

WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH
SCIENCE DEPARTMENT OF NURSING



PHYSICAL AND SENSORY DISABILITIES, CAUSES AND ITS IMPACT
AMOUNG ADULTS IN WOLKITE TOWN, GURAGE ZONE SNNPR,
ETHIOPIA, 2022

By: Gizework Abay

Lidiya Tagesu

Amira Abdulahi

Research paper to be submitted to Wolkite University College of medicine and health science
department of nursing in partial fulfillment of the requirements of Bachelor of Science degree in
nursing

June 2022

Wolkite, Ethiopia

WOLKITE UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCE
DEPARTMENT OF NURSING

Physical and sensory disabilities, cause and its impact among adults in wolkite town, Gurage Zone, 2022.

Investigator; Gizework Abay.....21/11

Lidiya Tagesu.....33/11

Amira Abdulahi.....04/11

Advisor: Mr. Haimanot Abebe (Bsc, Msc)

: Mss. Betelhem Tadese (Bsc, Msc)

June 2022

Wolkite, Ethiopia

Acknowledgement

First of all we would like to praise almighty GOD for his help! And we would like to acknowledge wolkite University College of medicine and health science department of nursing for giving us this educative and golden opportunity. Next our deepest gratitude goes to our advisors and Mr. Haimanot Abebe and Mss. Betelhem Tadese. Thanks For their continuous gaudiness from the beginning of research development to the end of our study. Finally thanks all study participants for their consent.

Acronyms

BSC- Bachelor of science in nursing

SPSS- Software package for the social sciences

SADPD- Assigned the African Decades of persons disabled

UN- united nation

WHO- World Health organization

Table of Contents

Acknowledgement	I
Acronyms	II
Table of Contents	III
List of figures	V
ABSTRACT.....	VI
Background:	VI
Objective:.....	VI
Methodology	VI
Result:	VI
Conclusion:	VII
Keywords	VII
CHAPTER ONE: 1. INTRODUCTION.....	1
1.1. BACKGROUND OF THE STUDY	1
1.2 STATEMENT OF PROBLEM.....	2
1.3 SIGNIFICANCE OF THE STUDY.....	3
CHAPTER TWO: LITERACHER REVIEW	4
2.1 overview of disability	4
2.2 cause of physical and sensory disability	5
2.2.1 Socio demographic factors.....	5
2.2.3 Health factor.....	6
2.2.4 Life style factor.....	7
CHAPTER THREE: OBJECTIVE OF THE STUDY	9
3.1 General objective	9
3.2 Specific objective.....	9
CHAPTER FOUR: METHDOLOGY	10
4.1 study area and period	10
4.2 study design	10
4.3 source of population.....	10
4.4 study population.....	10
4.5 study unit.....	11

4.6 Eligibility criteria	11
4.6.1 Inclusion criteria	11
4.6.2 Exclusion criteria	11
4.7 Sample size	11
4.8 sampling technique	11
4.9 study variable	12
4.9.1 Dependent variable	12
4.9.2 Independent variable	13
4.10 operational definition	13
4.11 Data collection instrument	13
4.12 data processing and analysis	13
4.13 ethical consideration	13
4.14 dissemination of the result	14
CHAPTER FIVE: RESULT	15
5.1 Socio demographic characteristics	15
5.2 Cause of disability	16
5.3 Impact of disability	17
CHAPTER SIX	18
6.1. Discussion	18
6.2 Limitation	18
CHAPTER: SEVEN	19
CONCLUSION AND RECOMMENDATION	19
7.1 Conclusion	19
7.2 Recommendation	19
Reference	20
ANNEX I	23
Questionnaires	23

List of figures

Figure 1 :conceptual frame work for assessing disability, cause and its impact among adults in wolkite town, 2022.....	8
Figure 2 systemic random sampling technique for assessing physical and sensory disabilities, cause and its impact among adults in wolkite town.	12
Figure 3:Percent of respondents cause of disabilities, wolkite town, 2022.	16
Figure 4: percent of respondents that different impact of disability wolkite town, 2022.	17

ABSTRACT

Background:

A matter of disability is part of the human condition. A condition that most human beings are likely to experience at some point in their life. Those with disability represent a significant population in the world. A person considered to have a disability if and when her/his activity performance in her/his usual environment is limited in nature, function, or quality. People with disability face different challenges during their life time. This can be explained by social exclusion stigma, limited access to school and business.

Objective:

The objective of this study was to assess physical and sensory disabilities, cause and its impact among adults in Wolkite town Gurage zone, southern Ethiopia 2022.

Methodology

A community based cross sectional study was conducted on disabled adults in wolkite town Gurage zone, south Ethiopia. Data was collected by BSC, nurses from May to June 2022. Sample size is calculated by using a single population proportion formula and the total sample size was proportionally allocated to the selected Keeble in Wolkite town. Census sampling technique was used to select study units considering the list of adult disabled. A total of 303 disable adults were participated in the study. After data collection, data was analysed by using SPSS version 25(Software Package for the Social Sciences) software and presented by table and pie chart.

Result:

Data was collected from 303 disabled with response rate or 100%. Physical impairment was the most commonly reported impairment (44.2%).The cause of disability by car accident were 31.7%, trauma (22.4%). The result showed that the majority of respondent were difficulty in getting living room (26.1%). Most of them agree with there was discrimination from society because of their disability (85.5%).

Conclusion:

Disability is a major public health problem and the burden is noticeable in the study area. Physical disability is the highest prevalence of all disabilities. Even though result revealed there is better awareness about this issue but there is still a gap that needs to fill in order to make the disabled life free from suffer.

Keywords: Disability, cause, impacts, Wolkite, Ethiopia

CHAPTER ONE: 1. INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Disability is any condition that makes it more difficult for a person to do certain activities or effectively interact with the world around them (socially or materially). The classification of disability are physical disability, mental, sensory, cognitive, developmental, and intellectual disability or a combination of multiple factors impairment causing disability may be present from birth or can be acquired during a person's life time. often disabled people are unnecessarily isolated and excluded from full participation in society[1]. As a result of impairments people with disabilities can experience disablement from birth or may be labeled as disabled during their life time or long term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may a person's full and effective participation is society on an equal basis with others.[2] Responses in disability have changed since the 1970s promoted largely by the self-organization of people with disabilities. [3] and by growing tendency to see disability as human right issue[4]. Historically people with disabilities have largely been provided for through solutions that segregate them , such as residential institution and special schools[5].policy has now shifted towards community and educational inclusion and medically focused solutions have given way to more interactive approaches recognizing that people are disabled by environmental factors as well as by their bodies. The annual observance of the international day of disability persons was proclaimed in 1992 by united nations general assembly resolution 47/3 it aims to promote the rights and well-being of persons with disabilities in all spheres of society and development and to increase awareness of the situation of persons with disabilities in over aspect of political, social, economic, and cultural life. In fact disability linked with poverty [6][7][8]. And people living with disability in developing countries face many challenges in their daily life. Disability caused by several factors such as poor living condition, poor nutrition, lack of health sanitation facilities ,different form of accident and injuries[6] Congenital malformation ,psychological dysfunctions, and birth related incidents[9].The aim of this study was to assess the disability, cause and its impact among adults in wolkite town.

