

ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES



**ACCESSIBILITY OF HEALTH SERVICES FOR PEOPLE WITH
DISABILITY IN SAINT PETER GENERAL HOSPITAL, ADDIS ABABA,
ETHIOPIA**

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**A THESIS SUBMITTED TO THE COLLEGE OF EDUCATION AND
BEHAVIORAL STUDIES, DEPARTEMENT OF SPECIAL NEEDS
EDUCATION IN PARTIAL FULFILMENT OF THE REQUIRMENTS
FOR THE DEGREE OF MA IN SPECIAL NEEDS OF EDUCATION**

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ADDIS ABABA, ETHIOPIA

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DECLARATION

I **Mewuded Chanyalew** I.D. Number **GSE/0534/08**, do hereby declare that this Thesis is my original work and that it has not been submitted partially or fully by any other person for an award of a degree in any other university/institution.

Name of Participant.....Signature..... Date.....

This Thesis has been submitted for examination with my approval as advisor.

Name of Advisor... ..Signature..... Date.....

APPROVAL

The undersigned certify that they have read and hereby recommend to Addis Ababa University to accept the Thesis submitted by **Mewuded Chanyalew** and entitled “**Assessment on accessibility of health services for people with disability in saint peter general hospital, Addis Ababa, Ethiopia**”, in partial fulfillment of the requirements for the award of MA Degree in Special Needs Education.

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ABSTRACT

This study attempted to assess accessibility of health services for people with disability in Saint Peter General Hospital at Addis Ababa in Ethiopia. Unavailability of enough medical services and physical facilities for people with disabilities in the target study area was the main problem of the study which inspired the researcher to do this study. The objective of the study is to assess an accessibility of health services for people with disability in Saint Peter General Hospital at Addis Ababa in Ethiopia. In the research, descriptive design was basically used. People with disabilities who visited the hospital since January to February 2020 were the main sources of data of the study in addition to observation and secondary data. Questionnaire, observation and document assessment techniques were used to collect data. The data of this study was analyzed using quantitative and observational methods. Sixty-two patients with disabilities participated in this study as respondents with mean age of 37.9 years. The study reveals that 47% of roads and 65% of the rest rooms in the hospital were not accessible for person with disability. Besides, the study also depicted that 66% of people with disability who visited the hospital faced barriers and 74% of the study population were not satisfied with the service they received. The study also identified as there is limited medical person trained on disability related trainings and no non-medical staffs trained so far, no budget allocated for service accessibility, no designated staff who supports person with disability while visiting the hospital. To fill these gaps, the hospital needs to evaluate its current physical facilities and medical services and has to be reorganized these aspects to ease medical service access for patients with disabilities.

Key words: *Disability, Accessibility, Barriers, People with visual disability, People with mobility disability and People with hearing and speaking disabilities*

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TABLE OF CONTENTS

DECLARATION.....	III
APPROVAL	IV
ABSTRACT	V
ACKNOWLEDGEMENTS	VI
TABLE OF CONTENTS	VII
LIST OF FIGURES	IX
LIST OF TABLES	X
LIST OF ACRONYMS AND ABBREVIATIONS	XI
CHAPTER ONE: INTRODUCTION.....	1
1.1 Background of the Study	1
1.2 Statement of the Problem	3
1.3 Research Questions	6
1.4. Objectives of the study	6
1.4.1. General Objective	6
1.4.2. Specific Objectives	6
1.5 Significance of the Study.....	6
1.6 Scope of the Study	7
1.7 Limitations of the Research.....	7
1.8 Organization of the paper	8
1.9 Operational Definitions	8
CHAPTER TWO: REVIEW OF RELATED LITERATURE	9
2.1 Theoretical Framework.....	9
2.1.1 Definition of Disability.....	8
2.1.2 Types of Disability	10
2.1.3 Concept of Accessibility	12
2.1.4 Disability and Health.....	13
2.1.5 Health Care Accessibility	14
2.1.6 Barriers to Health Care	15
2.1.7 Addressing Barriers to Health Care.....	16
2.1.8 Situations of PWD in Ethiopia	18

2.1.9 Health Policy to People with Disabilities in Ethiopia	19
2.2 Conceptual Framework	20
CHAPTER THREE: RESEARCH METHODOLOGY	24
3.1. Study Area	24
3.2 Research Design	24
3.3 Sources of Data.....	24
3.4 Data collection	25
3.4.1 Data Collection Tool	25
3.4.2 Data Collection Process.....	25
3.5 Study Population	26
3.6 Sample Size Determination	26
3.7 Sampling Technique	27
3.8. Inclusion/Exclusion Criteria.....	27
3.9 Data Analysis Method	27
CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION..	28
4.4.1 Socio-Demographic Characteristics of the Respondents.....	28
4.2. Physical Accessibility.....	30
4.3. Medical Service Accessibility	32
4.4 Perception of the Clients	34
4.5. Barriers that Person with Disabilities encountered in the Hospital	36
4.6. Factors Enabling Person with Disability	37
Section 2: Analysis using Cross Tabulation.....	39
Section 3: Observational Data Analysis	41
Section 4: Secondary Data Analysis	42
Discussion of the result	44
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS.....	46
5.1 Conclusions	46
5.2 Recommendations	47
REFERENCES	49
ANNEXES	55

LIST OF FIGURES

Figure 2.1: Model for Theoretical Framework.....	23
Figure 4.1: Occupation of the Informants	30
Figure 4.2: Road Accessibility of the Hospital	31
Figure 4.3: Service Disparity of the hospital.....	33
Figure 4.4: Service Satisfaction of Participant patients with Disabilities	35
Figure 4.5: Barriers Patients with Disabilities face	37
Figure 4.6: Patients’ Reason to like the Hospital	39

LIST OF TABLES

Table 4.1: Socio-Demographic Status of Study Participants	28
Table 4.2: Physical Accessibility of St. Peter General Hospital for Person with Disabilities	30
Table 4.3: Service Accessibility of St. Peter General Hospital for Person with Disabilities	32
Table 4.4: Perception of Patient Disabilities about the Service of St. Peter General Hospital	34
Table 4.5: Barriers that person with disabilities encountered while visiting St. Peter G. Hospital	36
Table 4.6: Factors Enabling Person with Disability in St. Peter General Hospital	37
Table 4.7: Disability Type versus Restroom access	39
Table 4.8: Gender versus Restroom access	40
Table 4.9: Disability Type versus Service Priority	40
Table 4.10: Disability Type versus Service Satisfaction	41

LIST OF ACRONYMS AND ABBREVIATIONS

A.A: Addis Ababa

AIDS: Acquired Immune deficiency Syndrome

CI: Confidence interval

CRPD: Convention on the Rights of Persons with Disabilities

FMOH: Federal Ministry of health

HMIS: Health management information system

HSDP: Health System development program

ILO: International Labor Organization

MGDs: Millennium Development Goals

MOLSA: Ministry of Labor and Social Affairs

PWD: person With Disability

SPSH: St. Peter General Hospital.

SPSS: Statistical packages for social studies

UN: United Nations

UNICEF: United Nations Children's Fund

USA: United States of America

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

There are more than 1000 million people with disability globally, that is about 15% of the world's population or one in seven people. Of this number, between 110 million and 190 million adults experience significant difficulties in functioning. It is estimated that some 93 million children – or one in 20 of those under 15 years of age – live with a moderate or severe disability. The number of people who experience disability will continue to increase as populations age, with the global increase in chronic health conditions. National patterns of disability are influenced by trends in health conditions and environmental and other factors, such as road traffic crashes, falls, violence, humanitarian emergencies including natural disasters and conflict, unhealthy diet and substance abuse (WHO 2015).

Persons with disabilities have unequal access to health care services and have greater unmet health care needs and poorer levels of health compared with the general population. They face barriers in accessing health care and rehabilitation services owing to lack of accessible transportation, information, and medical facilities and equipment, unaffordability of care, limited availability of disability-specific services; and inadequate training of health professionals to treat persons with disabilities. Persons with disabilities experience attitudinal obstacles and multiple forms of discrimination in their access to health services. Persons with disabilities are also disproportionately vulnerable to catastrophic health expenditure (WHO 2017).

To reach out all through effective healthcare equitably is a key agenda of discussion in designing and developing of policy and way of attaining this sustainable health-related goals, such as the achievement of sustainable development goals worldwide through health sector development programs within the catchment in each country. Many decades, the issue of person with disability was unrecognized and lacks emphasis. Currently, impairments obtained due attention to improve of the life of these groups in different programs and interventions. The government of Ethiopia dedicated to make in action the UN declaration in safeguarding the life of all citizen. Person with disabilities are the disadvantaged groups of people where they may

face one of the impairments that hinder usual human actions. Putting in the center programs and projects to make more benefited these groups also contributes for the reduction of poverty and alleviation socioeconomic growth pitfalls. The contribution of these group in growth and development was undermined and consider non for inputs. But it has significant level of importance specially for developing countries like Ethiopia. Therefore, placing in the centerpieces of local, national and international nonprofit organization working in the country become promising and now become a crosscutting issue in all humanitarian and development implementation (ENDAN 2010, World Bank 2007).

Health care is one of the social services where it consists various complicated and interrelated factors to provide standardized care like availing the service itself which factorized by socioeconomic, political, cultural and geographical factors. Availing physical access may contribute to deliver required services but it is not enough to reach predetermined level of standard. The action Aid assessment realized that it is strong demanding to attain better service delivery of facilities for disadvantaged groups and make advantageous those group. To ensure the utilization of health care factors like easily available, accessible and affordable for all social and economic level (Action Aid 2007).

Proper policy and strategies design are a crucial determinant for the success of any program and intervention. Though, there are promising good performance has been recording in Ethiopia in this regard, the policy and the programs were not grounded on based adequate knowledge, experience and skills which emanated from grow up studies and researches. This in return affects the program design, planning, programing and monitoring to address the felt needs of person with disabilities to revise based on the situation and level of development from time to time in order to make the suitable, rational, acceptable for these groups accordingly. On other hand, those limited studies conducted in the country were not detailed, stepped down to examine the needs and explore required standard of service which a paramount influence on the health care delivery (Tirusew 2005).

The Convention on the Rights of Persons with Disabilities recognizes the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination (Article 25). There is an obligation to provide persons with disabilities with the same range, quality, and standard of free or affordable health care as provided to other persons, including in the area of

sexual and reproductive health. Specific health services related to disabilities should also be made available. Health services should be provided on the basis of free and informed consent and as close as possible to people's own communities. Comprehensive habilitation and rehabilitation services are also covered). In the WHO impartiality and fairness for health coverage for all, the access to health facilities for these group is extensively recognized well and considered as an overall key indicator of equity within a healthcare system in any nation. Physical availability of health services outlets did not deserve accessibility. But the existing infrastructure service quality service depend on as it is user friendly, geographically considerable, encompasses all segments of community, displays relevant information for beneficiaries and awareness of user community about the service. (Coarsen 2009, Maclachlan 2011, WHO 2011, Stans 2013, Tuffrey 2013).

Despite the number of PWD are a noteworthy part of the Ethiopian population, their heart felt needs are frequently overlooked. "It is estimated as there are over seven million people that have various types of disabilities; of these about 23.3% have mobility (leg) problems, 11.9% total blindness and 6% have hearing & speaking disabilities" and they are not considered in most of social services. These group of people are experiencing big difficulty in getting social services like in transportation, public sites, health care facilities and others. Recently, it became agenda health institutions that the design and construction of these centers were not considered all groups of people beforehand. (Wa'el, 2000, ENDAN 2010).

This study is designed to assess the degree of accessibility of health care services currently available at St. Peter General Hospital in Addis Ababa for people with disabilities thereby, to evaluate major structural (physical), financial and interpersonal (communication) factors that affect health service accessibility either positively (enabling factors) or negatively (barriers) among people with disability in St. Peter General Hospital, Addis Ababa Ethiopia.

1.2 Statement of the Problem

Globally as well as nationally, paramount achievements have been documented in reaching out average level of health coverage. In many countries, strong endeavors were put in place to meet the goals of universal coverage plan to address all individuals with reasonable and prompt health services in consideration with ability to pay of the user community. Federal Ministry of Health (FMOH) strategized the health development program and attained tremendous

achievements in expansion of facilities for the last more than three decades. In contrary to this, all community segments including disadvantageous groups have not benefited fairly from these advances. So, this creates disparities of the need and actual accessibility of health care deliveries among citizen in the country with different reasons of imbalance. This is one of cause for less health-seeking behavior in underdeveloped nations coupled with unable to pay the medical fees in deprived situation of living condition. (Hatton 2011, World Bank 2013, Cesar 2004, Chala 2017).

