

The Socio-Economic Status and Needs of Persons with Disabilities in Gondar Town

Addis Zena Birru¹

Department of Sociology, College of Social Sciences and Humanities, Hawassa University, Ethiopia
Corresponding Author: Addis Zena Birru

Abstract: Persons with disabilities (PWDs) have been among the most economically impoverished, socially marginalized, and least visible segments of Ethiopian population. The 2007 census report revealed that Gondar town comprised 2442 disabled persons. However, except this prevalence figure very little was known about these vulnerable groups, and few attempts appeared to analyze their situations. Consequently, this study was initiated and explored their socioeconomic status and associated needs. The main objective of the research was to explore the socioeconomic status and needs of persons with disabilities in the town. To this end, the research used a mixed method approach by employing both quantitative and qualitative methods of data collection. A total of 179 survey respondents and 29 in-depth interview and focus group participants took part in the study. Once the quantitative data collected, it was codified and entered in to the computer using the Social Sciences Statistical Package (SPSS) version 20. Then, the researcher used both descriptive and relational statistics to make the necessary analysis. The qualitative data was also thematically analyzed and concurrently reported. The study finding shows that apparently the majority of disabled persons in Gondar town have low educational attainments, engaged mainly in low occupational activities, earn meager incomes and hence, it is possible to conclude that they live in a deprived and poor situation. They have, in general, little and limited access to basic services and facilities. Among other things, the key unmet priority needs of these people include shelter, food, assistive devices, medical rehabilitation, life skill trainings, easy access to loan, and professional support. The study strongly recommends the coordinated efforts and interventions of concerned bodies in solving the major socioeconomic challenges and addressing the needs of disabled persons in the town.

Keywords: Socio Economic Status, Persons with Disabilities, Needs, Mixed Method Approach

Date of Submission: 17-10-2019

Date of Acceptance: 01-11-2019

I. INTRODUCTION

While there are obvious areas of commonality, the concept of disability varies across the world and within countries. The United Nations Convention on the Rights of Persons with Disabilities states that “Persons with disabilities include those who have long-term physical, mental, intellectual or sensor impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” People themselves will hold their own view about their physical and mental abilities or disabilities, which must also be considered. When defining disability, we must also take into account the local context. In some countries, disabled people are routinely denied access to the education, transport and other systems that support inclusion. They are also often separated and marginalized in other ways; for example, because of an emphasis on the family’s rights to make all decisions concerning the welfare of a disabled family member, rather than acknowledging the individual rights of that person [1].

Persons with disabilities are more likely than non-disabled people to experience disadvantage: compared with the population as a whole, disabled people tend to live in households on lower incomes, are less likely to be in paid work, and less likely to hold academic qualifications [2]. It is widely recognized that persons with disability are among the poorest and most vulnerable in developing countries. The United Nations estimates that approximately 10 per cent of the world’s population, or approximately 650 million people, have a disability and about 80 per cent of the population with a disability live in developing countries. People with disability face many barriers to full participation in society and are likely to face an increased risk of social exclusion. This may include being unable to access education, health services, earn a living or participate in decision making. Social exclusion is a major contributor to the level of poverty which people with disability experience, particularly those who live in developing countries [3].

Persons with disabilities are among the most disadvantaged segments of Ethiopian population. They suffer physical discomfort through pain, immobility, discrimination, stigma, dependence and rejection. This segment of the Ethiopian population has been ignored for long from being a part in the development of the country. They receive less attention mainly due to sketchy policy on disability, lack of implementation capacity, less extensive and non influential advocacy and lobbying, more than all, the absence of up-to-date information and data on disability. Wide and deep qualitative and quantitative information about national, regional and local level disability conditions are the missing parts which brought about negative impact on the efforts of interested organizations and groups involved in addressing the problems of PWDs in the country [4].

It is envisaged that the combination of poverty, ignorance, famine and drought with the absence of adequate preventive and rehabilitation services could produce high prevalence of disability in Ethiopia [5]. According to Tirussew [6], there are 8 million people living with some kind of disability in Ethiopia. As the country profile on disability shows partial visual impairment and total visual impairment accounted about 20.4 % and 11.9 % of all disabilities, while upper and lower limb dysfunction and disability from leprosy contributes 32 % and 3.5%, respectively [7]. In most parts of the country disability is seen as punishment of God on the disabled and his/her family. It is also considered as a curse from elders or forefathers or an attack of evil spirit. As Shilbre *et al.*, cited in Almaz stated many able bodied Ethiopians view visible (physical) disabilities as limiting, and therefore PWDs are believed to have little strength and to be unable to perform physical labor [8]. Due to the public prejudice and stereotypes against them, PWDs develop a negative attitude of inadequacy about their capability to participate in the social and economic activities [5].

In Ethiopia, persons with disabilities comprise a group that fares worse in almost every area considered including education, health, economic assets, employment and level of participation in local and national matters [9]. As the 1995 baseline survey uncovered, in Ethiopia, 52 % of PWDs of working age were unemployed, of whom some two-thirds were self-employed in rural areas in occupations such as agriculture, animal husbandry or forest activities. Begging is often a prevalent means of survival in urban centers, in addition to assistance from religious institutions and charities [10].

Disabled persons experience multiple socio-economic challenges. They have low status in their community, and are assumed to be incapable, and this is reflected in the lack of job opportunities as well as in verbal harassment. Most of them find it more difficult to get marriage partners. Exclusion from social ceremonies and public life made them invisible segment of their community. In addition, accessing enough safe water and sanitation is a struggle for many of them. Inappropriately designed, overused and dirty latrine is posing additional health risks to this vulnerable group [11]. Water and sanitation issues barely feature in the extensive international literature on disability. In Ethiopia, which could have as many as 8 million people with disabilities, the issue has rarely been discussed.

