Challenges and coping strategies of women with physical disability in Bahir Dar city, Ethiopia

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Abstract
The main purpose of this study was to explore the lived experience of married women with physical disability. More specifically, this study focused on main challenges faced by married women with physical disabilities, opportunities available to ensure the right of disabled women and strategies they used to solve their challenges. Qualitative research approach and case research design was used to present the study result. In-depth interview was the main data collection tool for this study. Thematic analysis was used to analyze the result of this study. The finding of this study indicated that married women experienced multiple challenges which include social-cultural challenges, psychological problems, economic problems, domestic challenges and gender based violence, violence based on their disability status, reproductive and health problems, Violence against women is most pressing challenges faced by women with physical disabilities. Thus findings revealed that women experienced multiple forms of violence, including emotional violence, neglect, financial abuse or exploitation, and physical or sexual abuse. This violence could include ignoring nutritional or medical needs, or inappropriate handling by caregivers. It could also take the form of being denied to access and control over financial resources. Women were also narrated that they face structural barriers in accessing education, health, and social services. Most safe places for women and girls remain inaccessible to those with disabilities. As a concluding remarks attention needs to be given for people with physical impairment and legal frameworks need to be implemented at grass root level to create disability friendly environment. It needs the collaborative effort of humanitarian agencies, the society, government and non-governmental organizations to make disability sensitization and resource mobilization to mainstream disability.

Key words: Women, physical disability, challenges

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I. BACKGROUND OF THE STUDY
Physical impairment or mobility problem is an age-old phenomenon in the history of human societies. It is often associated with various misconceptions and attitudes in different societies. Globally, persons with disabilities have been attached to loaded terms like ‘evil spirit’, ‘witch craft’, ‘ill’ and ‘unfortunate (Tariku, 2016).

Globally more than one billion or 15 % of world population are estimated to live with disability. About 80 % of them were lived in developing countries. This number is expected to increase in the future due to factors like aging, war and conflict, natural disasters, and forced displacement. Disability is more prevalent among women than men. Globally, 19% of women have a disability relative to 12% of men (World Bank, 2019).

Literatures indicated that among others physical disability affect 45 million people worldwide of them 90% of physical disability occurs in the developing world and two out of every three people who are physical or mobility impaired are women(Elwan, 2014).

Women in developing countries face greater barriers in accessing physical or mobility rehabilitation due to cultural, geographical, gender role and cost-related factors. When women are denied equal access to health services, education and employment, they are less able to care for themselves and their family (Elwan, 2014; Alldis, 2008). Emmel (2014) also added that disabled women are more marginalized than their male counterparts due to their disability as well as gender-specific challenges. Institute of Education and Research (2017) indicated disabled women are at far greater risk of social exclusion and abuse and stigma associated with a disability such as blindness, deaf and physical impairment can have a huge impact on marriage prospects (Alldis, 2008).

Elwan (2014) claimed that having a disabled person in the family is sometimes thought to damage marriage prospects. Universally, the incidence of marriage for disabled women is lower than that for disabled
men. This indicates that disability often blocks the chances of a fulfilling life for a woman, in a way that does not seem to happen in the case of men. Besides, United Nation Development Program (2013) showed that women with disabilities are twice more prone to divorce, separation, and violence than able-bodied women. Most women may keep secret abusive relationships and this might reside in a deep-seated fear of further abuse or as be frowned upon by a community that endorses social taboos which prohibit speaking about or even implying the reality of incidents of domestic violence.

The world of women with disabilities is more difficult and they are vulnerable to discrimination because they are women and have disability. Many women with disabilities are further discriminated because they are poor. This double or triple discrimination suffered by women with disabilities often ignored or unnoticed because, women with disabilities are sometimes considered as genderless human beings (ILO, 2003).

Although men and women with disabilities are subject to discrimination because of their disabilities, women with disabilities are at a further disadvantage because of the combined discrimination based on gender and discrimination based on disability (Urvashi, 2004). Women with disabilities tend to be more vulnerable to exploitation of various kinds, such as sexual harassment, domestic violence and exploitation in the workplace. They are twice as prone to divorce, separation, and violence as able-bodied women (Hans & Patri, 2003).

