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College of Development Studies Center for Food Security.

The Impacts of Disability on Food Security among Work-age
People with Disabilities in
Addis Ababa Ethiopia

By

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December, 2021

ADDIS ABABA ETHIOPIA

The Effects of Disability on Food Security among Work-age People with disabilities in Addis Ababa Ethiopia

By Tadesse Abera

A Thesis submitted to Addis Ababa University College of Development Studies Center for Food Security, in partial fulfillment of the requirements for the Degree of Masters in Food Security

**Addis Ababa University
College of Development Studies Center for Food Security**

December, 2021

Addis Ababa Ethiopia

This is to certify that the thesis prepared by Tadesse Abera entitled “The Effects of Disability on Food Security among Work-age People with Disabilities in Addis Ababa Ethiopia” and submitted in partial fulfillment of the requirements for the Degree of Master in Development Studies Center for Food Security compiles with the regulation of the University and meets the accepted standards.

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Chairperson

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Date

External examiner

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Date

DEDICATION

For my whole family specially my lovely wife Martha Alemayehu and to my little angel lovely daughter Harmael Tadesse. Next to God, you're the purpose of my life! May God bless you!

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God, I thank you for all my success! I'm here because of your mercy & grace, I know when you say yes no one can say no! during my temptation you have been there and now you are here and for tomorrow you will be there for me! What more can I say, just thank you God!

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Abbreviation

ATA:	Agriculture transformation Agency
BOLSA:	Bureau of Labors and Social Affairs
CBT:	Community-Based Targeting
CIA:	Conditional Independence Assumption
CSI:	Coping Strategies Index
DPOs:	Disabled People Organization
DS:	Direct support
ECDD	Ethiopian Center for Disability and Development
EDHS:	Ethiopian Demography and Health Survey
FAO:	Food and Agriculture and Organization
FI	Food Insecurity
FS	Food Security
FENAPD	Federation of Ethiopian Associations of Person with Disability
FGD:	Focus Group Discussion
FIES SM-H:	Food Insecurity Experience Scale Survey Modul for Households
FIES:	Food Insecurity Experience Scale
FUJCFSA:	Federal Urban Job Creation & Food Security Agency
HFIAS:	Household Food Insecurity Access Scale
HFI	Household Food Insecurity
HH	Household
IFAD:	International Fund of Agricultural Development
INGO	International Non-governmental Organizational
MGD:	Millennium Development Goal
MoFED:	Ministry of Finance and Economic Development
MoLSA:	Ministry of Labor and Social Afire
NHHM	Number of Household Member
PNSP:	Productive Safety Net Program
PWD:	People with Disabilities
SDGs:	Sustainable Development Goals
UHFSS:	Urban Household Food Security Status
UHH:	Urban Household
UN:	United Nations
UNDP:	United Nations Development Program
UNICEF:	United Nation International Children’s Emergency Fund
UPSNP:	Urban Productive Safety Net Project

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Abstract

Work age people with disability those are resident in Addis Ababa the capital City of Ethiopia are at particular risk of long-term poverty and did not have access at all times to enough food for an active and healthy life. This is possibly the most serious nutrition-related public health problem facing the Addis Ababa today. factors that affect food security status of the person with disabilities are; disability itself, poverty, low income, family size, unemployment, low educational status, poor social support, negative value, discrimination and functional impairment and environmental barriers are among those factors. The study was aimed to assess food security status among Work-age Person with disability and also applied mixed research approach, cross-sectional study design, for method of data instrument semi-structured questionnaire were applied. And for method of data collection, survey and KII and FGD were applied. The data was collected from April 1 to May 14, 2021. Accordingly a total of 250 households were selected from three sub-cities by using stratified sample technique determination and simple random sampling.- For quantitative data analysis descriptive statistics was used through applying SPSS. For qualitative method focus group discussion was employed to explain the possible effect of disability, poverty, food price on household food security, and people's awareness about food security. This study found the majority of Person with disabilities were food insecure accordingly, from the total of 200 participants 148 (74%) of them were reported that they already in hunger state. Reduction in meal size and shifting to poor quality/less expensive food types/ were their coping strategies to high food price used by people with disabilities. and very few of them reported moderate hanger. On the other hand various studies reported that there was a higher risk of disability at older ages. But as it indicated on the table 4.4 the finding of this study in contrast with previous finding, it demonstrated that the majority 54 (27%) of people with disabilities are found at the range age of 18-25. In general, the study finding revealed that all PWD were food insecure which forced them to reduce their meal size and quality with nearly a quarter of households were suffered from hunger. And it is important to create jobs that fit to the situation of PWDs, access them to training, credit, marketing facilities and treatment and increasing public awareness about the situations of the PWDs.

CHAPTER ONE

1. Introduction /Back Ground of the Study

The challenges of food insecurity is almost the worldwide problem that all nations faced even in the United States and in other developed countries. According to the report of the United States Agency for International development, approximately 14.7% of American household families were experienced low food security which means over 50 million American peoples were living with the shortage of food security.

On the other hand, The United Nations Food and Agriculture Organization (FAO, 11) reported that 925 million of World people were hunger. The largest of number of undernourished in Asia and Sub-Saharan Africa.

In Ethiopia, data on disability is not adequately available, but estimates show that the proportion of persons with disability is 17.6%, which implies that more than 14.4 million Ethiopians are living with a disability (WHO, World Bank 2011). In reality the proportion could be higher because of the high prevalence of its risk's factors including disease, famine, accident, malnutrition and harmful traditional practices in particular and high poverty in general. Besides, the charity approach to disability prevails, and there is a general tendency to think of persons with disabilities as weak, hopeless and dependent on the goodwill of others (Tirusew 2005). Due to this stigma combined with low accessibility and few economic resources, a majority of persons with disabilities do not have access to basic health, education and social services that could help reduce their dependency and facilitate their independent living with a sustainable livelihood (Ministry of Labour and Social affairs, 2012). This has eventually made them extremely marginalized and excluded them from almost all socio-economic opportunities. Consequently, more than 95% of all persons with disabilities and their families in Ethiopia are living in extreme poverty (Ministry of Labor and Social Affairs, 2010). Many persons living with disabilities were kept in an inhuman destitute isolation at homes and are disadvantaged of opportunities to access socio-economic services that more distresses their food security and exposed them to malnutrition.

The association between food insecurity and disability problems were well documented but the link between food insecurity and work-age physical disabilities have been less investigated. Some

study tried to link the problem of food insecurity with poor mobility and constraints on food related activities. Accordingly, there are two-way linkage between food insecurity and poor livelihood situation, and disabilities. Poverty and chronic food insecurity may lead to disability through poor quality of life, malnutrition and lack of access to health services. Likewise, disability can lead to poverty and food insecurity through lack of employment and education opportunities, limited access to food and other social services (Edge, 2013). And the finding of this study approved this literature.

According to the report of Ethiopian demographic Health there are estimated of 371,000 people with disabilities in other Urban area of the country, and 47,000 of people with disabilities are found in Addis Ababa City Administration. All participants were reported that they were food in secured.

A large number of PWDs in Kolfe Sub-city of Addis Ababa City Administration were unemployed and some were engaged in various types of petty trading and work as daily laborers. A few of formally employed persons with different forms of disabilities work in private and government organizations.

Addis Ababa City Administration has been recording a continuous multi-faceted development over years. In contrast, there also has been a high likelihood of increasing number of marginalized and urban-poor and food insecure people. Accordingly, PWDs in the City were lived below standard of living they lead in line with enormous difficulties they face in their day-to-day livelihood activities. Although disability as one socio-economic problem has received the attention of many scholars, the link between food security and PWDs is the little investigated issue.

Finally, the core purpose of this study was to assess the food security status of households with PWDs in Kolfe Keranio Sub-city of Addis Ababa City Administration. The research was focused on three issues: Food insecurity status among household work-age people with disabilities, factors associated with in it, Socio-cultural, economic factors and policy related challenges affecting PWDs; and the way households with PWDs cope with food shortage. And different approaches to food security was applied for this paper. This may help that one would expect to have a clear definition of food security. Accordingly, the main approaches that the researcher applied were, 3 types of food security approaches. Such as food accessibility which was the main focus areas of this paper, food availability and utilization.

1.1. Statement of the Problem

According to the report of UNCRPD (2011), over a billion people live with a disability in the world, of which 80% reside in developing countries. Besides most of (PWDs) in developing countries do not have access to rehabilitation services mainly due to a lack of resources. Based on the report of World Bank and World Health Organization, (2011), 15 million people with disabilities including children, which represents 17.6 percent of the total population of the country are found in Ethiopia. The state of PWDs in Ethiopia is even more tragic and severe because of the different barriers such as social, cultural, institutional, political, economical, environmental. and periodic droughts and subsequent famines (JICA 2002).

Particularly, people with disabilities in the country are the most socially and economically marginalized segments of the population. Apart from the physical trauma and pain they encounter in their daily life, they are highly vulnerable to stigma, discrimination, stereotype and exclusion due to various multifaceted and deep-rooted socio-cultural factors. Most schools, recreational centers, public institutions and offices are built without considering people with disabilities. Not only this, they are also denied access to education, employment, housing, business-to-business activities, sanitation and many other basic necessities. Negative attitudes, wrong conviction, lack of awareness on the rights and competence of persons with disabilities and inaccessibility of social services are the major barriers in the country. As a result, the majority of people with disabilities remain dependent on their parents and families for their social and economic requirements and even for their daily food.

Large amounts of data are being collected every year by different government agencies through house-to-house visits and other registration activities. However, in all these the issue of food security has not mentioned. Besides, the quality of data collection and assessment tools used by those concerned bodies, for example, the Bureau of Labour and Social Affairs at woreda level or the Ministry of Education in schools is generally low. Frontline workers and community volunteers have insufficient knowledge and capacity to identify, assess and screen vulnerable populations, including persons with disabilities. Therefore, it is clearly important to assess the food security among work-aged household in Addis Ababa City Administration and providing a reliable result that supported by empirical and theoretical based evidence. Accordingly, the fining of this study revealed timely and reliable information for those who are ready to develop program.

1.2. Objective

The general objective of this study was to assess the problems of food insecurity among people with disabilities due to their disability status in Addis Ababa Ethiopia. Therefore, to make it clearer the researcher focused on the following specific objectives;

- 1.2.1. Identify associated factors responsible for increasing vulnerability to food insecurity among people with disabilities
- 1.2.2. Assess the intensity of food insecurity among people with disabilities.
- 1.2.3. Assess the Status of Food Insecurity among Work-age PWD.
- 1.2.4. Assess the disability and food security related policies and intervention strategies of disability-focused Associations/organizations.

1.3 Research Question

- 1.3.1. What factors contributed for the increasing of vulnerability to food insecurity among Handicapped peoples?
- 1.3.2. What makes intensified food insecurity among work-age people with disabilities?
- 1.3.3. What Food Insecurity Experiences do PWD have in the study area?
- 1.3.4. What policies and strategies were applied by disability -focused organizations?

1.4 Significance of the Study

The risk of food insecurity has been much less investigated in people with disabilities. Tirusew (2000) points out that PWDs have for many years been despaired, isolated and discriminated. Discrimination, above all, is a distinguishing mark all persons with disability have been suffering from all over the world in general, and in Ethiopia in particular. There are a remarkable number of persons with disabilities in Ethiopia. However, their problems and the scope of actual problems that they faced in their everyday lives have not been fully investigated. However, little is known about food insecurity among people with disabilities (She & Livermore, 2007).

In Addis Ababa it is suspected that people with disabilities and their families are more vulnerable to food insecurity than their counterparts without disabilities, and this study has clearly identified the reason behind.

In general, the study will contribute and advantage in generating basic knowledge and information to critically examine the living conditions of people with disabilities and how it affected socio-economic development of Addis Ababa City and search a mean to enhance the development. Moreover, the study paves the way for a better understanding of the problem. Thus, Labour and Social Affairs office and Urban development bureau will know detail the risk and factors of food insecurity among work-age physically disabled peoples. And based on the outcomes of this study they can develop ways to improve the situation. so that the City Administration will know the existing gap and develop better intervention strategies to strengthen and sustain the positive impacts.

