to Pamela Craven for language editing support.

Funding: This study was funded by the Mastercard Foundation Scholars program at the University of Gondar, Ethiopia, and Queen's University, Canada, as well as the Social Sciences and Humanities Research Council (SSHRC), project number 895-2023-1020. Heather Aldersey is funded by the Canada Research Chairs program and the Dorothy Killam Fellowship administered by the National Research Council of Canada.

Data Availability Statement: The datasets discussed in this article are not publicly accessible for ethical reasons. To request access to the datasets, please contact Heather M. Aldersey at hma@queensu.ca

Conflict of Interest: The authors declare no conflict of interest. Funders do not have any role in the choice of the research project, design, data collection, analysis, interpretation, or manuscript writing.

REFERENCES

1. Aldersey, H. M., Xu, X., Piccone, C., Nelson, M., Thomson, D., Pauls, R., & Perry, L. (2025). Formal and natural supports: Perspectives from adults with intellectual and developmental disabilities, family members, and support workers. *Journal of Policy and Practice in Intellectual Disabilities*, *22*(2), e70011. https://doi.org/10.1111/jppi.70011

2. Alemnh, D. (2025). The lived experiences of mothers raising children with autism spectrum disorder in Ethiopia. *Canadian Journal of Family and Youth / Le Journal Canadien de Famille et de La Jeunesse*, *17*, 177–197. https://doi.org/10.29173/cjfy30129

3. Araten-Bergman, T., & Bigby, C. (2022). Forming and supporting circles of support for people with intellectual disabilities – a comparative case analysis. *Journal of Intellectual & Developmental Disability*, *47*(2), 177–189. https://doi.org/10.3109/13668250.2021.1961049

4. Arnold, C. K., & Harris, S. P. (2025). Instrumental support: Accounts from adults with intellectual and developmental disabilities. *Journal of Developmental and Physical Disabilities*, *37*(1), 51–77. https://doi.org/10.1007/s10882-024-09981-5

5. Baheretibeb, Y., Wondimagegn, D., Andermann, L., & Law, S. (2024). "Blood is thicker than water" —Experiences and perspectives of family caregivers of people living with severe mental illness at Holy Water traditional healing sites, Addis Ababa, Ethiopia. *Frontiers in Psychiatry*, *15*, 1495058. https://doi.org/10.3389/fpsyt.2024.1495058

6. Barrett, A., Kajamaa, A., & Johnston, J. (2020). How to … be reflexive when conducting qualitative research. *The Clinical Teacher*, *17*(1), 9–12. https://doi.org/10.1111/tct.13133

7. Berry, S. J., & Domene, J. F. (2015). Supporting postsecondary students with sensory or mobility impairments in reaching their career aspirations. *Career Development and Transition for Exceptional Individuals*, *38*(2), 78–88. https://doi.org/10.1177/2165143413490792

8. Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research*, *4*, 2333393617742282. https://doi.org/10.1177/2333393617742282

9. Braun, V. (with Clarke, V.). (2022). *Thematic analysis: A practical guide*. SAGE Publications Ltd.

10. Callus, A.-M. (2017). 'Being friends means helping each other, making coffee for each other': Reciprocity in the friendships of people with intellectual disability. *Disability & Society*, *32*(1), 1–16. https://doi.org/10.1080/09687599.2016.1267610

11. Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing*, *25*(8), 652–661. https://doi.org/10.1177/1744987120927206

12. Chibaya, G., Chichaya, T., Govender, P., & Naidoo, D. (2022). Implementation of the United Nations Convention on the Rights of Persons with Disabilities in Africa: A scoping review. *Disability CBR & Inclusive Development*, *32*. https://doi.org/10.47985/dcidj.532

13. Cooperrider, D. L., Whitney, D., & Stavros, J. M. (2008). *Appreciative inquiry handbook: For leaders of change, 2nd ed* (pp. xxix, 454). Berrett-Koehler Publishers.

14. Creswell, J. W. (with Poth, C. N.). (2018). *Qualitative inquiry & research design: Choosing among five approaches* (Fourth edition.). SAGE Publications, Inc.

