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Abstract- The paper precisely and briefly explains the socio-economic challenges of persons with disabilities with focus on Ethiopia. The findings of the paper also indicates that, across the countries persons with disabilities have poorer health accesses, lower education achievements, less social and economic participation and less rate of income than Persons disabilities experience barriers in accessing services that many of us have long taken for granted, including health, education, employment, transport and information as well as rehabilitation. These difficulties are exacerbated with high level of disability disadvantaged individuals. Based on the findings of this study, major socio-economic remedy directions are recommended which will be included in future policy enactment and implementations.

Keywords: *disability, person with disability, impairment, social challenges, economic challenge.*

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Socio-Economic Challenges of Persons with Disabilities: A Case Study of Ethiopia

Muleta Hussein Sedeto^α & Mohd Jameel Dar^σ

Abstract- The paper precisely and briefly explains the socio-economic challenges of persons with disabilities with focus on Ethiopia. The findings of the paper also indicates that, across the countries persons with disabilities have poorer health accesses, lower education achievements, less social and economic participation and less rate of income than Persons 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 as well as rehabilitation. These difficulties are exacerbated with high level of disability disadvantaged individuals. Based on the findings of this study, major socio-economic remedy directions are recommended which will be included in future policy enactment and implementations. This includes facilitation of access to information, special need education, and health, awareness creation towards family, community and society; access to infrastructure (buildings and stages) and means of transportation; provision of entrepreneurship training and initial capitals, suitable jobs that match with their disability, and medical, social and assistive instrument rehabilitations.

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I. INTRODUCTION

According to world report on Disability, more than one billion people or 15% of the world's population live with some form of disability, of whom, nearly 200 million experience considerable difficulties in functioning. In the years ahead, disability will be an even greater concern because its prevalence is on the rise. This is due to ageing populations and the higher risk of disability in older people as well as the global increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders (World Bank and World Health Organization (WHO), 2011: xi and United Nations' Education, Social and Cultural Organization (UNICEF, 2013: 10).

Based on the analysis of the United Nations, it is estimated that about eight million people in Ethiopia live with disabilities. That is about 10 percent of the total number of the Ethiopian population. An estimated 95

percent of PWDs in Ethiopia live in poverty, which is one of the manifestations of unemployment. Malnutrition accounts for 20 percent of the disabilities in the country (Yohannes, 2012: 101-102). In contrary to this, as cited in Yetneberish (2013:5), the estimate of 17.6% of Ethiopians is living with a disability, contained in the World Report on Disability. Studies showed that this variation was occurred due to the measurements taken to classify and categorize peoples with disability and without disabled or due to the information gap during data collection. According to Ethiopian National Disability Action Network (ENDAN, 2010:32) such inconsistency is mainly explained by differences in conceptualizing disability as well as in measurements and classifications used for collecting disability data and reluctant of families to expose PwDs during the survey.

Though there is an immense variation between World Report and Central Statistics Agency of Ethiopia about the number of PwDs, in both cases there are a large number of persons with disability in the country. The most important fact investigated was the strong relationship between poverty and disability, where one caused the other and vice versa. According to Berhanu (2015:179), there is a strong connection between disability and poverty due to many systemic factors that promote a vicious circle. This may entail that the mutually reinforcing nature of special needs and low socioeconomic status. This may suggest that people with disabilities are significantly more likely to become impoverished; and people who are impoverished are significantly more likely to become disabled.