1.5 Scope of the study

The study was conducted in Addis Ababa City Administration. The main methodological concern of the research was investigating their food insecurity situations and factors associated with it, identify the association between food insecurity and disabilities, and describe disability specific services, social protections their living condition in general. In this study qualitative and quantitative (mixed research approach) was applied.

In general, the core purpose of this study was to explore the food insecurity situations of households with PWDs in Addis Ababa City Administration. The study was focused on four issues: Food insecurity status among household work-age people with disabilities, factors associated with in it, Socio-cultural, economic factors and policy related challenges affecting PWDs; and the way households with PWDs cope with food shortage.

1.6 Ethical Consideration

Participants were informed about the purpose of the study and ensured that anonymity will be maintain. Appropriate caution has been taken to ensure the respect and dignity of each individual participating on the study and, participants have been informed that the information they provided will be kept confidential and will not be disclosed to anyone else. A copy of the document that presents the finding will be given to the concerned bodies that they can make future plan in regard to interventions.

1.7 Operational Definition

Disability have evolved during the last few decades and it is a complex and multi-faceted concept, to defining and to measuring. The International Classification of Functioning, Disability and Health (ICF) conceptualizes disability as an umbrella term covering impairments, activity limitations, and participation restrictions (UNICEF, 2019). Therefore, based on the above concept the researcher has provided the following operational definition for this study.

- An activity limitation is a difficulty encountered by an individual in executing a task or action – for example, utilizing food, including food purchase and preparation, walking or eating.
- In this study, working-age adults those are (ages 18-65) classified
- Food-insecure households were those that lack adequate food for one or more household members because they have insufficient money or other resources for food.
- In this study disability Status defined as a person who is unable to carry out or limited in carrying out activities that others can do due to long term physical/mental disabilities. Short term difficulties due to temporary conditions were excluded. In general, a person is defined as disabled if due to physical or mental injuries could not fully perform activities that another healthy person could do.
- Food security commonly defined as “when all people, at any times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preference for an active and healthy life.

Chapter Two

Related Literature and Empirical based Evidences of the Study

Neo-Malthusian theory underlined that food requires three pillars or components: those are adequate and reliable supply, access to the supply and ability to utilize the supply to gain nutrition. And also the follower of this theory argued that food security and sustainability development are intrinsically linked (Scanlon, 2003).

According to the FAO, in a definition established at the World Food Summit (WFS) in Rome in 1996, food security is achieved when every household members have physical, social and economic access at any times to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Disability has existed throughout history. In fact, in Biblical times persons with disabilities were seen as sinners who carried with them the punishment of God. Disability was considered as curse and an attack by an evil spirit. Most persons with disabilities had no choice but to live as beggars in need of charity (UN, 2001). The same public attitude of the historical times persisted as the realities in Ethiopia for so many years. It is believed that disability is caused by religious and cultural sanctions and is associated with a consequence of evil deeds by parents and/ or ancestors. According to research made by Cheshire Foundation (as cited in CARDOS, 2007) persons with disabilities themselves maintained this wrong conviction and believe that their disability is due to some supernatural acts. The cause of stigmas varies from society to society, but usually stem from moral, economic, cultural, and political factors.

The attitudes of many Ethiopians towards persons with disabilities are generally negative. Studies regarding persons with disabilities have found that families prefer to hide family member of person with disabilities because of fears of social stigma, and they think that person with disabilities are useless and do not provide the support they give to non-disabled family members. In addition, pregnant women are kept far away from persons with disabilities because it is believed that disability passes on to unborn children (Tefera, 2005). The preponderance of negative attitudes towards persons with disabilities prevent them from engaging in normal social activities and lead to social isolation. Stigmas are often rooted in the lack of public understanding about the causes of disabilities, and its effects have become more of a social handicap than the

disability itself (Center for Applied Research and Development Oriented Service (CARDOS), 2003).

The combination of poverty, lack of knowledge and deficient preventive and rehabilitation services had generated high prevalence of disability in Ethiopia. The country is one of the developing countries where one easily can't get very minimum information and knowledge about persons with disabilities. Accurate information on the magnitude, types of disabilities and causes and consequences is lacking.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) indicates that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Legislation and policies in Ethiopia have typically used a medical model approach, without considering the social or human rights elements of the concept of disability. A person with a disability was first defined in an imperial order in 1971 as “any person who, because of limitations of physical or mental health, is unable to earn his livelihood and does not have one to support him and shall include any person who is unable to earn his livelihood because of young or old age”. The 1994 proclamation on the employment rights of persons with disabilities refers to “a person who is unable to see, to hear to speak or suffering from injuries to his limbs or from mental retardation, due to natural or manmade causes; providing however, the term does not include persons, who are alcoholic, drug addicts and those with psychological problems due to socially deviant behaviors.” More recent policies acknowledge the role of contextual factors and align more closely with the definition used in the Convention.

The literature generally fails to critically consider disability. This paper had worked to highlights the role of environmental and social factors in defining disability. Consequently, disability was largely defined according to physical conditions or limitations in completing activities. This approach aligns with a bio-medical conceptualization, treating disability as a problematic category resulting in poor mobility and constraints on food-related activities. Yet, social norms play a key role in the construction of disability which can be seen in experiences of food access. The disability literature notes how social valuing of extreme independence affects who becomes identified as disabled (Gibson, 2006). Some people with disability valued their independence,

which they expressed through food provision practices (Munoz-Plaza et al., 2013). Those relying on help for food provision, experienced food access through a lens of discrimination, seeing themselves as a burden on others or as restricted in making their own food choices (Kudlick, 2007; Wolfe et al., 1996).

2.1. Definitions of Disability

Disability is commonly defined according to activity limitations including food access-related activities such as food shopping and preparation. Inability to engage in these activities is itself ‘disabling’ and part of social understanding of who comes to be defined as disabled (Webber et al., 2007), thus highlighting the recursive nature of the relationship between food access and disability. Further, common measures of disability, do not distinguish between forms of disability. Therefore, differences in barriers across disability types, such as increased social discrimination for individuals with mental health disabilities (Dear et al., 1997) are often ignored. Social and organizational definitions of disability have important impacts on experiences of disability. How bureaucracies define disability has real-world implications in the lives of people with disability, impacting access to social and material supports (Withers, 2012) and therefore, access to food.

Many definitions of disability exist and are used for different purposes, but in general, disability refers to limitations to participating in usual roles or activities resulting from a medical condition or health impairment (Connolly, 2009). The study conducted in the Malaysia defines persons with disabilities as those who have long-term physical, mental, intellectual or sensory impairments; which in interaction with various barriers may hinder their full and effective participation in society (The Malaysian Disability Act, 2008).

The results of the review demonstrate that disability was consistently associated with increased risk of HFI across different populations and geographic settings, highlighting an important population level inequality. Higher rates of HFI were associated with economic and organizational barriers (She and Livermore, 2007). Additional social and environmental features limited physical access to food for people with disability, often in conjunction with economic barriers to access (Webber et al., 2007). These findings highlight important social ecological interactions, indicating that economic deprivation may be particularly severe among populations with disabilities, particularly in the absence of compensating financial and social resources.

Findings also highlight how disabling barriers, such as stigma, and institutional and environmental barriers often reinforce one another, such as discrimination limiting access to social and adaptive resources for individuals with disabilities, particularly those with mental illness (Keller et al., 2007b).

2.2. Models of Understanding Disability/

Researchers and scholars have investigated to clearly understand the concepts of disability. Therefore, in order to understand how disability is currently viewed, it is helpful to look at the way the concept of disability has evolved over time. There are many models that helps us to understand the concept of disability. And this study was focused only on four of them.

2.2.1. Traditional/Charity Model

Historically, disability was largely understood in mythological or religious terms. Example: the moral or religious model of disability is the oldest model that associates disability with the act of God. According to this model when the person or his/her parents fail to obedient God's order or committed to sin, God will punish them and the result or the consequence might be revealed with some types of disabilities. This kind of believes found in a majority of religious traditions, including Judeo-Christian traditions.

In general, people with disabilities were considered to be possessed by devils or spirits, disability was often seen as a punishment for past wrongdoing, Disability was caused by sin, curse and wrath of God. Persons with disabilities were considered and treated as "pity objects" These views are still present today in many traditional societies. Therefore, people with disabilities outside of society and society giving to people with disabilities

2.2.2. Individual/Medical Model

In the nineteenth and twentieth centuries, developments in science and medicine helped to create an understanding that disability has a biological or medical basis, with impairments in body function and structure being associated with different health conditions. Therefore, the PWDs can't communicate, depends on hearing aid, can't walk, can't understand, requires medication and generally needs help to do things. This medical model views disability as a problem of the individual and is primarily focused on cure and the provision of medical care by professionals. It aimed providing residential or institution-based care and support

2.2.3. Social Model

In the 1960s and 1970s, the individual and medical view of disability was challenged and a range of social approaches were developed, e.g., the social model of disability. These approaches shifted attention away from the medical aspects of disability and instead focused on the social barriers and discrimination that people with disabilities face. Disability was redefined as a societal problem rather than an individual problem and solutions became focused on removing barriers and social change, not just medical cure.

Social Modeling theory understands disability from the view of social and environmental factors. According to social modeling theory, PWD has surrounded by several social and environmental factors. For example, poverty which is cause and consequences of disability, lack of support, negative perceptions, in accessible transportation, lack of accessible information, lack of understanding, from others, very few sign language interpreters, and poorly designed building... etc.

2.2.4. Human Rights based Model

Social Model of Disability is shaped in line with the basic principles of human rights, in terms of the special needs of persons with disabilities. Rethinking care and policies, Mainstreaming disability in all policies, Involvement of people with disabilities in the decisions.

2.3. Concept of Food Security

Food security exists when all people, at all times have physical and economic access to sufficient safe and nutritious food to meet their dietary needs and food preferences for a healthy and active life (FAO, 1996). Household food insecurity (HFI) extends beyond measures of hunger, with common measures surveying household conditions from anxiety over having enough money for food to going for days without eating because of financial constraints (Bickel et al., 2000). HFI is associated with a number of adverse health outcomes from poor mental health, to nutritional deficiencies, and chronic illness like diabetes and heart disease. Food insecurity is a global problem, including within high-income countries in Europe and North America, where between 10 and 13% of the population experience food insecurity (Coleman-Jensen et al., 2017). Certain populations are at greater risk of HFI, including single parent households, families with children, minority populations, immigrants, renters as compared to home-owners, and those with a chronic illness, or a disability (Gorton et al., 2010).

The development of the concept of food security was launched at the time with a relatively clear focus on national and international food supply. In the 1970s, food security was mostly

concerned with national and global food supply and then in the 1980s the focus shifted to some questions of access to food at household and individual levels (Maxwell and Frankenber, 1992)

As an objective of policy, planning, and programming, the term food security must be quite clearly defined in order to focus the strategy for achieving it. From the mid-1970s to the early 2000s the term has been defined and used in many different ways: as a conceptual framework, an organizing premise for defining and enacting policy, as a goal of development programming and as a justification for launching many program proposals having dubious connections to the core concept. It has been used as a proxy for poverty as a “counterweight” to the “structural adjustment” agenda of the 1990s, as a tool for finding and filling gaps in integrated approaches to rural development focused on the poorest, and as a linking mechanism between concern for the poor, malnourished individual and the need to fix non-working economic systems (USAID, 2001).

2.3.1. Main Approaches of Food Security

At the beginning of a paper discussing different approaches to food security, one would expect to have a clear definition of food security. Accordingly, regarding food security the main approaches that the researcher was went through was 3 types of food security approaches. Such as food accessibility which was the main focus areas of this paper, food availability and risk management.

While food may be available, but there is no guarantee that all individuals, households’ members will be able to access it. Lack of purchasing power, physically unable to access it keeps many families from obtaining the food necessary for a healthy and productive life.