To alleviate the problems of PWDs, the Ethiopian Federal Democratic Government has organized a Rehabilitation Department under the Ministry of Labour and Social Affairs (MOLSA). The main activities of the department are to realize rehabilitation, capacity building, and awareness raising. Government administration has been decentralized from the central to regional levels with structures extending from the zones to the “*Woreda*” districts. With respect to organizations, persons with disabilities have formed five national associations and one federation to advocate for their rights [12].

In spite of existing few and fragment endeavors, the situation and challenges of PWDs in different parts of the country is rarely understood and resolved. In general, it is obvious that, availability of relevant, reliable and up to date data is indispensable for the evaluation and understanding of the situation and needs of persons with disabilities. It was due to these reasons that this research mainly emphasized on the exploration and generation of accurate data required for better understanding of the socioeconomic status, related needs and problems of persons with disabilities in Gondar town.

1.1. Problem statement

One of the possible explanations for the relationship between disability and socioeconomic status is that, more often than not disability would diminish people’s capacity for earning money. In addition, disability of a member of the family could affect the job opportunities of other family members due to caring activities [13]. In general, the onset of disability may lead to the worsening of social and economic well-being through a multitude of channels including the adverse impact on education, employment, earnings, and increased expenditures [14].

The linkages between disability and socioeconomic disadvantages have been increasingly recognized in international literatures on disability. As the 2011 joint report of World Bank and WHO revealed, across the world, PWDs have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is partly because people with disabilities

experience barriers in accessing services that many of us have long taken for granted including health, education, employment, transport and information [15].

According to United Nations statistics, PWDs constitute 20 % of all people living on less than one US\$ worldwide. The majorities (82%) of PWDs in developing countries live below the poverty line, and they are among the most vulnerable and marginalized in these countries. Their opportunities to emerge from poverty are limited in many cases by the lack of enabling legislation to promote their access to skills development (including life skills, technical skills and entrepreneurship skills) and employment opportunities; and the weak implementation and enforcement measures, where such legislation is in place [16].

Awareness and accurate scientific information on disability issues are lacking in the Horn of Africa in general and in Ethiopia in particular. So far, Ethiopia has no national disability survey. Nevertheless, there are very few documents providing information on disability issues in the country. As the review of Center for Applied Research Development-Oriented Service [4] shows, so far three baseline surveys and three national population and housing census reports conducted in the country.

However, both the baseline surveys and the national census reports fall short of indicating the exact prevalence rate of disability in the country. For instance, the 1994 census report stated that from the total population of 53 million, 1.9 % was PWDs, but this is considered to be an underestimate. A baseline survey in 1995 gave a higher estimate of 2.95%, while in 2003 the ILO estimated that 7.6%, or five million people were disabled [11]. On the other hand, international report by WHO, estimated that PWDs account for at least 10 % of a given national population. Furthermore, both the baseline surveys and the national census reports are largely concerned with the types and prevalence of disability in the country [17].

Apart from these studies, some nongovernmental organizations, and academicians conducted several researches. Yet, much of them are largely concentrated at the center and nearby urban areas. This fact is clearly reflected in the lack of adequate disability data in different relatively remote parts of the country including north Gondar zone.

Despite the absence of accurate statistical data, PWDs form a large group of population in Ethiopia. Particularly, given the country's low socioeconomic status, there is high probability that PWDs are large in number and suffering from multiple problems. As the Country Profile on Disability [12], uncovered the state of PWDs in Ethiopia is more tragic and severe due to the presence of diversified pre and post-natal disabling factors like infectious diseases, difficulties contingent to delivery, under-nutrition, malnutrition, harmful cultural practices, lack of proper child care, civil war, periodic drought, famine, the absence of early, primary and secondary preventive actions.

Apparently very few disability related studies has been conducted in the Amhara region. As per to the knowledge of the researcher three previously conducted studies were identified. One of the studies was conducted on the situation of PWDs in Amhara region in 2003 by Pact Ethiopia [18]. The second study was conducted on the knowledge, attitude and practice on disability in Bahir Dar town (2004) by Cheshire foundation [19]. The third study was conducted on the prevalence and characteristics of physical and sensory disabilities in Northern Ethiopia by Girmaye, Yigzaw, Shitaye and John [20]. However, none of these studies specifically considered and analyzed the socioeconomic situation of PWDs in the town.

The 2007 population and housing census of Ethiopia have shown that, there were 2442 PWDs in Gondar town. Disability by type and its prevalence in the town include: visually impaired (472), difficulty seeing (798), hearing impaired (56), difficulty hearing (2), unable to speak (37), deaf and unable to speak (93), Non-functional upper limbs (180), Non-functional lower limbs (515), body movement difficulty (139), learning difficulty (150) and others [21]. Nevertheless, except this prevalence figure very little was known about this group of people, and above all, their socio economic situation and living conditions remains to be unknown.

Therefore, the absence of previous studies on the socioeconomic status of PWDs in the study area, the virtual large size of PWDs in the town and the worldwide increased consideration of disability as a development and human rights issue were the most important grounds for conducting this study. Undoubtedly, this research strived to contribute its part and it has partially filled existing gap by generating helpful information. It is also a one-step effort to understand the overall situation of PWDs in the town.