Almost all research on people with disabilities has assumed the irrelevance of gender as well as other social dimensions such as social class, race, ethnicity, and sexual orientation ( Shrader & Delaney, 2000). Disability studies have traditionally used a gender blind approach to examine the lives of people with disabilities and have neglected to explore the influence of gender in the lives of men and women with disabilities (Thomas, 2005).

In Ethiopian context, few studies were conducted in relation to women with disability. Some of these are psychosocial challenges of women with disabilities in some selected districts of Gedeo Zone (Berhanu, 2015), the magnitude and associated factors of unmet need for family planning among women of reproductive age group with disabilities in Bahir Dar City (Abel, 2015), and intimacy and marriage, pregnancy, birth, and motherhood experiences of women with disability (Belaynesh et al, 2017). It was understandable that people with disability faced with socio-economic and psychological challenges. They perceived as unfortunate and ill creatures thus highly marginalized. In its Economic aspect they are unemployed, participate in low paid jop. Such problems and challenges believed to be more pervasive for disable women as they are carrying double burden of being women and disabilities. But the amount of researches in gender and disabilities in Ethiopia is scanty and challenges experienced by physically disable women were not explored yet. Hence in filling the gap, the current study investigated the challenges of women with physical impairment in the case of Bahir Dar city administration.

II. METHODS AND MATERIALS

Description of the Study

Bahir Dar city is a Metropolitan city in Amhara National Regional State which located 566 km North of Addis Ababa, the capital city of Federal Government of Ethiopia. Bahir Dar city is the capital city of the region and it is well urbanized as it served as center of trade for the surrounding zones and districts. Bahir Dar city is surrounded by four small urban centers such as Zegie in the North West, Meshenti in the South West, Tis Abay in the South East, and Zenzelma in the North East. The approximate geographical coordinates of Bahir Dar Metropolitan area is between 11°2′-11°39′ North latitude and 37°15′-37°40′ East longitude. Based on 2007 Censuses conducted by central statistics agency of Ethiopia (CSA), this city has a total population of 221,991. In Bahir Dar city there are 13,569 physical disabled people of them 6218 were males and 7351 were females (CSA, 2007).

Research Approach

For the purpose of this study, the researcher employed qualitative research approach. According to Creswell (2007), qualitative research is often viewed as the ideal method to conduct in-depth research of what people experience, think, understand, view or perceive that might not be easily quantifiable. Qualitative research is important to dig out the real life of the phenomena in a given situation. Accordingly, the researchers employed qualitative research approach in order to explore the explore challenges of physically disabled women in Bahir Dar city Administration.

Research Design

The researcher has been employed case study research design for this study. A case study is an exploration of a bounded system or a case (multiple cases) over time through a detailed, in-depth data collection involving multiple sources of information rich in context (Creswell, 2007). Hence it is relevant to explore wide array of data about a case/s under investigation to provide an in-depth picture of it. It is based on these rationality a case study will be applied to investigate a single case.
Sample and Sampling Technique

The researcher was employed non-probability sampling technique for this study. According to Kothari (2004), non-probability sampling is that sampling procedure which does not afford any basis for estimating the probability that each item in the population has or being included in the sample. In this type of sampling, individuals for the sample are selected deliberately by the researchers.

From non-probability sampling, the researchers were used purposive sampling technique. According to Creswell (2009), this technique is widely used in qualitative research for identifying and selecting individuals or groups of individuals that is especially knowledgeable about or experienced with a phenomenon. Purposive sampling is used to select participants for this study. Saturation point determined the number of women to 10 interviewees.

Data Source

Primary Sources: The researchers used primary data sources because it gives first hand information. The primary data was collect from in-depth interview, and the sources of the data were the research participants.

Secondary sources: Information taken from articles, books, thesis and dissertations were used as secondary sources information. Secondary sources are supportive evidences for the primary information generated from participants of this study.