According to Access perspective, “access” is not limited by the classical definition of the right to benefit from things it also integrates the ability to derive benefits from things Ribot, J.C.; Peluso, N.L. (2003). The Theory of Access differentiates between one’s right to access resources and one’s ability to benefit from these. Some scholars argue that people may hold the right to access a certain resource, but may not necessarily have the ability to use the resource in a productive way to benefit from it due to a lack of structural and relational mechanisms such as capital, technology, labour, knowledge, authority, market mechanisms, social relations, and identity

2.3.2. Food Entitlement Approach

For long time the debate on hunger and famine has been heavily affected by food availability approach rooted in Malthus' thought. Only at the beginning of 1980s Amartya Sen's entitlement approach contributed to challenge this perspective and shifted the focus from national food availability to people's access to food. The entitlement approach concentrates on each person's entitlements to commodity bundles including food, and views starvation as resulting from a failure to be entitled to any bundle with enough food (Sen 1981). Entitlements depend on two elements: 1) the personal endowments, which are the resources a person legally owns such as house, livestock, land, and nontangible goods (Osmani 1995); 2) the set of commodities the person can have access to through trade and production, i.e., the "exchange entitlement mapping" Sen (1981). Starting from a situation in which an individual has just enough means of subsistence, a decline of endowments can obviously lead the PWD to starvation. However, with the same endowments, a person can still fall into the hunger trap because of a decline in the exchange entitlement mapping; for instance, a sharp reduction of the price of the commodity that the individual produces, due to external causes, reduces its capacity to buy food.

This approach has been primarily proposed and tested for famine analysis, but the same rationale works for regular hunger and endemic undernourishment. Using the words of Dreze and Sen:

If people go hungry on a regular basis all the time, or seasonally, the explanations of that have to be sought in the way the entitlement system in operation fails to give the persons involved adequate means of securing enough food. Seeing hunger as entitlement failure points to possible remedies as well as helping us to understand the forces that generate hunger and sustain it. (Dreze and Sen 1989: 24).

The entitlement approach contributed to re-address the problem of hunger and famine by diminishing the role of aggregate food supply and giving more relevance to the socio-economic conditions of people. "Starvation is a matter of some people not having enough food to eat and not a matter of there being not enough food to eat" (Sen 1981: 434). Therefore, it has significantly affected the notion of food security, by adding the access dimension. The influence of Amartya Sen's work is visible in two important food security definitions: "All people at all times have both physical and economic access to the basic food they need.

2.3.3. Approaches of Food Availability

The food availability approach is certainly the oldest one and still the most influential. Although the core ideas of this approach could be traced back to the Venetian thinker Giovanni Botero (1588), it was Thomas Malthus (1789) that popularized it, and, in fact, it also known as the Malthusian approach. The approach is focused on the disequilibrium between population and food: in order to maintain this equilibrium, the rate of growth of food availability should be not lower than the rate of growth of population. However, in this study this approaches only define in terms of when sufficient quantity is consistently available to all individual person with disabilities through household production, domestic output commercial imports or food assistance.

2.3.4. Risk Management Approach

The Risk Management Approach defines in terms of the degree to which individual person with disabilities, households and communities can cope with and withstand stressful situations and shocks. Vulnerability for all people specially for those are people with disabilities can be grouped in to five categories by external risk factors. Environmental, social and health, political and market. All these are generalized that inability to manage risks can lead to food insecurity for all peoples.

2.4. Factors that associated with food insecurity and disabilities

Disability emerges as an important influence of food access and insecurity. A more complete understanding of the relationship between disability and food access could arise through greater questioning of upstream influences and different scales of influence. This approach would consider not just greater economic disadvantage or household expenses in people with disability, or assume reduced ‘coping’, but would question why there is greater financial deprivation, including social discrimination and environmental barriers, that prevent financial independence (Oliver, 1996) or increase expenses (She and Livermore, 2007). Intersecting this understanding with a more sophisticated conceptualization of disability would permit closer study of the recursive connections between disability and food insecurity highlighting the ways in which disability and food insecurity produce and reproduce one another.

As the report of United States Department of Agriculture indicated, food insecurity has a causal association with specific types of disability and its severity. Household head’s severe and non-

severe vision, physical, and mental disabilities were associated with higher likelihood of being food insecure Seungyeon. C, Ariun. I, and Christsian. G, (2016). In addition, the report also indicated that accumulation of disabilities brings about higher likelihood to be food insecure among the households with a household head with disability. Individual and household-level characteristics had significant effect on household food insecurity. likewise, the other studies that conducted in the same country were consistent with this finding (Colemen-Jensen and Nord 2013, Huang et. al. 2010)

2.4.1. Reduced Earning and Increased Expenses

Poor physical access to food has been considered a risk factor for food insecurity, health, and dietary outcomes (Caspi et al., 2012). Physical access has been largely conceptualized using the ‘food desert’ metaphor, generally referring to low-income areas with poor geographic accessibility to a grocery store (Wrigley, 2002). This concept posits a relationship between physical and economic access to food, suggesting that low-income individuals living in food deserts have less access to affordable healthy food sources and are therefore likely to eat less healthy foods, or spend more money on food at local stores or more time accessing food sources with a healthier selection (Wrigley, 2002). However, the effect of various measures of the food environment on food insecurity and diet appears to be mixed (Caspi et al., 2012). The absence of a clear effect may be due to inconsistencies and limitations in the construction of food desert measures (McEntee, 2009; Shannon, 2013

Factors influencing food access will vary across the population depending on culture, socioeconomic status, and importantly, by ability. Persons with disability may have poorer physical access to food (Shaw, 2006). Higher rates of poverty have also been observed among people with disability, suggesting poorer economic access to food (Palmer, 2011; She and Livermore, 2007). A greater consideration of disability can help to understand influences of food access in this population, highlighting heterogeneity and physical and economic influences of food access across the population.

In Addis Ababa households with disabled members are more likely to be limited by constrained economic resources due to their low labor market participation. For example, when primary income earners household heads are not able to work due to disability onset, there may be a

sharp decline in household income. Having a disabled member in the household may also reduce other members' labor force participation, and decrease household income (Rogers & Hogan, 2001). Defining disability as functional and activity limitations, both McNeil (2001) and Wang (2005) find that disability is highly correlated with low employment rates and income poverty, based on the Survey of Income and Program Participation (SIPP) and the Census 2000, respectively.

In general, the researcher doesn't suspect that people with disabilities are more likely to experience food insecurity. People with disabilities have relatively constrained economic resources due to their higher poverty rate and lower employment rate compared to those without disabilities (Weathers, 2005). In addition, people with disabilities have higher consumption demands for health services (Rogers & Hogan, 2001) and lower levels of access to food supplies, which may affect their food consumption (She & Livermore, 2007). Due to constrained economic resources, there may be competing needs for health costs and food consumption for families of individuals with disabilities.

2.5. Food insecurity Among High income Households of People with Disabilities

Food insecurity is high even in moderate income households due several external and internal factors. Disabilities may increase the likelihood of food insecurity due to increased household expenses as well as reduced earnings. Results from statistical models that account for the effects of employment, income, and other household characteristics show that reduced earnings and lower income among those with disabilities contribute to their high rates of food insecurity. However, even after adjusting for the effects of employment and income, the model results show that households with adults with disabilities are more likely to be food insecure than other households. Because they face higher expenses, households affected by disabilities require higher incomes to meet their basic needs than do households without members with disabilities.

Comparing rates of food insecurity across income categories provides a picture of the additional income households need to cover costs associated with disabilities. The prevalence of food insecurity for households with no working-age adults with disabilities is lower than or similar to that for households with a member not in the labor force due to disability in the next-higher income group. According to the 2004 American Community Survey (Weathers, 2005), the

poverty rate for any disability was 23.7% in 2003, in contrast to 7.7% for the non-disability population. In addition, compared to the employment rate of 78% for the non-disability population, only 38% of people with disabilities were employed. The high poverty rate and the low employment rate indicate that people with disabilities have fewer economic resources to meet their essential needs

Even households that have incomes greater than three times the poverty level have a relatively high likelihood of being food insecure if they include an adult with a disability. An estimated 13 percent of households that included an adult not in the labor force due to a disability and had incomes at least three times the Federal poverty line were food insecure. About 9 percent of households with a working-age adult with other reported disabilities and income at least three times the Federal poverty line were food insecure. In comparison, about 4 percent of households in that income range with no working-age adults with disabilities were food insecure.

In 2011, 14.9 percent of U.S. households were food insecure (Coleman-Jensen et al., 2012). Food insecurity was more prevalent among households with a member who had a disability 33.5 percent of households with a member who had a disability and was unable to work were food insecure. Previous research has examined the relationship between work-limiting disabilities and food insecurity. Less is known about the food security status of households with a member who has a disability but is in the labor force.

2.6. Situations of People with Disability in Ethiopia

One of the human development indicators of a country is whether the social, technological and economic benefits are enjoyed by the people irrespective of their age, gender, religion and disabilities. However, the social and economic status of persons with disabilities in Ethiopia shows that they have been excluded for years from the mainstream development endeavor. There are concrete evidences that given the right environment and opportunities, many persons with disabilities can make commendable contribution to their communities and their families. Hence their exclusion from full participation in economic life can be considered as a missed opportunity for society as a whole. Their exclusion poses a challenge particularly to those working in small enterprise development. Ethiopian mobility challenged persons are particularly found suffering from social, cultural and political biases. Compared to non-disability persons, mobility

challenged persons have limited access to employment opportunities and other social services. They have less power and ability to do activities like persons without disabilities. Hence, they are economically dependent on their families and are found greatly confined to household.

The first Ethiopian Growth and Transformation Plan (2010-2014) stress the incidence of unemployment and low labor participation in Addis Ababa, which hosts nearly one third of the total population. The unemployment rate in the city, including those who would like to work but are not actively seeking work is about 11% even though one quarter of the country's unemployed live in Addis Ababa. In addition, Addis Ababa's labor force participation rate of 58 percent is relatively low compared to the country's participation rate of 72 percent. Occupational segregation is persistent, affecting the prospects of mobility challenged people in the labor market. Such barriers vary from lack of technical skills to deficient labor demand and credit constraints. The problem is worse to those persons with disabilities who strive to engage in small scale income generation activities (CSA, 2008, DHS2012).

In recognition the situations of PWDs in the country, DDI has been striving to address these barriers, to increase the opportunities, economic and overall empowerment of mobility challenged people in Addis Ababa through self-employment schemes. As part of this endeavor, different non-governmental local/international organizations like, Organization Peoples with Disability, Schiar, ZOA international Organizations have designed some intervention strategies to improve the living conditions of mobility challenged people and support them create sustainable income.

2.7. Disability Assistance, Food assistance and Insecurity

In USA a possible association between disability and food insecurity is reflected in the food assistance policies. For example, applicants to the Supplemental Security Income (SSI) in this program mainly poor individuals with disabilities are usually allowed to jointly apply for the Food Stamp Program (FSP) (Social Security Administration, 2004). A household can be categorically eligible for the FSP if all household members are the SSI recipients. In addition, the FSP has special provisions for people with disabilities regarding resource limits and medical deductions. The asset limit for households with disabled members is \$1,000 more than those without (US Department of Agriculture, 2008). But such kind of social Protection system in Developing countries particularly in Ethiopia almost none.

In many other developed countries Supplemental Nutritional Assistance Program (SNAP, formerly food stamps) provisions for persons with disabilities. In determining eligibility and benefit allotments, SNAP gives special consideration for households with members who have a disability and receive government assistance related to their disability. For example, households with members who have a disability may deduct medical expenses that exceed \$35 per month from household income in determining SNAP eligibility and benefit allotments; this deduction is not available to households without members who are elderly or disabled (DePolt, R.A. et al., 2009).