1.2 STATEMENT OF PROBLEM

Disability is the major public health problem in low and middle income country. According to the WHO estimated that 1 billion or 15% of global population is disabled[10]. WHO source maintains that about 14% of African population consists of people with disabilities including 10.15% of this percentage would translate in to about 300 million school age children.[11]

Impact of disability is people with disability face different challenges during their life time this can be explained by social exclusion, stigma, sever health challenges limited access to school and business[12]. In addition not only it affects the person's individual life but also his or her participation and role in society. The difficulties and barriers experienced by people with disability are not only due to their own health condition but also because of inadequate policies and standard empowering and supporting these people. This is usually reflected in negative attitudes towards them, prejudices and inaccessibility of services. Disability is also linked with poverty. People living with disabilities in developing countries face many challenges. In order to create equal opportunities in every share of their life, many country including Ethiopia signed the convention of the right of people with disability ratified by the UN 2006[13]. However there is a major gap between implementing the stated convention and the day to day life of people with disability.

Beside the convention urges the member countries to establish a proper mechanism that ensures a regular collection of data at population level[14] Ethiopia has also assigned the African decades of disabled persons(SADPD), which was established in south Africa in 2004 with the responsibility of coordinating efforts and resources on disability program in Africa.[15] However in lower and middle income countries such as Ethiopia information on specific intervention, service utilization, and legislation is lacking[16]. In addition, there are only a small number of in accessible rehabilitation facilities in the country. Besides the lack of accessibility and employment opportunities are noted in almost all of the service areas[15].Making it very challenging for people with disabilities to get out of the poverty disability cycle despite the high burden and challenges little is known about disability in Ethiopia particularly in study area. This is believed to impose a great challenge for policy makers and planners to include people with disability in the inclusive development.

Assessing Physical and sensory disability cause and its impact are particularly important because of the number of people with disability has been increasing because of war ,injuries , disease , malnutrition, substance abuse, and also there is no enough information and documentation is not available for developing countries like Ethiopia. There for this study was preliminarily intended to assess disability, cause and its impact among adults in wolkite town. Preventing and treating the cause of disability or there is a need to address the cause of disability for example, more effective health education, health promotion, injury prevention programs, improved nutrition in child hood and by providing more effective treatment for infection and trauma or community education and creating a safe environment are key to prevent injuries and trauma, economical support for low income peoples educating the community so as to reduce stigmatizing attitudes need to be under taken.

1.3 SIGNIFICANCE OF THE STUDY

The purpose of this study was to asses disabilities cause and its impact related gap among adults in Wolkite town. The finding of this research will help to reduce the impact of disability in social life, in school, in business area and to reduce causes. This study will also help governmental and nongovernmental organizations to take intervention measures and set appropriate plans to reduce cause and impacts of disability. It helps disable individuals to have their participation in social, economically helpful activities and reduce social exclusion or stigma.

CHAPTER TWO: LITERACHER REVIEW

2.1 overview of disability

The WHO and world bank estimated that about 80% of the global 1 billion person with disabilities currently live in developing countries where rehabilitation services are poor or non-existence. These numbers are increasing both globally and in developing countries due to population growth man mad and natural disaster, war, accident, and aging. Prevalence of disability increased with increase in age and reached the highest level among person of 65 and above years old/10.18%/ [17] The overall prevalence of disability in 4214 individual was (4.9%) loss of vision in one or both eyes1.5%, hand dysfunction 0.8% and epilepsy 0.7%. The WHO world disability report(2011) indicate that the national prevalence of disability in Ethiopia is around 17% [18]. The overall prevalence of disability in Ethiopia in Dabat district was 2.14% higher prevalence was noted among females2.29% than males 1.97%.In the Department of Work and Pensions, Ulnae data on disability through censuses and surveys, with many having moved from “impairment” approach to a “difficulties in functioning” approach. Estimated prevalence rates vary widely across and within countries two sources of disability data in Ireland. Method, and prevalence – from under 1% of the population to over 30% – and illustrates the difficulties surrounding the comparison of existing national data sets. As discussed previously, most developing countries report disability prevalence rates below those reported in many developed countries, because they collect data on a narrow set of impairments, which yield lower disability prevalence estimates. At the global level, the *Global Burden of Disease* estimates of moderate and severe disability prevalence are 11% higher for females than males, reflecting somewhat higher age-specific prevalence in females, but also the greater number of older women in the population than older men. But the *word health survey* estimates give a female prevalence of disability nearly 60% higher than that for males. It is likely that the differences between females and males in the *World Health Survey* study result to some extent from differences in the use of response categories.

2.2 cause of physical and sensory disability

2.2.1 Socio demographic factors

Approaches to disability increasingly emphasize environmental and social factor with recognition that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal bases with others[19]. As the efficiency of physiological mechanisms declines with age, human functional efficiency decreases and the number of health problems increase[20]. Studies report contradictory trends in the prevalence of disability among older age groups in some countries but the growing proportions of older people in national population and the increased number of the oldest most at risk of disability are well documented [21]. Roughly 15% of adults worldwide have disability. The prevalence is predicted to increase because of ageing population, the increased risk of disability in elderly people. the aging of the population is accompanied by an increase in the number of disabled people and dependent [22]. And also sex is the another factor of disability .A study of gender differences in health at ages 50 and older in 11 European countries, England and the united states showed that adjusting for age women were more likely than men to have disability non-lethal condition including functioning problem and depressive symptom.

Injury surveillance tends to focus exclusively on near term outcomes such as mortality or the acute care consequences of injury [23].the global burden of disease study starts with the prevalence of disease and injuries and distribution of limitation in functioning where available in different regions of the world and then estimates the severity of related disability. Disability is a developmental issue, Because of its bidirectional link of poverty. Disability may increase the risk of poverty and poverty may increase the risk of disability[24]. The majority of studies find that persons with disability have lower employment rates and lower educational attainment than persons without disability[25.]

Poverty may increase the risk of disability. A study of 56 developing countries found that the poor experienced worse health than the better off .Poverty may lead to the onset of a health conditions associated with disability including through: low birth weight, malnutrition lack of clean water or adequate sanitation, unsafe work and living conditions, and injuries. Poverty may

increase the likelihood that a person with an existing health condition becomes disabled, for example, by an inaccessible environment or lack of access to appropriate health and rehabilitation services [26]. People's environments have a huge effect on the prevalence and extent of disability. Major environmental changes, such as those caused by natural disasters or conflict situations, was also affect the prevalence of disability not only by changing impairments but also by creating barriers in the physical environment.

2.2.3 Health factor

The relationship between health conditions and disabilities is complicated. Whether a health condition, interacting with contextual factors, was result in disability is determined by inter related factors

2.2.3.1 Communicable disease

The 1st Global burden of disease study was commissioned in 1990. By the World Bank to assess the relative burden of premature mortality and disability from different communicable disease. The medical model and the social model are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social: persons with disabilities can often experience problems arising from their health condition [27]. Prominent among them are lymphatic filariasis, tuberculosis, HIV/AIDS, and other sexually transmitted diseases. Less prominent are diseases with neurological consequences, such as encephalitis, meningitis and childhood cluster diseases such as measles, mumps, and poliomyelitis [28].