II. PERSONAL CHALLENGES

Majority of Persons with disabilities are vulnerable of demographic challenges. Demographic challenges here are taken as personal challenges. These may include age, sex, marital status, types of impairment, level of impairment, education, coping style, social background, occupation, etc.

a) Age

Aging has an indisputable factor among PwDs. Many scholars share similar idea that children and old age are more vulnerable group of PwDs. Higher disability rates among older people reflect an accumulation of health risks across a lifespan of disease, injury, and chronic illness where as children under age 5 in developing countries are exposed to

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multiple risks, including poverty, malnutrition, poor health, and un stimulating home environments, which can impair cognitive, motor, and social-emotional development (WB and WHO, 2011:36). Another study shows that nearly a third of PwDs are over 50 years old in Ethiopia implying causal relationship between old age and disability (Yetneberish, 2013: 9). That is, the older the person gets, more vulnerable she/he becomes to disability.

b) Sex

Studies confirm that although men and women with disabilities are subject to discrimination, women with disability are at the further disadvantage because of the combined discrimination based on gender and disability. Women with disability are doubly marginalized by their communities and organizations at the national and international level and indeed are worth off than men with disability. Gender and disability based discrimination has brought up a double disability for women with disabilities (Trausta Dottir, 1990 cited in Eleni, 2016: 11). The study of UNICEF again assured double discrimination of female due to disability and gender. Girls with disabilities suffer a double discrimination facing not only the stigma, prejudice and inequities encountered by many persons with disabilities, but also exclusion as a consequence of gender discrimination (UNICEF, 2013: 19).

Women with disabilities face multiple barriers to gain access to primary and secondary school and to obtain an equitable education once they are enrolled in school. In many cases, attitudinal barriers gender biases compounded by disability bias are key, although transportation, architectural and other types of barriers are also significant (Eleni, 2016:20).

Other studies 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 (Berhanu, 2015: 178). Women with disabilities are denied access to education, vocational training, employment, transportation and housing, making it difficult or impossible to achieve economic self- sufficiency and contribute to their communities (Eleni,2016: 16).

Approximately 20 million women become disabled each year as a result of complications during pregnancy or child birth. Only 41.7% of female with disabilities have completed primary school, compared with 52.9% for other females (WB and WHO, 2011:206).

Negative stereotypes relating to both gender and disability compound the exclusion of women with disabilities from support services, social and economic opportunities and participation in community life. All of these factors also contribute to the social isolation and

marginalization of women with disabilities (Eleni, 2016: 18). Disability related challenges on women are not just two fold to that of men, but are of multiple folds.

c) *Types of impairment*

Often, "types of disability" are defined using only one aspect of disability, such as impairments – sensory, physical, mental, and intellectual – and at other times they conflate health conditions with disability. People with chronic health conditions, communication difficulties, and other impairments may not be included in these estimates, despite encountering difficulties in everyday life (WB and WHO, 2011: 22). The more the types of impairment on a person the more complex the condition becomes.

d) *Causes of impairment*

The causes for disability are numerous but major cause of disability in Ethiopia are: man-made disaster (conflict, road accident, work related accidents, etc), prenatal causes, during natal and postnatal periods, alcohol and drug addiction, communicable diseases, harmful traditional practices and they are aggravated by poverty related factors such as malnutrition, lack of environmental hygiene (Yetneberish,2013:13).

According to (Tirussew, 1995) and (Eleni, 2016: 12), in Ethiopia, the prevalence of diversified pre-, per-, and post-natal disability factors (the health of prospective mothers, difficulties related to delivery, childhood infection disease, lack of proper child management, traditional harmful practice, under nutrition, malnutrition, civil strife and periodic episodes of drought and famine) and the absence of early primary and secondary preventive service in the country at large has brought a phenomenal increase in the incidence of disability. The problem still remains as a challenge to the country.

Elias (2012: 14) shares similar idea with Tirussew (1995) and Eleni (2016: 12) that prenatal causes of disability are pre-, per-, and post-natal: Those disabilities that are acquired before birth are pre-natal. These may be due to diseases that have harmed the mother during pregnancy, or genetic incompatibilities between the parents. Per-natal causes: those disabilities that are acquired during birth. This could be due to prolonged lack of oxygen or the obstruction of the respiratory tract, damage to the brain during birth (due to the accidental misuse of forceps, for example) or the baby being born prematurely. Post-natal causes are those causes of disabilities gained after birth. They can be due to accidents, infection or other illness.

e) *Access to Education*

Many children and adults with disabilities have historically been excluded from mainstream education opportunities (WB and WHO, 2011: 205). Estimated there were 150 million children under 18 living with a

disability. Children with disabilities are less likely to attend school and have lower rates of staying and being promoted in schools (UNICEF, 2013: 10). Less than 2 Percent of disabled children in school age have access to education that has special need facility in Ethiopia (Yetnebersh, 2013: 12).