In developed nations like USA, Europe and other Scandinavian countries voluntarily participated in assisting PWD in providing food and shelter. Federal and local assistance programs are available to help individuals with disabilities meet their basic needs. These programs are meant to compensate for lower earning and higher expenses of those with disabilities. Many people with disabilities utilize these programs yet still have difficulty maintaining food security. The Supplemental Security Income (SSI) program is available to low-income people with disabilities. Social Security Disability Insurance (SSDI) is available to people with disabilities that have adequate work histories. Other disability assistance, such as workers' compensation and veterans' disability benefits, is also available. To be eligible for assistance, applicants must have a qualifying disability. Individuals with more severe disabilities are more likely to qualify for these programs.

Participation in disability assistance programs is relatively high among adults with disabilities, particularly those that are unable to work due to their disability. About 73 percent of households with a member not in the labor force due to disability received SSI, SSDI, or other disability assistance. Food insecurity was more prevalent among SSI recipients than among recipients of SSDI or other disability assistance. Higher rates of food insecurity among SSI recipient households may be due to more severe disabilities among those who qualify for SSI. It may also indicate that SSI benefits do not compensate for the lower income and higher expenses of more severe disabilities at a level that helps ensure household food security.

For example, USDA's Supplemental Nutrition Assistance Program (SNAP) includes special provisions for people with disabilities. In determining eligibility and benefit allotments, SNAP

gives special consideration to those with a disability that receive government assistance for their disability. (For SNAP purposes, a person is defined as having a disability if he or she receives disability benefits such as SSI or SSDI.) One such provision allows households with members who have a disability to deduct medical expenses that exceed \$35 per month from household income in determining SNAP eligibility and benefit allotments. This provision effectively increases the monthly SNAP benefit for those with disabilities and high medical expenses.

A larger percentage of low-income households that include adults with disabilities participate in SNAP than do low-income households without adults with disabilities. In 2009-10, an estimated 47 percent of low-income households with a member not in the labor force due to disability and 34 percent with a member with other reported disabilities received SNAP benefits, compared with about 24 percent of low-income households with no working-age adults with disabilities. Even though participation in SNAP was relatively high among households affected by disabilities, over half of these SNAP-recipient households were food insecure. This may be because households experiencing the worst food hardships are the most likely to apply for assistance. Also, the adjustments in SNAP benefits for people with disabilities may not fully compensate for the extra costs associated with disabilities.

In Addis Ababa the supply side is very weak, and most people with disabilities are unable to access services such as rehabilitation, support and assistance. Services that do exist are largely run by NGOs and often focus on people with physical impairments, with less attention being paid to those experiencing other forms of disabilities, such as intellectual impairments.

2.8. Improved Food Security for PWDs

Some studies showed that in USA disability assistance programs and food and nutrition assistance programs, in their current form, did not fully protect adults with disabilities from food insecurity. Some of those individuals may benefit from closer program coordination and program revisions to improve their food security status. For example, intervention on this program requires special considerations, special circumstances of individuals with disabilities require assistance beyond increased resources for food to meet their needs. People with

disabilities may have difficulty managing food resources, getting to a store, and shopping and preparing healthy meals on their own, even if the size of their SNAP benefit is adequate.

Public and private food assistance programs tailored specifically to households with members who have disabilities may be necessary to substantially reduce their food insecurity. Given the large share of food-insecure households that include working-age adults with disabilities, improving the food security of those households would substantially reduce the overall prevalence and severity of food insecurity

The ILO has through its project activities relating to employment promotion, economic and social development, contributed to the legislation of important laws (Proclamation 568/2008 on the Employment Right of Persons with Disabilities), ratification of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and the inclusion of disability in national development plans and policies.

2.9. Ethiopian Inclusion Policy

Disability inclusion is slowly but surely gaining policy traction in Ethiopia. The country ratified the UNCRPD in 2010 and is on track with its treaty-reporting obligations to the Committee on the Rights of Persons with Disabilities. The Growth and Transformation Plan for 2010-2015 was the first to identify disability as a cross-cutting issue, while the National Plan of Action for the Inclusion of Persons with Disabilities adopted in 2012 provides an ambitious policy framework that aims to mainstream disability issues in all fields of society by 2021. The National Social Protection Policy (NSPP) also calls for the expansion of services for persons with disabilities. Other important policies and legislation include, among others, the Proclamation Concerning the Rights of Disabled Persons to Employment (2008), the Ethiopian Building Proclamation (2009), and the Master Plan for Special Needs and Inclusive Education (2016). However, there remains a range of policy gaps and barriers that make it challenging for children and adults with functional limitations to participate fully in society.

Starting 2005, Ethiopia has made significant progress in expanding social protection coverage through its Productive Safety Net Programme (PSNP), one of the largest on the continent. However, implement disability-specific social protection schemes, nor do existing schemes take into account the extra costs faced by people with disabilities just to be able to achieve the same

standard of living as others. The operational manual of the Urban Productive Safety Net Programme (UPSNP) offers no guidance on how to define or measure disability when assessing eligibility for direct income support.

Despite the strong links between poverty and disability, PWDs are still largely invisible in global development efforts. Although the Millennium Development Goals have achieved remarkable success in reducing poverty, many people with disabilities have benefited little from this progress. Particularly Disability in development remains stuck in the 'special needs' section of targeted projects on health, food aid and welfare (DFID, 2014).

2.10. Inclusion Education

Education is a universally accepted fundamental human right that should be accessible to all citizens. It plays a crucial role in eradicating poverty and promoting socio economic development in any society. Accordingly, the Federal Democratic Republic of Ethiopia has been committed to provide quality education to all its citizens, including children with Special Educational Needs (SENs). In particular, the Constitution sets out the State's responsibility for the provision of necessary rehabilitation and support services for persons with disabilities (art. 41). Ethiopia has also ratified various international Conventions and instruments of relevance to inclusive education. Of particular significance is the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), in which Article 24 emphasizes inclusive education. In this regard it seems there is a little bit improvement. However empirical investigation must be needed to assure those improvements.

2.11. Empirical Evidences of the study

The following section presents previous research on disabilities and food insecurity hardship. In addition to a link between food insecurity and disability, research has established a link between disabilities and a higher incidence of poverty.

There is no universally consensus or single disability definition, some scholars define disability a person who physical or mental injured due to man-made or natural disaster. According to those scholars' disability is considered if a person does not able to carry out normal day-to-day activities due to the problem of physical or mental impairment (Mitra, 2006). Others argued that disability may be visible or invisible, and onset can be at birth, or during childhood, working age

years or old age and therefore, whether it temporarily or permanently it can be occurred to everybody at any time. Thus, because of the nature and characteristics, complex, dynamic and its diverse they define people with disabilities as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (WHO, 20011).

Most authors conceptualized disability as limitations to activities, tasks, or physical functions or work and this study will investigate the association between disability and the above factors. In addition, it will also investigate the association between disability and food insecurity. Specifically, it examines the extent to which constrained economic resources and distinctive consumption needs of households with disabled members account for the association between disability and food insecurity (Clark & Drake, 1994).

Second, disability itself may create competing demands, and services required by disabled members such as medical care, medical equipment and supplies, and home and transportation modification was expensive. Out-of-pocket health expenditures for people with disabilities are three times higher than those for people without disabilities, Fujiura, Roccoforte, & Braddock, (1994), Leonard, Brust, & Sapienza, 1992; Olin & Dougherty, (2006). As a result, households with disabled members have higher odds of trading-off between essential food consumption and disability-related expenses. Finally, disability is also related to household coping ability with food insecurity. Some individuals with disabilities may lack budgeting skills, due to their limited access to education, relatively low-skill job experiences, or cognitive impairments. Even nondisabled members may not be able to pay adequate attention to household budgeting and food preparation due to the burden and stress resulted from caring for members with disabilities (Cummins, 2001; Power & Dell Orto, 2004).

Having enough food per capita at national level is a necessary but not sufficient condition for food security. Food insecurity is a vital global issue that leaves almost one billion people with chronic hunger every day (WFP, 2017). Even if the prevalence of food insecurity has been gradually decreasing yearly since 2000, the 2017 United Nations Food and Agriculture report indicates that the number of malnourished people increased from 777 million in 2015 to 815 million in 2016 (FAO & UNICEF, 2017). In Africa alone, food insecurity has left 38 million

people vulnerable to “imminent threat to their peace, security and stability” (p. 49) and it may be doubled for the person of with disabilities.

In many low-income countries, food insecurity is a pressing concern and thus ensuring food security for all segments of the population is a high priority. In a recent global analysis of 149 countries, the prevalence of any food insecurity ranged from 18.3% in the East Asian region to 76.1% in sub-Saharan Africa (Jones A, 2017). More than other developing countries in Ethiopia, both chronic and transitory (seasonal) food insecurity are persistent problems for a large segment of the population (Mengistu E, Regassa N, Yusufe A, 2009).

Consequently, achieving food security has been an insurmountable challenge in Ethiopia. Hence, Ethiopia has been one of the most food-insecure and famine affected countries. A large portion of the country ‘s population has been affected by chronic and transitory food insecurity (FAO, 2014). The situation of chronically food insecure people is becoming more and more severe. It is apparent that there is a close connection between disability and poverty. While household food insecurity has been examined in various sociodemographic populations like children, gender, immigrants and welfare populations, little is known about food insecurity among PWDs (She and Livermore 2007). It is assumed that people with disabilities and their families are more vulnerable to food insecurity than their counterparts without disabilities. People with disabilities are constrained by economic resources due to their higher poverty rate and lower employment rate compared to those without disabilities (Weathers 2005).

In this regard it means that the endeavor of any country to get out of poverty cannot be achieved without considering the needs and situations of persons with disabilities. It is estimated that currently nearly 1 billion people globally are living with a disability WFP (2017), out of which 70% of this total are found in developing countries. On the other hand, the report of the World Bank (2004) indicates that out of the people considered the poorest, about 20% of them are PwDs. Based on 2007 census, WHO pointed out that 10% of 74 million people, lived with disability in Ethiopia. The same organization in its 2015 country profile report; from the total population of Ethiopia 17.6% is person with disabilities and the number is expected to increase in subsequent years. The World Bank in the same report indicated that the MDG which has been committed by international communities and UN member states cannot be achieved and the gains that have been attained so far cannot sustain without the inclusion and consideration of the

needs of persons with disabilities and the economic impacts that have been brought upon them (She & Livermore, 2007).

Some studies and reports indicated that there are badly links between disabilities and poverty, peoples with disabilities are still not considered in global development efforts. It is undeniable that some countries particularly those are developed countries have achieved outstanding success in reducing poverty. However, vulnerable peoples specially peoples with disabilities have remains with their problems or have benefited little from this progress. In development programs the issues PWD is not taken in to account rather it gives much emphasis to 'special needs' which the simplest part that required to intervene. And the issues of food security have not raised yet (DFID, 2014).

Other study conducted on disability and food security development agenda Edge (2013) identified the linkage between food insecurity, disability and poverty. Accordingly, there are two linkages and these are poverty or poor livelihood, disability and food insecurity. Chronic food insecurity may lead to poverty through poor access to food particularly through exposed to malnutrition and likewise disability leads to poverty through difficulty access to food, poor affordability, lack of employment, education opportunity, prejudice, and social discriminations (Fiseha, E and Degefa T, 2017).

2.11.1. Policy and Institutional Arrangement of Supporting Person with Disabilities

Many countries throughout the world have, in recent years, adopted policies aiming to promote the rights of people with disabilities to full and equal participation in society. This has often been in response to the ILO Convention No. 159 concerning Vocational Rehabilitation and Employment of Disabled Persons (1983). Policy on employment opportunities for people with disabilities is frequently supported by legislation and implementation strategies as essential tools to promote integration and social inclusion.

Some countries in Africa have made progress in introducing disability-related legislation, but many of these laws have not yet been implemented. In other African countries, existing national laws need to be reviewed in order to achieve equity and equalization of opportunities for persons with disabilities. Likewise, improving legislation and implementation strategies has been

identified as one of the main issues to be tackled in the African Decade of Disabled Persons 1999-2009.