2.2.3.2 Non- communicable disease

The increase in non- communicable disease like heart disease, diabetes, stroke, mental disorder, cancer and respiratory illness observed in all parts of the world was have a profound effect on disability. Worldwide risk in chronic disease.

In Canada, for adults aged 15 years and over with disabilities, a 2006 study found that the most common health conditions related to disability were arthritis, back problems, and hearing disorders. Other conditions included heart disease, soft tissue disorders such as bursitis and fibromyalgia, affective disorders, asthma, vision disorders, and diabetes. Among children aged 0–14 years, many of the most common health conditions were related to difficulties in learning. They included learning disabilities, specifically autism and attention deficit (with and without

hyperactivity), as well as high levels of asthma and hearing problems. Other health conditions found in young people included speech problems, dyslexia, cerebral palsy, vision disorders, and congenital abnormalities [29].

2.2.4 Life style factor

2.2.4.1 Mal nutrition

Some study show that lack of essential dietary nutrients such as iodine and folic acid and low birth weight the impact on the incidence and prevalence of health condition associated with disability is well established in the epidemiological literature [30]

2.3 Conceptual frame work

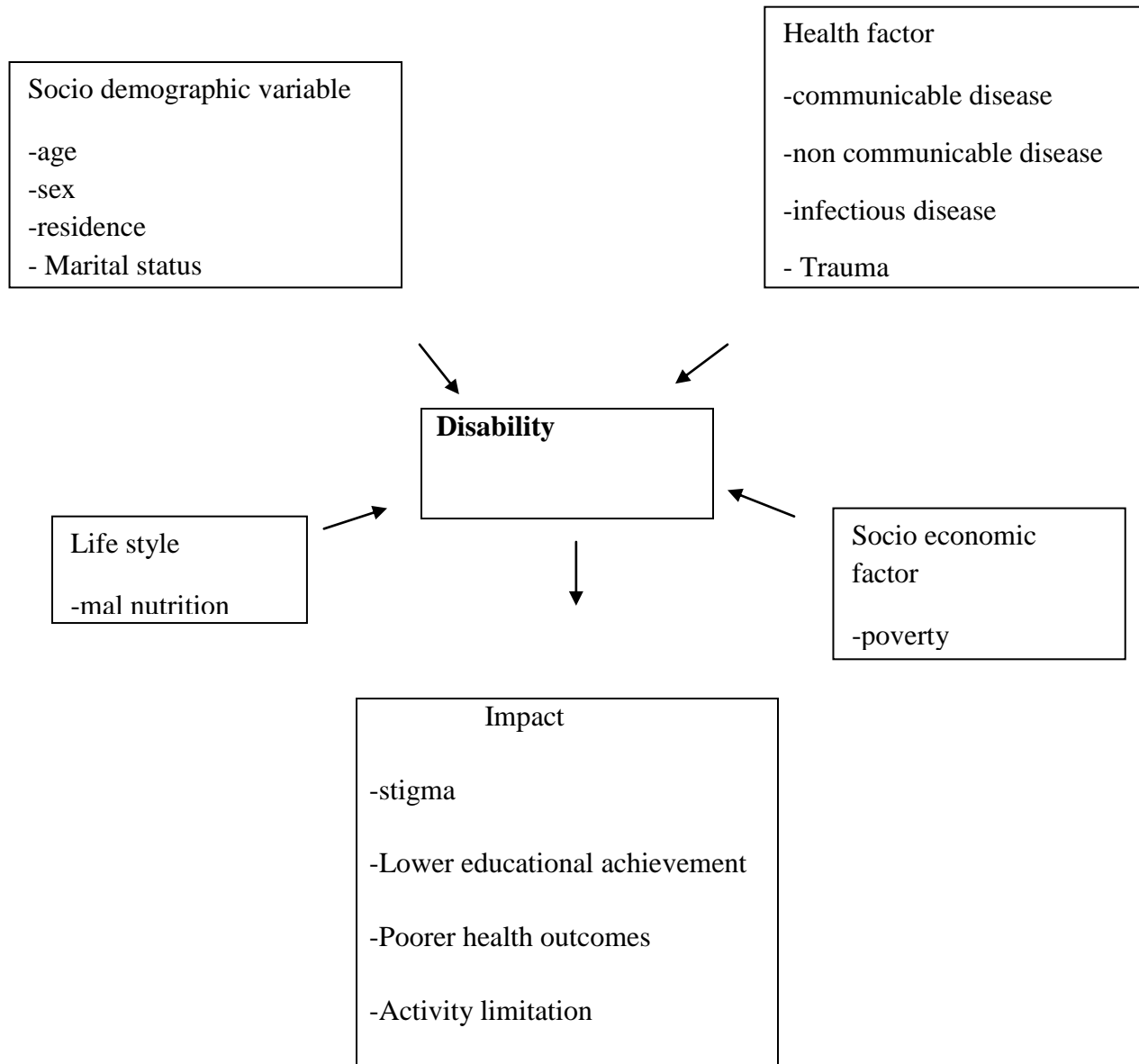


Figure 1: conceptual frame work for assessing disability, cause and its impact among adults in wolkite town, 2022.

CHAPTER THREE: OBJECTIVE OF THE STUDY

3.1 General objective

- Physical and sensory disability, Cause and its impact among adults in wolkite town, 2022
- Physical and sensory disability among adults in wolkite town, 2022

3.2 Specific objective

- The impact of physical and sensory disability among adults in wolkite town, 2022
- To identifying the causes of physical and sensory disability among adults in wolkite town, 2022

CHAPTER FOUR: METHDOLOGY

4.1 study area and period

The study was conducted at Gurage zone wolkite town. Wolkite town is the capital city of Gurage zone which is located at 155 km of the south of Addis Abeba and 430 km from Hawassa. The town is located at 37⁰ 6400'' latitude E and 08⁰ 1753'' longitude N. it is found at latitude of 1710 – 1950m (average 1850m) above sea level with total area of 1600 hectare the climatic condition of the town is ‘‘weinadega’’ the town is bordered by Kebena woreda from north, south and north east and Abeshige woreda from south east and west. The town has total population of 43,455 population (21,293 (49%) male and (22,162 (51%) female with 8611 reproductive age group women and women who gave birth within the last 12 month on the town is 1433(Data from town health office) The town has 3 sub cities and 6 kebele. It has also 2 governmental health center, 9 medium privet clinics, 13 drug stores, 8 primary schools, 4 secondary schools, 2 preparatory schools, 8 KG school and 18 health extension workers. (Wolkite municipality)

The study was conducted in wolkite town which has 3 sub cities, Bekur, Addis, and Gubrye, Bekur sub city has two kebele known as Edigetber and Addishiwot. Edigetber has a total population of 7952 of them 3639 are males and 4038 of them are females. And also has 1559 household. Addishiwot kebele has a total population of 7336 with 1525 households. It is divided in to 5 village(Bekur subcity municipality office, 2017) Addis sub city comprise three kebele (Menaheria, Selamber, and Ediget chora) the total population of sub city is about 21237 with 10340 males and 10897 females there are 4303 households.(Addis sub city municipality office, 2017).The study was conducted from march 2022 to June 2022.

4.2 study design

Community based cross- sectional study design was employed.

