



Psychosocial Challenges of Women with Disabilities in Some Selected Districts of Gedeo Zone, Southern Ethiopia

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Abstract

The purpose of this study was to investigate psychological and social challenges of women with disabilities in Gedeo zone, southern Ethiopia. To this effect a qualitative case study design was used. Data were collected from purposively selected 26 sample participants lived in Dilla, Wenago, and Yirgacheffe. Seventeen of the women had congenital disability and the rest of them faced disabilities during childhood and at adult stage. The data were collected via non participant observation, semi-structured interview, document analysis and field notes. Data were analyzed using recorded discussions, transcribing verbatim, identifying patterns and relationships among categories. The study indicated that women with disabilities lived in the study area faced social challenges like abuse, discrimination, neglect, rape and harassment. Due to these social problems, they were exposed to psychological challenges like depression, anxiety, fear, and worthlessness. Based on the findings and analysis, possible suggestions and recommendations were presented.

Keywords: Challenges, Abuse, Disability and Legal protection.

Introduction

Women suffer from restrictions, oppressions and discrimination due to their existence in patriarchal societies. Yet gender influence is not the sole one on any women's experiences. Differences of race, ethnicity, class, sexuality, age, health condition, disabilities and religion shape women's reactions in a given society. Moreover, these differences intersect with each other and aggravate their challenges (United Nations, 2006).

The challenges of women can be described in terms of various psychological and social problems which are rooted in poverty, illiteracy, illness, violence, harassment, rape, unemployment and lack of legal protection (Yeo & Moore, 2003). Moreover, the psychological and social challenges are more pervasive on women with disabilities. The women often face attitudinal and environmental barriers that prevent their full, equal and active participation in a society. The society tends to avoid, isolate, reject, and segregate people with disabilities (Smart, 2001). Furthermore, WHO, (2011) and HRW (2012)

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indicated that women with disabilities experience dependency and restricted participation in their societies. They face barriers to enjoy equality and advancement due to race, age, language, ethnicity, culture, religion or disability. With regard to women with disability, persistence of certain cultural, legal and institutional barriers makes them the victims of two-fold discrimination; as women and as persons with disabilities. Violence and abuse affect them from all kinds of involvement and belongingness in everyday life activities. Sometimes, they are attacked by strangers, but most often they are hurt by people who are close to them. Violence and abuse can cause terrible physical and emotional pain without any legal protections.

The 2011 Report of the United Nations Special Rapporteur on Violence against Women also revealed the multiple and intersecting forms of discrimination that contribute to and exacerbate violence against women. It also noted that factors such as ability, age, and access to resources, ethnicity, language, religion, sexual orientation and gender can exacerbate the violence women experience. Although women with disabilities experience many of the same forms of violence that all women experience, hence gender and disability intersect; violence takes on unique forms, has unique causes, and results in unique consequences. In other word, women face combined violence and influence due to their sex, gender role and their disability. Men with and without disability attack women with disability and put them under their influence for various purposes. Due their biological nature, women with disability may not able to resist the violence coming from their opposite sex. Their disability is also contributing factor that affect women not to defend any attack employed on them (United Nations, 2011).

However, the UN General Assembly adopted the Declaration on Human Rights for Persons with Disabilities in 1975; the UN proclaimed 1981 the International Year for the Disabled; in December 1982, the UN General Assembly adopted the World Action Program for Persons with Disabilities, which outlined a strategy to promote equality and the full participation of persons with disabilities (UDHR, 1975).

Generally, worldwide, women with disabilities are facing challenges in their life time. They suffer from lack of access to full participation in the society, poor health facility, less education and job opportunity, less legal protection, less rehabilitation service, get married early, pregnancy, limited access to and control over resources and inheritance, and being exposed to violence (verbal harassment, sexual imposition, sexual assault, rape, domestic battering and so on)(O'Reilly, 2003).

The challenges of women with disabilities became highly pervasive in Ethiopia. Tirussew (2005) attests that female with disabilities make up significant figure in the country. These citizens face various challenges in their life time. In Ethiopia, there is a general tendency to think of persons with disabilities as weak, hopeless, dependent, and unable to learn and the subject of charity. The misconceptions of causal attribution added to the misunderstandings, have resulted in negative attitude towards them.