In sum, on the basis of the aforementioned grounds this research explored the socioeconomic situation, needs and problems of persons with disabilities in Gondar town and tried to produce a better knowledge about them through the collection of reliable data on their education, occupation, income, major needs, problems, access to basic services and facilities including clean water, toilet, Health care services, assistive devices, and rehabilitation services. Overall, the study tried to adress the following research questions.

1. What are the educational and occupational status as well as income level of persons with disabilities in the study area?
2. Do persons with disabilities have access to basic services and facilities in the study area?
3. What are the major needs and problems of persons with disabilities in the study area?

1.2. Objective of the study

The general objective of the study was to explore the current socioeconomic status and needs of persons with disabilities in Gondar town. Specifically, the study seeks:

- To examine the socio-economic situation of persons with disabilities
- To explore disabled persons' access to basic services and facilities
- To identify the major problems and needs of persons with disabilities

1.3. Scope of the study

This study was conducted in Gondar town and emphasized on the socioeconomic status and needs of persons disabilities with a particular focus on two forms of disabilities; i.e. visually impaired persons and persons with mobility impairment. The study sites were three selected local disabled people's associations. The study incorporated both male and female participants.

1.4. Significance of the Study

Since the research uncovered the current socioeconomic status of PWDs and identified the key challenges surrounding them, its benefit for various organizations that are working on disability issues in the study area is crucial. It helps them to develop shared understanding of the situations of PWDs. This in turn serves them to make sound decisions to plan and target resources on the unmet needs of this vulnerable group. In sum, the findings of this research:

- Can serve as a preliminary source of knowledge and information for individuals and institutions interested in disability situation in the town
- Can serve as a prolific ground for more rigorous studies on the area of disability in the town
- Indicates the strategies for intervention and sustainable programs to empower disabled persons in the town
- Helps to implement sound and informed advocacy work, and hence raises awareness about people with disabilities in the town

II. METHODOLOGY

2.1. Background of the study area

The study was conducted in Gondar town, which is located 745 km Northwest of Addis Ababa. The town was founded by Emperor *Fasiledes* in 1630s and it is currently serving as a capital of North Gondar administrative zone. It is situated in the foothills of the north mountain chains at an average elevation of 2300 meter above sea level [22].

2.2. Study design

The study used a cross sectional mixed methods approach by employing both quantitative and qualitative methods of data collection. The very nature of the research topic and the overall research objectives called for the inherent qualities of this approach. Moreover, this approach is preferred to others because of the basic assumption that all methods have limitations, and the biases inherent in any single method could be neutralized or moderated by the good quality of other methods. In addition, the results from one method can help to develop or inform the other method. As Mertens cited in Creswell [23], argued one of the major reasons for mixing different types of data is that the methods can serve a larger purpose to change and advocate for marginalized groups.

In this research a concurrent mixed method procedure is followed. As Creswell stated, in this procedure the researcher converges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. In this procedure, the investigator collects both forms of data at the same time during the study and then integrates the information in the interpretation of the overall results [23].

2.3. Study population

Due to the dispersed nature of disabled people in the town and the difficulty to find them in other aggregate manner like at sub-cities, the researcher was obliged to select and focus on disabled people's associations. Accordingly, three associations were selected namely: *Gondar* association for the visually impaired with 160 members; *Ediget fana* association for the physically impaired with 44 members; *Gondar* association for the physically impaired with 73 members. Therefore the total population of the study was 277 individuals.

The study comprised both male and female participants. Involving both sexes in the study assumed to provide comprehensive data about PWDs. A total of 179 survey respondents participated in the study. In addition to the survey respondents, based on saturation level, a total of 29 participants took part in focus group discussion and in-depth interviews. Self developed structured questionnaire was prepared in order to collect the required data and it was administered by two selected enumerators. Before administering the questionnaire, its reliability

was also checked through pretest by using Cronbach’s alpha model. Once the quantitative data collected, it was codified and entered in to the computer using the Social Sciences Statistical Package (SPSS) version 20. Then, the researcher used both descriptive and relational statistics to make the necessary analysis. The qualitative data was thematically analyzed and reported.

2.4. Ethical considerations

The researcher was attentive and careful to safeguard the psychological, physical, and social wellbeing of the study participants. Informed verbal consent was considered a priority and every participant was well-informed of the intent of the study.

III. RESULTS AND DISCUSSION

This section presents results and discussion of the study. The data on the demographic characteristics of the respondents and data collected on the basic research objectives were analyzed and presented in a way both the quantitative and qualitative data are used in a concurrent manner. Almost all of the study variables are diagrammatically illustrated by means of tables or graphs.

3.1. Demographic Characteristics of Respondents

This section looks at key demographic profiles of the study participants. Accordingly, data collected on respondents' sex, Age, place of birth, and marital status was analyzed and presented as shown below.

3.1.1. Sex of the respondents

Table 1: Sex distribution of the respondents

Variable	Categories	Number	Percent
Sex	Male	118	66
	Female	61	34
Total		179	100

The first examined sociodemographic characteristic of persons with disabilities was their sex distribution. As shown from the above figure, from the total of 179 respondents, over half of, i.e., 66% (n = 118), them were males while the remaining 34% (n = 61) were females. According to the 2007 census report [21], the ratio of both sexes was proportional; i.e. there were 1300 male and 1142 female disables in the town. Hence, disabled females are inadequately represented and participated in disabled peoples’ associations plausibly due to the double barriers they face in relation to their sex.