According to MOLSA 2010, “Though the number of person with disabilities in Ethiopia are exceeds one million and their condition of living is very dare situation due to the extent of disabilities, participation in socioeconomic factors, cultural attributes and believes, no/limited considerations arranged to support these groups. As impairments happen at any stage of life, negligible prevention and mitigation measures were taken in this regard. (MOLSA 2010).

Norms believes and traditions in this country affects the health seeking attitude and behavior of person disabilities coupled with low health coverage and lack of awareness about the service. For example, mental and physical impairments are linked with religious, traditions and punishments. Hence, they are restricted from social, economic, recreational and further expose to public areas. Besides, the restrain them not to visit modern medical centers, treatments and physiotherapy which the only options for recovery and prevent further damages if it is reversable. However, most the time they referred to traditional healers where they have no adequate knowledge and skill to treat or prevent it (Park EK 2005).

PWD has medical complication due to the impairments and other related psychosocial factors. These individuals inquire special needs from therapeutic centers. Contrary, due to perceived socioeconomic, cultures, beliefs and norms of general population, they are facing to visit treatment and rehabilitation centers. Hence, person with disabilities should scan their environment of accessibility to health care entity found their surroundings to get relevant service (Wylie k 2013).

Majority PWD are mostly don't exercise their potential and mostly remains inactive due to the reason of uneven socioeconomic situations, less perceived for them, lack of opportunity to scan their environment, to choose their way of life and accessibility condition. Moreover, majority of them accepted the level of social status quo given by the society as they are inactive and no

more to do. So, this often affect the health seeking behavior and plan to visit the health facilities to get medical care (Ruan 2008).

Recently there are efforts to improve health service management information system at country level, and each health facility has adopted the system for data collection and retrieval; but the types of data collected are crude and no system for data collection which is specifically targeted for people with disability that enable recognition of the specific needs of these groups (MOLSA 2010).

The World Bank with World Health organization is striving to make health care coverage universal and inclusive for persons with disabilities in alignment with Sustainable Development Goal 3. Possible areas of intervention will include working with clients and persons with disabilities to improve the universal health coverage for all. There is limited analysis of the obstacle's persons with disabilities face in their access to health care, including catastrophic health expenditure, and collect disability-disaggregated data on tracking the achievement of universal health coverage. Ethiopia is one of the member country working on improving the health status of people with disability to achieve universal health coverage. However, there are limited studies conducted which identifies level of accessibility of health services for people with disability, barriers they encountered, enabling environments and perception of these groups have on health services. St. Peter general hospital has similar features with other hospitals where its accessibility to person with disability is not well known.

Hence, this study was concerned to assess the degree of accessibility of health care services for people with disability so as to contribute to fill information gaps about accessibility of health institution for people with disability particularly for St. Peter Hospital and to the broader to the country in the effort of achieving universal coverage for all.

1.3 Research Questions

- ✚ What is the extent of physical and services accessibility of St. Peter General Hospital for people with disability?
- ✚ What are perceptions of the client with disability towards services in St. Peter General Hospital?
- ✚ What are main barriers that affect person with disability to access medical care in St. Peter General Hospital?
- ✚ What are factors that are enabling persons with disability to access medical care services in St. Peter General Hospital?

1.4. Objectives of the study

1.4.1. General Objective

The general objective of the study is to assess an accessibility of health services for people with disability in Saint Peter General Hospital at Addis Ababa in Ethiopia.

1.4.2. Specific Objectives

- ❖ To measure physical accessibility of St. Peter General Hospital for people with disability
- ❖ To identify the perception of clients with disabilities towards services in St. Peter General Hospital
- ❖ To describe main barriers that affect person with disability access for medical care in St. Peter General Hospital
- ❖ To determine factors that enable person with disability access for medical care services in St. Peter General Hospital

1.5 Significance of the Study

The finding of this study benefits both health care service users and service planers and providers. For people with disability, the study identifies existing barriers that are specific to them and their health need hinderers. It provides data on health care access related barriers which are specific to people with impairments and allows a full understanding of the factors that limit service delivery and thereby, enables to identify and then to focus on those factors amendable to change with in short period of time by actions such as making reasonable

adjustment by making people with disability in to consideration, to effect conducive environment with available resources as well as making accurate estimates of resource requirements for long term interventions.

Another importance of information from this study for facility managers is to design and implement programs aimed while providing services to persons with disabilities. For instance, appropriate disability data provides the relevant information to accommodate persons with disabilities in the provision of general health services as well as designing and provision of specific services targeted at persons with disabilities in general, or targeted at persons with a specific disability types in particular (e.g., providing prosthetic devices and the associated rehabilitation services).

The study also generates information that can be used by high and medium level health program leaders as a supplement data for sound decisions need to be made about the choice of health care delivery mechanisms, the sequence of action, and the pace at which services can be expanded to address the special needs of the people with various disabilities.

At health policy and planning side, the study provides the information needed in the course of planning; for national level priority setting and programming that includes assessments of physical, financial and interpersonal barriers, health system capacity for scaling up, and situation-specific options for delivery strategies for the priority interventions.

1.6. Scope of the Study

The study was concerning on accessibility of health services for people with disability in St. Peter General hospital, Addis Ababa, Ethiopia. The scope of this study is limited to Addis Ababa city Administration, Gulelie Sub-City, St. Peter general hospital focusing only on people with disabilities who visit the hospital.

1.7. Limitations of the Research

While conducting this research, the researcher has faced shortage of time, movement restrictions due to COVID 19 pandemic, human resource and financial constraints.

Despite the above-mentioned constraints, the researcher has paid a special commitment to make the thesis worthwhile and to have the current form.

1.8 Organization of the paper

The paper is organized in five chapters, excluding the pre-pages and annexes. Chapter one describes the background, problems, objectives, scope, significance and limitation of the study. To assist in the fulfilment of the objectives of the study, a survey of the available literature is presented in Chapter two. The chapter, therefore, provides the theoretical grounding that forms the foundation of the study, concerning time management. Chapter three is about discussion of the research methodology used to investigate the research problems. Chapter four presents the results of the data from the research study. Finally, chapter five discusses of the result, concludes and recommends based on the analysis and findings of the study.

1.9 Operational Definitions

Accessibility: In this study accessibility is easily accessibility of service and physical structure for person with disability which includes road, buildings, medical and non-medical rooms, rest room and assistive devices.

A barrier: Anything (service or physical structure) that hinder PWD to use the services whether it is physical, services or perception of medical and non-medical persons who are working in St Peter general hospital.

People with visual disability (blinds) refers to those individuals who have lost their both eye's visual capacity and totally unable to see.

People with mobility disability refers to those individuals who have lost their lower extremities' function (either congenitally or acquired) and unable to move from one place to another without some sort of support/aid.

People with hearing and speaking disabilities (deaf) refers to People who cannot hear and speak and don't use verbal communication.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Theoretical Framework

2.1.1 Definition of Disability

Disability is any constraint or insufficiency of capacity to do within the range considered normal for human beings” (WHO). According to International Labor Organization (ILO) disability is a situation in which functional constraint & deficiencies are contributive factors of the existing challenges in applying one or more tasks which may include age, sex and normative social roles are generally recognized as vital, main constituents of day to day life including self-care, social relations and economic activity” (JICA 2002).

In Ethiopia, the term disability during the reign of Emperor Haile Selassie the first, was termed as people who because of limitations of ordinary physical or mental health, is incapable to get their livelihood and have no one to help them and need to consider any individuals who is not capable to get their livelihood because they are very young or very old (Negarit Gazeta of a proclamation Order No. 70, 1970, JICA 2002).

Later on in 1994, the Transitional Government of Ethiopia with the legal document of Proclamation No. 101 in Negarit Gazeta a disabled person is a person who is not capable to see, hear or speak or is suffering from mental retardation or from injuries that hinder someone because of natural or artificial reasons; provided, though, the term does not consist people who are alcoholic, drug addicts and psychological difficulties due to strange social manners.

A literature organized on disability by Tirussew T. describes the word disabled person as it is any individual incapable to ensure by himself or herself a usual life, as a outcome of weakness in his/her physical or mental capabilities” This definition of disability highlights on the need of other people when they are not capable of thinking or doing something(Tirussew T 1991).

2.1.2 Types of Disability

Impairment may happen at any time in the lifetime due to before birth, after birth related to physical harm and infection causes. It may happen to any portion of one's body resulting diversity of impairment and disabilities. Among different kinds of impairments, some are difficulty of hearing, difficulty in sight, thinking, neurotic, motion difficulty, emotional and behavioral complaints, and prolonged health conditions. For the purpose of this study, only the following three kinds of impairments are described explicitly because these three kinds of disabilities were concerned during collecting data from the target disable groups.

A. Persons with Hearing Impairments

A deaf is an individual his/her sense of hearing is not working for day to day use in communication, either with the help of aid or not. This definition of deaf deals about the total non-functionality of one's hearing organ to make even minor communication. The hearing loss of a deaf is assumed to be above 70dB. It is so severe that a person is impaired in processing linguistic information which badly brings effects on the academic performance. The term deaf from the deaf community perspective, it indicates cultural, social and linguistic distinctiveness. Individuals who are supposed to employ sign language is said to be deaf. Individuals who were born deaf or have countered the problem during early age or young age but urged to use some hearing aids due to hindrances to hear are considered as deaf. Hence, individuals with the problem have their own communication ways and therefore, they have their own cultural setting through which they have unique features which differ them from other cultural values. (Tsegahun 2016).

B. Persons with Visual Impairment

The concept of visual impairment is generally categorized into two groups with the concern of the level of visual deficiency. These categories are individuals with little vision as well as the blind.

Partially or weak Sighted: It is a situation in which an individual is in serious problem of seeing and it is usually explained as having between 20/200 and 20/70 central visual acuity in the better eye, with correction. In teaching and learning process, various aids and educational practices permit most partially sighted pupils to be educated as having normal seeing rather than pupils who has difficulty in seeing. The weakness of one's sight to see something and people with such kind of visual impairment are usually served together with people without sight disabilities where the aids need are like some extent (Tsegahun 2016).

When blind or blindness defined it refers to the lack of adequate vision for the purpose in day to day activities of life. Conceptually, having central vision of 20/200 or less in the better eye with correction or having the peripheral vision contractual to an extent in which the widest diameter of the vision field shields an angular distance no greater than 20 degrees. The total inability of one's visual section or part of eye to perform routine responsibilities which are supported by these anatomically and hinders the movement of the losses (Tsegahun 2016).

C. Persons with Motor or Physical Disabilities

The concept of motor disabilities or physical disabilities is categorized mainly in two different ways. These are physical inability and health related problems. In the first hand, physical disabilities are obstacles that came up with the condition attacked the central nervous system or loss of limbs or other related functions. Secondly, individuals with health impairment are persons who are in a challenge of sickness which upsets the appropriate utility of diverse physical parts of the body. At whatsoever level is the impairment which is at a mild, moderate or severe stage, the degree to which the impairment limits them to motor interaction with the environment determines. Environment plays vital role to decide the severity level of impairment of someone. . On the hand, individuals with moderate disabilities have hindrances in locomotion, self -help and interaction but still not totally disabled and so needs some special help. Furthermore, individuals with severe disabilities are not capable and most of the time restricted to a wheelchair. In this stage of physical inability total rehabilitation may not be expected (Tsegahun 2016).

Motor (physical) disabilities are categorized as orthopedic, health related and accident- based impairment. The orthopedic impairments include muscular or skeletal system and occasionally the central nervous system through hindering movement and mobility and it affects individual's physiological, academic and related activities. It encompasses the impairment which is occurred due to lack of proper vaccination, delay in diagnosis and treatment and further rehabilitation while the individual exposed to the cause of it. (Tsegahun 2016)

Medical linked impairments stand for all chronic health obstructions that affect the nervous system functionality of an individual and the symptoms are low vigor, weak movement and lack voluntarily as well as low status of energy. (Taylor, Stenberg & Richards, 1995).

2.1.3 Concept of Accessibility

According to WHO, access to healthcare is a basic human right and one of the fundamental principles of European health systems, together with safety, quality, and equity. Health care service must be accessible to every person who needs it, not only to those who are able to pay the medical fee. Availability, affordability, and acceptability of health service are considered as key indicators of accessibility. The study conducted in USA reported that people with disabilities have largely been unrecognized as a population for public health attention, but recent efforts have made the poor health of this population visible. Adults with disabilities are 4 times more likely to report their health to be fair or poor than people with no disabilities which means 40.3% and 9.9% respectively. The core mission of public health, which is to improve the health of all populations is increasingly framed in terms of health disparities or health inequities. Across the multiple definitions of health disparities and inequities, there is general agreement that health disparities refer to differences in health outcomes at the population level, that these differences are linked to a history of social, economic, or environmental disadvantages, and that these differences are regarded as avoidable. Adults with disabilities are 2.5 times more likely to report skipping or delaying health care because of cost (WHO 2011)

During planning and programming the access to health for targeted population, the convenience of services, and bottlenecks to access, must be considered in the context of the differing perspectives, health needs and material and cultural settings of diverse groups in society. Besides physical accessibility not the final goal for access to health service but also should consider equity of access to all in terms of availability, utilization or outcomes of services. All round equity and equality to services considered as key indicator for accessibility (Parish S 2006).