Many disabled children and young people around the world are denied sustained access to basic education. Some of these disabled children never enter school, others start but make poor progress eventually dropping out, and it appears that a relatively small proportion are educated in a parallel system of special schools, running alongside mainstream schools (Croft, 2010: 1).

The Ministry of Education has asserted that Ethiopia can not attain MDG ignoring the marginalized and those with learning difficulties and impairments (Franck, 2015: 4). As many school-aged children are kept in the confines of their homes rather than brought to schools (MoE and UNESCO, 2012), working with parents in getting disabled children into classrooms, and providing them support while there, is important (Franck, 2015: 6).

Ethiopia's Study on Situation of out of School Children (MoE and UNESCO, 2012), states that even though Ethiopia's 1994 Education and Training Policy and the MoE special needs education strategy opened the doors of schools to students with disabilities, attitudes in society remained unchanged and many children were still kept at home (Franck, 2015: 6).

The architectural inaccessibility of school buildings including stairs, narrow corridors, inaccessible desks and equipment, inaccessible bathrooms is often a major barrier for disabled girls and boys (Eleni, 2016: 21). In general, children with disabilities are less likely to start school and have lower rates of staying and being promoted in school (WB and WHO, 2011: 11: 206). Regardless of the efforts of governmental and nongovernmental organizations, the situation doesn't seem to improve fast enough.

f) *Barriers of Education*

In the countries (Ethiopia) responsibilities for the education for disabled children are shared between ministries (WB and WHO, 2011: 214). The reasons for limited or lack of education for PwDs needs to be understood in terms of the barriers PwDs face in education such as financial constraints to pay for school, environmental barriers, lack of accessible transport, negative attitudes etc. (Yohannes, 2012: 105). The common gaps in education policy include a lack of financial and other targeted incentives for children with disabilities to attend school as well as a lack of social protection and support services for children with disabilities and their families (WB and WHO, 2011: 9).

One survey respondents presented the barriers of learning faced by disabled primary-age children in the

country. Over 70% of respondents reported that all of the following were barriers: inaccessible school buildings; schools being located too far away from where disabled children live; a lack of appropriate facilities at school; a lack of teacher training in inclusive education methodologies; a lack of appropriate teaching and learning materials; a lack of extra support in the classroom for children with disabilities; social stigma and negative parental attitudes to disability; poverty (Croft, 2010: 11).

Physical access to school buildings is an essential prerequisite for educating children with disabilities. Those with physical disabilities are likely to face difficulties in travelling to school if, for example, the roads and bridges are unsuitable for wheelchair use and the distances are too great. Even if it is possible to reach the school, there may be problems of stairs, narrow doorways, inappropriate seating, or inaccessible toilet facilities. The attitudes of teachers, school administrators, other children, and even family members affect the inclusion of children with disabilities in mainstream schools (WB and WHO, 2011: 9).

Ethiopia has come a long way to education for all, however, there is still a gap in providing access to all children and actualization of inclusive education as a result, schools and teachers find it difficult to accommodate students with special needs and compel them to adapt to the school instead of adapting the school to the needs of the students (Wondewosen, et al, 2014: 133). Coping has to be ultimate solution for challenges, especially the long lasting ones. A person may not able to change some situations in life, but she/he certainly changes her/his attitude about this situations.

g) *Coping Measures*

Smart (2001) provided a useful definition of coping. The term coping refers to the things people do (acting or thinking) to increase a sense of well-being in their lives and to avoid being harmed by stressful demands. Coping strategies are considered to be goal-directed, emphasizing on positive steps such as relying on social support, obtaining treatment and rehabilitation, redefining life goals, and seeking information (Markos, 2010 cited in Kalkidan, 2015: 36).

h) *Employment*

As documented by studies, both in developed and developing countries, working age persons with disabilities experience significantly lower employment rates and much higher unemployment rates than persons without disabilities. Lower rates of labour market participation are one of the important pathways through which disability may lead to poverty (WB and WHO, 2011: 11).