Data Collection Techniques

In-depth Interview

The researcher used in-depth interview as the major source of data collection. The rationale behind employing in-depth interview in-depth allows the researchers and participants to have a deeper understanding of one’s beliefs, feelings, and behaviors of participants respond to challenges they face in their environment. It also gives much opportunity for the researchers to probe questions. Consistent with the above argument Kothari, (2004) elaborated that in-depth interview is a qualitative data collection instrument, which allows the researchers to collect rich information in much more depth. The researchers used semi structured interview with 10 interviewee (women with disabilities). Semi-structured interview according to Dawson (2002) allows the researchers to be flexible and to probe into more important information to arise.

Data Analysis

In qualitative research, the process of data collection, data analysis and report writing are not distinct steps. They are interrelated and often go on simultaneously in a research project (Creswell, 2009). For this study, the researchers were used thematic data analysis. Thematic analysis is a widely used qualitative data analysis method. The data which were collected from in-depth interview organized based on the objective of the study and analyzed through thematic analysis. Thematic analysis aims to identify themes within the data. It’s analysis is more inductive than content analysis because the categories into which themes were sorted are not decided prior to coding the data. Each objective would have themes that was thematize based on the ideas they have on the topic that was highly envisaged by the researcher. In its nature, qualitative data analysis primarily entails classifying things, persons and events and the properties which characterize them.

Ethical Consideration

Ethical consideration is the most important in qualitative research design. Because the researchers studied a very sensitive issue which need a great care and ethics. According to Creswell (2009), the researcher should respect the participant’s confidentiality. So, the researchers used the following ethical considerations. The researchers asked the permission from physically disabled women, the voluntariness of all participants was ensure, and the purpose of the study was described to the participants, so that individuals understood the nature of the study. The researchers were also assured the participants to ask any question at any time and assure quitting from interview process at any time was also guaranteed. The names of participants were not used by the researchers when reporting the result.

III. RESULT AND DISCUSSION

Introduction

Background Information of Participants

Ten participants were called for in-depth interview for this study. All women were lived in Bahir Dar city. Three women are government employee, one participate in own business (shopping), two (one half blind and one mini leg problem) was participated in micro and small business and the rest four are house wive. As to their educational level, the first three were first degree holder, one high school completed, one grade five completed and two were able to read and write, one write only full name and the rest were not be able to read and write. six participants were Ethiopian Orthodox Tewahido religion followers, two were from Muslim
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religion and the other one is from a member of Protestant religion and one at confusion to which religious belief system she belonged with. The type of impairment of participants includes vision impairment (complete and partial blindness), Clubfoot, lower limb amputation, and Paralyzed.

For a matter of simplicity profiles of participants were displayed in the table below.

<table>
<thead>
<tr>
<th>No.</th>
<th>Pseudonyms</th>
<th>Age</th>
<th>Religious affiliation</th>
<th>Educational status</th>
<th>Sources of income</th>
<th>Types of impairment</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asefu</td>
<td>42</td>
<td>Orthodox tewahido</td>
<td>Grade five complete</td>
<td>shopping</td>
<td>Leg problem</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Shinbra</td>
<td>40</td>
<td>Orthodox tewahido</td>
<td>Non-literate</td>
<td>House wife</td>
<td>Club foot</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Dasash</td>
<td>42</td>
<td>Orthodox tewahido</td>
<td>Read and write</td>
<td>House wife</td>
<td>Amputee</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Amarech</td>
<td>35</td>
<td>Orthodox tewahido</td>
<td>Read only</td>
<td>House wife</td>
<td>Paralysis</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Kasech</td>
<td>28</td>
<td>Orthodox tewahido</td>
<td>First degree</td>
<td>Employment</td>
<td>Low vision</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Aminat</td>
<td>30</td>
<td>Muslim</td>
<td>First degree</td>
<td>Employment</td>
<td>Low vision</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Abebu</td>
<td>29</td>
<td>Orthodox tewahido</td>
<td>Grade ten completed</td>
<td>Selling fast food in group of three with other friends</td>
<td>One finger leprosy</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Medina</td>
<td>41</td>
<td>Muslim</td>
<td>Non-literate</td>
<td>House wife</td>
<td>One eye blind</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Anguach</td>
<td>36</td>
<td>No religion</td>
<td>Read and write</td>
<td>Selling of fruit near highway</td>
<td>Left hand cut off</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Amelmal</td>
<td>31</td>
<td>Protestant</td>
<td>First degree</td>
<td>Selling fast food in group of three with other friends</td>
<td>Amputee</td>
<td>2</td>
</tr>
</tbody>
</table>