Accessibility to health services should consider the quality of service provided for both advantaged and non-advantaged persons while expansion of physical access to essential health care. But it is understood that reaching health service care for all is challenging with required quality to resource scarcity in developing countries. Yet, many widely used indicators, for example in the field of maternal care, focus on quantity rather than on quality or appropriate use of services (Story M 2009).

2.1.4 Disability and Health

According to International Classification of Functioning, Disability and Health (ICF) define disability as “an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports” (Chudi 2010).

Worldwide more than one billion people are estimated to live with some form of disability which as impact on their health in one or another way which is about 15% of the world's population. From 110 million (2.2%) to 190 million (3.8%) of world people of which 15 years and older have significant difficulties in functioning due to the disability they faced. Moreover, as age of population increase, the proportion chronic health conditions and disability are increasing exponentially (Tuffrey W. 2013).

The study conducted in South Asia indicated that people with disability (PWD) face significant challenges to accessing health care in the region. Studies show that adults with disability reported a four times higher incidence of a serious health problem in a year's recall period. Evidence shows a significantly higher rate (17.8%) of hospitalization among PWD compared to others (5%). Chronic conditions like diabetes were also significantly higher. Women with disability had significantly more concerns on reproductive health issues. Studies from the South Asia region reveal that not only did PWD have a higher load of adverse health outcomes, but they also faced significantly more barriers in accessing health services. Averagely, 40.8% person with disability who visited health facilities received unmet need of service in south, north and East India where norther part is lowest compare to other. On other hand, only 30.4% of person with disabilities feel good (satisfied) with the service while visiting health care centers (Venkata S. 2018)

2.1.5 Health Care Accessibility

The study conducted in rural Punjab of Pakistan indicated that the most notable finding is that only 21 out of 171 (12.3 percent) men and nine out of 74 (12.2%) women with physical disabilities were receiving health subsidies. The study showed that both the male and female users with physical disabilities were not satisfied with the current arrangements for inclusive healthcare services of 34% and 28% for male and female respondents, respectively. These values clearly show that the level of access to healthcare for both the physically disabled males and females is poor. It also explained as 77.6% person with disability access to health outlet/hospital within 5 km where only 38% possesses physical care that person with disability need. Regarding the physical accessibility, only 44.9% of the healthcare facilities are ensured road and entrance for person with disabilities while 49.8% has indoor environment support access for person with disabilities. On other hand only 12.2% of person with disability received subsidy from health care facilities when they visited these facilities (Mahtab A. 2013).

On other study in south Africa depicted that a significantly higher percentage of persons with disabilities did not get health care they needed it (24.4%), compared to persons with no disabilities (12.6%). When considering reasons for not getting health care, cost and having no one to accompany oneself to go to health care were the only statistically significant factors that distinguished persons with no disabilities and persons with disabilities who did not get health care. Of persons with disabilities, 74.0% stated cost as a factor in not getting health care, while only 3.8% of non-disable did the same. On the other hand, 13.5% of nondisabled stated that they had no-one to accompany them, while the corresponding figure for persons with disabilities was 4.2%. The attitudes of health care users toward competence of health care personnel differ significantly between the two groups. Persons with disabilities have less favorable attitudes toward competence of health care workers, have less trust in the treatment and are more negative to the way they have been received by health personnel (Richard 2019).

The study conducted in Ghana explained that effective utilization of healthcare for healthy life depends to very large extent on barrier-free services. The nature of barriers that PWDs encountered at healthcare setting ranged from physical, medical equipment and communication. Most respondents (61; 52.5%) cited that indeed they faced physical barriers to healthcare whereas 121 respondents representing 47.5% disclosed they did not face any physical barrier to

healthcare. Among those who faced physical barriers, 45.2% faced inaccessible door entrances while 42.2% faced inaccessible staircases with others facing other forms (Eric Badu, 2014).

About 78% of respondents indicated that they faced barrier to medical equipment with 21.9% disclosing that, they did not face barriers to any medical equipment and facilities. However, out of those who faced barrier to medical equipment, majority (119; 62%) were concerned with lack of readable signs and difficulty in following equipment instructions. Also, thirty-six (36) of them representing 18.8% faced inaccessible high beds with 16.7% citing inaccessible tables and chairs as barriers to medical equipment and facilities. Despite these barriers, ninety-nine (99) respondents representing 57.2% cited they relied on their personal assistants (caregivers) like family members for support to these barriers whereas 35.8% relied on service providers to resolve some of these barriers. About 6.9% also disclosed other sources of support to overcome some of these barriers including other non-disabled patients or caregivers at service point (Eric Badu, 2014).

Physical access issues have also been recognized as significant barriers to participation in appropriate medical care. The study California medical reviewers conducted on-site reviews of 2389 primary care offices using a 55-item physical accessibility survey to determine accessibility to care reported that few sites were totally physically and structurally accessible. In addition to limited accommodations within medical offices, many buildings lacked adequate handicapped parking, curb cuts, ramps, railings and other necessities. While access to primary care is challenging, access to sub-specialty care is even more limited. Twenty-six percent of practices indicated they could not accommodate the patient, and gynecology practices had the highest rate of access barriers with 44% stating they could not see the patient (Mudrick, N.R et.al 2011).

2.1.6 Barriers to Health Care

In South Africa, a higher percentage of persons with disabilities encountered barriers to accessing health care on a weekly and monthly basis of which persons with no disabilities, 79.6% never had barriers to health care access compared to 70.8% of persons with disabilities. On other hand, person with disability less access to health services; 24.4% report that PWD did not get health services the last time they needed it while the corresponding number for non-disabled is 12.6%. Comparing the specific disabilities, the study indicated as the highest figure

for not getting health care it was needed among persons with difficulties hearing (31.3%), followed by seeing difficulties (28.1%), walking difficulties (28.0%), difficulties with remembering (21.7%) and with self-care of 21.7% (Vergunst 2017).

Barriers to facilities include inaccessible parking areas, uneven access to buildings, poor signage, narrow doorways, internal steps, and inadequate bathroom facilities. A study of 41 Brazilian cities examining the architectural barriers in basic health care units found that about 60% did not allow adequate access for people with functional difficulties. Similarly, a survey carried out in Essen, Germany found that 80% of orthopedic surgeries and 90% of neurological surgeries did not meet access standards, which limited wheelchair users from accessing their doctor of choice (WHO 2011)

Study in the south India depicted that 13% of person with disability face difficulty in being examined because of equipment at hospital, 12.6% challenged because of hospital staff's behavior and 12.7% fallen into difficulty due to inaccessibility of buildings/facilities in the hospital. Barriers highlighted were ignorance regarding availability of services, costs of services and transportation. Access to care was assessed by knowing where to go for treatment and cost of transportation. The differences between people with and without disabilities in relation to not knowing where to go for treatment and cost of transportation were statistically significant (Gudlavalleti 2014).

Due the reason they are People with disabilities, they face a range of barriers when they access to health service care and delivery as indicated below (Utter 2010, Parish S L and Huh J 2006, Peters 2008).

2.1.7 Addressing Barriers to Health Care

According to world disability report of World health Organization, Medical equipment is often not accessible for people with disabilities, particularly those with mobility impairments. In the World Health Survey men with disabilities report health service provider's equipment (including medication) to be inadequate across income settings (22.4% compared with 7.7% for men without disabilities. According to this survey disabled respondents in 31 low-income and low middle-income countries spend 15% of total household expenditure on out-of-pocket health

care costs compared with 11% for nondisabled respondents. People with disabilities were also found to be more vulnerable to catastrophic health expenditure (across gender and age groups, and for both low-income and high-income countries as defined by the World Bank. For all countries, 28–29% of all people with disabilities suffer catastrophic expenditures compared with 17–18% of nondisabled people, but low-income countries show significantly higher rates than high-income countries across sex and age groups (WHO 2011).

To improve access to quality and affordable health care services, governments can improve health outcomes for people with disabilities parallelly to the facility and profession level which make the best use of available resources. So, government and actors in health care program must consider factors interact to inhibit access to health care, reforms in all the interacting components of the health care system are required (WHO 2001, Peters 2008).

To address barriers which people with disabilities are experiences in health care centers, it is wise to take two major things into account. These are policy and legislation and service delivery strategy. These two aspects play a prominent role to provide eases access for PWD.

A. Policy and Legislation

According to O'Halloran study “assess existing policies and services, identify priorities to reduce health inequalities and plan improvements for access and inclusion. Make changes to comply with international and national conventions on physical structures. Establish health care standards related to care of persons with disabilities with enforcement mechanisms”. On other hand, research by Ensor depicted that policies should ensure the equal benefits of people with disabilities from public health care programs. Varies activities like use financial incentives to encourage health-care providers to make services accessible and provide comprehensive assessments, treatment, and follow-ups. Besides, considering options for reducing a cost or provision of charge free medical service for people with disabilities who do not have other means of financing health care services (O'Halloran 2008, Chudi 2010, Ensor 2004).

B. Service Delivery

To improve the accessibility of health services for person with disability needs provision of a wide range of modifications and adjustments like reasonable accommodation to facilitate access

to health care services. Most of the time physical accessibility of health facilities for person with disabilities are often challenge. So, activities like changing the physical layout of clinics to provide access for people with mobility difficulties or communicating health information in accessible formats such as Braille are very crucial. Empower people with disabilities to maximize their health by providing information, training, and peer support. Promote community-based rehabilitation to facilitate access for disabled people to existing services. Health facilities service provider required to identify groups that require alternative service delivery models which encourage the disadvantaged where targeted services or care coordination to improve access to health care (Parish S 2006, WHO 2013).

One of the key barriers related to lack of trained human resources can be addressed by systematically by backing up through policies and strategies which programmed to integration of disability education into undergraduate and continuing education for all health-care professionals, provision of basic training to community workers so that they can play a role in preventive health care services and provision of evidence-based guidelines for assessment and treatment of prevalent health problems among people with disability (Parish S 2006, WHO 2013).

Medical equipment is often not accessible for people with disabilities, particularly those with mobility impairments. In the World Health Survey men with disabilities report health service provider's equipment (including medication) to be inadequate across income settings (22.4% compared with 7.7% for men without disabilities); women with disabilities in high-income countries report similar difficulties. For example, many women with mobility impairments are unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand. People with disabilities frequently cite transport as a barrier to accessing health care, particularly when they are located at a distance from health care facilities (WHO 2011).

2.1.8 Situations of PWD in Ethiopia

Most of the lifestyle and access to service for person with disability is dare in developing countries. Ethiopia is one of the country where the state of persons with disabilities in is thorough more tragic and serious due to the presence of expanded pre and postnatal disabling

factors such as some of them are preventable like infectious diseases such as poliomyelitis (a viral infection which causes paralysis of extremities) resulting lifelong disability of mobility, congenital rubella syndrome (a viral infection transmitted from mother to child during pregnancy), causing multi-organs damage including deafness, eye damage and mental retardation, Neural tube defects (a group of defects in the development of nervous system in the early stage of intra-uterine life) causing a range of physical and mental disabilities, difficulties contingent to delivery, under-nutrition, others are either manmade such as road traffic accidents and civil war or bound to socio-cultural and economic factors such as harmful cultural practices, lack of proper child care and management, and periodic drought and famine and the absence of early primary and secondary preventive actions(Parish S L and Huh J 2006, FMOH 2010).

According to Federal Ministry of labor and social affairs report, major problems concerning disability are lack of public understanding, lack of information on the number and status of disabilities, shortage of basic needs, such as vocational training placement, health facilities etc, and inaccessibility to assistive devices. In Ethiopia, some associate disability (handicap) with spiritual evil and do not let disabled persons to go out in public. This leads to families hiding disabled family members which lead to inaccurate information and statistics on disabilities. (JICA 2002).

To address the challenges related disability the Ethiopian Federal Democratic Government has organized a Rehabilitation Department under the Ministry of Labor and Social Affairs (MOLSA). The main activities of the department are to realize rehabilitation, capacity building, and awareness rising. Government administration has been decentralized from the central to regional levels with structures extending from the zones to the “Woreda” districts. With respect to organizations, persons with disabilities have formed disability specific organizations (Blind peoples association, association for peoples with language disability and association of people with physical (mobility) handicapped) and one common federation to advocate their rights. (ENDAN 2010, FMOH 2010).