3.1.2. Age of the respondents

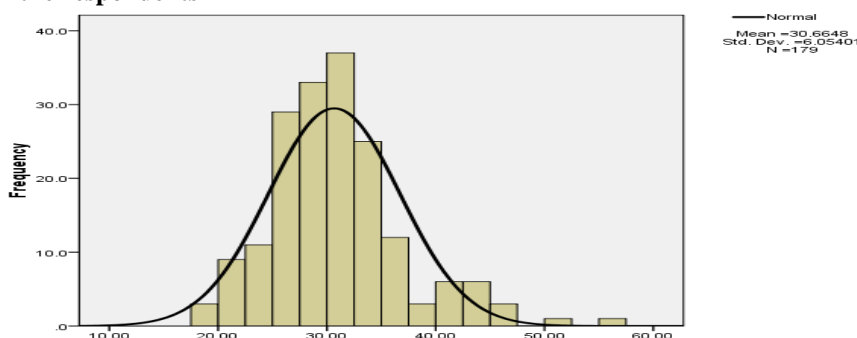


Figure 1: Age of the respondent

As the above fig. shows, the mean age of the respondents was 30.7 years and the median age was 30 years. given that the close similarity of the two values, the age of respondents seem ‘normally distributed’ where the majority were in the age range of 26 years to 34 years, decreasing at the younger and older ages. We can also see that the ages of the respondents ranged from the minimum age of 19 years to the maximum 56 years. The modal age is 30 years. In terms of percent it accounts about 12.3% of the total respondents.

3.1.3. Place of origin of the respondents

Table 2: Sex distribution of the respondents

Variable	Categories	Number	Percent
Place of Origin	Gondar town	125	69.83
	Outside Gondar town	54	30.17
Total			100

The third analyzed demographic characteristic is birth place of the respondents. The above fig. made apparent that nearly seventy percent (69.8 %) of the respondents were born outside Gondar town. In contrast, one-third (30.17 %) of the respondents were born in the town.

3.1.4. Marital Status of the Respondents

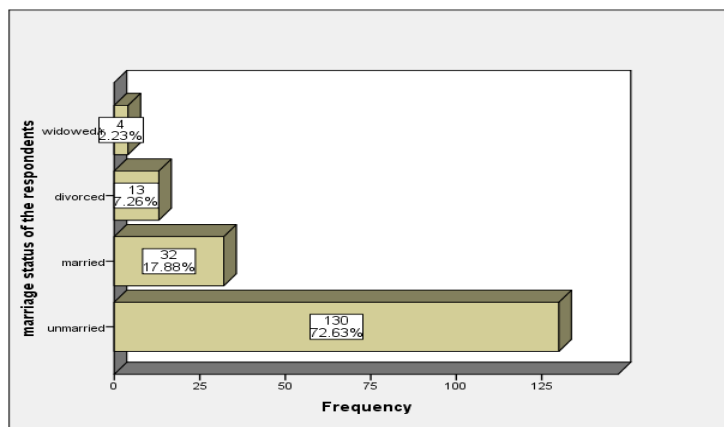


Figure 2: Marital status of the respondents

The result on the marital status of the respondents revealed that a vast majority of them, i.e., 72.6 % (n =130) were unmarried, which is three times greater than the married group. The married individuals represented only 17.9 % (n=32) of the total respondents. The survey result also shows that, there were few divorced respondents. Their share is no more than seven percent (7.3%, n =13). Likewise, there were less than three percent, (2.2 %, n=4) widowed persons among the total respondents.

The general impression of this result entails that the majority of the unmarried individuals were concentrated within the mid age groups, which is definitely the most possible age range to practice marriage. From this, it is possible to assume that this high proportion of unmarried status of the participants possibly associated with the poor position they have experienced as far as access to economic opportunities concerned and due to the prevalence of prejudice about them.

3.2. The socio-economic situation of visually and mobility impaired people

The first specific objective of the study was to examine and understand the socio-economic situation of disabled persons. As Kenneth, Jennifer, & Guy, [24], said concept of socioeconomic status is pervasive in sociological studies, yet an examination of the sociological and social science literature suggests a lack of consensus on its conceptual meaning and indicators. Therefore in this study the common measures of socioeconomic situation are used to examine the objective. The analysis result for the first objective of the study is presented under the following three sub sections: Educational Status; occupation; Income, Expenditure and Saving

3.2.1. Educational status

Table 2: Educational Status of the respondents

Variable	Categories	Number	Percent
Educational Status	Illiterate	33	18.4
	Read and Write only	83	46.4
	Grade 1-8	43	24.0
	Grade 9-12	15	8.4
	Diploma and above	5	2.8
Total		179	100

Educational status is an important variable used to assess the socioeconomic status of the respondents. As a whole, the educational level of the respondents was quite low as shown in table 2. Appallingly, from the total number of (n=179) surveyed population, about one-fifth, i.e. 18.4 % (n=33) were illiterate, while the majority 46.4 % (n=83) were able only to read and write, but never attended school.

A cross tabulation on the educational status and sex distribution of respondents tell us that, from the total number of (n=61) female respondents: the majority, i.e. 72.8% (n=43) of them have never attended school. Above all, there were no female respondents who have attained secondary, and college & above education. In this regard, a study conducted by Tirussew [6], in six regions of Ethiopia found out that PWDs have low educational status; particularly disabled women have very lower educational accomplishment and enrolment rates than disabled men.

The general notion of the above result shows that disabled females are less educated than disabled males. In relation to the low educational achievements of disabled females, the focus group discussants elaborated that, families mistrust on disabled females' potential, low confidence of disabled females themselves and stereotype about disabled females are the major reasons behind their low educational achievements. Perhaps these factors may not be enough in fully explaining this issue and hence, further study may be required so as to give a more dependable argument.