4.3 source of population

All adults in wolkite town.

4.4 study population

All adults with physical and sensory disabilities living in wolkite town.

4.5 study unit

Individual disabled adults living in wolkite town.

4.6 Eligibility criteria

4.6.1 Inclusion criteria

Adults who live in wolkite town for at least 6 months.

4.6.2 Exclusion criteria

Who are below 18 years old and people who are no disabled.

4.7 Sample size

The sample size was determined by using single population proportion formula by considering the following statistical assumptions:

*Confidence level (cl), 95%

*proportion =50%

*margin of error 5%

Using the following single proportion formula:
$$n = \frac{z^2 \cdot p(1-p)}{d^2}$$

$$n = \frac{1.96^2 \cdot 0.5(1-0.5)}{(0.05)^2}$$

$$n = 384$$

This the total known disabled adults in wolkite town was found to be 303, the final sample Size was taken as 303.

4.8 sampling technique

A study participant was selected by using census sampling technique. Then, sample was proportionally allocated for the 3 sub cities and 6 kebele. Data was collected from selected kebele in wolkite town.

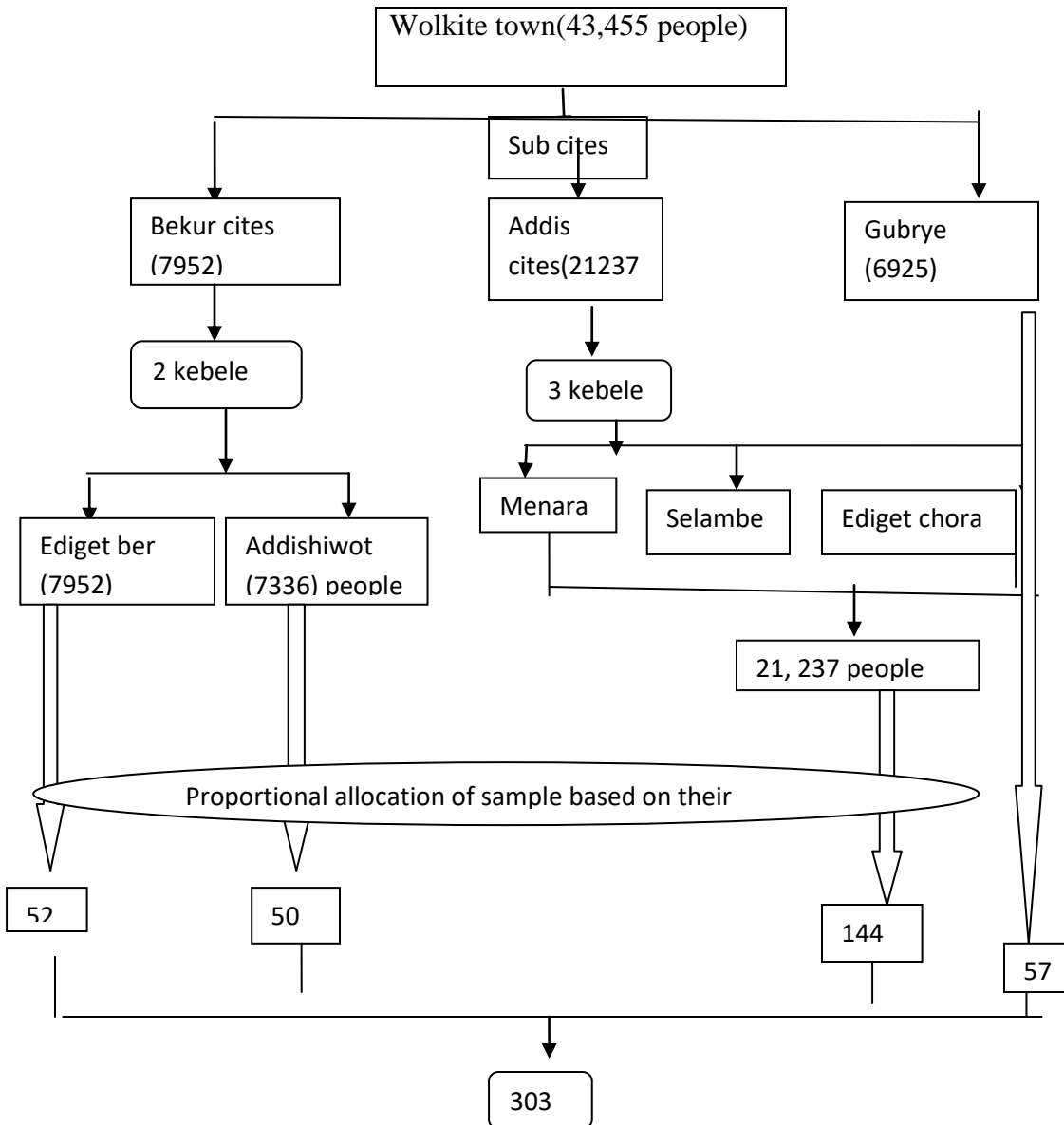


Figure 2: census sampling technique for assessing physical and sensory disabilities, cause and its impact among adults in wolkite town.

4.9 study variable

4.9.1 Dependent variable

- Physical and sensory disability.
- Impact
- Age

4.9.2 Independent variable

- Socio demographic characteristic (sex, religion and marital status)
- Clinical variables (disease, trauma, injury)
- Year of live in wolkite
- Educational level

4.10 operational definition

Disability: Restriction or lack of ability to perform an activity in a normal manner.

Cause: something or someone that produces an effect, result, or condition: something that makes something happens or exists.

Impact: is one thing crashing into or having an effect on another.

4.11 Data collection instrument

Data was collected using structured questionnaires. The questionnaires consisted of two main parts: the first part was composed of socio-demographic information of the respondents. The second part related to cause and impact of disability among adult disabled.

4.12 data processing and analysis

After the collection of data, checked it's completeness and consistency then data was edited, coded entered using Epi data version 3.1 and exported to SPSS version 25 for analysis. Frequency distribution was done to check for outliers, consistencies and to identify missing values. A descriptive analysis was computed for selected variables. Logistic regression was done for association between different variables and p value of ≤ 0.05 was taken. Finally the result was presented in text, tables, and graphs.

4.13 ethical consideration

The Ethical clearance was obtained from the department of nursing, college of medicine and health science. Officials at different levels including the study school and administrative office and selected kebele was communicated through formal letters by the school of health science, department of nursing, wolkite university. Participants were informed about the purpose and objective of the study. They were also told that they have every right to discontinue or refuse to

participate in the study and verbal consent was obtained from each study participant. Confidentiality of the information was assured and privacy was maintained.

4.14 dissemination of the result

The final report will be presented and discussed at Wolkite University, college of medicine and health science and department of nursing partial fulfillment of the Bachelor of Science degree of nursing. Copies of this study will be sent to wolkite town administrative. It will also be disseminated through publication on local or international journals and presentation on scientific conferences.