2.1.9 Health Policy to People with Disabilities in Ethiopia

The federal Ministry of Ethiopian health sector policy which is now in use has been developed in 1993. Like the other sectors, the health policy was made to be the guiding document for the

design of the health sector development strategy as a part of PASDEP. The policy has defined the priority groups for whom the health service facilities must be improved. Among these are women, children and people in remote (rural areas). The policy has also deliberated that the approach of health service must mainly follow preventive approach such as the use of Information, Education and Communication (IEC), environmental health, Occupational health and safety. Regarding curative service priority is given to provision of new health facilities in areas where the service has not reached, rehabilitation of existing health facilities, curative and rehabilitative health facilities such as for mental health problems, control of communicable disease. (Tsegahun 2016).

2.2 Conceptual Framework

This section of the study was organized on the bases of the study conducted by Ebenezer Dassah and his colleagues under the umbrella of Global Health Research and Policy. The study focuses on seven dimensions of health care access for people with disabilities which include availability, affordability, accommodation, timeliness, acceptability and awareness. These dimensions are tried to be seen in this study.

1. Availability

In this section of availability, resources are considered. Availability of resources are critical to health care access. Resource has three aspects of human resource, health care infrastructure and health services.

With regard to human resource, the study by Ebenezer and his colleagues (2008) noted that health care service delivery is hampered by the lack of health care providers. The limited number of health service providers in the area is sometimes attributed to the difficulties in recruiting personnel due to low salaries. Frequent turnover of staff is also experienced in health service providing organizations. Secondly, lack of health infrastructure like drugstores and laboratories as well as limited health centers hindered health access. Thirdly, limited supply of drugs and medical equipment are concerns.

2. Affordability

In this situation, affordability is one of the factors affecting health care access and cost of service and indirect cost of care are aspects considered under this dimension.

A. Cost of medical service

In this study on the medical service fee was considered. So, the provision of affordable health care is critical to clients. The provision of low cost or free health services will ensure equitable access. However, due to high cost of medical drugs and other services to clients and poverty among individuals with disabilities, clients could not afford drugs and other medical services. In order to address the high cost of care, policy strategies such as health insurance schemes and disability grants are suggested.

3. Accommodation

The study has included operation hours and architectural designs under the umbrella of this dimension.

A. Operation hours

The importance of hours of operation of health care facilities is in accessing health care services and the flexibility or ability of health care providers to forgo some of the bureaucratic procedure is as paramount in ensuring health care services.

B. Architectural designs

This sub-theme focused on the designs of health care facilities and transport services. It is important for persons with mobility impairments. Arrangement of health care facilities that could not accommodate persons with physical disabilities and lack of ramps at entrances hampered physical access to health facilities. Even when persons with physical disabilities are able to navigate these physical features, barriers in accessing exam tables, consulting rooms and washrooms within health care facilities are there.

4. Timeliness

Timeliness is as a factor affecting health care access and the sub-themes focus are wait time to deliver care and consequences of wait time.

Wait time to deliver care: The time frame that care can be provided to clients as an important determinant of health care access is an issue. Health care providers specifically served clients with disabilities before others, regardless of their position in a queue. However, timely access to care is a major challenge

5. Acceptability

This dimension has two sub-themes which are attitudes of health care providers and perceived quality of care.

A. Attitudes of health care providers

Both positive and negative attitudes that affect health care access among PWDs. On the positive side, providers are kind, helpful and willing to treat their clients' health conditions and some providers built a strong relationship/rapport with their clients that supported quality health care delivery.

Nevertheless, negative attitudes, including discrimination and stigmatization from providers posed a major barrier in health care access.

B. Perceived quality of care

Due to the perceived low quality of services some clients resorted to alternative care, including traditional and faith-based healers.

6. Awareness

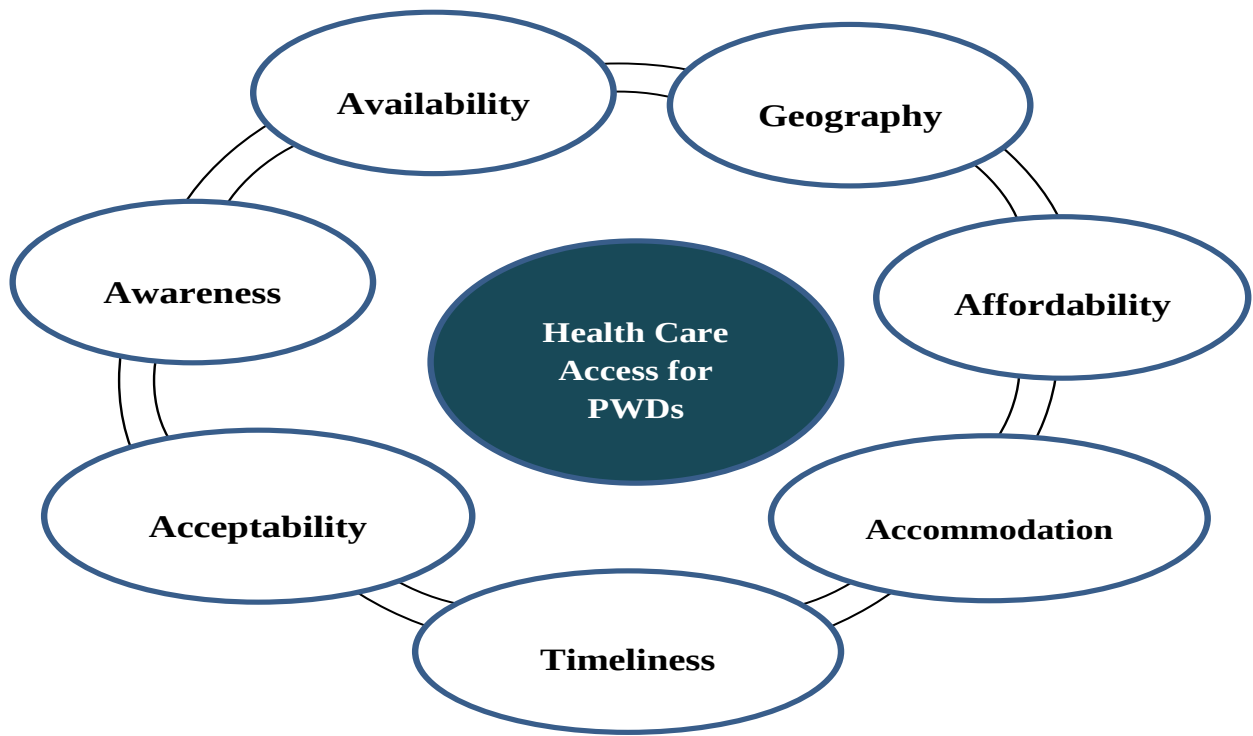
Within this theme, the study identified two sub-themes which are knowledge and information and communication.

A. Knowledge

Clients' limited knowledge about services impeded them for health service access and providers' lack of knowledge about diagnoses and treatment of disability related health problems is another concern.

B. Information and communication

Given clients' limited knowledge, the provision of information about services could promote health care access. Relatedly, providers' ability to communicate the kind of health care services readily available can lead to effective health care delivery.



Source: Global Health Research and Policy on www.springerlink.com

Figure 2.1: Model for Theoretical Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Study Area

Saint Peter General Hospital is in Gulele Sub City, Addis Ababa, Ethiopia. The hospital was built in 1964 and it was initially built and meant for provision of specialized care for people affected by Tuberculosis; a chronic communicable disease caused by bacteria known as mycobacterium tuberculosis which affects lung and other parts of the body, but the hospital was reorganized and started providing other medical and surgical care services for all beneficiaries across the country. Currently, Saint Peter General Hospital is operated under Federal Ministry of Health (FMOH).

The hospital has 202 beds, 2,044 staffs of which 1604 medical staffs and remaining are non-medical staffs. There are various departments (service outlets) including medical, surgical, pediatrics, gynecology, Maternal and Child Health, laboratory, imaging center, pharmacy and center for physiotherapy and rehabilitation, etc. This hospital receives both medical and surgical case patients and serves as a referral hospital for cases coming from other hospitals and health institutions across the country.

3.2 Research Design

In this study, descriptive research design was implemented to assess factors affecting access to health care service among individuals with disability who visited St. Peter General Hospital in Addis Ababa Ethiopia. Descriptive research is one of the most widely used methods in social science research and it is used to obtain information concerning the current status of the phenomena to describe "what exist" with respect to variables identified by the researcher or conditions in a situation (C.R. Kothari, 2005).

3.3 Sources of Data

In this study, both primary and secondary sources of data were used. The primary sources of the data were clients of the hospital who were patients with visual impairment, hearing impairment and mobility disabilities. The secondary sources of data were collected from the document review of the hospital.

3.4 Data collection

3.4.1 Data Collection Tool

In this study, three different kinds of data collection techniques were employed. These were questionnaire, observation and document assessment.

I. Questionnaire

A standardized questionnaire of different scholars was reviewed, adopted and moderate modification was made in accordance with this research objectives. Then, based on these scholarly questionnaires, the researcher has prepared questionnaire for this study which fits to collect data for this study. This questionnaire which was first prepared in English language and then it was translated into Amharic language so as to ease the communication between the data collector and the respondents during data collection period. Finally, it was used to gather data for this study.

II. Observation

Observation was one of the techniques used to gather data for this study. Observation checklist was prepared to assess the accessibility of physical structure and environment of the hospital and finally, it was used to gather data to the study.

III. Secondary Data (Document) Assessment

Secondary data (documents) are one of the sources to gather data for this study. Few secondary data were collected from the hospital. These are review annual work plan, training records and services registry documents.

3.4.2 Data Collection Process

The researcher has kept the letter which was written from the university and delivered it to St. Peter General Hospital to get permission to collect data for this study. Based on the letter, the researcher has got recognition and started to collect data.

The data collector has approached all the respondents with guide of the hospital employee using humorous communication and great respect. Then, the researcher made greeting and informed the reason why looking for the respondents and provided some highlights about the research.

The researcher has collected data from participant patients who are deaf using the aid of sign language by principal investigator since the researcher has training on it. During data collection period, the researcher provided necessary assistance to the study participants. In this study, the researcher approached each respondent with printed questionnaire and asked whether they could give information on the questionnaire paper. For those who cannot read and understand the message of the questionnaire, the researcher read the information on questionnaire and then the respondents replied and finally, the researcher filled the data on the paper of the questionnaire.

Prior to the actual data collection, the questionnaires were pretested; to assess the consistency and clarity of questions by distributing the questionnaire to 6 target individuals who visited the hospital for one day before actual data collection who were not included in actual study. The feedback from the pretest was incorporated to the actual tool before data collection is effectuated.

3.5 Study Population

The study population was all people with deaf, blind and people with mobility disability (those who lost one or both lower limbs) who visited St. Peter General Hospital in Addis Ababa for 2 months since January to February 2020. Within two months, the researcher collected the data by receiving information from card and triage room. The data was collected from 62 patients with hearing impairments, visual impairments and physical impairments by using face to face interview using standardized questionnaire.

3.6 Sample Size Determination

The required sample size was people with disability who visited St. Peter General Hospital from January to February 2020. The patients were registered at card center and triage. Form was prepared and submitted to both card and triage center, each patient who is with any disability was screened and referred to principal investigator who has training and certified on sign language and others disability related communication.

In this study, numerical calculations of sample size determination were not used because the researcher did not predetermine the number of respondents because she did not know how many respondents would visit the hospital within two months.

3.7 Sampling Technique

The respondents of this study were selected by using purposive sampling technique through involving all volunteer individuals with visual, hearing and mobility disabilities who attend different health care services centers in St Peter General Hospital during data collection period.

3.8. Inclusion/Exclusion Criteria

The study was reached all people with visual disability (blinds), mobility disability (both congenital and acquired), and hearing and speaking disabilities (deaf). People with other forms of disabilities such as mental retardation, stroke, psychological/ psychiatric problems were excluded from the study because people with these forms of disabilities couldn't properly respond to the interview questions since they are semiconscious or unconscious to the service they received.

3.9 Data Analysis Method

Data was entered into computer, coded, and cleared and analysis made by using Statistical Package for Social Sciences (SPSS) software version 20. Descriptive statistics was described in frequencies and percentages and results presented using cross tabulation and various diagrams.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

In this chapter, the data collected from the target participants of the study was analyzed, presented and interpreted accordingly. A total of sixty-two persons with disability were involved in the study. These participants were people with disabilities who visited St. Peter hospital during data collection since January to February 2020. The chapter is divided into four sections of analysis of data collected using questionnaire, analysis using cross tabulation, observational data analysis and secondary data analysis. In this chapter, some figures are provided as a sample under each sub-topic of discussion and interpretation of the data.