Similarly, in South Nation Nationality and People's Region (SNNPR) of Ethiopia, specifically in Gedeo zone, women with disabilities face barriers in their social participation. The magnitudes of barriers they face excluded them from the mainstream society and prompted them to experience severe difficulties in accessing community resources.

According to the (CAS, 2007) census, the total population of the zone was estimated around 847, 434. And the number of PwDs in the zone accounts for 11,505 (male-6,114 and female-5,391). More specifically, the number of PwDs in the selected study areas; Dilla 1521 (male-806 and female-715), Wenago 1372 (male-743 and female-629) and Yirgacheffe 2677 (male 1387 and female-1290).

However, at the international level, there are progressive measures adopted by development actors with a view to establish a more inclusive society in all nations. Likewise, Ethiopia has ratified international conventions on the right of person with disabilities. Nevertheless, the issue of disability is not successfully addressed. Consequently, women with disabilities are exposed to various challenges imposed by people with and without disabilities. Hence, this study intended to suggest possible ways how to address the challenges of women with disabilities in line with the international and national convention. Therefore, the research dealt with the following objectives;

1. Investigating how women with disabilities are socially challenged in their society.
2. Pin pointing how women with disabilities are psychologically challenged in their society.
3. Indicating how international and national conventions are addressed pertaining to the right of women with disabilities.

Operational definition of terms

- *Abuse*: Abuse is the improper usage of treatment of as entity, often to unfairly or improperly gain benefit. It may come in many forms such as physical or verbal maltreatment, injury, assault, violation, rape, unjust practice, crimes or other types of aggression (Webster, 2013).
- *Psychological of disability*: It indicates about a person's experience with a new form of disability may be marked by fatigue, negative emotions, a sense of powerlessness, or confusion (Woolfson, 2004).
- *Social challenge*: Social challenges refer to problems that people have interacting with people in society or engaging in normal social behaviours (Swain and French, 2000).
- *Violence*: It is the intentional use of physical force or power, threatened or actual influence, against a person, or against a group or community, that either results in a high likelihood of resulting in injury, death, psychological harm, and deprivation (Krug et al., 2002).

Method

In this study, a qualitative case study research design was used. Regarding research participants, 26 samples were selected through purposive sampling technique with an aim to discover the insight of the participants. It involved nine women with disabilities who lived in Dilla, six from Wenago, and eleven Yirgacheffe. As tools of data collection; semi-structured interview, non-participant observation, document analysis and field notes were used.

Pertaining to data analysis, recordings of all the interviews, observations and field notes were transcribed in preparation for data processing. Focus was given to the meaning of events and actions expressed by the participants. Finally, based on the formulated research

objective, a qualitative data analysis was employed. Data were analysed by using recorded discussions. Then, transcribing verbatim, identifying patterns and relationships among categories were done to make meanings and writing a descriptive narrative followed by an interpretation of findings.

International and national documents were also intensively analysed to investigate the gap between the existing reality of women with disability and the extent to which the issue of women with disability is indicated in legal documents. In other word, the document analysis will help to be mirror to see how the society is addressing the issue of women with disability in the line with national and international conventions.

Background of the Research Participants

A total sample of 26 women with disabilities participated in the study. The mean age of the samples was 33 years, with ages ranging from 18 to 52 years. Seventeen of the women had congenital disability, and the remaining nine women faced adventitious disabilities during childhood and at adult stage. Physical disabilities observed among the women included six with monoplegia (two women with left hand loss, one woman with right hand deformation, two women with left leg loss and one woman with right leg loss), three with diplegia (one woman with two hand loss, one woman with two legs loss and one woman with paralyzed left hand and right leg), eight with visual impairment, five with hearing impairment and four with intellectual limitation. Pertaining to their marital status, five were married, three were widowed, six divorced and the rest unmarried. Regarding their means of income, sixteen of them lived on begging, five were dependent on family's income and the rest were getting little support from churches. Concerning the number of their children, twenty one participants disclosed that in average they gave birth to three offspring ranging from one to eight. Shelter was the other background condition of the participants. Based on continuous observation and the respondents' disclosure, it was attested that 18 participants were living in plastic homes on the street and also near to churches. Three women with disabilities were living in a rent home with average monthly cost of 30.00 birr or 1.76 dollar. Only five were living with their family.