The majority of studies find that persons with disability have lower employment rates and lower educational attainment than persons without disability

(WB&WHO, 2011: 8). The social and economic advantages of being employed are well recorded – such as security, self-determination, financial resources and a sense of purpose. Yet women with disabilities encounter innumerable barriers to obtaining paid employment. These barriers include discriminatory attitudes, accessibility, lack of support, poor education and training and inaccessible transport (Eleni, 2016: 21).

And an estimated 95 percent of PwDs in Ethiopia live in poverty which is one of the manifestations of unemployment. Malnutrition accounts for 20 percent of the disabilities in the country (Yohannes, 2012: 102).

In terms of economic inclusion of the disabled people, these persons have limited access to the formal employment sector because organizations don't want to include disabled people in their formal employment process. 80-90% of disabled people don't have formal job and for which they try to focus on self employment (Debashis, 2013: 120).

According to one study, more disabled people are unemployed, in lower status occupations, on low earnings, or out of the labour market altogether, than non-disabled people. Reasons for unemployment of PwDs stated as 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 (Berhanu, 2015: 181).

Some heads of departments have been hesitant to receive disabled women in their duty stations. They are considered as burdens because of the assistance that they require from the office in order to work effectively. For example, people with visual impairment need assistants to assist them in reading, teachers need supporting teachers to assist them in marking students exercise books (Victoria, 2010: 50; Tirussew, 1995; Eleni, 2016: 12). As a matter of fact employment has to do directly with education. We will benefit from the disabled, only as much as invested on them. For instance, if they are not treated specially at schools, we cannot exploit their potential at work.

III. SOCIAL CHALLENGES

a) *Disability related stigma*

Societal beliefs about people with disabilities have a strong impact on inclusion. Disability in Ethiopia is often perceived as connected with a person's immorality or curse. Disabled children and parents of disabled children are often stigmatized (Franck, 2015: 6).

Social exclusion means lack of belongingness, acceptance and recognition. People who are socially excluded are more vulnerable to economic and social problems, and hence they tend to have difficult life

experiences (Berhanu, 2015: 176). Berhanu agrees with Leslie and associates that the practice of social exclusion affects individuals in preventing from participating fully in the economic, social, and political sphere (Other studies 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 (cited in Berhanu, 2015:177).

b) *Attitudinal challenge*

This is one of the formidable barriers PwDs encounter in Ethiopia. It refers to the exclusion of PwDs from employment and denial of access to social services due to stigma. PwDs in Ethiopia, most often than not, are seen as helpless and dependent. Due to attitudinal problems, some employers are unwilling to hire PwDs while other workers become reluctant to work with them as colleagues (Yohannes, 2012: 104).

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 (Berhanu, 2015: 174). In other words, even though they are able to score job, there still awaits challenges from the employers and colleagues.

c) *Information challenges*

The high cost of many technologies limits access for people with disabilities, particularly in low-income and middle-income countries. In particular, intermediate and assistive technologies are often unaffordable or unavailable. While access to television is a fundamental problem for people who are deaf or blind, features to enable access exist (WB and WHO, 2011: 190).

Ways forward in information and communication technology include raising awareness, adopting legislation and regulations, developing standards, and offering training. Services such as telephone relay, captioned broadcasting, sign language interpreting and accessible formats for information facilitates participation by people with disabilities. Improved information and communication technology accessibility can be achieved by bringing together market regulation and antidiscrimination approaches, along with relevant perspectives on consumer protection and public procurement. Countries with strong legislation and follow up mechanisms tend to achieve higher levels of information and communication technology access, but regulation needs to keep pace with technological innovation (WB and WHO, 2011: 15).