Section 1: Analysis of Data Collected Using Questionnaire

4.1 Socio-Demographic Characteristics of the Respondents

Table 4.1: Socio-Demographic Status of Study Participants

Variables		Frequency	Percent
Age	15-24	9	14
	25-34	21	34
	35-44	13	21
	45-54	11	18
	55 and above	8	13
Sex	Male	35	56
	Female	27	44
Residence	Urban	52	84
	Rural	10	16
Occupation	Farmer	11	18
	Merchant	10	16
	Government employee	1	2
	Daily laborer	11	18
	Unemployed	19	30
	Others	10	16
Education	No education	41	66
	Elementary education	20	32
	secondary and above	1	2
Marital status	Single	30	48
	Married	16	26
	Divorced	10	16
	Windowed	6	10
Type of Disability	Visual impairment	16	26
	Mobility impairment	21	34

	Deaf	25	40
Monthly income	up to 500 ETB	26	42
	501-1000 ETB	20	32
	1001-1500 ETB	9	15
	Above 1500 ETB	7	11

Source: Interview Data, 2020

Table 4.1 indicates that twenty one (34%) of the respondents were in age range of 25-34 years, 13(21%) of them were 35-44 years age, 11(18%) in age range of 45-54 years, 9(14%) of them were in age range of 15-24 years and 8(13%) were 55years and above with the age range of 16 to 83 years and mean age of 37.9 years. Majority of the study population 35 (56% were males and 127 (44%) were females. Regarding the resident of the respondent, 54(84%) of the participant in this study are living urban.

Nineteen (30%) of respondents were unemployed, 11(18%) daily laborer, 11(18%) farmer, 10(16%) merchant, 10(16%) were others. Forty-one (66%) have no formal education and only one (2%) respondent has education above secondary. Nearly half (48%) of the respondents were single, 16(26%) were married and remaining 16% and 10% were divorced and windowed respectively. Out of 62 patients with disability participated in the study; 25 (40%) were deaf, 21(34%) were person with physical impairments, 16(26%) were parson with visual impairment and 11(18) have multiple impairment. Regarding to the monthly income status of subjects, 26 (42%) earned less than 501ETB per month, 20(32%) earned 501-1000 ETB, 9 (15%) earned 1001-1500 ETB and the remaining 7(15%) were earned greater than 1500 ETB.

The above data indicates that majority of people with disabilities who visited the hospital since January to February 2020 were young males who are unemployed, uneducated and unmarried.

Most of the patients with disability who participated in this study were deaf and persons with mobility impairments.

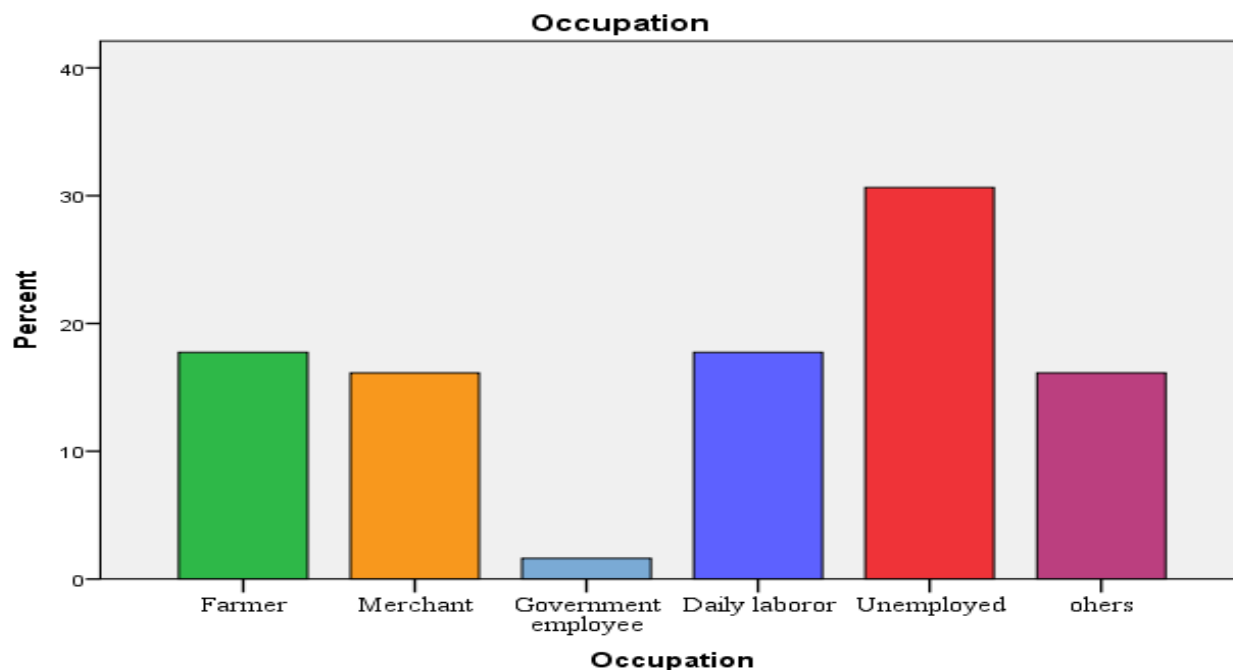


Figure 4.1: Occupation of the Informants

4.2. Physical Accessibility

Table 4.2: Physical Accessibility of St. Peter General Hospital for Person with Disabilities

Variables		Frequency	%
Is the road in the premises of the hospital easily accessible for you?	Accessible	12	18
	Partially accessible	21	34
	Not accessible	29	47
Do the buildings are accessible for you?	Accessible	23	37
	Partially accessible	30	48
	Not accessible	9	15
Do the medical service rooms are accessible for you?	Accessible	18	29
	Partially accessible	42	68
	Not accessible	2	3
Do the rest rooms are accessible for you?	Accessible	16	26
	Partially accessible	6	10
	Not accessible	40	65
Do you easily access assistive device in the hospital?	Accessible	17	27
	Partially accessible	45	73

Source: Interview Data, 2020

In table 4.2, regarding the road accessibilities of the hospital, 50% of the patients depicted as the road in the hospital were not easily accessible for person with disabilities, 21(34%) explained as it is partial accessible and 12(18%) reported as it is not easily accessible for them. The respondents added tips for inaccessibility of the roads based on what they experienced while they visited the hospital like availability of big stones, construction materials, vehicles, wood and other obstacles despite the hospital has asphalt road. Thirty (48%) of the respondent described as the buildings were partially accessible for them, 23(37%) indicated as it is accessible and the rest 9 (15%) declared as it is not accessible for them. Slightly more than two third of the respondent explained as service rooms are not partially accessible and the remaining 18(29%) and 2(3%) as it is accessible and not accessible respectively. Most of the patients with disability reported that as the rest room in the hospital are not easily accessible to them, 16(26%) as it is accessible and 6 (10%) as it is partially accessible. Nearly three fourth of the patients explained as the assistive device in the hospital were not easily accessible.

The above data reveals that the road in the hospital is not easily accessible for people with disabilities; the buildings are not accessible for people with disabilities; the rest rooms are not accessible for people with disabilities and assistive device in the hospital are not easily accessible for people with disabilities.

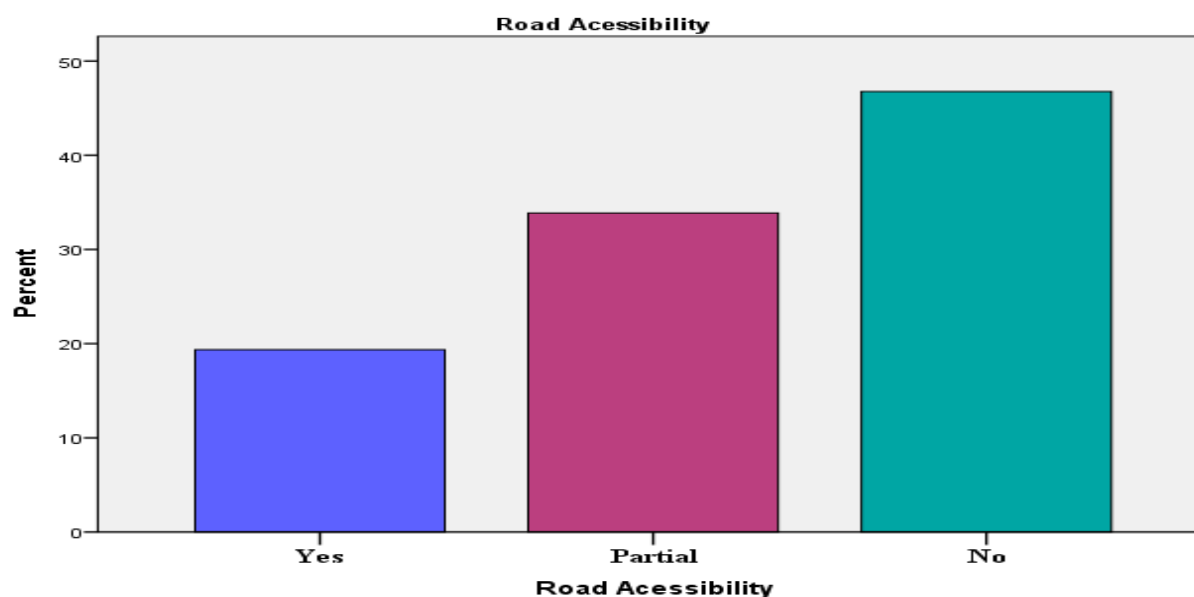


Figure 4.2: Road Accessibility of the Hospital

4.3. Medical Service Accessibility

Table 4.3: Service Accessibility of St. Peter General Hospital for Person with Disabilities

Variables		Frequency	%
Is there information desk in the hospital?	Yes	0	0
	No	62	100
Do you receive free medical service?	Yes	0	0
	No	62	100
Does the hospital provide you special support?	Yes	39	63
	No	23	37
List the support you received while visiting the hospital?	Give time to listen me	11	18
	Let me to rest	4	6
	support me by my request	5	8
	Take to other section	6	10
	Show me where I will go next	13	21
	No support given to me	23	37
Does the hospital give you priority to receive the medical services?	Yes	0	0
	No	62	100
Is there any room arrangement for you to improve easy access to service?	Yes	0	0
	No	62	100
Did you observe any imbalance between person with and without disability in the hospital while you visit the hospital?	Yes	56	90
	No	6	10

Source: Interview Data, 2020

Regarding service accessibility in table 4.3, all respondents (100%) reported that as there were no information desk that direct clients to service they needed, no particular section for person with disabilities, no unique financial support, no way to limit process for person with disabilities and no room arrangement made for them to minimize effort to obtain service within this hospital. However, 39(63%) of the respondents reported as they have obtained support and 23(37%) did not get any support from service providers in the hospital. More than fifty percent of the patients indicated as there is inequalities perception by service renderers between person with disability and person without disability.

This data shows that there is no information desk in the hospital and people with disabilities do not get free medical services. Moreover, the hospital provides special support for people with disabilities mainly in guiding where to get the next medical service and in listening disable patients.

Furthermore, the hospital does not give priority for people with disabilities to get medical service; there is no any room arranged for people with disabilities to get easy access of medical service and there is imbalance between person with and without disability in the hospital.