15. Dassah, E., Aldersey, H. M., McColl, M. A., & Davison, C. (2018). Factors affecting access to primary health care services for persons with disabilities in rural areas: A "best-fit" framework synthesis. *Global Health Research and Policy*, *3*(1). https://doi.org/10.1186/s41256-018-0091-x

16. Denzin, N. K., & Lincoln, Y. S. (2018). *The SAGE handbook of qualitative research* (Fifth edition.). Sage.

17. Duggan, C., & Linehan, C. (2013). The role of 'natural supports' in promoting independent living for people with disabilities; a review of existing literature. *British Journal of Learning Disabilities*, *41*(3), 199–207. https://doi.org/10.1111/bld.12040

18. Edwards, C., & Loughnane, C. (2024). Plenty of disabled people care: Revealing reciprocity and interdependence in disabled people everyday caregiving practices. *Scandinavian Journal of Disability Research*, *26*(1). https://doi.org/10.16993/sjdr.1182

19. Friedman, C. (2021). Natural supports: The impact on people with intellectual and developmental disabilities' quality of life and service expenditures. *Journal of Family Social Work*, *24*(2), 118–135. https://doi.org/10.1080/10522158.2020.1861158

20. Friedman, C. (2025). Natural supports and quality of life of people with disabilities. *Journal of Developmental and Physical Disabilities*, *37*(1), 79–95. https://doi.org/10.1007/s10882-023-09922-8

21. Friedman, C., & Rizzolo, M. C. (2018). Friendship, quality of life, and people with intellectual and developmental disabilities. *Journal of Developmental and Physical Disabilities*, *30*(1), 39–54. https://doi.org/10.1007/s10882-017-9576-7

22. Gebeyehu, F., Sahile, A., & Ayalew, M. (2019). Burden, social support, and life satisfaction among caregivers of children with intellectual disability: The case of Felege Abay and Shembt Primary Schools, Bahir Dar, Ethiopia. *International Quarterly of Community Health Education*, *39*(3), 147–153. https://doi.org/10.1177/0272684X18819974

23. Gelaye, H., & Andualem, A. (2022). Quality of life and associated factors among family caregivers of individuals with psychiatric illness at DRH, South Wollo, Ethiopia, 2020. *Scientific Reports*, *12*(1), Article 1. https://doi.org/10.1038/s41598-022-22015-4

24. Giesbers, S. A. H., Hendriks, A. H. C., Hastings, R. P., Jahoda, A., Tournier, T., & Embregts, P. J. C. M. (2020). Social capital and the reciprocal nature of family relationships: The perspective of individuals with mild intellectual disability. *American Journal on Intellectual and Developmental Disabilities*, *125*(3), 170–185. https://doi.org/10.1352/1944-7558-125.3.170

25. Gomda, A., Sulemana, N., & Zakaria, H. (2022). Access to education for persons with disabilities in Ghana: A Review. *Environmental Sciences Proceedings*, *15*(1), 50. https://doi.org/10.3390/environsciproc2022015050

26. Gréaux, M., Moro, M. F., Kamenov, K., Russell, A. M., Barrett, D., & Cieza, A. (2023). Health equity for persons with disabilities: A global scoping review on barriers and interventions in healthcare services. *International Journal for Equity in Health*, *22*(1), 236. https://doi.org/10.1186/s12939-023-02035-w

27. Harrison, R. A., Bradshaw, J., Forrester-Jones, R., McCarthy, M., & Smith, S. (2021). Social networks and people with intellectual disabilities: A systematic review. *Journal of Applied Research in Intellectual Disabilities*, *34*(4), 973–992. https://doi.org/10.1111/jar.12878

28. Hemm, C., Dagnan, D., & Meyer, T. D. (2018). Social anxiety and parental overprotection in young adults with and without intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities: JARID*, *31*(3), 360–368. https://doi.org/10.1111/jar.12413

29. Hunter, D., McCallum, J., & Howes, D. (2019). Defining exploratory-descriptive qualitative (EDQ) research and considering its application to healthcare: 6th Annual Worldwide Nursing Conference 2018. *Journal of Nursing and Health Care*, *4*(1), Article 1. 6th Annual Worldwide Nursing Conference (WNC 2018). http://dl6.globalstf.org/index.php/jnhc/article/view/1975

30. Hussey, M., MacLachlan, M., & Mji, G. (2016). Barriers to the implementation of the health and rehabilitation articles of the United Nations Convention on the Rights of Persons with Disabilities in South Africa. *International Journal of Health Policy and Management*, *6*(4), 207–218. https://doi.org/10.15171/ijhpm.2016.117

31. Huus, K., Schlebusch, L., Ramaahlo, M., Samuels, A., Berglund, I. G., & Dada, S. (2021). Barriers and facilitators to participation for children and adolescents with disabilities in low- and middle-income countries – A scoping review. *African Journal of Disability*, *10*, 771. https://doi.org/10.4102/ajod.v10i0.771