According to the information obtained from in-depth interview participants, poverty and discrimination were the major factors for the very low educational attainment of adult persons with disabilities in general. The focus group discussants added that most adult persons with disabilities either did not attend or discontinued school because of a variety of barriers including: unwillingness of their family to send them to school at their school age in fear of stigma and accident; having to work during school hours; low self esteem; repeated sickness; and lack of disability specific materials and facilities at school.

In relation to access to disability oriented education, two important questions were raised to the focus group discussants. These are: the availability of lifelong learning/adult education, and life and survival skill training for adult persons with disabilities. Basically lifelong learning as defined by WHO [25] refers to all learning activities undertaken on an ongoing basis throughout persons with disabilities life with the aim of improving their knowledge, skills and competencies. It involves the acquisition of skills and formal qualifications for work. As presented in the Table above many PWDs did not have formal education. Hence, the availability of lifelong learning which is complementary to formal education is indispensable in their life. However, the focus group discussants stated that they have never had lifelong learning except irregular short term trainings. The focus group discussants admitted that the efforts being made by Gondar disabled vocational rehabilitation center is very substantial in improving the technical skills of disabled people through short term trainings. Yet, the number of individuals who get this chance remains to be very insignificant. In relation to survival skill training, the focus group discussants confirmed that persons with disabilities occasionally get such trainings.

3.2.2. Occupation

Occupation is the second variable used to assess the socioeconomic situation of the respondents. From the outset a question was posed to the survey respondents in order to learn about their employment status. Accordingly, the majority (62%, n=111) of the respondents were unemployed while the remaining (38%, n=68) were wage / self employed. Sex wise analysis shows that 43.2% (n=51) male and 27.9 % (n=17) female respondents were employed. Thus, understandably more males were employed than females.

Overall, the majority of the employed persons were engaged in the informal income generating activities. Data on the main occupations for the employed persons with disabilities were analyzed and reported as presented in the following table.

Table 3: Occupational Status of the respondents

Variable	Categories	Number	Percent
Occupational Status	Civil servant	5	7.4
	NGO staff	-	0
	Merchant	-	0
	Tailor	6	8.8
	Craftsman/woman	31	45.6
	Lottery bill dealer	3	4.4
	Street vendor	8	11.8
	Other	15	22.0
Total		68	100.0

As indicated in Table 3 above, among the total respondents (i.e. n=68) who were employed and provided data on their occupations, five percent (n=5) of them were civil servants and they represented 7.4 % of the total sample population. The rest engaged in other informal activities. The general sense of the above result indicates that there were extremely large numbers of disabled people engaged in menial jobs.

In relation to occupation, data obtained from focus group discussions and in-depth interviews show that persons with disabilities have very limited job opportunities and they face different barriers to access jobs. In relation to this, one of the visually impaired in-depth interviewee mentioned existing challenges as follows:

“Primarily, many of us do not have the required educational qualification to compete for available jobs. Besides, the presence of negative attitude and reluctance among employers further darkens our chances to secure jobs”

Visually impaired Male:34 years old.

The focus group discussants also added that lack of vacancy information and low self motive are other contributing factors for low employment status of PWDs. Consequently jobless PWDs are experiencing feeling of dependency and hopelessness.

3.2.3. Income, Expenditure and Saving

Income is another and, plausibly the most important variable used to assess the socioeconomic situation of the respondent. In relation to income, respondents’ expenditure and saving practices were also examined. Data obtained from focus group discussions and in-depth interviews confirmed that disabled persons are relying on two main sources of income: i.e., formal or informal job, and support from relatives or others. The field survey examined income, expenditure and saving practices of the respondents. Here, it is worth mentioning that respondents’ income was categorized on weekly basis, given the informal nature of most of their occupational activities. The following table summarized weekly income and expenditure distribution of respondents.

Table 4: Weekly income, expenditure and saving distribution

Weekly Income, Expenditure And Saving In Birr	Income		Expenditure		Saving	
	Number	Percent	Number	Percent	Number	Percent
1-50	75	41.9	94	52.5	34	61.8
51-100	33	18.4	52	29.1	13	23.6
101-150	41	22.9	21	11.7	5	9.1
151-200	16	8.9	7	3.9	2	3.6
201-250	2	1.1	1	0.6	1	1.8
251-300	5	2.8	3	1.7	0	0
Above 300	7	3.9	1	0.6	0	0
Total	179	100.0	179	100.0	55	100.0

As the above Table shows, slightly above forty percent (41.9 %) and above fifty percent (52.5%) of the respondents respectively reported to have a respective weekly income and expenditure of below Birr 50.00. Cross tabulation shows that the highest incomes were recorded among the civil servants and craftsman/woman respectively.

The general sense of the survey result on the income and expenditure reveals that for most of the respondents, their weekly expenditure is almost equivalent to their weekly income, which partially shows little or no capacity of saving. This is also confirmed by the correlation outcome, in which Pearson’s correlation test verified that there is direct correlation between weekly income and weekly expenditure ($r = .603, p < 0.01$).

Regarding saving practice, of the total number of 55 respondents who reported to have a weekly saving, the majority, i.e. 69.3 % (n=124) of them did not have saving practice at all.

Generally, as it can be understood from the above data, persons with disabilities have reasonably low saving practice. This is mainly associated with their meager income. Indeed, this reality was particularly elaborated by a crutch user male in-depth interviewee, who stated that:

“I have been producing and selling traditional sandal (berebaso) for many years. From this work, I am earning irregular and very little income, which is not enough to fulfill my basic needs. For this reason, I have never thought about saving. What can I save? You know what? For me, deciding to save means deciding to stop eating and kill myself.”