Results and Discussion

Challenges of Women with Disabilities

A. Social Challenges

1. Societal Stigma and Discrimination (Social Exclusion)

Social exclusion means lack of belongingness, acceptance and recognition. People who are socially excluded are more economically and socially vulnerable, and hence they tend to have difficult life experiences. It is also a concept used in many parts of the world to characterize contemporary forms of social disadvantage and relegation to the extreme of society. It is used across disciplines including education, sociology, psychology, politics and economics. It refers to processes in which individuals are systematically blocked from rights, opportunities and resources (e.g. housing, employment, healthcare, civic engagement, democratic participation and due process) that are normally available to members of society and which are key to social integration (Young, 2000). The practice

of social exclusion affects individuals in preventing from participating fully in the economic, social, and political sphere (Leslie, et. al., 2003).

In line with this notion, all of the participants in the study reported that they were socially excluded and discriminated from any social interaction and unable to exercise their right. They could not get full participation in the society due to their disabilities. A 39 years-old-monoplegic woman (a woman reported that after an accidental loss of her left hand, she became socially marginalized and excluded from the previous social life since the society perceived her as sinful and punished by God. Consequently, she also faced divorce due to the negative attitude her husband developed towards her because of her disability. Finally, she was forced to beg for living. In addition, a 43 years old blind woman reported that she became socially excluded after she lost her vision due to meningitis. During the study time, she was found begging on the street with her three children. From these facts we can understand that women with disabilities were stigmatized and discriminated due to the societies' negative attitude.

To the contrary, in condemning this practice, HRW (2012) states that women with disabilities are not only persons who are not capable of doing particular things, but they are women and human beings. When imposing any action on them, we have to keep in mind that we are doing something on female citizens, and cannot be defined by their disabilities, in fact, they do not want to. Every day, they face the same challenges and opportunities as other women; they are friends, daughters, mothers, wives and employees. They have various roles to endorse, as every woman does. They are talented in multitudinous ways, skilled and enrich our society, which gains depth in diversity. It is crucial to consider this positive contribution, appreciate and promote it, and ensure that these women's life plans are equally heard, equally get the chance of accomplishment, just as those of women without disabilities.

2. Violence

Globally, violence takes the lives of more than 1.5 million people annually: just over 50% due to suicide, some 35% due to homicide, and just over 12% as a direct result of war or some other form of conflict. For each single death due to violence, there are dozens of hospitalizations, hundreds of emergency department visits, and thousands of doctors' appointment. Furthermore, violence often has lifelong consequences for victims' physical, mental health and social functioning and can slow economic and social development (WHO, 2008).

Similarly, any woman regardless of her age, race, ethnicity, education, cultural identity, socioeconomic status, occupation, religion, sexual orientation, physical or mental abilities, or personality—may experience abuse. A woman may be at risk of abuse at virtually any point in her life right from childhood to old age. Due to this, women with disabilities are estimated to be 1.5 to 10 times more likely to be abused than are non-disabled women, depending on whether or not they live in a community or institutional setting. Generally, women with or without disabilities are exposed to violence in various forms. Some examples are labelled as follows (WHO, 2011).

i. Sexual and Physical Abuse: Sexual abuse includes rape, sexual harassment, sexual exploitation, or forcing a woman to participate in any unwanted, unsafe, degrading or offensive sexual activity. Sexual abuse may also include denying or ridiculing a woman's sexuality or controlling her reproductive choices. Similarly, physical abuse also includes assaults involving beating, burning, slapping, choking, kicking, pushing, or biting. It may

also include physical neglect through denial of food or medication, inappropriate personal or medical care, rough handling, or confinement (David & Hotaling, 1997).

In line with the above notion, most of the participants in this study were physically, verbally, and/or sexually abused by an assortment of men or women, and often by more than one person. An 18 years-old-woman with upper and lower limbs paralysis disclosed that she was raped by her relative at her parents' home when she was fifteen years old. Since the rapist warned and terrified her, she could not reveal the violence to anyone.

The elder sister of a 28 years-old-deaf woman also reported that the woman was sexually abused at different times by different men with and without disabilities. The sister disclosed that the woman had two children: one from unknown father. She also reported that the partners of this woman were frequently torching her for unknown reason. In addition to this, during the study time it was noted that the woman was in terrifying situation that she feared she might be abused due to revealing the information pertaining to her abusers. Thus, she was pleading to her sister to leave the place.