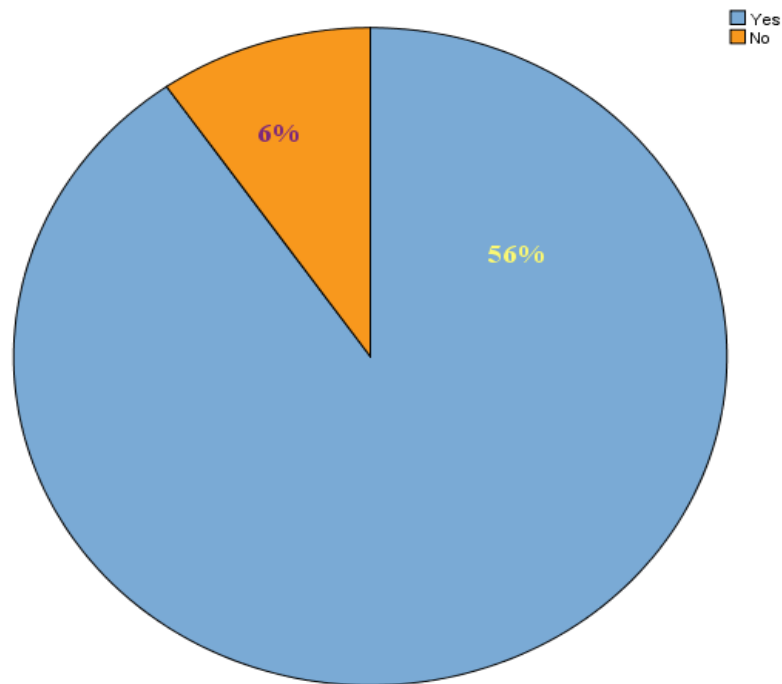


Figure 4.3: Service Disparity of the hospital

4.4 Perception of the Clients

Table 4.4: Perception of Patient Disabilities about the Service of St. Peter General Hospital

Variable		Frequency	%
Do you think the hospital fully accessible to you as you wanted?	Yes	10	16
	Partial	34	55
	No	18	29
Have you perceived that the hospital possesses full services for you?	Yes	18	29
	Partial	32	52
	No	12	19
Do you satisfied with the service you received today?	Yes	16	26
	No	46	74
Do you like to visit this hospital again?	Yes	32	52
	No	30	48
Why you dislike the hospital to visit again?	No good service	10	16
	No good acceptance of health professional	11	18
	The hospital has no good accessibility	9	15
	I like the hospital	32	52
	Total	62	100

Source: Interview Data, 2020

According to table 4.4, fifty-five percent of the clients with disabilities who visited the hospital indicated as the hospital is partially accessible, 18(29%) described as it is not accessible and 10(16%) depicted as the hospital is accessible for person with disabilities. More than fifty percent of the clients were perceived as the service they required were available partially in the hospital services, 18(29%) explained as they obtained full service the need and the rest 12(19%) reported as there are not full service for person with disabilities. Out of 62 participants of the study, 46(74%) respondents were not satisfied with the service the received and 16(26%) were satisfied. However, 30(48%) of the patients don't like to come to visit the hospital again. Out of the 30 patients who don't like to visit the hospital again; 11(37%) reported as there is no good reception of medical professional, 10(33%) no good service and the remaining 9(30%) as the hospital has no good accessibility to rendered easily.

The data of the study reveals that the hospital is not fully accessible for people with disabilities as they wanted; the hospital does not provide full services as people with disabilities perceive and the clients with disabilities are not satisfied by the services they are given. Some of the clients with disabilities do not like to visit the hospital again because of its poor physical facilities and medical services and there are some others who still like to visit the hospital again.

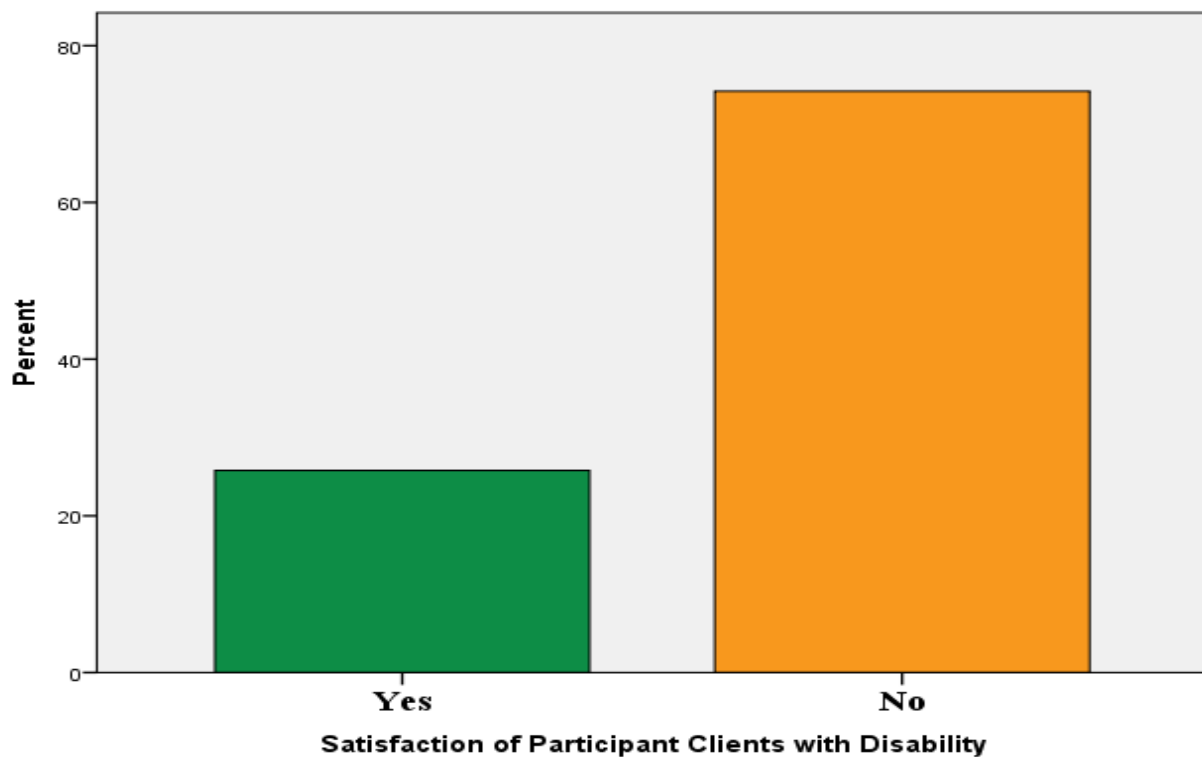


Figure 4.4: Service Satisfaction of Participant patients with Disabilities

4.5. Barriers that Person with Disabilities encountered in the Hospital

Table 4.5: Barriers that person with disabilities encountered while visiting St. Peter General Hospital

Variables		Frequency	%
Did you observe any barrier when you visited the hospital?	Yes	41	66
	No	21	34
What are the barriers you faced when you visited this hospital?	Physical Barrier	13	21
	Lack of assistive device	10	16
	Communication Barrier	7	11
	Attitudinal Barrier medical persons	4	6
	Information Barrier	7	11
	No barrier	21	34
Is there any situation when you unable to get service because of you are person with disability?	Yes	5	8
	No	57	92
Is there any time when you are excluded from medical service because you are person with disability?	Yes	0	0
	No	62	100

Source: Interview Data, 2020

As indicated in table 4.5, more than two third patients with disability who visited the hospital reported as they faced barriers while they have been visiting the hospital and 21(34%) were not met any barrier. Concerning if they were unable to get service due to disability related factors, 57(92%) depicted as there is not at all and only 5(8%) indicated as they were not received some services due to disability related factors. None of respondents reported as they excluded from any service while they seek for medical services.

The above data indicates that patients with disabilities face various barriers when they visit the hospital. These barriers are physical facility barriers, lack of assistive devices, information barrier and communication barrier respectively. However, there is no attitudinal barrier among medical professionals.

There is any time when patients with disabilities were excluded from medical services because of their disabilities and there is any situation they were unable to get medical services because of their disabilities.

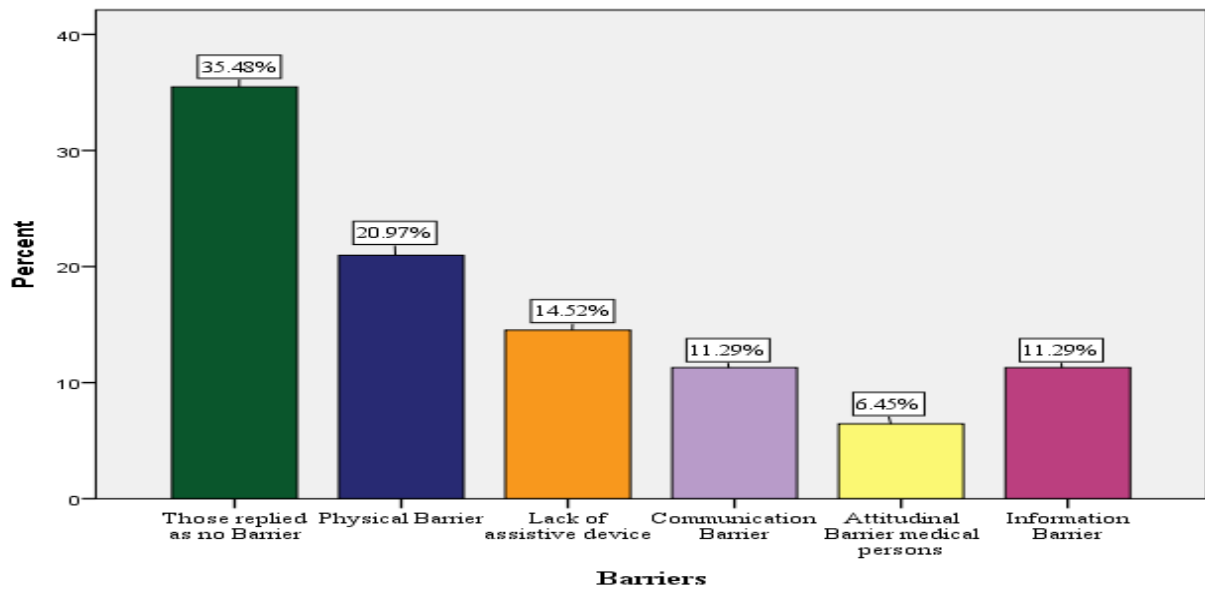


Figure 4.5: Barriers Patients with Disabilities face

4.6. Factors Enabling Person with Disability

Table 4.6: Factors Enabling Person with Disability in St. Peter General Hospital

Variables		Frequency	%
Do you live with any person who supports you?	Yes	38	61
	No	24	39
Do you use assistive devices?	Yes	20	32
	No	42	68
Pregnancy (Female respondent)	Yes	8	13
	No	19	31
	I am male	35	56
Why you visit hospital most of the time?	When I feel minor illness	9	15
	When I feel serious sickness	45	73
	I don't need to visit hospital	8	13
	For medical check up	0	0
When did you visit this hospital for the first time?	< 6Months	21	34
	6-12 Months	24	39
	13-18 Months	0	0

	18-24 Months	13	21
	>24 months	4	6
What make you like to visit this hospital?	Near to my home	7	11
	Good service	18	29
	Good reception of medical professional	21	34
	Good physical access	9	15
	Others	7	11

Source: Interview Data, 2020

According to table 4.6, regarding possession of person who support them at home, 38(61%) have individual who support in home and 24(39%) have no person who support them. concerning having the assistive device, 42(68%) have no assistive device and 20(32%) of them have assistive device. Out of 44% of the total female patients with disabilities, 13% of them were pregnant and 31% were not pregnant. Forty-five (73%) of the respondent visited the hospital when they feel serious sickness, 9(15%) of the respondents visited while they feel minor illness, the rest 8(13%) do not like to visit the hospital most of the time and none of them visited the hospital for medical checkup.. Regarding when the clients visited this hospital for the first time, most of the respondents (73%) were visited this hospital within less than one year. Concerning the reason why they visited this hospital, 21(34%) reported as the medical professional have good reception, 18(32%) as the service is good, 9(15%) the hospital has good physical access 7 (11%) reported as the hospital is near to their home and remaining 7(11%) other reasons.

The above data tells that most of the patients with disabilities live with persons who could support them and most of these patients do not use assistive devices and patients with disability usually visit the hospital when feel serious sickness, but they never visit the hospital for checkup purpose.

Furthermore, most of the participant patients with disabilities visit the hospital for the first time before 12 months that they are already experienced in taking service in the hospital and good reception of medical professionals of the hospital makes participant patients with disabilities to like to visit the hospital.