Mobility impaired male: 38 years old

3.3. Access to basic services and facilities

The second specific objective of the study was to explore disabled persons' access to basic services and facilities. Accordingly, respondents access to the basic services and facilities were explored using survey, focus group discussion and in-depth interviews. The analysis result for the second objective of the study is discussed and presented in four sub sections including: housing conditions and housing facilities, access to health services, access to vocational and medical rehabilitation services.

3.3.1. Housing

Housing access is important indicator to assess the socioeconomic situation of persons with disabilities in the study area. In fact, shelter is a measure of economic wellbeing. Because shelter is indispensable to everyone, the issue of access to housing considered as a prime concern in investigating the socioeconomic status of the study participants. In line with this, the following fig. depicts the housing ownership status of the respondents in the town.

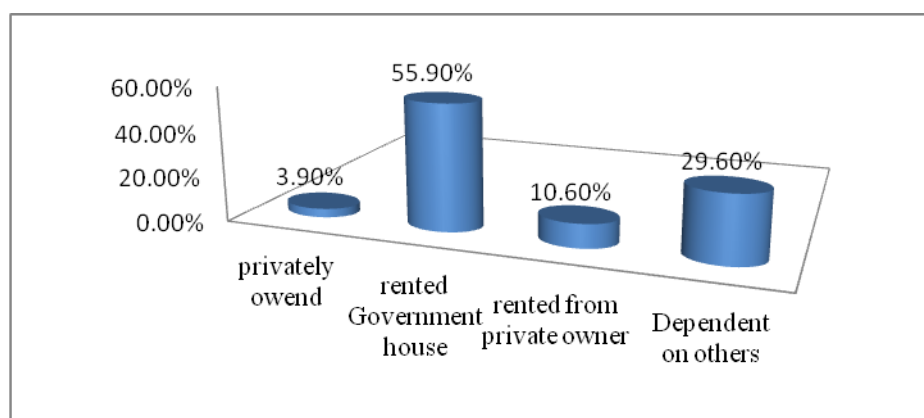


Figure 3: Respondents housing ownership status

As shown from fig. above, from the total number of 179 respondents, only 3.9% (n=7) of them were living in their own houses. The vast majority (55.9, n=100) of them were living in government (*kebele*) houses and very few, i.e., 10.6 % (n=19) of the respondents were living in houses rented from private households. Appallingly, about thirty percent (n=53) were dependent on others, mainly on their relatives, families, and churches for their shelter.

3.3.2. Availability of basic housing facilities

In addition to the type of housing access, respondents were asked about the availability of three indispensable housing facilities: potable water, shower and toilet facilities.

3.3.2.1. Availability of potable water, shower, and toilet

Access to potable water and sanitation is a basic human right and necessary to life and health for all humans. In line with this, access to potable water, shower and toilet facilities were discussed with focus group discussants and in-depth interviewees.

Overall, disabled persons' access to drinking water is moderately good; but for several disabled persons their need to readily and nearby access is not adequately fulfilled. There are a number of PWDs who could not easily get drinking water. Most of these disabled persons rely on the support of able bodied family members or relatives for accessing water. As the participants said for most of them shower facility is not available. Above all, during the discussion it was emphasized that lack or absence of toilet facilities is the most critical problem for several disabled persons. Many of the mobility impaired disclosed that they lack disability friendly and appropriately designed toilets. Worse of all, some disabled persons even did not have these basic facility.

3.3.3. Access to health services

Regarding health service, the respondents were asked about the availability and accessibility of health services in the town. Accordingly, all of them replied they get health services in the town. In relation to the type of available health services, respondents were also asked about their satisfaction regarding the service they got. Accordingly, about half of them (48%) experienced low satisfaction with the services. On the other hand around forty percent (n=42) of the total respondents reported to have medium satisfaction. Only twelve percent (n=22) of the total respondents reported to have high satisfaction.

In relation to this, the focus group discussions revealed that most disabled persons have dissatisfaction with the health services they get from the public hospital. The discussants stated that there is only one public hospital in the town which relatively has comprehensive health services. However, in the hospital, disabled patients are not getting priority. Hence, they are obliged to face the extended and tedious procedures to get services. At times, disabled patients also face mistreatment from some health personnel.

3.3.4. Access to medical rehabilitation services

Medical and vocational rehabilitation is fundamental for disabled persons to realize their highest level of health and wellbeing. According to world health organization [25], medical rehabilitation measures include those services which provide or restore functions, or compensate for the loss or absence of a function. Medical rehabilitation mainly includes physiotherapy, prosthetic and orthopedic services. On the other hand vocational rehabilitation is concerned with the provision of technical trainings for PWDs to develop their skill for work [25]. In light of this, the extent to which mobility impaired persons have access to medical and vocational rehabilitations is analyzed and presented below. Note that the medical rehabilitation services basically provided for mobility impaired peoples

Table 5: Access to Medical Rehabilitation Services

Access to medical rehabilitation services	Physiotherapy Services			Prosthetic Services			Orthopedic Services		
	#	%	Valid %	#	%	Valid %	#	%	Valid %
Yes	110	61.5	100.0	74	41.3	100.0	89	49.7	100.0
No	-	-	-	-	-	-	-	-	-
Total	110	61.5	100.0	74	41.3	100.0	89	49.7	100.0

Concerning access to prosthetic services, all of the respondents, (all of whom are basically mobility impaired), confirmed that, they have access to physiotherapy, prosthetic and orthopedic services. As it was understood from the focus group discussions, disabled persons access physiotherapy services from Gondar/*chechela* hospital in the town. Occasionally, when the disabled patients health status is much complex, they could get referral to Addis Ababa (*Tikur Anbesa*, and Korea hospitals) through the support of university of Gondar CBR program. Yet, this support remains to be sporadic.