The time we live in is known as the era of information. As access to everything is beginning to depend on the freshest of information, the disabled with no access at all would automatically be put out of the daily game of life.

d) Family Related challenges

People with physical disabilities are less able than others to grow their own food or contribute to subsistence living for the family. They can be seen as a burden to the rest of the family, the local community, the social services of the country, and the budget of the ministry of health (CBM,2007: 4).

Family members in Ethiopia sometimes are embarrassed to have PwDs in their home and tend to hide them and keep them behind closed doors to prevent the PwDs from interacting with the immediate neighborhood and the community at large (Yohannes, 2012:104). This belief of the family and close relatives is in fact the worst of all can aggravate all the other challenges.

e) Environmental challenge

The FDRE 2009 Proclamation No. 624/2009, Part four, Art 36 propagated the facilities for physically impaired persons. The Ethiopian Building Proclamation ensures that all public buildings should have facilities that allow access suitable for the use of PwDs (Baseline Study, 2010: 26).

Barriers that are put under this class are those related to the physical environment that is not accessible to PwDs. For example such instances as a building with no ramps or lifts or accessible toilets and the like (Yohannes, 2012: 103).

A person's environment has a huge impact on the experience and extent of disability. Inaccessible environments create disability by creating barriers to participation and inclusion. Examples of the possible negative impact of the environment include: a deaf individual without a sign language interpreter; a wheelchair user in a building without an accessible bathroom or elevator; a blind person using a computer without screen-reading software (WB and WHO, 2011: 4).

Moreover, 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 (cited in Berhanu, 2015: 180).

Here the case study taken from one of the survey data shows environmental challenges of PwDs as: About Fadi-

"After injury I felt that my social life has been affected so much, due to the difficulty of transportation and environment challenges, it is difficult to do the daily activities (visiting friends, going out...etc), as well as go to hospital appointments and rehabilitation. Before the injury I was an active member in the society, I had many

friends and used to go out with them to do some activities and sports. But after the injury, it was difficult for me to go out with them, because the environment is not adapted for wheelchair users, either the streets, transportation, shops, restaurants, or other facilities." Fadi (WB&WHO, 2011: 168). I think the situation gets worse when the disability is not at birth when a person who used to perform all kinds of activities suddenly ceases to do most of it, she/he feels like double disability with inaccessible environment.

f) Health services related Challenges

Health service is one of the crucial challenges that PwDs faces in their life. When a person gets sick, undoubtedly the disability challenge becomes double. This is due to, in some cases inability to care himself without others help, distance of medical institutions, lack of finance to cover medical charge, lack of means of transportation, negative attitude of physicians, unwillingness of others to give priority, stages of building, long steps and procedures of services provision/registration for card, finance, examination, laboratory, dispensary, etc/. The study in Dilla shows that hospitals and health centers charged some amount of money for registration and laboratory service that woman with disability could not afford (Berhanu, 2015: 180).

The environment may be changed to improve health conditions, prevent impairments, and improve outcomes for persons with disabilities. Such changes can be brought about by legislation, policy changes, capacity building, or technological developments leading to, for instance: accessible design of the built environment and transport; signage to benefit people with sensory impairments; more accessible health, rehabilitation, education, and support services; more opportunities for work and employment for persons with disabilities (WB and WHO, 2011: 4).

Other Studies 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 (Ngstad and Whyte 2007 cited in Berhanu, 2015: 180).

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 (cited in Berhanu, 2015: 180).