32. Jaitely, S., & Gaurav, N. (2025). Community care: Exploring natural and formal support for people with disabilities in the bastis of Mumbai. *Journal of Developmental and Physical Disabilities*, *37*(1), 97–128. https://doi.org/10.1007/s10882-024-09947-7

33. Jansen-van Vuuren, J., Nelson, M., Plyley, H., Thomson, D., Piccone, C., Perry, L., Gaurav, N., Xu, X., Pauls, R., & Aldersey, H. (2024). Natural support for Canadians with disabilities: A scoping review. *Canadian Journal of Disability Studies*, *13*(1), Article 1. https://doi.org/10.15353/cjds.v13i1.1074

34. Jemberu, L., Wasihun, Y., Anagaw, T. F., & Bogale, E. K. (2023). Lived experiences of disabled individuals living in Bahir Dar City, North West Ethiopia, a phenomenological study. *PLOS ONE*, *18*(5), e0284860. https://doi.org/10.1371/journal.pone.0284860

35. Kekeya, J. (2021). Qualitative case study research design: The commonalities and differences between collective, intrinsic and instrumental case studies. *Contemporary PNG Studies*, *36*, 28–37. https://doi.org/10.3316/informit.356219476950585

36. Kiernan, W. E., Schalock, R. L., Butterworth, J., & Sailor, W. (1993). *Enhancing the use of natural supports for people with severe disabilities*. https://eric.ed.gov/?id=ED411619

37. Kittay, E. F. (2011). The Ethics of Care, Dependence, and Disability*. *Ratio Juris*, *24*(1), 49–58. https://doi.org/10.1111/j.1467-9337.2010.00473.x

38. Leeuw, A. de, Ester, W. A., Kinfe, M., Girma, F., Abdurahman, R., Zerihun, T., Teklehaimanot, A., Hanlon, C., Hoek, H. W., & Hoekstra, R. A. (2024). The impact of raising a child with a developmental or physical health condition in Ethiopia. *Research in Developmental Disabilities*, *148*. https://doi.org/10.1016/j.ridd.2024.104716

39. Liu, P., Ding, X., & Gu, N. (2016). "Helping Others Makes Me Happy": Social Interaction and Integration of People with Disabilities. *Proceedings of the 19th ACM Conference on Computer-Supported Cooperative Work & Social Computing, CSCW '16*, 1596–1608. https://doi.org/10.1145/2818048.2819998

40. Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample Size in Qualitative Interview Studies: Guided by Information Power. *Qualitative Health Research*, *26*(13), 1753–1760. https://doi.org/10.1177/1049732315617444

41. Marsack-Topolewski, C. N. (2020). A snapshot of social support networks among parental caregivers of adults with autism. *Journal of Autism and Developmental Disorders*, *50*(4), 1111–1122. https://doi.org/10.1007/s10803-019-04285-6

42. Meral, B. F., Wehmeyer, M. L., Palmer, S. B., Ruh, A. B., & Yilmaz, E. (2023). Parenting styles and practices in enhancing self-determination of children with intellectual and developmental disabilities. *American Journal on Intellectual and Developmental Disabilities*, *128*(4), 282–301. https://doi.org/10.1352/1944-7558-128.4.282

43. Musenyente, E., Han, M. L., & Knigge, M. (2022). Implementation of UN Convention on the Rights of Persons with Disabilities in public and private schools in three districts of Uganda. *African Journal of Disability*, *11*(0), Article 0. https://doi.org/10.4102/ajod.v11i0.908

44. Naudé, L., Nel, L., & de Beer, A. (2024). Towards interdependence: Reciprocal relationships between students living with disability and their significant others. *Disability & Society*, *39*(2), 319–339. https://doi.org/10.1080/09687599.2022.2071224

45. Nuri, R. P., Piccone, C., Gaurav, N., Thomson, D., Pauls, R., Perry, L., & Aldersey, H. M. (2025). The limits and contributions of formal support: Service providers' perspectives on balancing formal and natural support for people with disabilities and their families in Canada. *Journal of Developmental and Physical Disabilities*, *37*(1), 129–156. https://doi.org/10.1007/s10882-023-09944-2

46. NVivo. (2025). *NVivo 15: Revolutionizing Qualitative Data Analysis with AI* (Version 15) [Computer software]. https://lumivero.com/products/nvivo/

47. Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, *45*(3), 241–251. https://doi.org/10.1080/0142159X.2022.2057287

48. Reeves, S., Albert, M., Kuper, A., & Hodges, B. D. (2008). Why use theories in qualitative research? *BMJ*, *337*, a949. https://doi.org/10.1136/bmj.a949