In relation to prosthetic and orthopedic services, the focus group discussion revealed that several mobility impaired people access and receive prosthetic and orthopedic services. However, there are no specialized prosthetic and orthopedic centers in Gondar town; rather they get the services from Bahir Dar town which is 85 kilometer away.

3.3.5. Vocational rehabilitation services

The respondents were asked about the availability of vocational rehabilitation services in the town. Their responses are summarized below.

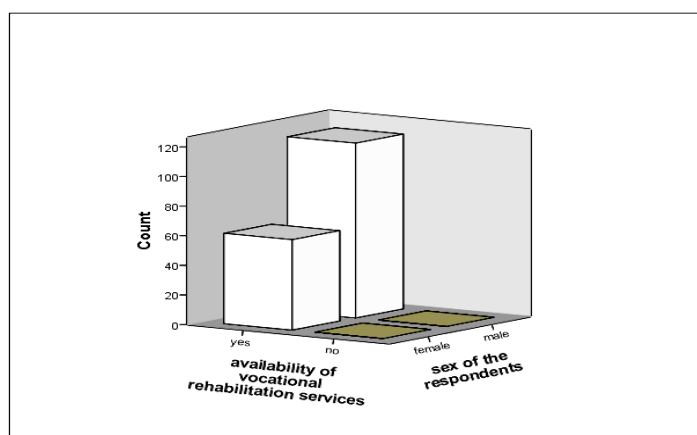


Figure 4: Access to vocational rehabilitation services

As the above Fig. shows, all of the respondents in both sexes confirmed that vocational rehabilitation services are available in the town. Additionally, it was understood from focus group discussion that the

vocational center gives training for all PWDs who are from the nearby region. Trainee disables need food and financial support during their stay at the center. Each trainee should have sponsoring organization to attend the training. Due to lack of such sponsoring organizations, the numbers of trainee disables are small..

3.4. Major problems and needs of disabled persons

The third specific objective of the study was to identify the major problems of persons with disabilities and the main needs they want to be met. Accordingly, data on the major problems and needs of these people were generated through focus group discussion and in-depth interviews. Even though problems and needs are interrelated issues, for the sake of precision, they are presented separately. Hence, in this study ‘problems’ refer to the major socio economic and environmental challenges faced by disabled persons in their day to day life. Whereas ‘needs’ refer to the major necessities that disabled persons wishes to be met so as to live better and dignified life. Thus, the analysis result for this objective is discussed and presented in two major subsections, as shown below.

3.4.1. Major problems of disabled persons

It is common that PWDs normally face more difficulties in their day to day life than other people, but few people consider and understand the severity of the challenges they face. Some of the major problems that the studied visual and mobility impaired persons are facing in various aspects of life include: homelessness and lack of sanitary facilities; sexual and verbal abuses; physical and environmental mobility barriers; Lack of mobility devices; and barriers to loan access.

3.4.2. Major priority needs of disabled persons

In addition to the major challenges that disabled persons are facing, the study also identified the main priority needs that they want to be met. These are the most crucial needs in their lives and their fulfillment will make a difference in their status and allow them to have dignified life. In other words, these are the key areas where supports for PWDs should focus on.

Data obtained from FGD and IDs confirmed that, at present, the foremost and principal need of several PWDs is food support. It was revealed that there are considerable PWDs who live in abject poverty. This group of people does not have regular income to feed themselves and keep their life alive. Due to this reason, they are prone to food shortage and malnutrition. In fact, their need goes beyond food support. This destitute group also needs clothes and other material supports.

The data also confirmed that many PWDs are homeless and dependent on others for shelter. Consequently, they are living in a very poor situation which is likely to result in further health complications. Therefore, they demanded the municipal office especially the various *kebeles*’ administrators to give priority and special focus for the housing needs of many PWDs in the town.

The FGD and IDs participants also mentioned the greater need of PWDs for assistive devices. They demanded timely access to appropriate assistive devices as per to their form of disability. In general the study participants indicated that PWDs have shortage of mobility aids (wheel chairs, tricycles, and special boots), and vision devices (canes, Braille, slate and stiles). On the whole, on the basis of the data, the main needs of PWDs’ can be summarized as: food, clothing, material support, special treatment for accessing houses, easy access to loan and assistive devices.

The above result is also confirmed by the study conducted by Japan International Cooperation Agency [12] , which reported that in ethiopia the major current problems concerning disability are: Lack of public understanding, shortage of basic needs, such as vocational training placement, health facilities etc. and in accessibility to assistive devices.

IV.CONCLUSION AND RECOMMENDATION

4.1. Conclusions

This study makes apparent that most visually and mobility impaired persons in Gondar town have low educational attainments, engaged largely in low occupational activities and earn meager incomes. Their literacy level is much lower than the country’s adult literacy rate which is 42.1%. On the basis of international standards about 83.3 % of them earn less than one US \$ per day and hence live under the poverty line. Persuasively, they have relatively comparable status with other PWDs in the country as well as with those PWDs in some developing countries. Therefore, the study generally concludes that most disabled persons in the study area live in a deprived and poor situation.

Based on the assessments on accessibility issues, the study concluded that visually and mobility impaired persons in general have little and limited access to basic services and facilities. Their overall status revealed that many of them do not have housing and lacks the most indispensable housing facilities; nevertheless, the study contends that, except some constraints, the studied PWDs have somewhat good access to

vocational rehabilitation trainings and general health care services in the town. They have also closer access to physiotherapy services. But their attempts to get prosthetic and orthopedic rehabilitation services are being constrained by physical distance and lack of regular support.