Challenges of Women with Disabilities

The information generated via in-depth interview thematically categorized in to social-cultural challenges, psychological challenge, economical challenge, violence and domestic challenges. Hence, psycho social challenges like lack of acceptance and rejection, social stigma and discrimination (both in home and public space), gender based violence (Family violence, physical violence & emotional abuse), and economic violence and deprivation of their right to own and invest resources were found to be the main challenges faced by women with physical impairment.

Socio-cultural challenges

The societies and the socio-cultural environments the way that defines disabilities are the sources of all challenges. People with disabilities were considered as misfit and misfortune so that the right to participate in the economy, politics and social matters becomes lessen (Daruwalla et al. 2013). Likewise, this study stated that the right to have marriage, own children, participate in communal matters, owned resources and operating investment, education and expertise were hindered by disability status because there is wrong social perception regarding disability. Interviewees expressed that their motives and achievements were not accepted by their families at home, they form dependant self-concept. Disabled women constructions of their identities were influenced by social constructions of disability, their own experiences of living with impairment, and the attitudes and behavior of those they interacted with.

Although little is known about people with disabilities in Ethiopia in general and women with physical disabilities in particular, Handicap International describes discrimination against disabled people as being influenced by three factors: attitude (including culture and religion); environment (physical inaccessibility); and institutional (legal) discrimination. Arguably, disabled people in Ethiopia face all three sub-discriminations, with disability linked to social and familial rejection, lack of education and employment opportunities and feelings of shame (African Child Policy Forum (ACPF, 2011). The result of this study was coincides with the baseline study conducted by Ministry of Labor and Social Affair (MoLSA, 2012). Women with disabilities experienced social, cultural, psychological and emotional violence, neglect, and physical or sexual abuse. Among others lack of acceptance and rejection, social stigma and discrimination (both in home and public
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Economic challenges

Economic challenges in terms of fulfilling basic necessities and making money to earn better life was another challenge that women with physical impairment and mobility impairment faced. With regard to this, World Bank and World Health Organization (2011) argued that disabled women were less likely to acquire full time employment, more likely to be unemployed and economically inactive due to social forces. The forces that exerted to make disabled women passive in public economic participation 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. The employment experience of disabled women is often frustrating, as stated in the excerpt of a 40 year old woman.

I am often reminded by others that the job is difficult for me because of my disability. People and staffs thought that my guide is doing everything for me and they don't seem to acknowledge my work. This negatively impacts degrade my morale. For example, I always worried that if I fail to do things to their satisfaction, my employers and managers may interpret that it is because of my disability.

Literatures indicated that poverty is the main socio-economic characteristics of PwDs and their families in Ethiopia. Women with disabilities were not accessible for secured employment and housing when compared to their non-disable continuum. Men with disabilities are almost twice more likely to have jobs than women with disabilities. When women with disabilities work, they often experience unequal hiring and promotion standards, unequal access to training and retraining, unequal access to credit and other productive resources, unequal pay for equal work and occupational segregation, and they rarely participate in economic decision making (Yetnebersh, 2013). Further discrimination targeted specifically at disability was inherent in many of the respondents’ narratives. Structural forms of violence included inequalities in access to work opportunities in private or public institutions, and some respondents had been denied jobs and social support. As clearly stated in Daruwalla et al., (2013) general discriminatory attitudes of potential employers toward women with impairments were often explained as concerns that they would not be able to “keep up” with colleagues, would be less productive, or would be incapable of completing the work.