Health is also affected by environmental factors, such as safe water and sanitation, nutrition, poverty, working conditions, climate, or access to health care. As the World Health Organization (WHO) Commission on Social Determinants of Health has argued, inequality is a major cause of poor health, and hence of disability (WB& WHO, 2011:4). I do not think that any revision of the policy can improve the situation unless the attitudes of family members and health officers changed. There will be no hope left after a disabled person gets sick and does not have access for medication.

g) *Transportation*

Means of transportation has plies irrefutable role in accelerating social and economic situations of PwDs. On other hand its high cost that not much with covering capacity of PwDs, unavailability, poor infrastructure and the risks of accidents are unquestionable challenges disabled people faces.

According to road traffic safety regulation of Addis Ababa city government, Regulation No /2009: Dec 3, 2009, the Addis Ababa city Government proclaimed to minimize loss of life, accident triggered disability and loss of property in the city and its vicinities (Baseline survey, 2010: 26). But road traffic associated accidents which in turn causes disability are still aggravated.

The same survey shows that many children drop out from school due to lack of transport cost. The same study gave reasons for the high dropout of students with disabilities, the changing physical or mental development of the child that comes with varying needs, financial constraints to cover transport cost to and from the school and absence of an individual to escort the child to school are some of the reasons for the frequent dropout rate (Baseline Study, 2010: 43).

The majority of disabled participants in a United States study said that transportation problems were a major barrier to accessing health care. A study in the Republic of Korea suggested that transportation barriers were a likely factor in keeping people with severe physical and communication impairments from participating in population screenings for chronic diseases (WB&WHO, 2011). In our case, the solution is just far from reality as we lack not only the means of transportation but also needs and parameters to service situations.

h) *Economic Challenges*

The institute for social development study of Vietnams shows that the social model also relates to economics. It proposes that people can be further disabled by a lack of resources in meeting their needs. It addresses issues such as the underestimation of the potential of people to contribute fully to society and add economic value to society if they are given equal rights

and equal access to facilities and opportunities as others (Choike, 2009: 7). According to Yetnebersh (2013: 7), poverty is the main socio-economic characteristics of PwDs and their families in Ethiopia. The majority of studies find that persons with disability in developing countries have lower employment rates and lower educational attainment than persons without disability (WB and WHO, 2011: 39). The connection between poverty and disability is widely acknowledged, with disability being both a cause and a result of poverty (Franck, 2013:4).

Persons with disabilities experience worse educational and labour market outcomes and are more likely to be poor than persons without disabilities. A study of 15 developing countries, using World Health Survey data, found that households with disabilities experienced higher poverty as measured by nonhealth per capita consumption expenditures in only 5 of the countries (WB and WHO, 2011:40).

Debashis (2013: 120) share similar idea with ILO/ 2002/ in terms of disability and microfinance that disabled people can't get the same amount of loan as someone is getting as able. Persons with disability have always given less priority and they were not the main target group in terms of inclusion of socio economic integration. Never the less, all persons with disabilities are not in the poorest of the poor group and they have a good capacity to do job properly in the job market. When there is a level playing field to perform in the job market, disabled people did well for their self-employment.

In 2006, the World Bank estimated the global GDP loss due to disability to be between \$1.71 trillion to \$2.23 trillion annually between 12% and 20% of the populations of developing countries were thought to be non-productive due to disability (Robert, 2004:32). Poverty is the main characteristic of persons with disabilities and their families in Ethiopia The economic loss to Ethiopia as a result of excluding disabled people from the labour market estimated at USD 667 million per annum or five percent of the country's GDP (Yetneberish, 2013: 7&15).

One study attempted to account for the extra cost of disability in poverty estimates in two developing countries: Viet Nam and Bosnia and Herzegovina. Before the adjustments, the overall poverty rate in Viet Nam was 13.5% and the poverty rate among households with disability was 16.4%. The extra cost of disability was estimated at 9.0% resulting in an increase in the poverty rate among households with disability to 20.1% and in the overall poverty rate to 15.7%. In Bosnia and Herzegovina the overall poverty rate was estimated at 19.5% and among households with disability at 21.2%. The extra cost of disability was estimated at 14%, resulting in an increase in the poverty rate among households with disability to 30.8% and in the overall

poverty rate to 22.4% in Ethiopia.(WB and WHO, 2011: 40).