Concerning their needs, on the basis of the study outcome it was simple to understand the challenging and distressing life circumstances many disabled persons are living in the town. Looking at the various challenges they faced and the needs they have, the study concluded that many disabled persons in Gondar town are confronted with and encircled by chains of social and economic problems. In addition, their current and future wellbeing are being threatened by unmet life continuing needs.

4.2. Recommendations

The researcher suggests the following recommendations in line with the findings of the research.

- ❖ Providing lifelong learning/adult education, and life and survival skill trainings
- ❖ Facilitate job opportunities and good working environments
- ❖ Follow up and professional support for self employed PWDs
- ❖ Addressing housing problem
- ❖ Addressing physical and environmental barriers
- ❖ Avoiding health service challenges of PWDs
- ❖ Improving access to loan services
- ❖ Awareness creation among the public about persons with disabilities and building self confidence of PWDs
- ❖ Strengthening disabled person's organizations (DPOs)
- ❖ Enhancing cooperation and coordination among concerned bodies working on persons with disabilities

ACKNOWLEDGMENTS

My special gratitude goes to all respondents who kindly volunteered to be part of the study. I also wish to express my cordial gratefulness to my department staffs.

REFERENCES

- [1]. British Council, *Promoting disability equality* (British Council guide: Diversity unit, 2009). <http://www.britishcouncil.org/home-diversity-areas-of-activity-disability.htm>
- [2]. Office for Disability Issues, *Experiences and expectations of disabled people* (GFK NOP Social Research, Office for Public Management, PPRE and University of Nottingham, 2008).
- [3]. AusAID, *Disability in Australia's aid program* (Commonwealth of Australia, 2011).
- [4]. Center for Applied Research Development-Oriented Service, *Research report on the general conditions of people with disabilities in Ethiopia* (Addis Ababa, 2007).
- [5]. UN, *United Nations expert group meeting on disability sensitive policy and program monitoring and evaluation* (Country paper Ethiopia: UNHQ, New York, (2001).
- [6]. Tirussew. T, *Disability in Ethiopia: issues, insights, and implications*. (Addis Ababa, Ethiopia: Addis Ababa University Press, 2005).
- [7]. JICA, *Country profile on disability* (Japan International Cooperation Agency Planning and Evaluation Department, 2010).
- [8]. Almaz, T, *Attitudes of Ethiopian college students toward people with visible disabilities*, doctoral dissertation., University of Iowa, 2011.
- [9]. Seleshi, Z, *Disability and development: the need to develop disability-inclusive PASDEP in Ethiopia* (Poverty Action Network in Ethiopia (PANE): Addis Ababa University, 2010).
- [10]. Tirussew. T, Savolainen. Agedew. R, and Daniel. D, *Base Line Survey on disabilities in Ethiopia*.(FINNIDA Project, Institute of Development Research Addis Ababa: Addis Ababa University,1995.
- [11]. Water Aid Ethiopia, *Water and sanitation access for people with disabilities* (Briefing note Debrezeit: Addis Ababa, 2006).
- [12]. JICA, *Country profile on disability* (Japan International Cooperation Agency Planning and Evaluation Department, 2002).
- [13]. Social Policy Research Centre, *Socio-economic disadvantage and prevalence of disability* (University of New South Wales, Australia, 2000).
- [14]. Jenkins, S. & J. Riggs, *Disability and disadvantage: selection, onset and duration effects* (London, London School of Economics, Centre for Analysis of Social Exclusion 2003).
- [15]. World Bank & WHO, *World report on disability*. (20 Avenue Appia, 1211 Geneva 27: Switzerland, 2011).
- [16]. O'Reilly A, *The right to decent work of persons with disabilities* (International labor organization: Geneva, 2007).

- [17]. WHO, *Disability and rehabilitation action plan 2006-2011* (20, Avenue Appia, CH-1211 Geneva 27, Switzerland, 2006).
- [18]. Pact, *Assessment of the situation of persons with disabilities in Amhara region* (Unpublished study paper. Bahir Dar, 2003).
- [19]. Cheshire Foundation Ethiopia, *knowledge, attitude and practice on disability. A survey conducted in Bahir Dar community* (Unpublished paper. Bahir Dar, 2004).
- [20]. Girmaye, T. Yigzaw, K. Shitaye, A. John, The prevalence and characteristics of physical and sensory disabilities in Northern Ethiopia, *journal of disability and rehabilitation* Vol. 23, No. 17, 2001.
- [21]. Central Statistics Authority, *National population and housing census* (Addis Ababa Ethiopia, 2007).
- [22]. Central Statistics Authority, *National population and housing census* (Addis Ababa Ethiopia, 2007).
- [23]. Creswell, J. *Qualitative, quantitative and mixed methods approach*. (Second Edition, University of Nebraska: Sage publication, inc. USA, California, 2007).
- [24]. Kenneth, A. Jennifer, L. and Guy S, *Socioeconomic status and class in studies of fertility and health in developing countries* (Annu. Rev. Sociol., 2001).
- [25]. WHO, *Community based rehabilitation guidelines: Social component* (Geneva 27, Switzerland 20 avenue Appia, 1211, 2007).

Addis Zena Birru. " The Socio-Economic Status and Needs of Persons with Disabilities in Gondar Town." IOSR Journal of Humanities and Social Science (IOSR-JHSS). vol. 24 no. 10, 2019, pp. 52-64.