2.11.2.Legislative Framework

Ethiopia endorsed legal requirements regarding employment of person with disabilities through the Proclamation 1994. The proclamation clearly supported the Rights of person with disability to Employment. In this regard, disability provisions are also included in general legislation, such as the 1995 Constitution of the Federal Democratic Republic of Ethiopia, the Labour Proclamation 1993 and the Federal Civil Servant Proclamation 2002.

Concerning institutional arrangement for the interventions of different institutions as well as organizations, Ethiopia has adopted some legislative framework and facilitated accordingly. For example, in 1971; No. 70/1971 the directive has been slated to Provide support for the Establishment of a Rehabilitation Agency for person with disabilities. The proclamation was enacted to establish and set out the functions of the Rehabilitation Agency which included providing rehabilitation for those in need of it, and fostering and facilitating effective participation of private organizations engaged in rehabilitation work. The Rehabilitation Agency was worked until 1996. However, as it well known abrogation is common in the country and the proclamation was dissolved. Even though the directive No. 70/1971 has not been abrogated, it has lost its relevance.

Again in (2004), several laws are being reviewed in Ethiopia, including the Labour Proclamation 1993, the Federal Civil Servant Proclamation 2002 as well as the associated regulations.

The country has ratified and adopted almost all of the relevant initiatives and international legal texts on the rights of persons with disabilities including the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010. On a national level, its Growth and Transformation Plan, which is the leading document aiming for economic growth and development in Ethiopia and has finished its second phase (GTP II 2015- 2020), has various chapters and articles which refer directly or indirectly to persons with disabilities, referencing for example special needs education for children with disabilities, preventive, curative, emergency care and rehabilitative health services, and the aim to expand social security services and

participation in political decision making. However, in this GTP there is no specific indicators of food security for PWDs.

2.11.3. Constitution of the Federal Democratic Republic of Ethiopia 1995

Compared to previous Constitutions of Ethiopia, the Constitution of the Federal Democratic Republic of Ethiopia 1995 has made progress in terms of addressing the concern of persons with disabilities. Article 41(5) of the Constitution sets out the State's responsibility for the provision of necessary rehabilitation and support services for people with disabilities:

2.11.4. Proclamation concerning the Rights of Disabled Persons to Employment No.101/1994

The Proclamation concerning the Rights of Disabled Persons to Employment No.101/1994 is the only legislation in Ethiopia which specifically provides for the employment of disabled persons.

The Proclamation aims to protect and promote the rights of disabled persons to appropriate training, employment opportunities and salary, and to prevent any workplace discrimination. But, The Federal Civil Servant Proclamation No. 262/2002 article 13 not expressly mentioned about disabilities while prohibits discrimination due to ethnic, sex, political outlook and religion. However, it goes further by effectively providing for affirmative action in the recruitment of persons with disabilities. It prescribes that meeting the passing score is sufficient for applicants with disabilities competing for vacancies and that those meeting this score get preference in appointments. The Federal Civil Servant Proclamation has recently reviewed along with the regulations to give effect to it.

2.11.5. Institutional framework

The Rehabilitation Agency for Disabled Persons as provided for in Order No. 70/1971 was operational until 1996, when it was dissolved, to be then restructured and established as a Department for Rehabilitation Affairs within the Ministry of Labour and Social Affairs (MOLSA). This Department coordinates disability issues at the federal level as part of its wider brief to deal with employment and social issues. It is responsible for providing policy guidance and technical support concerning social and economic integration of disabled persons. It has the duty to 'study and in cooperation with the appropriate organizations, ensure the implementation

of ways and means of providing assistance to the aged and the disabled as well as the rehabilitation of the disabled’.

2.11.6. Developmental Social Welfare Policy 1997

Government policies and programmes concerned with the employment of disabled persons are both mainstream and disability-specific. Ethiopia formulated a Developmental Social Welfare Policy which reflects the needs of people with disabilities in 1997 and a National Programme of Action for Rehabilitation of Persons with Disabilities in 1999.

The Developmental Social Welfare Policy, developed in 1997, specifically targets people with disabilities and sets out to safeguard their rights and to promote opportunities for vocational rehabilitation. It provides ‘for creating conditions where rules, regulations, programs and services could be strengthened and expanded whilst enhance vocational training and placement opportunities for persons with disabilities.

2.12. Work availability and peoples with disability

According to Tiun and Khoo (2013), in Malaysia, approximately 8% of working population lives with disabilities, and they are mainly employed in the private sector. In 2008, the Malaysian Government decided that the civil services must allocate 1% of the available jobs to people with disabilities. With this 1% quota policy, it was expected that approximately 14,000 job opportunities in the government sector would have been opened for people with disabilities in Malaysia. (Abdulah & Arnidawai, 2013 as cited by (Lavasani, Norwahiza & Ortega, 2015). However, 5 years later, this 1% quota has not been met and the statistics available from the Department of Social Welfare Malaysia reveals that in the government sector only 581 people with disabilities have been employed since 2008 (Tiun & Khoo, 2013).

2.13. Conceptual Framework of Effect of Disability on food Security

From different theories of PWD& food insecurity distilled from the literature of in the Addis Ababa City Administration the following Conceptual Framework is developed. Disability and poverty visa-versal cause and consequence for each other. Poverty is inextricably linked to disability as both a cause and a consequence (Elwan 1999). As a cause, conditions of poverty add to the risk of disability. A World Bank (2001) study on poverty and disability has revealed that

poor households do not have sufficient food, basic sanitation, and access to preventive health care. Hence, the poor segment of the society lives in lower quality housing, and some work in more dangerous jobs. Malnutrition arising from poverty can induce disability, as well as increasing susceptibility to other disabling diseases. Likewise, disability can lead to poverty and food insecurity through lack of employment and education opportunities, limited access to health and social services (Edge, 2013).

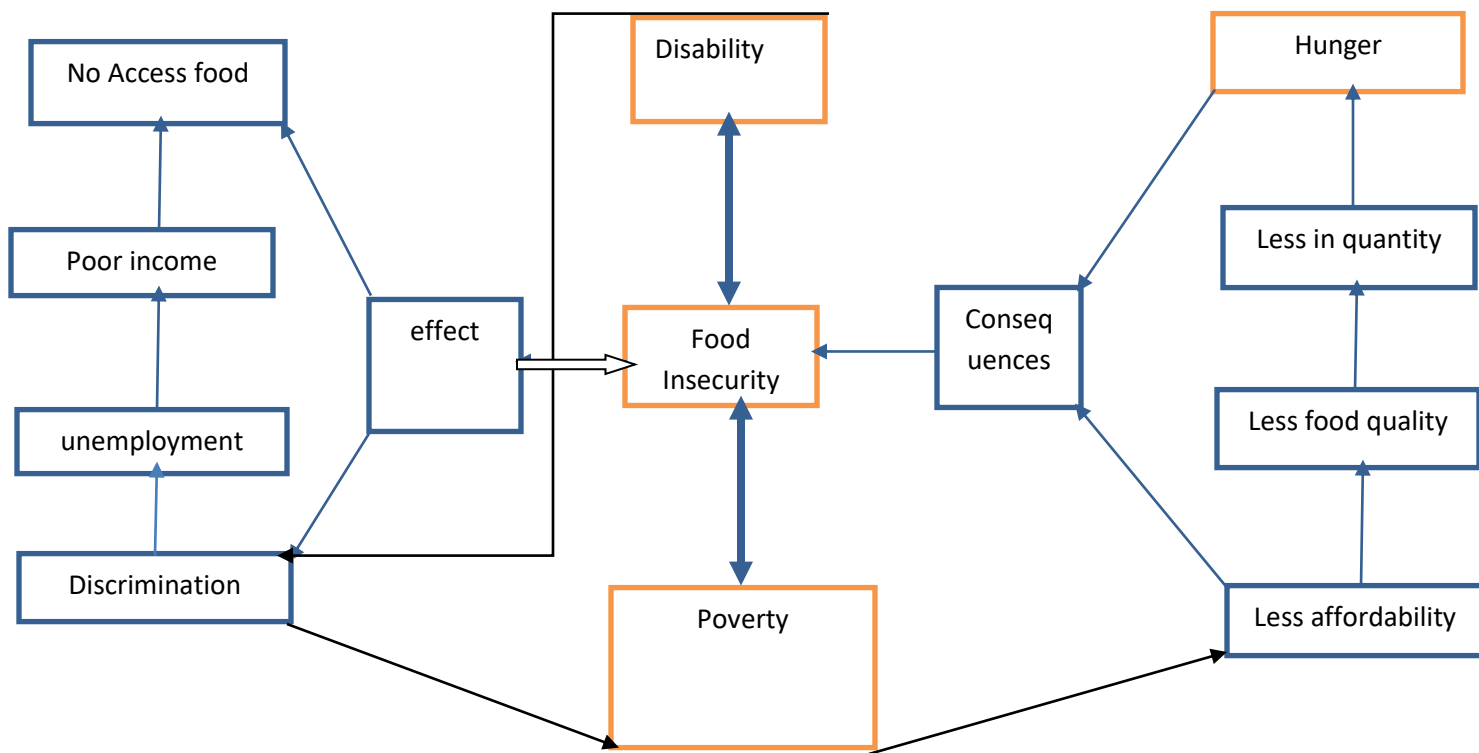


Figure 1 Conceptual Frame Work of effects of disability on food access and food insecurity 2021

2.14. Components of Food Security

Availability of food. Availability is one of the four components of food security and it addresses the supply side. The phrase refers to the physical inflow and presence of safe and nutritious food at a given time and in a given place (e.g. at a local market or in a country).

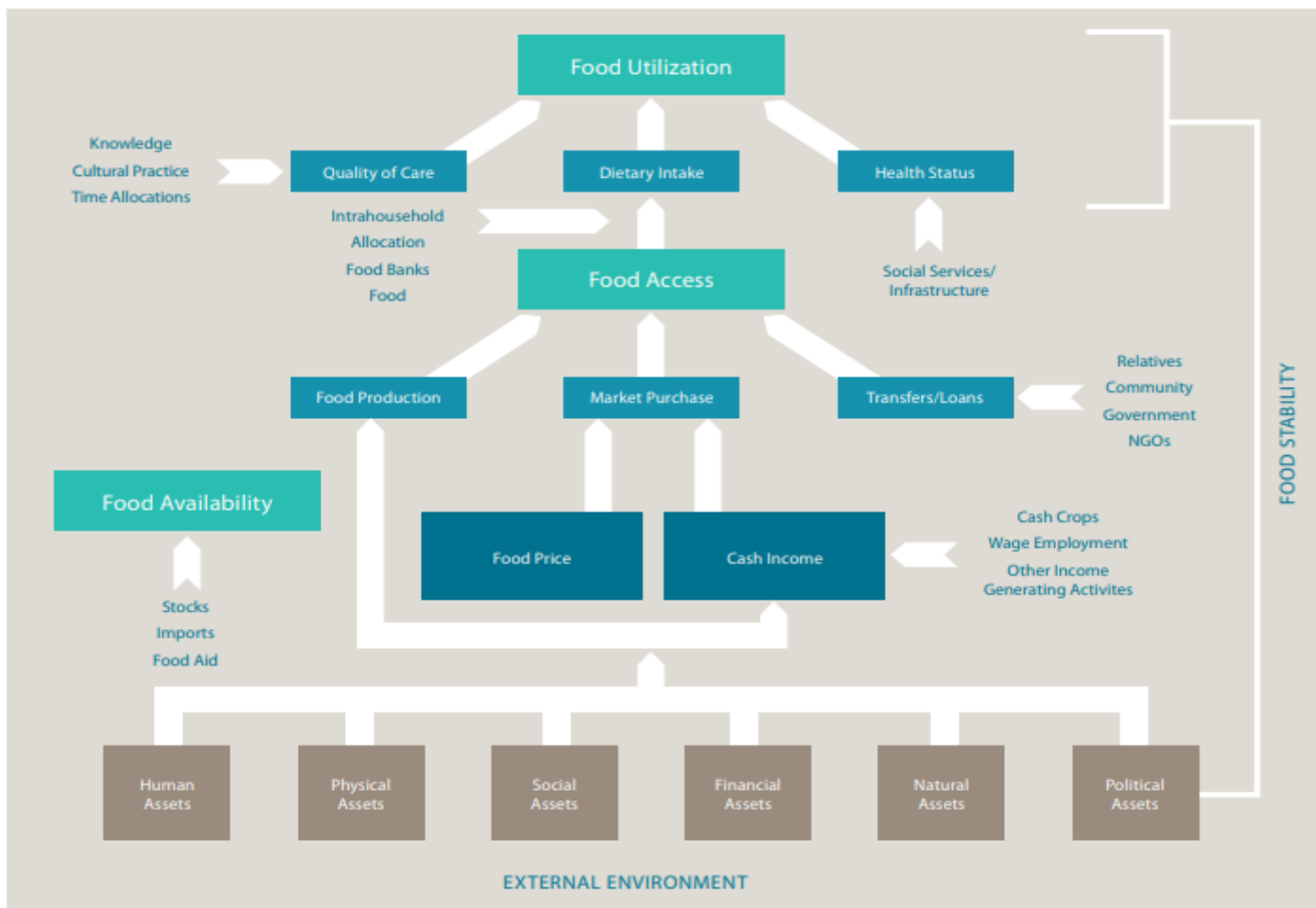
Access to food. Access, one of the four components of food security, concerns itself with whether or not an individual or household is able to gain access to (and therefore eat) available

food. It addresses the ability to purchase or exchange goods for foods, as well as foods that are given and other social mechanisms that affect access (e.g. unequal distribution of food among the members of a household).