Violence against disabled women

Although all women are at risk of physical, psychological, and sexual violence perpetrated by their employers, the risk for women with disabilities increases when they are unable to hear, understand, or follow instructions quickly (World Bank, 2019). Furthermore, their impairment is often perceived as another justification for impurity by employers, and unlikely to be reported or taken seriously by social and law enforcement institutions. TayeChalem, (2009) argued that violence against women goes beyond beating which includes forced marriage, dowry related violence, marital rape, sexual harassment, intimidation at work and in education institution, forced pregnancy, forced abortion and forced sterilization, trafficking and forced prostitution.

The same thing, this study found that gender based violence (Family violence or intimate partner violence, physical violence & emotional abuse) was most pressuring challenges women with physical disabilities faced. The words of one participant stated that whatever I am strong and performing all domestic work, I am not up to the eyes of my husband. He always insults me and ignored when talking with him about child rearing practice and fulfillments of the necessary material for our consumption. I am out of decision and the role play to children. This is all about my disability.

The findings indicated that most cases of gender based violence were not addressed by law enforcement agencies as survivors were not have the capacity to report cases, or fear of further abuse and due to lack of suitable infrastructure like office building, roads and arrangement of transportation services.

The result of this study was also coincides with the study of World Bank (2019). The study stated that Violence against women and girls with disabilities is rarely reported – and even more rarely brought to justice because of attitudinal, environmental, and institutional barriers. At the most basic level, many police stations and court houses are not physically accessible, nor are sign language interpreters or facilitated communication services available to support communication between the complainant and judicial personnel. This study differ from the above two studies in identifying the main abuser of women with disabilities. The studies were more general and did not indicate the reality and culture specific form of violence in Ethiopian context.

Domestic challenges

Concerning domestic challenges the result of this study was highly inconsistent with literatures done in Ethiopia. The result extended that women with severe physical impairment have difficulty in cooking food, washing cloths and fulfilling maternal role. Being disabled and women performing domestic activities found to be the double burden for women with physical impairment. It was told that most husbands of participants were
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not active participants in domestic activities. The reason they describe includes fear of gossip, investors of friends, and fear of affront by parents, friends and neighbors. This indicated that how much attitude and social perception put burden on women carrying disability, violence and gender role. Intimate partner/family members were the main perpetrator of domestic violence at home.

Intimate partner violence

Concerning intimate partner violence, all the women participated have stories of challenges connected to intimate partner such as husband, mother-in-law, sister and brothers of the husband. Women in general may be prone to higher incidence of violence in natal homes than their male siblings, women who are seen by their families as different from the norm have faced particular violence in an effort to minimize their perceived deviance (Daruwalla et al., 2013). Most physical assault consisted of grabbing, pushing, shoving, slapping and hitting but as the level of violence and injuries increased the difference between men’s and women’s rate of physical assault becomes greater. Women were two to three more likely than men to report an intimate partner threw something that hurt or pushed, graved or shoved (Erwin, 2000). Husbands making marriage with women with disabilities or physical impairment may not approach the wives with real love and affection. They rather creating such marital relation temporarily for the purpose of getting sex, or money and left them when temporary sexual gratification comes to an end or when the money was lost. At the end of all, there are treats to divorce and separation.

Health problems

Findings asserted that married women with disabilities are often denied basic health services like immunization, screening for free health service for chronic health conditions and medication. Participants informed those health care takers are very dismissive or discriminatory since they lack basic training service and the skills to respond and support women with disability. Financial scarcity, social perception and physical disabilities work for lack of health needs and health related service of women with physical disability. Socioeconomic profile of people with disabilities strongly influences their health context. Poor socioeconomic characteristics can lead people with disabilities to social isolation, which in turn is presented as a contributing factor to the lack of health promotion, limited access to services and unequal treatment, identified by the difficulty in scheduling appointments, barriers in accessing information and failure in communication (de Oliveira et al. 2015).