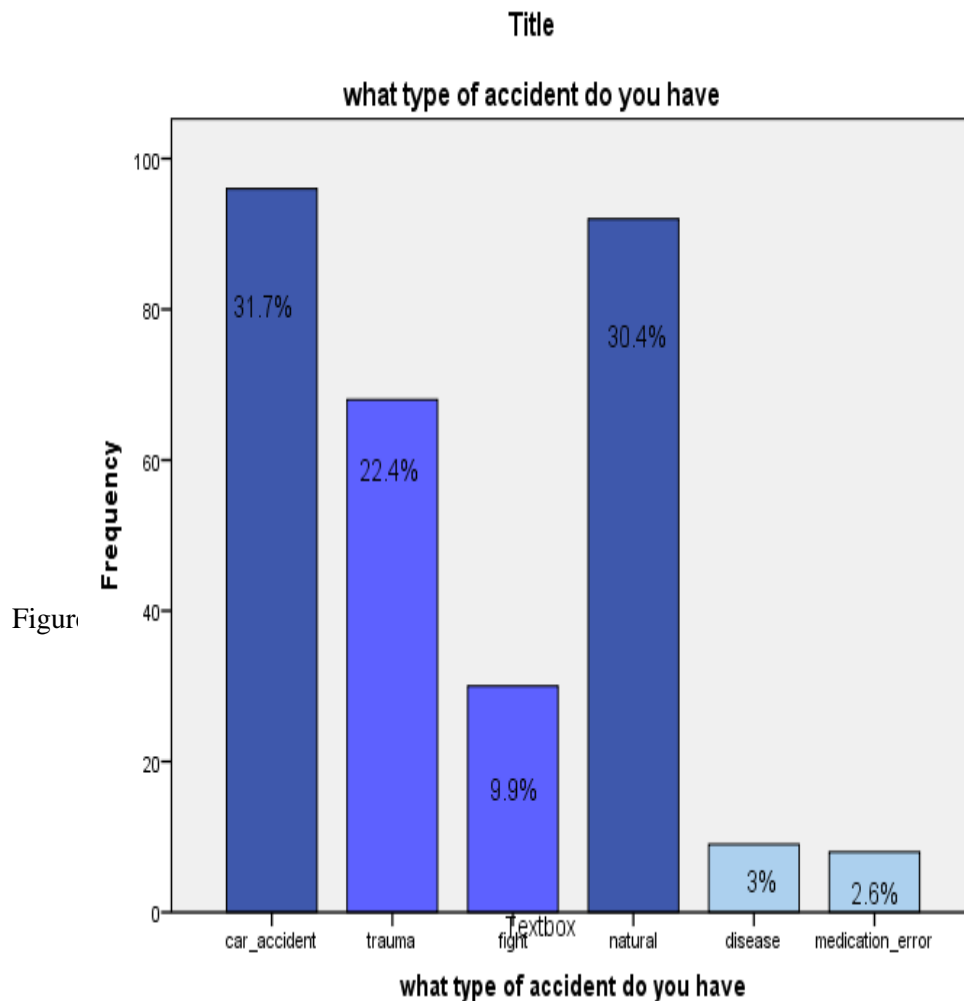
CHAPTER FIVE: RESULT

5.1 Socio demographic characteristics

A total of 303 questionnaires distributed and all were returned also filled correctly with response rate of 100%. All of respondents were disabled adults with age group above 18 years old. The majority of the respondent were above 45 years old (32.2%), 175(58.8%) were males. The results show that the majority 149 (49.2%) of respondents were orthodox religion follower. Whereas the 69 (22.8%) of respondent were Muslim. The majority of the respondents were Gurage 160 (52.8%). Regarding marital statuses of the respondents that were surveyed almost 145(47.9%) were single, 81(26.7%) were married the rest 56 (18.5%) were divorced and 21 (6.9%) were widowed. According to the result that the majority 109 representing (36.0%) of respondents were unemployed, whereas the 68 (22.4%) of respondent were merchant. The results show that the majority of 55 representing 18.3% of respondents monthly income were between 500 -1500 birr, whereas the 31(16.6%) of respondents income were less than 500 birr .103 (34%) of the respondent possessed no education. 48 (15.8%) they possessed College and university. 42, representing (13.9%) possessed only a primary school, and 13(4.3%) possessed a secondary school and According to the result from the total disabled adults the 303(100%) lives in urban.

5.2 Cause of disability

The result shown that from the total 303 participant disabled adults majority of respondent 96 (31.7%) were by car accident. 68(22.4%) by trauma. Whereas 30(9.9%) fight injury. And also 92(30.4%) natural and remaining 9(3%) disease, 8(2.6%) medication error. The majority was physically disabled 134(44.2%) leg, 56(18.5%) hands. Whereas 73(24.1%) eye.



5.3 Impact of disability

The majority of the respondent were difficult to getting living area 78(25.7%), bath room 110(36.3%). And also difficult to getting public space like parks majority of the respondent were difficult to getting public space 80(26.4%). As result showed the majority of the respondent were mostly need to effort 93(30.7%), whereas 67(22.1%) were not needed much more effort, 60 representing (19.8%) where a bit effort needed, 55(18.2%) were not effort needed and 28(9.2%) were completely needed effort. For the majority of them there family was provided car 171(56.4%). According to the study know a time the majority of respondent were no job at the moment 211(69.6%), whereas 92(30.4%) were job at the moment.

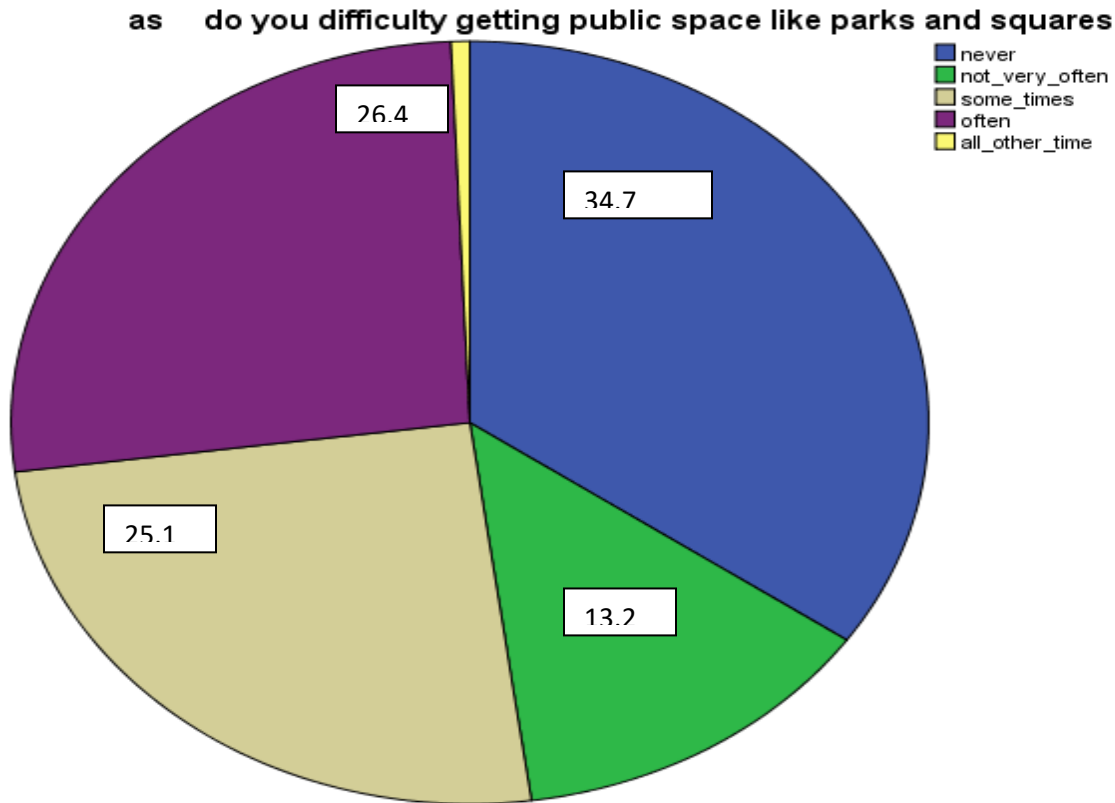


Figure 4: percent of respondents that different impact of disability wolkite town, 2022.