An 18 years old blind woman participant was also witness for being sexually harassed and abused consecutively. Thus, to protect herself she married to a monoplegic person (a man who lost his left leg during the Ethiopian military war). However, she could not escape from the daily sexual, physical and verbal abuse by her drunker one legged husband. Therefore, the finding indicated that women with disabilities faced abuse in different forms from various member of the society.

This finding is supported by the United Nations (2006), indicating that due to their increased vulnerability in the social environment, women with mental, psychological or learning disabilities are more prone to becoming the victims of domestic violence, sexual abuse and mistreatment, because they do not have the practical means to live independently and experience their sexuality. This is corroborated by data from national correspondents in some of the countries covered by the study. For instance, in Sweden, 63% of women with a psychological disability were abused after the age of 16 years. In the Netherlands, research shows that women with disabilities have a greater risk of being sexually abused than women in general, especially those with mental disability. Women with mental and/or learning disabilities are more liable to become the victims of sexual abuse in Austria, 64% of persons with disabilities, mostly women with mental illness or disability, reported sexual violence. Currently, approximately 40% of women with disabilities in Austria have experienced violence or abuse, mostly in their childhood (United Nations, 2006).

Furthermore, WHO (2011) indicated that about 650 million people in the world—or 10 per cent of the world's population—live with disabilities, and frequently encounter a myriad of physical and social obstacles. They often lack the opportunities of the mainstream population and are usually among the most marginalized in society. More specifically, women face barriers to full equality and advancement because of such factors as race, age, language, ethnicity, culture, religion or disability. Persistence of certain cultural, legal and institutional barriers makes women and girls with disabilities the victims of two-fold discrimination: as women and as persons with disabilities. "Girls and women of all ages with any form of disability are among the more vulnerable and marginalized of society. Thus, it is possible to infer that sexual abuse is a worldwide challenge of women in general.

ii. *Economic or Financial Abuse*: it may include preventing a woman from working, controlling her occupational choices, preventing her from achieving or maintaining financial independence, denying or controlling her access to financial resources, or exploiting her financially. As the result of this form of abuse, women with disability will be encountered with serious financial problem and face poverty. Based on the data found from observation and the report of the participant indicated that all of the samples research participants were under impoverished living conditions due to economic and financial abuse. Most of them were living on the street under plastic houses. The daily income was in average 7.99 Ethiopian birr or below half of a dollar i.e., 0.47. All of them were not able to get adequate nourishment on daily basis, no clean water, very dirty clothing and no hygiene are some of the basic problems encountered by these women. The report of a 29 years old blind women disclosed that her daily earning was seven Ethiopian birr or 0.41 dollar collected through begging. That would be used to cover the daily expense of her two children.

The most important fact investigated was the strong relationship between poverty and disability, where one caused the other and vice versa. According to Yeo and Moore (2003), there is a strong connection between disability and poverty due to many systemic factors that promote a vicious circle. They also entail that the mutually reinforcing nature of special needs and low socioeconomic status, showing that people with disabilities are significantly more likely to become impoverished; and people who are impoverished are significantly more likely to become disabled. Barriers presented for those with disabilities can lead them to be deprived of access to essential resources, such as opportunities for education and employment, thus, causing them to fall in to poverty. Likewise, poverty places individuals at a much greater risk of acquiring a disability due to the general lack of health care, poor nutrition and sanitation, and unsafe working conditions that subject to risks prone to disability (Yeo and Moore, 2003).

Similarly, a 43 years-old-blind women participant reported that her loss of vision was due to lack of money to cover medical expense for meningitis, which she faced since her childhood. As a result of this health problem, she became visually impaired and restricted from any income generating activity to support herself and her families. In addition, one such 52 years-old monoplegic woman (a woman without left leg) reported that her loss of leg was due to lack of money to cover medication by the time of accident during her teen age. Then, finally she was severely wounded and got medical amputation with external support. Thus, her monoplegic condition resulted in to disability and restricted her from any activity that would help her to win her daily bread. In supporting this fact, the World Bank (2008) report discovered that people with disabilities are challenged by various conditions for instance discrimination, social exclusion, stigma and abuse.

3. *Health Facility*

The lack of health care facility was the other very serious challenge of the participants of this study. The response of twenty one participants indicated that they were in very problematic health conditions without any health facility. Only four participants disclosed that they visited health institution rarely with the support of their care givers/ families. Thus, due to lack of health and rehabilitation service, the disabilities of the research participant became aggravated and grown in to severe conditions, as they disclosed.