IV. CONCLUSION

Despite their disabilities, the person with disabilities who can contribute their part in all aspects of countries development, they lacked this opportunity due to both impairment they had and lack of access and availability towards social and economic services, and disability stigma and marginalization that aggravated the situation to be worsen. Lack of means of rehabilitation and support to re-establish their social and economic situation to normal condition is the other gap not yet met. Unspecific policy guideline and its poor implementation at ground level is still unsolved challenges of person with disabilities in Ethiopia. In general, across the countries person with disabilities have poorer health access, lower education achievements, less social and economic participation and less rates of income than Persons without Disabilities (PwoDs) especially in rural areas of Ethiopia. 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 as well as rehabilitation. These difficulties are exacerbated with high level of disability disadvantaged individuals particularly in rural part of the country. Based on the above remarks, majority of persons with disabilities in Ethiopia were disadvantaged groups that faced socio-economic challenges in their lives though there are disability welfare policies and service provision improvements in compression with last few decades.

REFERENCES RÉFÉRENCES REFERENCIAS

1. Accessibility for Ontarians with Disabilities Act2005, S.O.2005, c.11-Ontario
2. ACPF (2014). The African Report on Children with Disabilities: Promising starts and persisting challenges. African Child Policy Forum: Addis Ababa.
3. Robert, M. and Banque, M. (2004).*Disability and Development, background paper for the World Bank.*
4. Baseline Study on the Status of Persons with Disabilities and the Influence of the African Decade Pronouncement in Ethiopia (2010). (Policies and Program Implementation): Submitted to the Federal Democratic Republic of Ethiopia, Ministry of Labour and Social Affairs (MOLSA).
5. Berhanu, D. S. (2015). Psychosocial challenges of women with disabilities in some selected Districts of Gedeo Zone, SNNPR: *International Journal of Criminal Justice Sciences, Vol 10, Issue 2, Dilla, Ethiopia.*
6. CBM (2007). Physical Disability and Rehabilitation (Physical Therapy, Orthopedic Workshops, Orthopedic and Reconstructive Surgery): Policy paper; Physical Disability and Rehabilitation Advisory working group.
7. Choike (2009).Institute for Social Development Studies: Socio-Economic situations of People with disabilities-vietnam.www.choike.org.disability-vietnam.
8. Croft, Alison (2010). Including Disabled Children in Learning: Challenges in Developing Countries: Create Pathways to Access: *Research Monograph No. 36, University of Sussex, Falmer, Brighton BN1 9RH, United Kingdom.*
9. CRPD (2007).UN Convention on the Rights of Persons with Disabilities.
10. CSA (2013). Federal Democratic Republic of Ethiopia: Central Statistical Agency: Statistical Abstract 2013.
11. Dawson, C. (2007). A practical Guide to Research Methods: third Edition: A user Friendly Manual for Mastering Research Projects and Techniques.
12. Debashis, S. (2013). Microfinance for Disabled People: How is it contributing? : European Microfinance Program, Solvay Brussels School of Economics and Management, University Libre de Brussels, Belgium and Team Leader, BRAC Microfinance Programme. *Research Journal of Finance and Accounting; 4 (No.9): 2222-2847.*
13. Eleni, Niguse (2016). Socio-Economic Challenges of Women with Disability: The Case of Women With Mobility disorder and Visual Impairment in Hager Tibebe Maderaja Derijit in Addis Ababa.
14. Elias, Fekade (2012). Physically disabled students and physical education: challenges and opportunities: The case of selected schools in Addis Ababa city. Unpublished MA thesis: Addis Ababa University.
15. ENDAN (2010). Comitato Collaborazione Medica (CCM): Research on Standard Disability Survey Tools and Measurement: Ethiopian National Disability Action Network, Addis Ababa, Ethiopia.
16. Franck, B. (2013). Inclusive Education and Children with Disabilities in Ethiopia: First-Place Award, JKIS Student Contest, 2015 Education and Development University of Denver (revised 2015).
17. Gebre, Yntiso, Merhatsidk Mekonnen, and Abebe Gebremedhin (2013). The Development Assistance Group (DAG): Tracking Trends in Ethiopia's Civil Society (TECS): Police Brief 4: CSO support to people living with disabilities and the elderly.
18. Genesis, The Holy Bible(1962): English Version.
19. Groce, N, N. Bailey, R. Lang, J. F. Trani and M. Kett (2011). Water and Sanitation Issues for Persons with Disabilities in Low- and Middle-Income Countries: A Literature Review and Discussion of Implications for Global Health and International development. *Journal of Water and Health.*