CHAPTER SIX

6.1. Discussion

The response rate in this study was founded to be 100%. Compared to study conducted in Dabat district was 95%. The study has aimed at assessing cause and impact of disabilities among adults in wolkite town. This is due to the presence of illness and injuries. In our study physical disability has high prevalence, but study conducted in Zimbabwe was the majority of disability was sensory disability (39%). According to a study in the Netherlands on the population of 18,973 aged 15-74 married people were found with lesser odds of disability compared to their unmarried counterparts, single, divorced or widowed[30]. But in our study result showed that widowed in lesser of disability and the majority of disable people was single. This result may be because of their body loss they could not be married. Study in Dabat district of Amhara national regional state reported that the majority of disabilities were due to modifiable illness injures and cause and impact of disability are multifaceted concurrent to these finding studies have documented that the majority of disabilities in Africa result from illness, injury and accident. In our study result showed that accident was the highest cause for disability as well as nature and trauma was respectively cause of disability in finding. A survey from 49 countries also indicated that disability was more prevalent in poorer than richest was high. Similarly one of the local studies in Ethiopia showed that the prevalence of adult disability falls us wealth increase [1]. In our study the result showed that the low income peoples were the majority disabled compare with high income.

6.2 Limitation

- Those who were recently disabled but not registered on association of disabled individuals were not involved in this study that, it may underestimate its prevalence.
- This study involves only individuals with physical and sensory disability that other forms of disability may be highly prevalent.
- This was entirely descriptive study that statistical association of factors with the dependent variable was not identified.

CHAPTER: SEVEN

CONCLUSION AND RECOMMENDATION

7.1 Conclusion

Disability is any condition that makes it more difficult for a person to do certain activities or effectively interact with the world around them socially or materially. Impact of disability face different challenges during their life time this can be explained by social exclusion, stigma, severe health challenges limited access to school and business. There for this study was preliminarily intended to physical and sensory disabilities cause and its impact among adults in wolkite town. Preventing and treating the cause of disability or there is a need to address the cause of disability for example to construct many roads to reduce traffic accident also injury prevention programs more effective health education, health promotion improved nutrition in child hood and by providing more effective treatment for infection and trauma or community education and creating a safe environment are key to prevent injuries and trauma economical support for low stigmatizing attitudes need to be under taken. Many people with disabilities do not have equal access to health care education and employment opportunities.

7.2 Recommendation

Policy makers should give emphasis for disabled individuals through designing appropriate preventive strategies and inclusive directions to reduce its impact.

The community should involve disabled individuals in productive activities to reduce level of economic dependency.

Families of disabled individuals should aid self-care practices of disabled individual to promote sense of wellbeing and prevent risk of injury.

Interested researchers should study further on disability using prospective study design to identify factors associated with it and its impact at community and national level.

Reference

- [1] T. R. Parmenter, “The present, past and future of the study of intellectual disability: Challenges in developing countries,” *Salud Publica Mex.*, vol. 50, no. SUPPL. 2, pp. 124–131, 2008, doi: 10.1590/s0036-36342008000800004.
- [2] J. A. E. Epping-Jordan, G. Galea, C. Tukuitonga, and R. Beaglehole, “Preventing chronic diseases: Taking stepwise action,” *Lancet*, vol. 366, no. 9497, pp. 1667–1671, 2005, doi: 10.1016/S0140-6736(05)67342-4.
- [3] R. H. Mcadams *et al.*, “Economics ,& Organization,” vol. 38, no. 1, 2022.
- [4] “Report From the International Confederation of Midwives Regulation Taskforce for the United Nations Population Fund State of the World Midwifery Report,” *Int. J. Childbirth*, vol. 1, no. 2, pp. 68–70, 2011, doi: 10.1891/2156-5287.1.2.68.
- [5] A. R. Hosseinpoor, N. Bergen, N. Kostanjsek, P. Kowal, A. Officer, and S. Chatterji, “Socio-demographic patterns of disability among older adult populations of low-income and middle-income countries: results from World Health Survey,” *Int. J. Public Health*, vol. 61, no. 3, pp. 337–345, 2016, doi: 10.1007/s00038-015-0742-3.
- [6] I. Gupta and P. Guin, “Communicable diseases in the South-East Asia Region of the World Health Organization: Towards a more effective response,” *Bull. World Health Organ.*, vol. 88, no. 3, pp. 199–205, 2010, doi: 10.2471/BLT.09.065540.
- [7] G. Griffo, “The Convention on the rights of persons with disabilities and newborns/children,” *Ital. J. Pediatr.*, vol. 41, no. S2, 2015, doi: 10.1186/1824-7288-41-s2-a40.
- [8] G. Wolbring, *Last word: The un convention on the rights of persons with disabilities*, vol. 49, no. 4. 2006. doi: 10.1057/palgrave.development.1100310.
- [9] M. E. Loeb and A. H. Eide, *Living Conditions with People with Activity Limitations in*

- Zambia*, vol. 17. 2006. [Online]. Available: <https://sintef.brage.unit.no/sintef-xmlui/handle/11250/2443386>
- [10] S. A. Patel *et al.*, “Chronic disease concordance within Indian households: A cross-sectional study,” *PLoS Med.*, vol. 14, no. 9, pp. 1–16, 2017, doi: 10.1371/journal.pmed.1002395.
- [11] A. Liasidou, “Inclusive education and critical pedagogy at the Intersections of disability, race, gender and class,” *J. Crit. Educ. Policy Stud.*, vol. 10, pp. 168–184, 2012, [Online]. Available: <https://eric.ed.gov/?id=EJ970851>
- [12] H. Katsui, E. Lehtomaki, A. Y. Malle, and S. Chalklen, “Disability in the Global South,” *Disabil. Glob. South*, pp. 187–198, 2016, doi: 10.1007/978-3-319-42488-0.
- [13] E. M. Crimmins, J. K. Kim, and A. Solé-Auró, “Gender differences in health: Results from SHARE, ELSA and HRS,” *Eur. J. Public Health*, vol. 21, no. 1, pp. 81–91, 2011, doi: 10.1093/eurpub/ckq022.
- [14] Oms, *Relatório mundial sobre a deficiência*. 2011. doi:10.1097/PHM.0b013e318255982e.
- [15] A. R. Hosseinpoor *et al.*, “Socioeconomic inequality in disability among adults: A multicountry study using the world health survey,” *Am. J. Public Health*, vol. 103, no. 7, pp. 1278–1286, 2013, doi: 10.2105/AJPH.2012.301115.
- [16] M. V. S. Gudlavalleti *et al.*, “Access to health care and employment status of people with disabilities in South India, the SIDE (South India Disability Evidence) study,” *BMC Public Health*, vol. 14, no. 1, pp. 1–8, 2014, doi: 10.1186/1471-2458-14-1125
- 17 crimmins EM, kim JK, sole’- Auro’A. Gender differences in health: result from SHARE, ELSA and HRS. the EurJ public health. 2011; 21(1): 81-91.doi: 10.1093/eurpub/CK922. [PMC free article][pubmed] [crossReF] [google scholar].
- 18 O.Beck,M.Łakomski, K.Kędziora–Kornatowskaetal.,“Health determinants of disability of the elderly,”<http://doi.org/10.5281/zenodo.151618>.
- 19 Lafortune G, Balestat G. Trends in severe disability among elderly people: assessing the evidencein 12 OECD countries and the future implications [OECD Health Working Papers No.