They added that public hospitals and health centres charged some amount of money for registration and laboratory service that woman with disability could not afford. A 32 years blind participant sadly reported that she frequently attempted to visit governmental health centres seeking for medical support for her blurred vision. However, she was not able to cover for the fees required for her eye operation and she lost her vision eventually. Furthermore, a 42 years old diplegic woman (a woman without hands), additionally suffering from severe pain on her paired lower limbs was crying in pain to describe her problem. She said that she suffered a lot from infections occurred on her legs but she could not get any health facility since she could not afford it.

In support of these findings, Ngstad and Whyte (2007) indicated that the access to medical care is significantly messed up for an individual with disability due to the direct medical costs associated with special needs and the burden of transportation falls most heavily on those with disabilities. This is especially true for the rural poor people with disabilities whose distance from urban environments imposes long movement so as to get health and rehabilitation services. Thus, as the result of both economic and physical barriers, it is estimated that only 2 percent of individuals with disabilities have access to adequate health and rehabilitation services.

Similarly, Yeo and Moore (2003) also illustrated that the inaccessibility of health care for those living in poverty has a substantial impact on the rate of disability within this population. Individuals living in poverty face higher health risks and are often unable to obtain proper treatment, leading them to be significantly more likely to acquire a disability within their lifetime. Furthermore, Peter et. al (2008) added that matters of geographic inaccessibility, availability, and cultural limitations, all provide substantial impediments to the acquisition of proper care for the populations of developing countries.

4. Education Opportunity

From the total samples of this study, only four females who lived with their family got educational opportunity. The others did not get any educational access and are unable to read and write. Among the four, only an 18 years-old-diplegic woman (a woman paralyzed on her left hand and right leg) completed grade 10 with great difficulty and hardship. Since she could not get the passing mark to join colleges, she stayed at home without any work. The most often restriction included in job vacancies also often exclude her from competition, as she reported. However, the rest a diplegic and two monoplegic females disclosed that they faced dropout from grade seven due to health problem, financial limitation and social stigma.

Parallel to this finding, United Nations Development Program reporting (2008) disclosed that the global literacy rate for this population is a mere 1 percent. This may be attributed to the fact that, boys with disabilities are significantly more likely to receive an education than disabled girls because of the societal less value to girls' education and the less capacity of schools to accommodate children with disabilities. Children with disabilities often require specialized educational resources and teaching practices largely unavailable in developing countries (WHO, 2011).

5. Employment

The above limitation in educational opportunity had strong linkage with the employment opportunity of the research participants. Since they did not have any training

and skill, they were impeded from participation of any paid works, as they reported. Therefore, they were enforced to be dependent on the society. The finding of this study revealed that the exclusion of women with disabilities from the paid labour market is a ground why the majority of this population experiences far greater levels of poverty and are more reliant on the financial support of others. Due to this, most of them were found begging on the street for alms. Likewise, Walters and Wilder (2005) found a number of barriers to employment for individuals with disabilities such as employer discrimination, architectural barriers within the workplace, pervasive negative attitudes regarding skill, and the adverse reactions of customers.

Furthermore, United Nations (2012) states that "...more disabled people are unemployed, in lower status occupations, on low earnings, or out of the labour market altogether, than non-disabled people." Furthermore, the International Labor Organization (2009) estimates that roughly 15% of the world's working age populations have some form of disability; however, up to eighty percent of these employable individuals with disabilities are unable to find work. Statistics show that individuals with disabilities in both industrialized and developing countries are generally unable to obtain formal work. The right of people with disabilities to decent work, however, is frequently denied. People with disabilities, particularly women with disabilities, face enormous attitudinal, physical and informational barriers to equal opportunities in the world of work. Compared to non-disabled persons, they experience higher rates of unemployment and economic inactivity and are at greater risk of insufficient social protection that is a key to reducing extreme poverty.