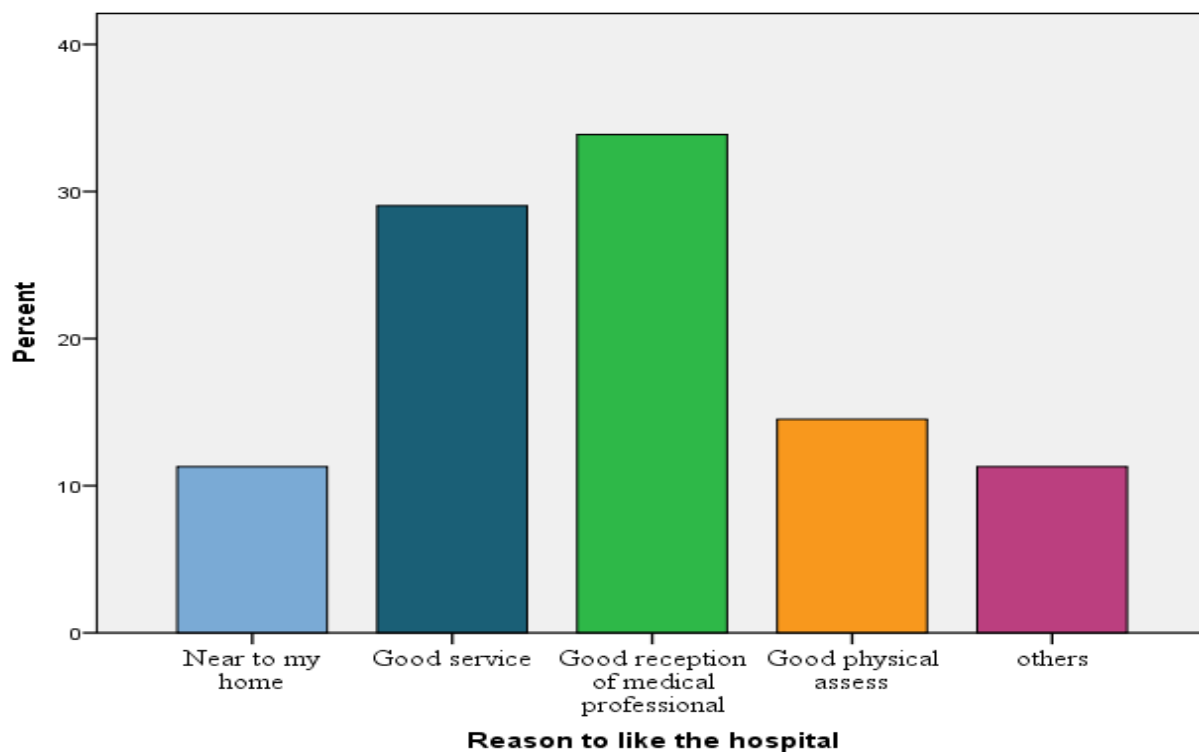


Figure 4.6: Patients' Reason to like the Hospital

Section 2: Analysis using Cross Tabulation

This section of the analysis helps to identify which type of variable has effect on other variables. In this section some of the main cases were taken as a sample and analyzed accordingly.

1. Disability type of informants versus rest room access of the hospital

Table 4.7: Disability Type versus Restroom access

		Restroom Access			Total
		Yes	Partial	No	
Disability Type	Visual impairment	7	3	6	16
	Mobility impairment	1	0	20	21
	Hearing impairment	8	3	14	25
Total		16	6	40	62

Table 4.7 indicates that among the total patients with disability who participated in this study, 65% replied as the restrooms of the hospital are not accessible for people with disabilities. Among these informants, 15% of them were patients with visual impairment, 50% of them were patients with mobility impairment and 35% of them were patients with hearing impairment

2. Gender of informants versus special support provided by the hospital

Table 4.8: Gender versus Restroom access

		Special support		Total
		Yes	No	
Sex	Male	25	10	35
	Female	14	13	27
Total		39	23	62

Source: Analysis of the researcher on SPSS

As can be seen from table 4.8, among 63% of the informants who received special support from the hospital, 40% were males and 23% were females. This indicates that the hospital provides special services for males than females.

3. Disability type versus priority services provided by the hospital

Table 4.9: Disability Type versus Service Priority

		Priority service		Total
		Yes	No	
Disability type	Visual impairment	0	18	18
	Mobility impairment	0	21	21
	Hearing impairment	0	25	25
Total			62	62

Source: Analysis of the researcher on SPSS

Table 4.9 indicates that among the total participant patients with disability, who were not given prior service by the hospital, 26% were patients with visual impairment, 34% were patients with mobility impairment and 40% were patients with hearing impairment

The data indicates that patients with mobility impairment and patients with hearing impairment are more disadvantageous in getting priority services than patients with other types of disabilities.

4. Disability type versus satisfaction of patients with disability by the services of the hospital

Table 4.10: Disability Type versus Service Satisfaction

		Service satisfaction		Total
		Yes	No	
Disability type	Visual impairment	6	10	16
	Mobility impairment	3	18	21
	Deaf	7	18	20
Total		16	46	62

Source: Analysis of the researcher on SPSS

Table 4.10 shows that among 74% of participant patients with disability who were not satisfied by the services of the hospital, 22% were patients with visual impairment, 39% were patients with mobility impairment and 39% were patients with hearing

This indicates that the hospital is not accessible mainly for people with mobility impairment and for people with hearing impairment than for patients with visual impairment and patients with multiple impairments.

Section 3: Observational Data Analysis

The second method of data collection in placed in this study was observation of the general features of the hospital. The hospital has total 2,044 staffs of which 1604 medical staffs and the remaining are non-medical staffs. Out of these staff's 1604 medical staffs, 132 medical staffs trained on sign language and none of supportive staffs trained on how to manage disability while providing services in the hospital. However, none of the staffs was trained at least one time on how to render health services for person with disabilities. The hospital has asphalt road and paved walk road starting from the gate of the hospital which connected to the building. However, some barriers like big stones, fractured and construction materials holes in few ways to the buildings. The accessibility of the road is not restricting the movement of person with disabilities but hinders smooth walk of person with disability particularly those has visual and physical impairment.

Concerning building accessibility: the hospital has 14 buildings of which 6 (43%) have ramp to easy access for person with disability and 1(7%) has elevator. During data collection it was observed that person with disabilities were facing challenge to move up stair of the building. Besides, these 14 buildings of the hospital possessed 582 rooms and out of these rooms 68 (11.7%) have lift or ramp for person with disabilities.

The hospital has eighteen wheelchairs, four crutches and two walkers and these assistive devices used for patients managed by runners and in services. However, these assistive devices were not placed in easily accessible place for the patients with disabilities and observable places. Some staffs were asked why these assistive devices put in less observable place, they replied that it affects the aesthetic and setting of the building to call up the patients who visit the hospital.

Section 4: Secondary Data Analysis

To check the structural and functional management of the hospital for person with disabilities who visited the hospital, the principal investigator collected secondary data. Regarding, separate data management for person with disabilities who visited the hospital for medical care, there was no separate data record for person with disability in card room, examination room, laboratory, drug dispensary and other sections. Person with disability record was documented with other person without disability. Recently, the hospital commenced processes how to improve segregate data management process for patients with disabilities and not started implementation yet.

Concerning presence of designated structure who in charge for patient with disabilities, there is a focal person who delegated to work for patient with disability in addition to another roles and responsibilities provided for this person. However, there is no designed formal structure in the organogram of the hospital who is in charge for patients with disabilities while they visited the hospital. In case these patients faced any difficulties, they follow usual procedure as any another patient.

The study checked whether there is guideline developed by Federal Ministry of Health in the service sections of hospital and the guideline was found in administration office (chief of executive) of the hospital and it was not found in any section of service delivery of the hospital.

Besides, some section heads have no information and awareness about the presence of the guideline. Regarding the adoption of the guideline with the context of the hospital, no action taken to produce standard document so far is observed.

Regarding budget allocation; the hospital plan and allocate budget for the whole activities of the hospital annually. However, there is no document evidence that indicates as the hospital included budget for addressing special needs of person with disabilities to improve the service availability and accessibility. Besides, there is no specific activity plan targeted to this group.

Discussion of the result

This study indicates as the accessibility of building much better than the studies done in South Africa by Richard which is 12.7% of person with disabilities are fallen into difficulty due to inaccessibility of buildings/facilities in the hospital. Regarding receiving full service as need by person with disability, this study reports as there are high unmet need as compared to the study conducted by Mahtab in in different parts of India where the averagely unmeet of service by person with disability who visited health facilities received unmet need of service in south, north and East India where norther part is 40.8%. However, in this study, the respondent explained as there is no time where they were not getting health care service totally because they are person with disability. Similarly, the satisfaction of person with disabilities with the service they received is slightly lesser than the study conducted by Mahtab in India where 30.4% of person with disabilities feel good (satisfied) with the service while visiting health care centers. Besides, this study indicates as the satisfaction of the health service for person with disability is also lessen than the study conducted in rural Punjab of Pakistan which 34% and 28% for male and female respondents, respectively (Richard 2019, Venkata S. 2018, Mahtab A 2013).

Regarding the hospitalization and more prone to medical risks, this study reported as it compared with the study conducted by Venkata in India as evidence shows a significantly higher rate (17.8%) of hospitalization among PWD compared to others (5%) despite the time when person with disability visit the hospital while felling serious sickness which is 73% than for mild sickness and for medical checkup. So, this study is consistent with the study conducted by Gloria in USA as the person with disability are displayed their feeling and seek of medical issue which shows as adults with disabilities are 4 times more likely to report their health to be fair or poor than people with no disabilities (Venkata S 2018, Gloria L 2019)

Hundred percent of the person with disability who visited the hospital in the study period were serviced by medical fee. Hence, this study is totally different from the study conducted rural Punjab of Pakistan where 12.3% men and 12.2% women with physical disabilities were receiving health subsidies while visiting the health care facilities. Sixty four percent of respondent of this study were those who are leading their life with very minimum activities and

74% are those who earn less than one thousand ETB monthly. So, this may affect the health seeking behavior of person with disability (Mahtab A 2013).

This showed that barriers that person with disability is higher than the study conducted by Eric in Ghana where 51% of the person with disability faces dire while visiting health facilities. But when we compare particularly to physical barrier, this study is better than (21%) what done in Ghana which is 51%. In addition to this, this study findings indicate that barrier of rooms in the hospital are better than what observed in the same Ghana study which is 45.2% is inaccessible door entrances. When compare this study about barrier to person with disability to a study conducted by WHO in 41 Brazilian cities, it is St. peter general hospital is better access with less accessibility problem which the Brazilian cities study indicates 60% did not allow adequate access for people with functional difficulties. In contrary to the above, this study indicates as St.peter general hospital less physically accessible when compare with the study conducted by Mahtab in Pakistan which is 44.9% of the healthcare facilities are ensured road and entrance for person with disabilities while 49.8% has indoor environment support access for person with disabilities (Eric Badu 2014, WHO 2011, Mahtab A2013)

Concerning the behavior of medical staff's barrier to person with disabilities, it is better as health professionals has no significant barrier while they were visiting health institution compare with the study conducted by Gudlavalleti in South India where health professionals are indicated as barrier is went 12.6%. It was also explained in the study conducted in South Africa as "Persons with disabilities have less favorable attitudes toward competence of health care workers, have less trust in the treatment and are more negative to the way they have been received by health personnel" (Gudlavalleti 2014, Richard 2019).

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

The study has come up with assessing physical facilities and medical services of St. Peter General hospital. To this end, it came up with the following conclusions which were organized based on the summary of data of the study.

- ❖ The road in the hospital, the buildings of the hospital, the rest rooms of the buildings are not accessible for people with disabilities.
- ❖ Information desk of the hospital is not strong that patients with disabilities are forced to look for the help of other people than concerned body in information center.
- ❖ Priority service is not provided for people with disabilities and patients with mobility impairment and patients with hearing impairment are more disadvantageous in getting the service.
- ❖ There is disparities service delivery of the hospital between person with and without disability.
- ❖ The hospital is not fully accessible mainly for people with mobility impairment and hearing impairment than for patients with visual impairment and multiple impairments. Furthermore, it does not provide full services as people with disabilities perceive. Due to this, these clients are not satisfied by the services of the hospital and do not like to visit the hospital again because of its poor physical facilities and medical services.
- ❖ The hospital has no problem of attitude, but it has a problem of physical facilities and service delivery to provide service for patients with disabilities.
- ❖ Most of the participant patients with disabilities visit the hospital for the first time before 12 months that they are experienced in receiving medical services from the hospital.
- ❖ There is no data separately recorded about patients with disabilities that these patients are served together with patients without disabilities.
- ❖ Even though a focal person is delegated for patients with disability, the hospital has no formal structural position to serve these patients.
- ❖ Even though there is a guideline prepared by Ministry of Health on medical service provision for patients with disabilities, it was not informed for the departments of the

hospital but, kept in the office the director of the hospital that departments have no information and awareness about the presence of the guideline.

- ❖ The hospital is not experienced in allocating budget to provide accessible medical services for patients with disabilities.

5.2 Recommendations

The study has come up with assessing physical facilities and medical services of St. Peter General hospital. To this end, it came up with the following recommendations which were organized based on the conclusions of the study.

- The road in the hospital, the buildings of the hospital, the rest rooms of the buildings are not accessible for people with disabilities that the hospital has to maintain its physical facilities so as to ease its service for patients with disabilities.
- Information desk of the hospital is not strong that patients with disabilities are forced to look for the help of other people. Therefore, it is highly recommended for the hospital to maintain strong information desk with strong and committed expert to help patients with disabilities.
- Priority service is not provided for people with disabilities that the hospital needs to develop the service provision system which makes opportunity for patients with disabilities to be served first than patients without disabilities because patients with disabilities are victim of dual problems of disability and sickness.
- Sometimes, impartial/imbalanced services are provided by some professionals of the hospital than patients without disability that the hospital has to train its professional on how to serve patients with disabilities and how to avoid impartiality.
- The hospital is not fully accessible for patients with disabilities and it does not provide full services as people with disabilities perceive that these clients are not satisfied by the services of the hospital. Therefore, in order to satisfy these clients, the hospital has to evaluate all its physical facilities and medical services and needs to reorganize it in the views of patients with disabilities.
- There is no data separately recorded about patients with disabilities that these patients are served together with patients without disabilities. In order to alleviate gaps about separate records of the hospital, the institution has to organize separate record in the record office of the hospital.