Utilisation of food. Utilisation is one of the four components of food security. It addresses the body’s ability to make the most out of the nutrients in food that is consumed.

Stability. Stability is one of the four components of food security. It cuts across and affects all the other components. Food may be available and accessible to people who are able to utilise it effectively, but this state of affairs needs to be enduring and so stable over time, rather than being a temporary state that is subject to fluctuations. Below figure can show more food security value chains.

Figure 2: Food Security Framework



CAPTER THREE

Methodology

Mixed research approaches was used. And also for data collection both quantitative and qualitative methodologies were applied to collect relevant data from the targeted areas of Addis Ababa City Administration. Cross sectional study design was utilized to describe the effects of disability on food access and insecurity among household People with disabilities in Addis Ababa City Administration. Primary quantitative data was collected from households using household survey questionnaires. Qualitative data however was collected using key informant interviews (KIIs) and focus group discussions (FGD) was utilized to generate data from concerned government sector officials, non-governmental stakeholders and others as deemed necessary.

The household survey questionnaires were administered by experienced data collectors /enumerators while the qualitative data was collected by researcher.

3.1. Sampling Technique and Sample Size

As shown in figure 2, multi-stage sampling technique was applied. In this case first 10 Sub-cities of Addis Ababa City Administration were stratified in to three groups based on their disability rate. The total sample size was distributed to the three strata proportional to their size. Based on the score given in each stratum as listed, high disability status, medium and lowest disability status; three sub-cities were selected from each stratum. Then after, from each of three Sub-cities one woredas was randomly selected. Finally, the ultimate study units were selected using systematic sampling technique based on the list that available with the health extension workers.

Regarding the selection of respondents for the KII and FGDs, purposive sampling was used to include the respondents that were directly relevant for the study. Thus, respondents from different sector offices and other stakeholders like NGOs, disability-focused organizations, Labour and social affairs offices, and people with disabilities (PWDs) was interviewed to provide qualitative data for the study.

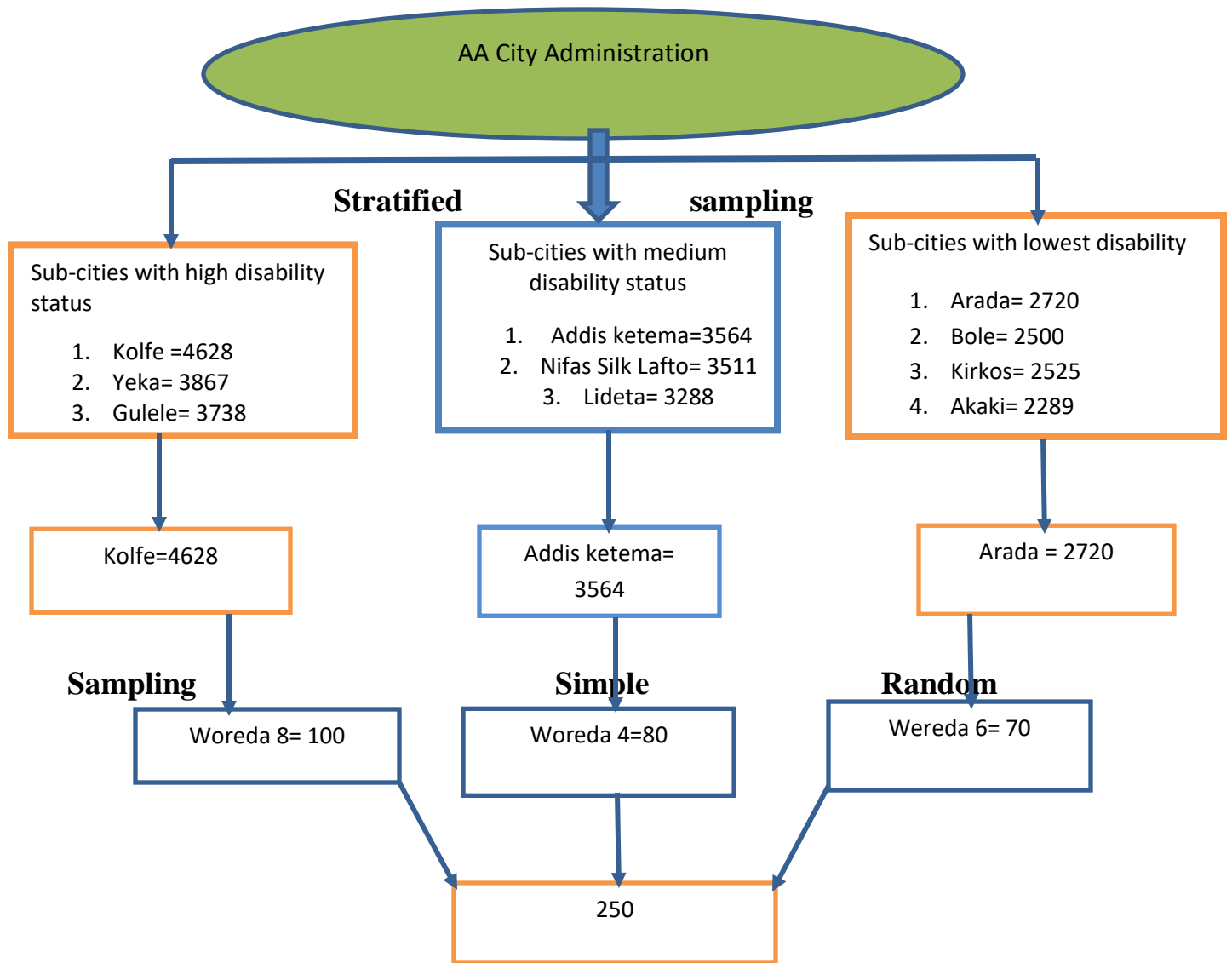


Figure 3: Diagrammatic representation of sampling procedures and sample size distributions

Source: Ethiopian national Census of 2007 and Sub-cities' health extension 2021.

3.2. Study Population

The researcher focused on two groups of households that include adults with disabilities: (1) households with a working-age adult with a disability that prevented work (not in labor force-disabled); and (2) those with a working-age adult with a specified disability like hearing, vision, mental, physical, self-care, or going-outside-home disability and no indication that their disability prevented them from working. Likewise, other participants from different sector offices and other stakeholders like NGOs, disability-focused organizations, Labour and social affairs offices, and people with disabilities (PWDs) were participated in this study.

3.3. Data Quality Control

Data quality was ensured through orientation training provided for data collectors on how to better use the data collection tools and interviewing techniques. In addition, continues supervision was applied by researcher particularly the survey questionnaire was administered. The data also cleaned and edited at the time.

3.4. Data Management and Analysis

Relevant quantitative and qualitative data was collected through various methods and instruments described above in order to obtain a complete picture of the specific objectives of the study. Data analysis and presentation was carried out to address the research questions created in connection with disability and food security. As it mentioned on the part of sample size determination, a total of 240 households were covered by the questionnaire. From those, the researcher excluded 40 households for important missing and/or suspected of unrealistic information. The results were therefore based on a total of 200 household-based questionnaires. Missing data in specific questions may vary the total number of responses in some statistical analyses. To summarize the statistical characteristics of persons with disabilities using a descriptive statistic; frequency and percentage was specifically used for each of the demographic items.

3.4.1. Quantitative Data Analysis

The data collected from respondents was edited, coded, and entered into a computer. Through editing it was verified whether questionnaires were correctly filled in and the skip patterns was

followed. To specifically address each objects, the questioner were adopted to answer the research questions and each data was analyzed in line with the objectives. The primary data that collected from sample households was analyzed using the Statistical Package for Social Sciences (SPSS) program (Version 20.0). Descriptive statistical analysis was conducted using frequencies, tables and data presentation methods such as graphs to describe the result.

3.4.2. Analysis of Qualitative Data

The qualitative data was collected by researcher. Qualitative data analysis involved thematic analysis. This method of analysis focuses on identifying and describing ideas in detail within the data and it is supported by Bernard, (2010). Then by using thematic analysis, first, interview was transcribed in to verbatim and translated from Amharic to English. The researcher had organized and prepared the data for analysis. Then the detail analysis was started with coding process. The analysis was involved activities like listen to the audio-recorded data thoroughly reading the transcribed data several times to understand the key concepts, understanding and highlighting the key concepts, reducing and categorizing codes; writing memos under quotations and finding relationship among different categories. During data analysis, single words or short phrases was frequently used in coding data. Then coding was employed to generate a small number of themes.

3.5. Triangulation of Quantitative and Qualitative Data

Following the separate analyses of quantitative and qualitative data, the integration of the data findings was mapped out. Triangulation of data is the process of bringing different types of data together to build a more dimensional description of analysis of findings. Likewise, the data was triangulated One critical benefit of integrating various data sources during analysis was that it produces findings with wide appeal as some readers want to see the numbers, others want a contextual understanding, and some want both. In this study both were applied.

In addition, triangulating of qualitative data with quantitative data ensures validity and reliability of study findings and results in that information from one source was complemented with information from the other. Thus, a careful re-analysis that ensures successful triangulation has done once both data from either source were integrated.

3.6. Research Rationale

According to the latest estimates by FAO (2010), there are nearly 925 million food insecure people in the world. The number is above that of 2007 as a consequence of the food price rise and the overall economic crisis. Therefore, food security is a crucial topic within the broader fields of development economics and development studies. In the capital City of Ethiopia in Addis Ababa food insecurity is a particular concern among those with disabilities. Food insecurity may be more prevalent among households affected by disabilities due to reduced earnings and higher expenses associated with disability. In addition, persons with disabilities may have difficulty shopping for food and preparing healthy meals. More of these large amounts of data are being collected every year by different government agencies through house-to-house visits and other registration activities. However, in all these the issue of food security has not mentioned. Besides, the quality of data collection and assessment tools used by, for example, the Bureau of Labour and Social Affairs at woreda level or the Ministry of Education in schools is generally low. Frontline workers and community volunteers have insufficient knowledge and capacity to identify, assess and screen vulnerable populations, including persons with disabilities. Therefore, this study will bring a reliable empirical and theoretical based evidence on effects of work-age disability on food security.

3.7. Limitations of the study

Addis Ababa within its 10 Sub-cities is the largest and capital city of the country and it was that somewhat made hard to cover the whole parts of the City during data collection. Time was another challenge because the researcher of this study was full time employed at a time. Besides, Covid-19 was the most challenges that Researcher ever faced.