6. Access to Adaptive and Assistive Devices

Adaptive and assistive devices make life very easier for women with disabilities. For instance, hearing aid, walking cane, wheel chair and crèches are very helpful for active and full participation of women with disabilities in all sphere of life in their society. However, the response of most respondents in this study indicated that they faced high restriction in their environment and unable to get access for various devices. Equivalent to this notion, most of the participants of the study reported that they did not have access to adaptive and assistive devices. For instance all blind women in the study had no cane rather they were using local walking stick or human guide. At times, their biological children too were guiding them for movement from place to place. A 32 years old women with deafness was also not wearing hearing aid or unable to use sign language. Most of the research participants with physical impairments were also did not get wheelchair or crèche.

Through observation it was also found out that some monoplegic and diplegic women were using local walking stick for walking; and others crawl. Although, two monoplegic (a woman without left hand and a woman without right leg); and diplegic women (a women paralyzed on hand leg), who were living with their parents, disclosed that they could get crèches support from their church long time ago. However, since then they had never been supervised for changes in their physical growth. Due to this, one of the 23 years old monoplegic woman (a women without right leg) became forced to use very short crèche that was provide to her seven years ago. This resulted in tilting to one side and unbalanced body positioning and movement. Environmental influences were also reported by all participants that impeded them from free movement in their environment. Dumps and other obstacles found everywhere creates challenge and additional disabling condition on them. The roads found in the villages did not address the special conditions

of this group of the society. Thus, their daily live activities were surrounded by terrifying situation.

B. Psychological Challenges

Various external and internal social factors resulted in to psychological effects including low self-esteem, poor self- efficacy, self-degradation, self-abuse, difficulty with relationships, acute anxiety, frequent crying, unusual or pronounced fear responses, uncontrolled or rapid anger responses, chronic stress, phobias, flashbacks, insomnia, sleep disturbances, nightmares, passivity, memory loss, loss of concentration, depression, suicidal thoughts, negative attitude towards others and oneself, lack of trust, feeling hopelessness, thinking worthlessness and so on.

These psychological challenges are resulted from physical, emotional or psychological abuse that may include constant torching, yelling, screaming, name calling, insults, threats, humiliation or criticism, excessive jealousy or suspiciousness, threatening or harassing, depriving of love and affection. Similarly, the findings of the study revealed that as the result of complicated social challenges faced, women with disability developed psychological crises. The participants exhibited very complicated personal traits. Most of them were not emotionally stable. Some of them were depressed and developed hatred towards society since they had been abused in various ways. For instance the 18 years-old-monoplegic women (a woman without right hand) reported that after she was raped, she could not get sleep normally for some years. As per her submissions, during nights, she felt something horrible will happen to her and she would cry for reasons which were even not clear for her. During the interview time also the researcher deeply observed her interaction, way of speaking and disposition. She exhibited depressed mood, poor concentration and hostile and fearful feeling towards the researcher.

In addition to this, the mother of 27 years intellectually challenged woman reported with weeping;

...my daughter faced some mental problem during her 15....andshe was recovering and showing good progress....coz...she was getting treatment from church with wholly water....but, (sobbing)...eh..eh.. Unfortunately she was raped. After that her mental problem became highly complicated. Now she fears everybody... usually she cries...still I have been struggling with her problem....coz she does not know what she is doing....

What we can recognize from this incident is that violence leaves behind sever consequence on the lives of women with disabilities. In an observation from the care giver of a 22 years old deaf woman also disclosed the psychological consequence of abuse. She said that'

...I am not biologically related to her...but...a friend of her late mother...she lost both parents when she was 16...she has no siblings....she is the only daughter of her parents...therefore, she was taken to rural area by some member of her family.....after three years ...she came back to me....but what happened to her is very disgraceful...she was raped and gave stillbirth...now she is very shy...fearful... highly depressed....

Generally, from the above evidences one can infer that women with disabilities are the most vulnerable group of the society. They face various social challenges and as a result of this they will be involved in very stressful psychological problems.

To the contrary, the Universal Declaration of Human Rights (UDHR, 2006) establishes that “all human beings are born free with dignity and rights” (article 1) and that “each individual is entitled to all liberties announced in the Declaration without distinction...of birth or otherwise.” In the first stages of the development of the international law on human rights, there were no specific references to safeguarding the rights of persons with disabilities at the national or international levels. In the 1970s, the perspective changed and brought about a series of international initiatives and the development of new instruments of international law that focused on the recognition of the rights of persons with disabilities.