- Even though a focal person is delegated for the aspects of patients with disability, the hospital has no formal structural position to serve these patients. Hence, the hospital needs to evaluate its organizational structure and has to include the position which serves for the benefits of patients with disabilities.
- Though there is a guideline prepared by Ministry of Health on medical service provision for patients with disabilities, it was not informed for the departments of the hospital but, kept in the office the director of the hospital that departments have no information and awareness about the presence of the guideline. Therefore, the hospital needs to distribute the material for concerned departments and has to inform to the departments to provide medical services based on the guideline and it needs to adopt the guideline with the context of the hospital.
- The hospital is not experienced in allocating budget to provide accessible medical services for patients with disabilities that it has to allocate budget through making assessment on the services expected to be provided by the hospital for patients with disabilities.

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ANNEXES

Annex One: Questionnaire

ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

DEPARTEMENT OF SPECIAL NEEDS EDUCATION

Dear Respondent,

The main objective of this study is to assess accessibility of health services for people with disability in saint Peter General Hospital at Addis Ababa in Ethiopia. The questionnaire is prepared in order to collect relevant data related to the objective. Since it is designed only for academic purpose, you are kindly requested to read the questions and fill it with your genuine responses. The success of this study will surely rely on your faithful responses. The researcher would like to express her deepest appreciation and gratitude for your cooperation. All information you provide will be treated with confident.

Thank you in advance.

1 Section I: Socio-Demographic Background

- [illegible]

1. Yes

2. No

20. Did you observe any bias between person with and without disability in the hospital while you visit the hospital?

1. Yes

2. No

Section IV. Perception of the client on the hospital

21. Do you think the hospital fully accessible to you as you wanted?

1. Yes

3. No

2. Partial

22. Have perceived that the hospital possesses full services for you?

1. Yes

3. No

2. Partial

23. Do you satisfied with the service you received today?

1. Yes

2. No

24. Do you like to visit this hospital again?

1. Yes

2. No

25. If no, why you dislike the hospital to visit again?

- 1. No good service 2. No good acceptance of health professional
- 3. The hospital has no good accessibility 4. I like the hospital

Section V. Barrier Related

26. Did you observe any barrier when you visited the hospital?

- 1. Yes 2. No

27. What are the barriers you faced when you visited this hospital?

- 1. Physical Barrier 2. Lack of assistive device 3. Communication Barrier 4. Attitudinal Barrier medical persons
- 5. Information Barrier 6. No barrier

28. Is there any situation in which you could not get service because of you are person with disability?

- 1. Yes 2. No

29. Is there any time you are excluded from medical services because you are person with disability?

- 1. Yes 2. No

Section VI: Factors Enabling Person with Disability

30. Do you live with any person who supports you?

- 1. Yes 2. No

31. Do you use assistive devices?

- 1. Yes 2. No

32. If respondent is female, is she pregnant (ask and probe)?

- 1. Yes 2. No

33. When did you visit this hospital for the first time?

- 1. When I feel minor illness 2. When I feel serious sickness
- 3. I don't need to visit hospital most of the time 4. For medical check up

34. When did you visit this hospital for the first time?

- 1. < 6 Months 2. 6-12 Months 3. 13-18 Months
- 4. 18-24 Months 5. >24 months

35. What make you like to visit this hospital?

- 1. Near to my home 2. Good service 3. Good reception of medical professional
- 4. Good physical access 5. Others

Annex Two: Observational Checklist

1. Number of total patients in data collection period _____
2. Number of total patients with disabilities in data collection period _____
3. Do the roads are considered PWD? Yes _____ No _____
4. Number of Building _____
5. Number of building with ramp _____
6. Number of building with elevator _____
7. Number of classes _____
8. Number of classes suitable for wheelchair _____
9. Number of rest rooms _____
10. Number of rest rooms considered for PWD _____
11. Availability of assistive device
 - a. Wheelchair _____
 - b. Crutches _____
 - c. Walkers _____
 - d. Others(specify) _____

Annex Three: Secondary data collection tool

1. Number of staffs by category _____
2. No of staffs by category trained on how to serve PWD _____
3. No of staffs by category trained on sign language _____
4. Does the hospital have separate data record for PWD? Yes _____ No _____
If no, Why _____

5. Availability of organizational structure in charged about PWD in the hospital _____
6. Availability of policies and standards documents in the hospital? _____
Specify if any- _____
7. Availability of adapted policies and standards documents in the context of this hospital? _____
List if available _____
8. Is there budget allocated to special service for PWD in this fiscal year? Yes _____ No _____
9. If yes how much amount in Birr? _____

Annex Three: የጽሁፍ መጠይቅ

አዲስ አበባ ዩኒቨርሲቲ

በስነ-ትምህርትና ስነ-ምግባር ኮሌጅ የልዩ ፍላጎት ትምህርት ክፍል

ክፍል 1:- የመረጃ ሰጪዎች ዳራ

1. ዕድሜ:-

2. ፆታ:- 1. ወንድ 2. ሴት

3. መኖሪያ:- 1. ከተማ 2. ገጠር

4. ሙያ:- 1. አርሶ አደር 2. ነጋዴ 3. የመንግሥት ተቀጣሪ 4. የቀን ሠራተኛ

5. ስራ አጥ 6. ሌላ

5. የትምህርት ደረጃ:- 1. ትምህርት የለም 2. የመጀመሪያ ደረጃ 3. ሁለተኛ ደረጃና ከዚያ በላይ

6. የጋብቻ ሁኔታ:- 1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. የሞተበት/ባት

7. የአካል ጉዳተኝነት ዓይነት (በምልከታ የሚለይ)

1. ማየት የተሳነ 2. መንቀሳቀስ የተሳነ 3. መስማት የተሳነ

8. ወርሃዊ አማካይ ገቢ (በብር):-.....

ክፍል 2:- በአካል ጉዳተኝነት ላይ ተጽእኖ የሚፈጥሩ ጉዳዮችን በተመለከተ

9. አብረው የሚኖሩት እርስዎን ሊያግዙ ከሚችሉ ሰዎች ጋር ነው

አዎ አይደለም

10. አካልዎን የሚግዙ ዕቃዎች/ቁሶች ይጠቀማሉ

1. አዎ 2. አይደለም

11. መረጃ ሰጪ ሴት ከሆነች ነፍሰ-ጡር መሆኗን ማረጋገጥ (በተዘዋዋሪ መንገድ ማረጋገጥ)

- 1. አዎ
- 2. አይደለም

12. ብዙውን ጊዜ ወደ ሆስፒታል በምን ምክንያት ይሄዳሉ

- 1. ትንሽ ህመም ሲሰማኝ
- 2. ህመም ሲፀናብኝ
- 3. ጤንነቴን ለመከታተል
- 4. ብዙውን ጊዜ ሆስፒታል አልሄድም

13. ይህን ሆስፒታል ለመጀመሪያ ጊዜ የጎበኙት መቼ ነው

- 1. ከ6 ወራት በታች
- 2. ከ6-12 ወራት
- 3. ከ13-18 ወራት
- 4. ከ18-24 ወራት
- 5. ከ24 ወራት በላይ

14. ይህን ሆስፒታል እንድትመርጡ ያደረገዎት ምንድን ነው

- 1. ለመኖሪያዬ ቅርብ በመሆኑ
- 2. ጥሩ መስተንግዶ ስላለው
- 3. ባለሙያዎቹ ጥሩ የህክምና አገልግሎት ስለሚሰጡ
- 4. የሚያስፈልጉኝ የዕቃ አቅርቦት ስላለው

ክፍል 3:- ለአካል ጉዳተኞች የሚያስፈልጉ የቁሳቁስ አቅርቦትን በተመለከተ

15. በሆስፒታሉ ውስጥ የሚገኙ መንገዶች ለእርስዎ ምቹ ናቸው

- 1. አዎ
- 2. አይደለም
- 3. በከፊል ናቸው

16. የሆስፒታሉ ህንፃ ለእርስዎ ምቹ ናቸው

- 1. አዎ
- 2. አይደለም
- 3. በከፊል ናቸው

17. የሆስፒታሉ የህክምና አገልግሎት መስጫ ክፍሎች ለእርስዎ ምቹ ናቸው

- 1. አዎ
- 2. አይደለም
- 3. በከፊል ናቸው

18. የሆስፒታሉ መፀዳጃ ክፍሎች ለእርስዎ ምቹ ናቸው

- 1. አዎ
- 2. አይደለም
- 3. በከፊል ናቸው

ክፍል 4:- ለአካል ጉዳተኞች የሚሰጠውን አገልግሎት በተመለከተ

19. ሆስፒታሉ የመረጃ ዴስክ አለው

- 1. አዎ
- 2. አይደለም

20. ከሆስፒታሉ ነጻ የህክምና አገልግሎት ያገኛሉ

1. አዎ 2. አይደለም

21. ሆስፒታሉ ለእርስዎ ልዩ ድጋፍ ያደርጋል

1. አዎ 2. አይደለም

22. ከሆስፒታሉ ያገኙትን ልዩ ድጋፍ ይጠቅሳሉ

1. ጊዜ ሰጥተህ አድምጠኝ 2. ዕረፍት ልውሰድ 3. እርዳታህን ስፈልግ አግዘኝ 4. ወደሌላ ክፍል ውሰደኝ 5.

ከዚህ በኋላ ወደየት እንደምሄድ አሳዩኝ 6. ምንም እርዳታ አላገኘሁም

23. ሆስፒታሉ ቅድሚያ ሰጥቶ ያስተናግድዎታል

1. አዎ 2. አይደለም

24. የተሻለ አገልግሎት ማግኘት እንድችሉ ሲባል የተዘጋጀልዎት ልዩ ክፍል አለ

1. አዎ 2. አይደለም

25. በሆስፒታሉ ውስጥ በአካል ጉዳተኞች እና ጉዳተኛ ባልሆኑት መካከል ልዩነት በመፍጠር የተዛባ አገልግሎት ሲሰጥ አይተዋል

1. አዎ 2. አይደለም

ክፍል 5:- የሆስፒታሉን ችግሮች/ክፍተቶች በተመለከተ

26. ሆስፒታሉን ሲጎበኙ ያጋጠመዎት ችግር/ክፍተት አለ

1. አዎ 2. የለም

27. ይህን ሆስፒታል ሲጎበኙ ምን ዓይነት ችግሮች አጋጠመዎት

1. የመሰረተ ልማት ክፍተት 2. አጋዥ ቁሳቁሶች እጥረት 3. የተግባቦት ክፍተት
4. የአመለካከት ክፍተት 5. የመረጃ ክፍተት 6. ምንም ክፍተት የለም

28. የአካል ጉዳተኛ በመሆንዎ የህክምና አገልግሎት እንዳያገኙ የተደረጉበት ሁኔታ አለ

1. አዎ 2. የለም

29. የአካል ጉዳተኛ በመሆንዎ ከህክምና አገልግሎት የተገለሉበት ጊዜ አለ

1. አዎ 2. የለም

ክፍል 6:- ደንበኞች በሆስፒታሉ ላይ ያላቸውን አመለካከት በተመለከተ

30. ሆስፒታሉ እርስዎ እንደሚፈልጉት ምቹ ነው ብለው ያምናሉ

1. አዎ
2. የለም
3. በከፊል ምቹ ነው

31. ሆስፒታሉ መሰጠት የሚገባዎትን ሙሉ አገልግሎት እየሰጠ ነው ብለው ያምናሉ

1. አዎ
2. የለም
3. በከፊል ምቹ ነው

32. ከሆስፒታሉ ባገኙት አገልግሎት ረክተዋል

1. አዎ
2. የለም

33. ይህን ሆስፒታል በድጋሚ ለመጎብኘት ይፈልጋሉ

1. አዎ
2. አልፈልግም

34. መልስዎ አልፈልግም ከሆነ በድጋሚ ለመጎብኘት ለምን አልፈለጉም

1. ጥሩ አገልግሎት ስለሌለው
2. ጤና ባለሙያዎቹ ጥሩ አቀባበል ስለማያደርጉ
3. ሆስፒታሉ ምቹ መሰረተ ልማት ስለሌለው
4. ሆስፒታሉን መጎብኘት እፈልጋለሁ