The study topic by itself asses privacy and sensitive issues and it was challenges during data collection. In addition, finding recent resources to compare with the finding of this study were another challenge. Even though the above factors posed its own challenges on this study, by enumerating data collectors for data collection the paper was eventually successfully conducted.

CHAPTER FOUR

RESULT AND DESCUSSION

The presentation and discussion were made in related to the research questions outlined in chapter one. For interpretation part, data from questionnaires were coded and presented and also analyzed in to quantitative summary reports by using the statistical package for social sciences (SPSS) version 23. The data was inserted in to the program with definite category from which analysis was run to capture descriptive statistics, and crosstab analysis in the form of frequencies and percentages.

Table 4.1: Demographic information of respondents' gender and age

Sex of Respondents		
Variable	Number participants	Percent
Male	100	50%
Female	100	50%
Total	200g	100%

Source Field Survey of 2021

The study sought to locate the gender distributions of participants. As shown in the above table, in this study there was no gender imbalance because the nature of the research and questions asked were gender sensitive

Table 4.2 respondents' occupation in respective of their sex

Sex of respondents * Occupational status Crosstabulation					
Sex of respondents	Occupational status				Total
	Employed	Unemployed	Self employed	Beggars	
Male	21	23	20	36	100
Female	17	27	17	39	100
Total	38	50	37	75	200

Source Field Survey of 2021

As table 4.2: shows, female with disabilities were less likely to be employed than male with disabilities. However, regarding their educational status there is no significance variance between male and female educational levels. The study finding indicated more or less they were equal.

To some level, all job searchers were about finding the right job at the right organization or company in the right location. For person with disabilities particularly for disabled female employees, the stakes were to much higher and also, difficult to find employers who are truly inclusive and affirming, particularly in some fields.

Table 4.3: Age characteristics and marital status of respondents

Age of Respondents			
Variables		Number of participants	%
Valid age	18-25	54	27%
	26-35	40	20%
	36-45	51	25.5%
	46-55	46	23%
	56-65	9	4.5%
	Total	200	100%
Marital status of the respondent	Single	100	50%
	Married	58	29%
	Divorce	19	9.5%
	Widow	23	11.5%
	Total	200	100%

Source Field Survey of 2021

Respondents were asked to indicate their age category. Accordingly, as table 4.2 shows the majority of persons with disabilities or the participants of this study indicated that their ages are laid between the ages of 18-to-25. As the result shows from the total of 200 participants 54 (27%) of them are found at first age category, the next highest frequency of age category is laid between the age of 36-to-45, which is 51 (25.5%). The third highest number of age category which is found between ages of 46-to-55. Here the finding of the study indicated that 46 (23%) respondents were answered that their age is found in between mentioned age categories. The other age category is 26-to-35, which has been indicated by 40 (20%) of respondents. Finally, the study finding shows that the least number of age category found between the ages of 56-to- 65. Hence, from the total of 200 respondents 9 (4.5%) were reported that their age category is laid between age of 56-to-65.

Concerning respondent's marital status, the study finding shows that from the total of 200 respondents half of them 50(50%) are single. The remain 58 (29%) of they are married, while 19 (9.5%) are divorced and 23 (11.5%) of they are widowed.

Figure 4.4 participants marital status with respective of their age

In general, as showed on the above figure 4.3 marital status of respondents in respective of their age was identified. Accordingly, the finding indicated that at the productive age which is 18-25, among the total of 200 study participants 50 of people with disabilities were not married yet and post-pond marriage highly observed among study participants. However, as we can observe from above table, the categorical variables are independent or unrelated of one another.

4.1. The situation of Food insecurity by Disability types

In this study, types of disability were categorized into four subgroups; vision, hearing, physical, and mental disability. Vision and hearing disabilities are those associated with seeing and hearing as stated in the questionnaires. Physical difficulty includes difficulties associated with walking or climbing steps. Mental disability includes difficulty in communicating using usual language and cognition problems such as remembering and concentration.

Some studies have indicated that the presence of person with disability among household family will increase the status of household food insecurity levels. moreover; the impacts are varied based on the types of disabilities and his/her role among family members. The finding of this study has revealed that people with visual impairment and mental disorder affected more. Moreover; the risks are high when those individuals are family headed. And the result is similar with the study finding that conducted by (Huang et al. 2010). The study was used data from 2011-2014 National Health Interview Survey, and found that severity of vision and mental disability as well as the multiplicity of the household head’s disability have a significant effect on food insecurity. (Coleman-Jensen and Nord 2013).

Table 4.4 types of disability and their resident area

types of disability			
Variables		Number of participants	%
Types of disabilities	physical disability	90	45.0
	vision impairment	36	18.0
	hearing impairment	41	20.5
	mental disorder	33	16.5
	Total	200	100.0
Sub-Cities	Kolfe	80	40.0
	Addis ketema	70	35.0
	Arada	50	25.0
	Total	200	100.0

Source Field Survey of 2021

As showed on table 4.5, the study also investigated respondents' types of disability and based on their response, People with four forms of disabilities were identified. i.e., physical disabilities (45 %), visual impairment (18 %), speech and/or hearing types of disabilities (20.5 %) and mental disorder (16.5%) were identified in the community under study. Besides, participants were asked to indicate their resident area in their respective of Sub-Cities. Accordingly, the majority of respondents which is 80 (40%) were responded that they are from Kolfe Keranio Sub-City, 70 (35%) of they are from Addis Ketema Sub-City and 50 (25%) of they are from Arada Sub-City. Concerning educational status of respondents', 18 (9%), have attended TVT (Technical Vocational Training/Vocational Skill Training) i.e., Food preparation, tailoring, receptionist, and short-term information technology training, and 25 (12.5%) of respondents indicated that they were at the level of 1-to-4, 51(25.5%) were hold their diploma, and 30 (15%) of they are completed their first degree, while the majority of the respondents 76 (38%) were indicated that they are at the range of other. And again, concerning their occupational status, fifty (25%) respondents were responded that they are unemployed at a time. Among the total of 200 respondents 38 (19%), were employed and 37 (18.5%) were self-employed while 75 (37.5 %) were reported that they were involved in non-formal activities, i.e., mendicity, daily labor and selling minor things. In addition to the above table the below figure shows the education and occupational status of study participants.

4.1.1. factors responsible for increasing vulnerability to food insecurity among people with disabilities

In this section factors which was contributed for the increasing of vulnerability to food insecurity among people with disabilities were discussed.

People with disabilities possess nutritional and health characteristics distinct from people in other health groups, and the phenomenon of food insecurity is also distinct in this population. As with other peoples, sociodemographic and economic factors, such as poverty, low education, social protection and response system, and the absence food program or aid, limit the resources available for those peoples. Consistent with previous research, people with disabilities were more likely to be at risk of food insecurity than their community counterparts.

Table 4.5 respondents' educational status and their occupation with the types of disability

Educational status * Occupational status * types of disability Crosstabulation							
types of disability			Occupational status				Total
			Employed	unemployed	own business	Other	
physical disability	Educational status	TVT	0	0	4	1	5
		Level 1-4	3	12	2	0	17
		Diploma	6	4	5	5	20
		Degree	4	4	1	1	10
		Other	0	4	3	31	38
	Total		13	24	15	38	90
vision impairment	Educational status	TVT	0	0	0	1	1
		Level 1-4	1	1	0	0	2
		Diploma	1	3	5	2	11
		Degree	4	2	2	0	8
		Other	0	0	2	12	14
	Total		6	6	9	15	36
hearing impairment	Educational status	TVT	0	3	1	1	5
		Level 1-4	0	0	0	0	0
		Diploma	2	4	1	3	10
		Degree	6	2	1	0	9
		Other	0	5	1	11	17
	Total		8	14	4	15	41
mental disorder	Educational status	TVT	3	3	1	0	7
		Level 1-4	3	0	3	0	6
		Diploma	2	3	5	0	10
		Degree	3	0	0	0	3
		Other	0	0	0	7	7
	Total		11	6	9	7	33
Total	Educational status	TVT	3	6	6	3	18
		Level 1-4	7	13	5	0	25
		Diploma	11	14	16	10	51
		Degree	17	8	4	1	30
		Other	0	9	6	61	76
	Total		38	50	37	75	200

Source Field Survey of 2021

Note : the item 'other' in the column occupation indicated peoples those were engage in informal business activities. On the other hand, almost the majority 50 (25%) of study participants were

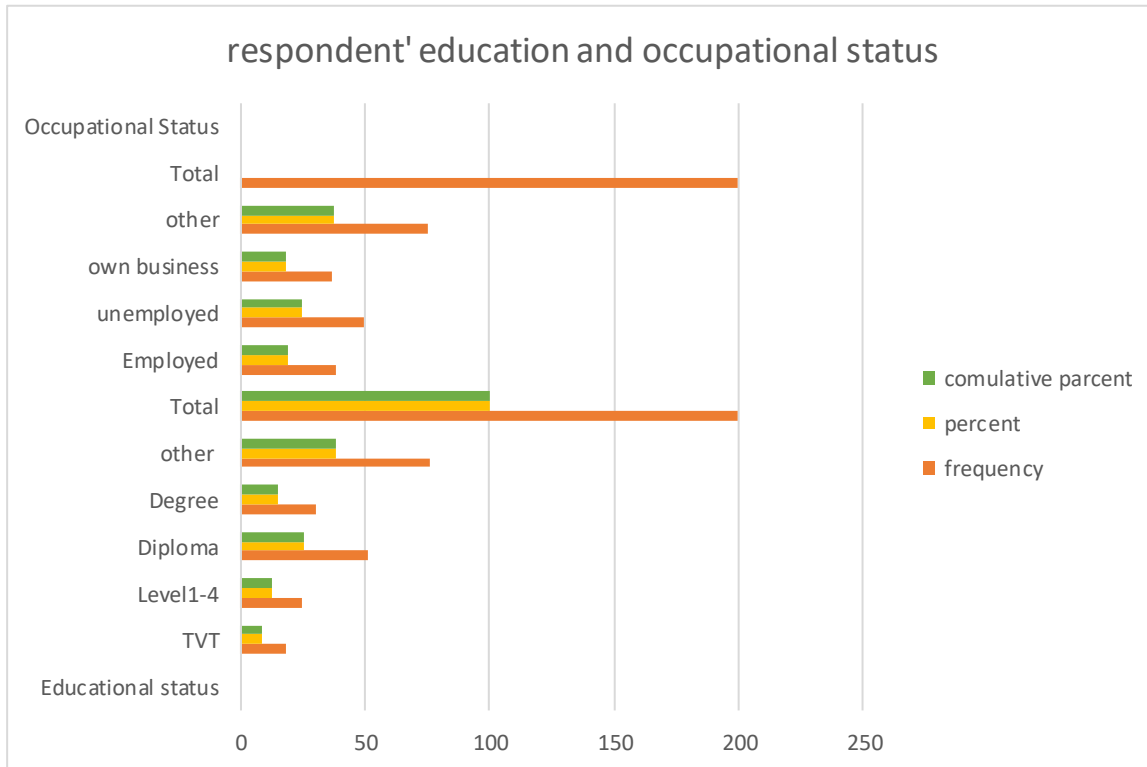
not employed and others (37.5%) were engaged in informal and routine business activities like, bagging, daily labor and; comparing unemployed with their educational status, the study found that unemployment of disabled people were due to lack of education and training and this finding is similar with the finding of the study conducted in USA. The study found out 56.3 % of PWDs are unable to read and write while 22.5 % of the respondents can read and write. Those people who have completed diploma and above had reported that they were an employment of government (Beresford 1996). In addition, recent work by Feeding America (2011) established a close connection between unemployment and food insecurity. Thus, it is not surprising that the recent economic downturn has led to a substantial increase in food insecurity.

Here low educational status somewhat contributed for incidences of food insecurity among people with disabilities.

In this section the finding of the study was discussed in line with the study objectives and research questions. The finding also further discussed in respective of previous studies and in relation to literature reviews.