Furthermore, The Convention on the Rights of Persons with Disabilities and its Optional Protocol (A/RES/61/106) was adopted on 13 December 2006 at the United Nations Headquarters in New York, and was opened for signature on 30 March 2007. There were 82 signatories to the Convention, 44 signatories to the Optional Protocol, and one ratification of the Convention. This is the highest number of signatories in history to a UN Convention on its opening day. It is the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be open for signature by regional integration organizations. The Convention entered into force on 3 May 2008.

Similarly, the constitution of the Federal Democratic Republic of Ethiopia, Proclamation No. 1/1995, guarantees the rights of persons with disabilities in a manner compatible with the rights of all citizens. Article 25 guarantees the equality of all persons before the law without discrimination. Article 41.2 gives every citizen the right to choose their vocation, work and profession. Article 41.3 gives the right to equal access to state funded social services. Article 41.4 requires that the State shall allocate progressively increasing funds for access to health, education and other social services. Article 41.5 asserts that the State shall, “within available means”, provide resources to care for and rehabilitate people with physical and intellectual disabilities.

Besides, proclamation No. 101/1994 aims to protect the rights of persons with disabilities to appropriate training, employment opportunities and salary, and to prevent any workplace discrimination. Although quotas on the employment of persons with disabilities exist under the legislation, these regulations have not been implemented. Furthermore, directives and circulars are distributed to aware employers and civil service institutes to react positively to job seekers and professionals with a disability. Civil servants with a disability receives pension.

However, the study indicated that women with disabilities were not considered in accordance with the national as well as international conventions. They encountered with various social and psychological challenges. Among the social challenges, as the research participants disclosed; social exclusion, abuse, poverty, lack of access to health and rehabilitation service, less access to education and employment and less legal protection were few to mention. Pertaining to their psychological challenges, depression, fear, poor self esteem, poor self efficacy, negative attitude and so on were identified in the study.

Conclusion

Disability is a lack of opportunity that an individual face in executing a certain task or action; and resulted in to restriction from involvement in a certain activities of routine life. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's health and body condition, psychological situation and features of the society in which he or she lives. The study indicated that women with disability found with various psychological and social crises in the study areas. For instance they became vulnerable to various physical attacks like discrimination, rape, beating, verbal abuse, and physical neglect. Due to these hostile conditions, they exposed to psychological problems like depression, anxiety, fear, poor self-concept, poor self-image, valueless ness, worthlessness and so on.

Recommendations

Based on the findings of the study, the Ethiopian Government and its Regional States are advisable to consider the following recommendations in the study area and similar places;

- The government should harmonize the international convention and rights of people with disability in local context so as realize the inclusion of women with disabilities.
- Regional Ministry of Health Bureaus should facilitate free health facilities for women with disabilities in public health institutions.
- Regional Education Bureaus are advisable to provide access to education to women with disabilities so as to promote and maximize their academic and social development.
- Regional Vocational Training Centres need to make available vocational trainings to women with disabilities that enable them generate their own income.
- Regional Centres for Disabilities should facilitate access to quality mobility aids, devices, and assistive technologies for women with disabilities.
- Regional Labour and Social Affairs should consider and reserve posts for women with disabilities.
- Regional Legal and Justice Bureaus should give due consideration so as to provide free legal protection and immediate justice for any attack and abuse faced by women with disabilities.
- Regional Rehabilitation Centres should provide timely rehabilitation and counselling services for the physical, cognitive and psychological recovery and social reintegration of women with disabilities.
- Regional States should change the practice and attitude of the general society towards women with disability via advocacy and awareness raising campaigns.

Acknowledgements

I am indebted to Dr. Belilew Mola, Senior Lecturer in English Language and Literature Department, Dilla University, for his commitment and devotion employed in language editing. My deepest gratitude also goes to Dr. Assebe Regessa, Institute of Indigenous Studies, Dilla University, for his priceless feedback given on this paper. I also would like to recognise the unreserved effort made by Mr. Simachew Ayalew, Social Psychologist, Dilla University, who awaked me to see issues from

various points of view. My sincere gratitude also goes to Mr. Ababu Teshome, Lecturer, Department of Special Needs and Inclusive Education, Dilla University, who gave me constructive feedback on the entire approach of the paper. Furthermore, Department of Special Needs Education, Ministry of Education, Ethiopia also deserves acknowledgment for the whole support provided. Last, but not least my heart felt appreciation will go to the whole participants of the research. Had not been their willingness and cooperation, this result would not be achieved.

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