Quality of Life

OF PERSONS WITH DISABILITIES IN SNNPR, ETHIOPIA

ETHIOPIAN CENTER FOR DISABILITY AND DEVELOPMENT (ECDD), 2019
The Ethiopian Center for Disability and Development (ECDD), together with the Regional Government of the Southern Nations, Nationalities and Peoples’ Region (SNNPR) of Ethiopia are implementing a Regional Disability Mainstreaming Program. The goal of this program is to improve the quality of life of persons with disabilities in SNNPR.

To measure what the current quality of life is of persons with disabilities, we developed and carried out a survey. This looked at whether persons with disabilities in SNNPR have access to healthcare and rehabilitation, whether they have gone to school, have work and money to spend, and are able to take part in the community. This report presents some of the results\(^1\).

\(^1\) For more detailed methodology and results, please see: Ethiopian Center for Disability and Development. (2018). Quality of Life of Persons with Disabilities in SNNPR.
DATA COLLECTORS
Data was collected by 20 data collectors – in most cases 1 male and 1 female in each town. Most of them were persons with disabilities.

RESPONDENTS
The survey was carried out in ten towns in SNNPR: Sodo, Hawassa, Leku, Chuko, Aleta Wondo, Wendo Genet, Yirgalem, Durame, Butajira and Arba Minch.

All respondents were persons with disabilities who were identified through Disabled Peoples Organisations (DPOs) and the local Agency of Labour and Social Affairs. We tried to interview an equal number of men and women, and an equal number of persons with different types of disabilities.
QUESTIONNAIRE

We used a questionnaire based on the WHO CBR Indicators questionnaire. The WHO CBR Indicators questionnaire measures the situation of persons with disabilities, by asking them about their...

We measured disability using the Washington Group Short Set, which asks whether persons have difficulties in ...

SAMPLE

We interviewed 966 respondents: 579 men and 386 women.

Most respondents were between 19 and 34 years old.

We interviewed persons with different types of disabilities.

Note: persons can have difficulties functioning in more than 1 category. 47% of respondents indicated having difficulty with multiple activities.
RESULTS 🦴 HEALTH

This section reports the results on the status of health and access to health for persons with disabilities in SNNPR.

HOW WOULD YOU RATE YOUR HEALTH TODAY?

A majority of persons with disabilities felt that their health could be rated as good or very good.

![Health Rating Chart]

ACCESS TO HEALTH CARE

Half of all persons with disabilities needed health care in the past twelve months, but were not able to get the health care they needed. Only one out of four persons with disabilities had received the health care they needed.

![Access to Health Care Chart]

WHY DID YOU NOT GET HEALTH CARE?

Most of the people who did not get health care, said this was because they could not afford the cost of the visit. Other reasons for not being able to get health care were that they tried but were denied health care, the health care facility was too far away, they could not afford the cost of transport, and/or that no transport was available.

![Reasons for Not Getting Health Care Chart]
TREATED WITH RESPECT

If they do visit a health care center, are persons with disabilities treated with respect? The majority feel that they are, indeed, treated with respect. A small group of men and women, however, felt that respect towards them had been poor or even very poor.

MAKING DECISIONS ABOUT YOUR OWN TREATMENT

Although health care workers are knowledgeable, it is good practice to involve patients when making decisions regarding to the treatment of the patient. Only very few persons with disabilities are involved in making decisions regarding their own health treatment. Almost half of all men and women with disabilities feel that they had not been involved in making any decisions about their treatment when they went to the health center. Almost all other men and women said that they had only been involved partially.

1 out of 3 persons with visual, hearing or mobility disability were not involved in making decisions for their treatment. For persons with a cognitive, selfcare or communication disability, this is 1 out of 2!
This section reports on the access to and necessity of rehabilitation services for persons with disabilities in SNNPR.

**ACCESS TO REHABILITATION SERVICES**

As with health care, respondents were asked whether they had needed rehabilitation services such as physical, occupational or speech therapy, but did not get these services. Half of all men and women with disabilities need rehabilitation services but are not able to get them. Only a small group have received the rehabilitation services they need.

**REASONS FOR NOT ACCESSING REHABILITATION SERVICES**

Why are persons with disabilities not getting the rehabilitation services they need? Most are not getting services because they cannot afford the cost of the visit. Other important reasons include that the individual did not know where to go, the rehabilitation facility is too far away, they tried but were denied the care and that there was no transport available.
USE OF ASSISTIVE DEVICES

The following figures present whether persons with disabilities are able to receive and use the assistive devices they need for ease of living.

DO YOU USE...?

- aids such as a cane, crutch, wheelchair, grasping bar, hand or arm brace\(^5\)
- visual aids, such as glasses or a white cane\(^4\)
- aids to help hear or communicate better\(^5\)

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<thead>
<tr>
<th>Uses device and works well</th>
<th>Uses device but doesn’t work or isn’t appropriate</th>
<th>Doesn’t use device because it’s broken or inappropriate</th>
<th>Doesn’t have device but needs it</th>
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\(1\) For persons with mobility or self-care disabilities
\(2\) For persons with visual disabilities
\(3\) For persons with hearing or communication disabilities

REPAIR OF ASSISTIVE DEVICES

Very few persons with disabilities in SNNPR who need an assistive device have one. For the persons who do have an assistive device it is important that they know how to keep their assistive device in good working condition, and know where to get it repaired if that is needed. One out of four persons with an assistive device do not know how to keep their assistive device in good working condition.
RESULTS 📈 EDUCATION

This section presents research results related to education of persons with disabilities in SNNPR.