Individuals with a disability and their families are at increased risk for poor health and quality-of-life outcomes when their disability status affects their socioeconomic standing. Research on disability and health care suggests that individuals with a disability experience increased barriers to obtaining health care as a result of accessibility concerns, such as transportation, problems with communication, and insurance (Drainoni et al., 2006).

Lack of assistive device

Finally accessing assistive technologies and adaptive device was the concern of people with mobility problem. Creating favorable environment through disability mainstreaming and providing assistive device is very helpful to ease the movement of people with physical disability. Unlike the report of World health organization which indicated that peoples of low and middle income countries including Ethiopia were intervened with some sort of service focus in physiotherapy, assistive devices and medical interventions (WHO, 2010), the findings stated that they faced high environmental restriction and unable to get access for various assistive devices. For instance blind women that interviewed had no white cane (guiding stick) but instead they use local walking stick or guided by their biological children. International committee of Red Cross and World Report on Disability (2014) list out the most common types of assistive technology. These assistive technologies include low vision devices, hearing aids, augmentative and alternative communication, walking frames, wheelchairs, and prostheses such as artificial legs. Assistive technologies play a significant role in enabling people with physical impairment to function and participate.

IV. CONCLUSION AND RECOMMENDATION

Conclusion

The main objective of this study is exploring challenges of married women in Bahir Dar city. The main challenges women with physical disability confronted includes socio-cultural and attitudinal challenges, economic problem, psychological challenges (lack of acceptance, rejection, anxiety, loneliness and depression), domestic challenges which include gender based violence, intimate partner violence, health and health related challenges as well as lack of access to assistive device were found to be the main challenges experienced by married women with disability. Domestic challenges experienced by women were the most pressing challenges. Women were negatively treated by their husband, children, parents like in-laws, nephews due to their disability...
status. Decision regarding use of contraceptive, reproductive health, sexual preference and other domestic matters husbands take the lion share and wives become passive acceptance of the voice of her husband. As a concluding remarks attention needs to be given for people with physical impairment and legal frameworks need to be implemented at grass root level to create disability friendly environment. It needs the collaborative effort of humanitarian agencies, the society, government and non-governmental organizations to make disability sensitization and resource mobilization to mainstream disability.

**Recommendation of the study**
This study has recommendation for further study, policy development and practical intervention.

**To further study**
The issue of people with physical disability in general and women with physical disability in particular had got little attention in the academic circle. As far as Ethiopian literatures concerned more is explored about children with psycho-social and physical disabilities, institutional and community based rehabilitation service to people with physical and other disabilities, institutional experience of people with disabilities.

Domestic experience of married women with physical disabilities, the role of disabled women and girls in economic, social and political sphere, education of women and girls with disabilities should be the main area of future research. Without knowing the sources of challenges the discourses of gender and disability mainstreaming remain ineffective.

**To Policy Development and Practice**
The study result of this study demanded new policy issues to mainstream the issues of women with disabilities.

Previous policies and plan of actions like National plan action on people with disabilities developed by Ministry of labor and social affair in 2012 and employment proclamations of 568/2008 and 515/ 2007 did not solve problems faced by women at home, public space and even violence’s in work environments. In order to rectify this, specific policies and strategies have been adopted. The National Policy on Women, the National Action Plan on Gender Equality and the Women’s Development Package are worth-noting. Much has changed in the legal framework, too. From the Family to Criminal Codes, from law of succession to nationality rights, a massive revision has been carried out to make the legal system and its instruments gender-sensitive. Changes in the Federal and Regional family laws have been implemented aimed to ensure equal rights for women, in marriage, divorce, custody of children, and rights to matrimonial properties. But nothing has changes in the status of women in general and women with disabilities in particular. Therefore, this study implied the need to develop new policies and intervention strategies to end real problems at the bottom level.

In fact, there are women policies emanated from international frameworks and gender mainstreaming manuals used to ensure the equality of women with men. But most discourses were not beyond the desk. The policies need to be implemented at grassroots level. Disable women with disabilities carries double burden of gender based violence and disability which need new insight and new intervention to save women from harsh treatment.

**Conflict of interest**
The authors declare that they have no competing interests.

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