- 26]. Paris, Organisation for Economic Co-operation and Development, 2007
(<http://www.oecd.org/dataoecd/13/8/38343783.pdf>, accessed 9 December 2009).
- 20 Crimmins EM, Kim Jk, sole'-auro'A. gender differences in health: results from SHARE; ELSA and HRS. The EurJ public health. 2011; 21(1):81-91. Doi:10.1093/eurpub/CK9 22.[PMC Free article] [PubMed] [CrossRef][Google Scholar].
- 21 . Injury: a leading cause of the global burden of disease, 2000. Geneva, World Health Organization, 2002.
- 22 Sen A. The idea of Justice. Cambridge, The Belknap press of Harvard university press, 2009.
- 23 . Eide AH, Loeb ME, eds. Living conditions among people with activity limitations in Zambia: a national representative study. Oslo, SINTEF, 2006(<http://www.sintef.no/upload/Helse/Levekår%20og%20tjenester/ZambiaLCweb.pdf>, accessed 7 December 2009).
- 24 Maternal and child undernutrition [special series]. Lancet, January 2009
- 25 Regional report of the Americas 2004. Chicago international disability rights monitor; 2004/<http://www.idrmnet.org> (content. Cfm? Id=5E5A75 and M=3 accessed 9 February 2010).
- 26 Thomas C. Female forms: experiencing and understanding disability. Buckingham, Open University Press, 1999 poverty
- 27 . Preventing chronic diseases: a vital investment. WHO global report. Geneva, World Health Organization, 2005.
- 28 The global burden of disease: 2004 update. Geneva, World Health Organization, 2008.
- 29 Galazka AM, Robertson SE, Kraigher A. Mumps and mumps vaccine: a global review. Bulletin of the World Health Organization, 1999, 77:3-14. PMID:10063655
- 30 United Nations Children's Fund, University of Wisconsin. Monitoring child disability in developing countries: results from the multiple indicator cluster surveys. New York, United Nations Children's Fund, 2008. Comm. disease

ANNEX I

Questionnaires

Wolkite university college of medicine and health science department of nursing

Instruction

Dear data collector, the respondent name will not be written on this form and no individual response will be reported to anybody. If there is any problem in the understanding of the question any respondent can ask data collectors to clarify for them. Write the correct answers of respondents by mark "X" inside the box found in front of the alternative of the question. And write the respondents answer in the given space after the respondents willing to answer by consent form.

Consent Form

Introduction

Hello! My name is.....I come from Wolkite university 4th year Nursing students of this research team member.. Today I am here to collect data about assessment of physical and sensory disabilities, its impact and determinant factors. The collected information will be destroyed after the study completed and it is confidential during the study period.

Your correct answer to the question will make the study to achieve its goal. There for you are kindly requested to respond genuinely and voluntarily with patience, the interview will take about 30 minute. Are you willing to fill the questioner? Yes ____ No____

Part I. Back Ground Information

1. Age: _____

2. Religion

1. Muslim 2.orthodox 3.protestant 4.waqefata 5.other

3. Sex:

(1) Male

(2) Female

4. Ethnic group:

A. Gurage

C. Oromo

B. Amhara

D. Kebena

Other specify_____

5. What is your present marital status?

(1) Married

(3) Divorce/Recently separated

(2) Single

(4) Widow

6. What is your occupation?

1. Governmental employee

(4) Daily laborer

2. Unemployed

(5) Other specify

3. Farmer

7. What is your current family monthly income (average) per month/year?----- Birr?

8. What is your highest educational attainment?

1 Illiterate

4 senior school

2 Read & Write

5College diploma

3 Primary

6 University degree or higher

About disabled

9 what type of accident do you have?

- 1) Car accident 3) fighting accident
- 2) Falling down 4) natural 5 medication error

10 which type of your body loss?

- 1) Eyes 3)leg
- 2) Ears 4) hands 5 other specify_____

11 Do you have difficulty getting in to any of these rooms?

- 1) Living area 3) bath room
- 2) Bed room 4) other specify_____

12 Do you difficulty getting public space like parks and squares?

- 1) Never
- 2) Not very often
- 3) Some times
- 4) Often
- 5) All other time

13 Do you have difficulty getting in to buildings that member of the public should be able to use?

- 1) Never 3) some times
- 2) Not very often 4) often 5) all the time

14 How much effort is needed to get in and out of where you live?

- 1) Not effort 4) a lot of effort
- 2) Not much effort 5) a very large effort

3) Some effort

15 Dose the place you live meet your needs?

1) Not at all 4) mostly

2) Not very much 5) completely

3) A bit

16 Is there loss of your body create your healthy problem?

1) Yes 2) No

17 Who provide the car for you?

1) My family or friends that live with me

2) My family or friends that do not live with me

3) Paid carrier , nurses or other professionals

4) Do not know

18 Do you have a job at the moment?

1) Yes 2) no

19 Do you agree or disagree that you would like more support to find a job?

1) Strongly disagree 4) agree

2) Disagree 5) strongly agree

3) Neither agree nor disagree

20 Has anyone ever treated you badly because of your disability?

1) Never 3) some of the time

2) Hardly ever 4) of

21 because of your disability which of the following work is difficulty

1 for eating

2 washing

3 go to latrine

4 all of them

5 none

22 because of disability have you discriminate from society

1 yes

2 no

አባሪ I

መጠይቆች

የወልቂጤ ዩኒቨርሲቲ ህክምና እና ጤና ሳይንስ የነርስ ትምህርት ክፍል መመሪያ ውድ መረጃ ሰብሳቢ፣ የተመለሰ ስም በዚህ ቅጽ ላይ አይጻፍም እና ምንም አይነት ምላሽ ለማንም አይነገርም። በጥያቄው ግንዛቤ ላይ ምንም አይነት ችግር ካለ ማንኛውም ምላሽ ሰጪ መረጃ ሰብሳቢዎችን እንዲያብራራላቸው መጠየቅ ይችላል። በጥያቄው አማራጭ ፊት ለፊት ባለው ሰጥን ውስጥ “X” ላይ ምልክት በማድረግ የምላሾችን ትክክለኛ መልስ ይጻፉ። እና ምላሽ ሰጪዎች በስምምነት ፎርም ለመመለስ ፈቃደኛ ከሆኑ በኋላ ምላሽ ሰጪዎችን በተሰጠው ቦታ ላይ ይጻፉ።