HIGHEST LEVEL OF EDUCATION

Most persons with disabilities have not had any schooling or completed schooling beyond primary education. Persons with cognitive disabilities are least likely to complete any schooling, and persons with mobility disabilities most likely.

PLACE OF EDUCATION

Where do persons with disabilities receive their education? The majority attended government schools and institutions. Some attended private schools, special schools, were home-schooled, or attended other forms of education.
RESULTS $ LIVELIHOOD

This section presents results on the working situation and financial situation of persons with disabilities.

**WORKING SITUATION**

The following figure represents the current working situation for men and women with disabilities (19+ years old) in SNNPR.

For both men and women self-employment is the most common option. Women are more likely to be working in the family, and more likely to be unemployed and looking for work. Many persons with disabilities are currently looking for work. Only a very small minority of persons with disabilities is wage-employed.

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**DO YOU HAVE ENOUGH MONEY?**

Most persons with disabilities do not have enough money to meet their needs. Only 2% of persons with disabilities said they have enough money most of the time!
DO YOU DECIDE HOW TO USE YOUR MONEY?

Do persons with disabilities have the freedom to make their own financial decisions? In general, women make less decisions regarding how to use their money as compared to men.

In addition, persons with cognitive disabilities often do not decide how to use their money, whereas persons with visual, mobility or hearing disabilities don't have that problem as much.

ACCESS TO FINANCIAL SERVICES

In order to be able to access financial services such as loans, credits cards, insurances, grants or savings programs, persons with disabilities first need to know where and how to get these financial services. However, only half of the persons with disabilities in SNNPR knows where and how to get these financial services.
The last aspect to measure the quality of life of persons with disabilities is to cover how persons feel as part of the community. This section focuses on that.

**RESPECT**

Respondents were asked whether they felt respected by their families, as well as whether they felt respected by other people. Respect means: do you feel that others value you as a person and listen to what you say.

Most persons with disabilities feel respected by their families. They often feel less respected by other people in their community.

Persons with different disabilities also report different levels of respect. Less than half of persons with cognitive or self-care disabilities say they feel respected by their family.

**PERSONAL ASSISTANCE**

Persons with disabilities sometimes make use of personal assistance, for example to guide, support, or provide self-care support. Personal freedom and autonomy can be related to the degree that someone is able to make their own decisions regarding personal assistance, for example who they are assisted by, what type of assistance they would like, and when they would like assistance. Over half of the persons with disabilities in SNNPR indicated that they did not make any decisions regarding the personal assistance that they needed. Only a small group said that they made these decisions on a regular basis.
PARTICIPATION IN SOCIAL EVENTS

Being part of, feeling accepted by, and taking part in a community is important for all human beings. Respondents were therefore asked whether they participated in social, cultural, religious, sports or other activities in their community. Women were less likely than men to participate in social events, with almost half of all women saying they did not or only sometimes participate.

PARTICIPATION IN COMMUNITY MEETINGS

The differences between men and women with disabilities are even more apparent when it comes to participation in community meetings and decision making. 64% of men said that they did not or only sometimes participated in community meetings, and 85% of women said the same!

Looking at disability, persons with mobility or visual disabilities are more likely to participate in social events or community meetings. On the other hand, persons with cognitive, self-care or communication disabilities hardly ever join.
PARTICIPATION IN DISABLED PERSONS ORGANISATIONS

Disabled Persons Organisations (DPOs) or parent groups are places for persons with disabilities to come together, share, and advocate for their rights if necessary. Slightly over half of all respondents stated that they indeed belonged to or participated in a DPO or parents group.

There are, however, very big differences in DPO participation when it comes to different disabilities. Most persons with a mobility disability participate in a DPO or parents group. For visual, hearing or communication disabilities, it is around half of all persons with those disabilities that participate in an organization or group. When it comes to cognitive and self-care impairments, numbers are very low, with only a small group of these individuals being members of self-representing groups.
ECDD carried out this Quality of Life survey to better understand the situation of persons with disabilities and their families in the target communities of its Regional Disability Mainstreaming (RDM) Program in the Southern Nations, Nationalities and Peoples' Region (SNNPR) of Ethiopia. The findings of the survey show that persons with disabilities have inadequate access to health services and opportunities for education, work and community participation. On most aspects, women had even less access than men to services and opportunities.

The findings are being used to design and implement program interventions – such as Disability Awareness Trainings – to improve service delivery and promote equalization of opportunities. It is our intention to repeat the same survey again in the same communities after a period of time, in order to identify change, and hopefully improvements as a result of RDM Program interventions.
THIS PUBLICATION WAS DEVELOPED BY:

Ethiopian Center for Disability and Development (ECDD)
Addis Ababa, Ethiopia
info@ecdd-ethiopia.org
+251114165859
www.ecdd-ethiopia.org

Light for the World
Bole Road, Bedesta Building 5th Floor
P.O. Box 27744
Addis Ababa, Ethiopia
ethiopia@light-for-the-world.org
www.light-for-the-world.org

Irish Aid Ethiopia
addisababaembassy@dfa.ie
+251 115 180 500
www.embassyofireland.org.et

SNNPR Government

GRAPHIC DESIGN BY:
ZOUT design & communicatie