49. Reynolds, M. C., Palmer, S. B., & Gotto, G. S. (2018). Chapter six—Reconceptualizing natural supports for people with disabilities and their families. In M. M. Burke (Ed.), *International Review of Research in Developmental Disabilities* (Vol. 54, pp. 177–209). Academic Press. https://doi.org/10.1016/bs.irrdd.2018.07.006

50. Rossetti, Z., & Keenan, J. (2018). The nature of friendship between students with and without severe disabilities. *Remedial and Special Education*, *39*(4), 195–210. https://doi.org/10.1177/0741932517703713

51. Sanderson, K. A., Bumble, J. L., & Kuntz, E. M. (2020). Chapter Two - Meeting the daily needs of adults with IDD: The importance of informal supports. In R. M. Hodapp & D. J. Fidler (Eds.), *International Review of Research in Developmental Disabilities* (Vol. 58, pp. 51–105). Academic Press. https://doi.org/10.1016/bs.irrdd.2020.07.002

52. Sanderson, K. A., Burke, M. M., & Hodapp, R. M. (2024). Understanding natural supports in diverse adults with intellectual and developmental disabilities across life domains. *American Journal on Intellectual and Developmental Disabilities*, *129*(4), 247–262. https://doi.org/10.1352/1944-7558-129.4.247

53. Sanderson, K. A., Burke, M. M., Urbano, R. C., Arnold, C. K., & Hodapp, R. M. (2019). Getting by with a little help from my friends: Siblings report on the amount of informal support received by adults with disabilities. *Journal of Intellectual Disability Research: JIDR*, *63*(9), 1097–1110. https://doi.org/10.1111/jir.12622

54. Shahidi, F. V., Jetha, A., Kristman, V., Smith, P. M., & Gignac, M. A. (2023). The employment quality of persons with disabilities: Findings from a national survey. *Journal of Occupational Rehabilitation*, *33*(4), 785–795. https://doi.org/10.1007/s10926-023-10113-7

55. Szlamka, Z., Ahmed, I., Genovesi, E., Kinfe, M., Hoekstra, R. A., & Hanlon, C. (2023). Conceptualising the empowerment of caregivers raising children with developmental disabilities in Ethiopia: A qualitative study. *BMC Health Services Research*, *23*(1), 1420. https://doi.org/10.1186/s12913-023-10428-4

56. Tefera, B., Schippers, A., van Engen, M. L., & van der Klink, J. J. L. (2018). The experiences of children with disabilities and primary caregivers on the social inclusion of children with disabilities in Ethiopia. *International Journal of Child, Youth and Family Studies*, *9*(4), 146–167. https://doi.org/10.18357/ijcyfs94201818645

57. Tekola, B., Kinfe, M., Girma, F., Hanlon, C., & Hoekstra, R. A. (2020). Perceptions and experiences of stigma among parents of children with developmental disorders in Ethiopia: A qualitative study. *Social Science & Medicine*, *256*, 113034. https://doi.org/10.1016/j.socscimed.2020.113034

58. Tesfaw, G., Amare, T., Shumet, S., Mirkena, Y., Kassew, T., Angaw, D., & Salelew, E. (2023). *Coping strategies and associated factors among people with physical disabilities for psychological distress in Ethiopia*.

59. Tiruneh, D., Sabates, R., & Woldehanna, T. (2021, April 29). *Disadvantaged Schools and Students in Ethiopia: Why is the GEQIP-E Reform Necessary?* RISE Programme. https://riseprogramme.org/publications/disadvantaged-schools-and-students-ethiopia-why-geqip-e-reform-necessary

60. Truesdale, M., Taggart, L., Ryan, A., & McConkey, R. (2021). Experiences of reciprocal caring among adults with an intellectual disability caring for an older family member. *Journal of Policy and Practice in Intellectual Disabilities*, *18*(3), 240–248. https://doi.org/10.1111/jppi.12380

61. UN Human Rights Council. (2025). *Human rights dimension of care and support—Report of the United Nations High Commissioner for Human Rights*. OHCHR. https://www.ohchr.org/en/documents/thematic-reports/ahrc5843-human-rights-dimension-care-and-support-report-united-nations

62. UNICEF. (2019, December 12). *Situation and access to services for homeless and people with disabilities | UNICEF Ethiopia*. https://www.unicef.org/ethiopia/reports/situation-and-access-services-homeless-and-people-disabilities

63. United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. Sixty-First Session of the General Assembly by Resolution A/RES/61/106. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities

64. Weldeab, C. T., & Opdal, L. R. (2007). Raising a child with intellectual disabilities in Ethiopia: What do parents say? In *Online Submission*. https://eric.ed.gov/?id=ED496076