የስምምነት ቅጽ መግቢያ

ሰላም! ስሜ የመጣሁት ከወልቂጤ ዩኒቨርሲቲ ነው። የዚህ የምርምር ቡድን አባል 4ኛ አመት ነርስ ተማሪዎች.. ዛሬ እዚህ የተገኘሁት ስለ የአካል እና የስሜት ህዋሳት ምዘና፣ ተጽእኖ እና መወሰኛ ምክንያቶች መረጃ ለመሰብሰብ ነው። የተሰበሰበው መረጃ ጥናቱ ከተጠናቀቀ በኋላ ይጠፋል እናም በጥናቱ ወቅት ሚስጥራዊ ነው. ለጥያቄው ትክክለኛ መልስዎ ጥናቱ ግቡን እንዲመታ ያደርገዋል. እዚያም በትእግስት በእውነተኛ እና በፈቃደኝነት ምላሽ እንዲሰጡ በአክብሮት ተጠይቀዋል፣ ቃለ መጠይቁ 30 ደቂቃ ያህል ይወስዳል። ጠያቂውን ለመሙላት ፈቃደኛ ነህ? አዎ አይ _____

ክፍል I.

የኋላ መሬት መረጃ

- 1. ዕድሜ:- _____
- 2. ሃይማኖት 1. ሙስሊም 2.ኦርቶዶክስ 3.ፕሮቴስታንት 4.ካቶሊክ 5.ሌላ _____
- 3. ጾታ: (1) ወንድ (2) ሴት _____

4. ብሄረሰብ፡- 1.ጉራጌ 2.አሮሞ 3 አማራ 4ቀበና. 5 ሌላ_____

5. አሁን ያለህበት የትዳር ሁኔታ ?

(1) ያገቡ (3) ፍቺ/በቅርብ ጊዜ ተለያይተዋል።

(2) ያላገቡ (4) መበለት

6. ሥራህ ምንድን ነው?

1. የመንግስት ሰራተኛ (4) የቀን ሰራተኛ

2. ሥራ አጥ (5) ነጋዴ.....

3. ገበሬ 6) ለማኝ 7 ሌላ----

7. የአሁኑ የቤተሰብዎ ወርሃዊ ገቢ (በአማካይ) በወር/በአመት ስንት ነው?---- ብር?

8. ከፍተኛ የትምህርት ደረጃዎ ምንድነው

1 ያልተማረ 4 ከፍተኛ ትምህርት ቤት

2 ማንበብ እና መጻፍ 5 የኮሌጅ ዲፕሎማ

3 የመጀመሪያ ደረጃ 6 የዩኒቨርሲቲ ዲግሪ እና ከዚያ በላይ

9 ምን አይነት አደጋ አጋጥሞሃል?

1) የመኪና አደጋ 3) የትግል አደጋ

2) መውደቅ 4) ተፈጥሮ 5) በሽታ 6) የህክምና ስህተት

10 የትኛው ሰውነትዎ ነው የተጎዳው?

1) አይኖች 3) እግር

2) ጆሮ 4) እጆች 5 ሌላ ይጠቅሳሉ

11 ወደ እነዚህ ክፍሎች ውስጥ ለመግባት ተቸግረዋል?

1) የመኖሪያ ቦታ 3) መታጠቢያ ክፍል

2) መኝታ ክፍል 4) ሌላ ይግለጹ

12 እንደ መናፈሻ እና አደባባዮች ያሉ የህዝብ ቦታዎችን ለማግኘት ይቸገራሉ?

1) በጭራሽ 4) ብዙ ጊዜ

2) ብዙ ጊዜ አይደለም 5) ሌላ ጊዜ

3) አንዳንድ ጊዜ

13 የሕብረተሰቡ አባላት ሊጠቀሙባቸው ወደ ሚገባቸው ሕንፃዎች ለመግባት ይቸገራሉ?

1) በጭራሽ 3) አንዳንድ ጊዜ

2) ብዙ ጊዜ አይደለም 4) ብዙ ጊዜ 5) ሁል ጊዜ

14 በምትኖርበት አካባቢ ለመግባት እና ለመውጣት ምን ያህል ጥረት ያስፈልጋል?

1) ጥረት አይደለም 4) ብዙ ጥረት

2) ብዙ ጥረት አይደለም 5) በጣም ትልቅ ጥረት

3) አንዳንድ ጥረቶች

15 የሚኖሩበት ቦታ ፍላጎቶቻችንን ያሟላሉ?

1) በጭራሽ አይደለም 4) በአብዛኛው

2) በጣም ብዙ አይደለም 5) ሙሉ በሙሉ

3) ትንሽ

16 የሰውነትዎ መጎዳት ችግር ይፈጥራል? 1) አዎ 2) አይደለም

19 መኪና ማን ያቀርብልሃል?

1) ከእኔ ጋር የሚኖሩ ቤተሰቦቼ ወይም ጓደኞቼ 2) ከእኔ ጋር የማይኖሩ ቤተሰቤ ወይም ጓደኞቼ

3) የሚከፈልበት ሙያ፣ ነርሶች ወይም ሌሎች ባለሙያዎች 4) አያውቁም

20 በአሁኑ ጊዜ ሥራ አለህ? 1) አዎ 2) አይደለም

21 ሥራ ለማግኘት ተጨማሪ ድጋፍ እንደሚፈልጉ ይስማማሉ ወይም አይስማሙም?

1) በጣም አልስማማም

4) እስማማለሁ

2) አልስማማም

5) በጣም እስማማለሁ

3) አልስማማም ወይም አልስማማም

22 በአካል ጉዳተኝነትህ የተነሳ ማንም ሰው ክፋኛ አድርጎብህ ያውቃል

1) በጭራሽ 3) አንዳንድ ጊዜ

2) በጭራሽ 4) ብዙ ጊዜ

23 ከጉዳትህ አንፃር ከነዚህ እንቅስቃሴዎች የ ትኝዉን ለ ማድረግ ይቸገራሉ

1 ለመመገብ

4 ሁሉም

2 ለ መታጠብ

5 ምንም

3 ወደ መጻፍ ሌት ለመሄድ

24 በደረሰብህ የ አካል ጉዳት አንፃር ከ ህብረተሰቡ የመገለል ተፅኖ ደርሶብህል

1 አዎ

2 አልደረሰብኝም

Wolkite University

College of medicine and health science department of nursing

This is to witness the research prepared by” Gizework Abay, Lidiya Tagesu and Amira Abdulahi ”on the topic of physical and sensory disability, cause and its impact among adults in wolkite town, Gurage Zone From May to June 2022 for partial fulfillment of bachelor degree in nursing. Instructions with regulation of the university are met and the expected standards are achieved. The advisor’s recognition on this pap are is announced.

Board of Approval

Advisor’s name	Signature	Date
Mr. Haimanot Abebe (BSC, MSC)	_____	_____
Mss. Betelhem Tadese (BSC, MSC)	_____	_____

Examiner’s name	Signature	Date
Mr. _____	_____	_____
Mr. _____	_____	_____

Department Head’s Name	Signature	Date
_____	_____	_____