20. Huck, (2004).Elementary Parent involvements, School Culture, and accountability scores.
21. ILO, (2009): The Economic Consequence of Excluding People with Disabilities from the World of Work, Geneva.
22. ILO, (2011): Irish aid Partnership Program: moving towards disability inclusion, International labour organization Addis Ababa, Ethiopia.
23. Kalkidan, Shimelis Tiruneh (2015). Social and Economic Challenges of Service Providers to Children with Intellectual Disabilities: The Case of Mekane-Eyesus Center for Mentally Challenged Children, Addis Ababa University.
24. Kassahun,Yibeltal (2013). Law and policy situation of persons with disabilities in Ethiopia: Federation of Ethiopian National Associations of Persons with Disabilities presented at disability and risk management conference. Addis Ababa, Ethiopia.
25. Kothari. C. R, (2004). Research Methodology, Method and Technique; New Age International (P) Limited, Publishers 4835/24, Ansari Road, Daryaganj, New Delhi – 110002.
26. Mailos, George, and R.D. Michener (1967). An Introduction to Sampling: Dubuque, Iowa: Kendall/Hunt publishing Company.
27. Mwendwa,G. Mwitiki (2010). Performance of the Cerebral Palsy Society of Kenya (Cpsk) In Rehabilitation of Children with Cerebral Palsy in Kenya, Nairobi.
28. Pandey Prabhat & Mishra Meenu Pandey (2015). Research Methodology: Tools and Techniques.
29. Robert Metts & Banque Mondiale (2004).Disability and Development, background paper for the World Bank.
30. Swain, J. & French, S. (2000).Towards an affirmation model of disability. Disability and society.
31. UNICEF (2013).Children and young people with disabilities fact sheet-Unicef; https://www.unicef.org/disabilities_fact_sheet.
32. Victoria Aidan (2010). Obstacles and Challenges Faced by Disabled Women in Employment Opportunities in the Public Civil Service in Tanzania: A Case Study of Dar Es Salaam.
33. Wondwosen Mitiku, Yitayal Alemu & Semahegn Mengsita (2014). Challenges and Opportunities to Implement Inclusive Education: Special Needs Education. Asian Business Consortium/AJHA/ University of Gondar, Ethiopia.
34. WHO (2002).Towards a Common Language for Functioning, Disability and Health: The International Classification of Functioning, Disability and Health (ICF). World Health Organization, Geneva.
35. World Bank and World Health Organization (2011).World Report on Disability.
36. World Health Organization (2008).World Report on Disability.
37. Yamane Taro (1967). Statistics, an Introductory Analysis: 2nd edition; New York: Harper and Row.
38. Yeshimebet Alemu (2014). Impacts of rehabilitation center on the psycho-social conditions of children with physical impairment. Unpublished MA thesis Addis Ababa University.
39. Yetneberish Niguse (2013). General overview of Disability in Ethiopia, ECDD.
40. Yohannes Teressa (2012). *Ensuring the right to equal employment opportunities of persons with disabilities: Critical examination of the Ethiopian legal framework*. Unpublished ,MA thesis Addis Ababa University.