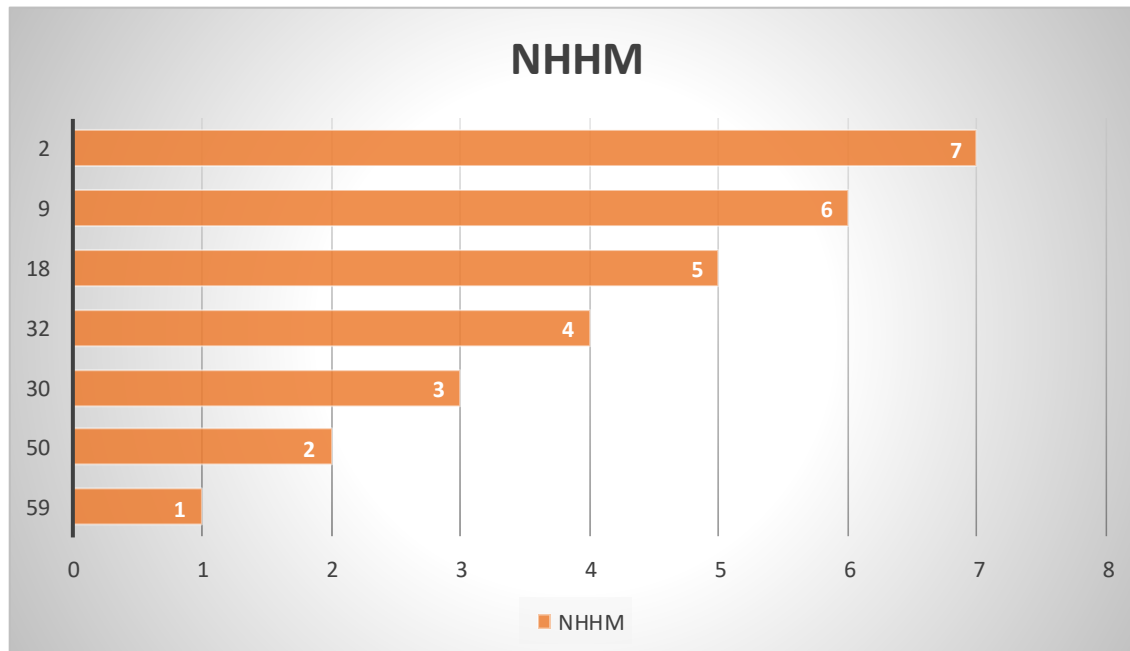
Other literature emphasizes, the prevalence of food insecurity increased as well as number of household members increased. Likewise, person with disabilities those were hold Collage diploma or degree likely has a much lesser incidence of food insecure than those attended under degree or diploma, and this finding also similar with the study finding of Ejigayju, (2011). Furthermore, Literature indicates that the household food insecure reduces with the increasing educational level of the households. As it evidenced with this study finding, households headed by those uneducated and with primary education were more food insecure than those headed with a diploma and above (Tesfay, 2012). The finding also revealed that family size is much contributed unbalanced of food security.

Figure 4.1 respondents' educational status and their occupation



Below figure 4.2: indicated the family sizes of study participants. Accordingly, the maximum numbers of household member are 7 and the minimum of family size is 1. Therefore, the figure shows that the majority of respondents which are 59 have only one family member or they are alone. Others 9 HHs have 6 NHHM, 18 HHs have 5 family members, 32 HHs have 4 family sizes while 50 of HHs have 2 family sizes.

figure 4.2: numbers of household members of the study population,



4.1.1. Household Size and Number of Dependents.

Participants in both the semi-structured interview and the focus group discussion described that in addition to being disabled, the size of their households and the number of dependents living in their household as a primary cause of the food insecurity in Addis Ababa. Participants were discussed the close relationship between their family size and the number of dependents in their household. A family member may find themselves living in a situation where they have to share housing with other relatives. One participants who is accidentally became disabled and she was 23 years old and grew up with grandmother, described her family's current nutritional condition as follows:

One KI interviewers stated her idea as follow: If it were only my grandmother and me living together, our condition would have been a little bit better and our income may have been just enough. However, two of my uncles, who are partially employed, still live with us, and one of them just brought a wife and a new baby to live with us. Six of us are now living in the same house.

KI interviewers identified the cause of her and her grandmother's food insecurity as being related to the number of people living in the house.

In addition to the number of dependents who live in the same home, other family members of relatives who do not live in the house or visit for a fixed period can contribute to the food insecurity in the household. In many cases, it is not the household's income level or possession of assets but the size of the family and the number of dependents that determine the household food insecurity level among people with disabilities. Similarly, Mudesir, in a semi structured interview, shared his experience with hosting relatives that come from the countryside:

Others KII participants stated their ideas like this: some of them have a better income than most of their relatives because of different reason like rental house or other properties, and some of their family member like wife or child has a job. As some of them indicated they have the responsibility to support many relatives and family that live in both Addis Ababa and the countryside. In their house, some of them have many children and also other relatives. One interview participants stated his idea like this:- “I have two of my brother’s children living with us.... At least once a year, I also receive two or three relatives coming together from the countryside to visit, to find job in the city, or for medical service and often they stay for a month, 2months and above. And I feel that caring of them and providing what they needs is my responsibility. In addition to providing a room to stay and food to eat, I may have an obligation to support them financially to pay for their medication and transportation. These responsibilities affect our economy and the type and quality of food we eat regularly. Even if it is difficult, I thank God that I can be there for their need”.

And someone yet, recognized that he is relatively a high-income earner; however, he stated that his family’s economic and nutritional status is affected by the additional responsibilities he has to support.

The experience of food insecurity due to family size and dependents can affect the role of parents, in many cases mothers, when additional unexpected circumstances occur in the family such as caring for an ill person in the family. In a focus group discussion similar to the above idea, who works as a customer service officer, shared her experience of not accessing food regularly because her family’s resources are allocated to care for her two siblings and a sick brother.

Similarly, other KII participants stated her idea as follow: “there are many circumstances and occasions when I do not eat regularly. Some of us have large family size; for instance, in my case I have a sick brother and my aged father and mother at home that I take care of. To care for my family, I additional income which may significantly support to pay for transportation and medication. I’m doing better now, but I’m very stressful.

Participants reported that when families with many dependents encounter adverse circumstances such as illness, their tendency to be food insecure will be increased. As indicated in the above

often ended up skipping a meal, like reducing food in quality and quantity, silent for hunger etc... Thus Health-related issues were considered as a cause of food insecurity.

Some men participants described their experience with food insecurity by comparing their current relationship and family status to when they were single. Accordingly, being married and having children contributes to considerable financial responsibilities and burdens. One participant, who is currently married and a have children, in a semi-structured interview described his experience as follow:

Before I was married, I had just left the military and was working at different jobs. And this was a little bit easier because I only had to worry about myself. If there were no jobs in one a city, I could quickly move to another city and find job.... Now I have children and a wife to care of them worry about them. My income has not changed yet, but my responsibilities have multiplied.

Similarly other participants, who is single and a university graduate, in a focus group discussion stated similar thoughts to the above:

And he stated his idea like this: there is no food security in Addis Ababa - we live in a time when it is difficult to support PWD to make a family.

Beside, FGD participants were indicated that food was more accessible to manage while a single and did not have dependents; some participants were shared their scenario and their story represented how family size and dependents affect low-earner and lower educational status families' food insecurity status.

Negash: I have a regular means of income, but I do not consider my family is food secure. Currently I am full time employee and regularly paid, but I also have a large family and other dependent relatives. Fulfilling their dietary needs with one person's salary is impossible. My income is not comparable to my expenses - I have more needs than the money I earn. Therefore, I do not consider me and my family that we are food secured.

The fact that Negash is earning a high income does not guarantee him or his family a food secured life because he has expected to provide for a large number of family members and relatives.

The participants were asked their opinion whether poverty can be both a Cause and consequences of disability or no, accordingly all respondents 200 (100%) reported the yes answer. And also, respondents were asked whether they have been worried whether their food would run out before they got money to buy more in the past 12 months. Accordingly, almost all respondents 185 (92.5%) except few of them 15 (7.5%) were reported that they often worried while the remain 15 (7.5%) of they were reported that they worried sometimes. Moreover, below table 4.5: shows, no one has reported that they were free from worry about their food for the past 12 months.

At times during the study year, respondents reported that they faced uncertain of having, or unable to acquire, enough food for themselves as well as for their family members because they had insufficient money and other resources for food and the finding of this study were further supported by previous research findings (Prior to 2006). As the finding of the study revealed there is a well-established close connection between economic downturns and poverty and this study also agreed with study conducted by Gundersen & Ziliak, (2004) and, as discussed below, there is a close connection between low incomes and food insecurity. And this condition was referred to as “food insecurity with hunger”). Thus, here low income has been reported as a factor of food insecurity

Respondents also asked whether the food that they bought just didn't last and they didn't have money to get more in the last 12 months. Accordingly, the majority of participants 148 (74%) were reported that the food which they bought in the last 12 months were often not last or it was not enough, while 52 (26%) of they were reported that was happened just for sometimes or it was not always. However, still there is no report to say that was never true.

The study participants were asked to report whether they have been worried about their food security and to indicate factors that contributed for the increase of vulnerability to food insecurity and their experiences.

Table 4.6: Factors that contributed for the increase of vulnerability to food insecurity

Item	Participants' response	No/ of participants	%
Does social, environmental, economy and political factors contributed to your vulnerability to food insecurity	Yes	200	100
	No	0	0
	Total	200	100%
“We worried whether our food would run out before we got money to buy more in the past 12 months”	Was that often	185	92.5%
	Sometimes	15	7.5%
	Never true	0	0
	Total	100	100 %
“ The food that we bought just didn’t last and we didn’t have money to get more in the last 12 months. ”	Was that often	148	74 %
	Sometimes	52	26 %
	Never true	0	0
	Total	200	100 %

Source Field Survey of 2021

. Hence, the researcher asked them whether they couldn't afford or not to eat balanced meals in the past 12 months. As the study finding indicated at the below table 4.7.1, the majority of study participants 148 (74%) of they were reported that they couldn't afford for several times, while 52 (26%) of they were reported that they experienced sometimes. However, none of they were not say never true. Likewise, the researcher also asked respondents to indicate whether they couldn't feed themselves a balanced meal because of insufficient food availability in the past 12 months. Similarly, the majority of respondents 148 (74%) were responded that they have been challenged several times while the remain 52 (26%) were reported that they were encountered occasionally. And yet non respond to never true. Respondents were also asked whether they have ever experienced severe food insecurity in the past 12 months; and all study populations reported that they were experienced. Similarly, a researcher was asked respondent whether they have ever experienced unexpected expenses or rising expenses in the last 3 months? In the same manner, all respondents reported that they were encountered with the situations.

In general, the socio-demographic context of food insecurity shares many features of the environment of person with disability like, poverty including low income, low education levels, and high numbers households' members (Evans, 2004). The disruptive nature of food insecurity including lack of access to food, worrying about how to procure food (Chilton & Booth, 2007), and making choices between food, shelter and other necessities (Frank et al., 2006) may

compound the effects of poverty and place person with disabilities at further risk for poor health and developmental outcomes. And this finding very similar with previous study findings conducted by Evan, (2004) in USA, Chilton and Booth (2207) and Frank et, al (2006).

The finding that household size is a factor in families' food security or insecurity is consistent with previous studies. For example, Aschale et al., (2012) states that large family size leaves families vulnerable to chronic food insecurity. In addition to the household size, the income distribution inside the household exacerbates families' food insecurity level (Abafitan & Kim, 2013).

4.2. The intensity of food insecurity among people with disabilities

In this section food insecurity experiences that People with disabilities faced in the last 12 months was assessed. Accordingly; the result showed that household food insecurity varies by individual socioeconomic characteristics and household composition. For example, as mentioned earlier food insecurity is more likely to occur among high number of households members with income below the poverty line, unemployed peoples, less education and training skills, while lower number of household members and those are relatively educated has reported lower rates of food insecurity. Likewise, the study conducted by Nord et al., (2008). Rose, Gundersen, and Oliveira (1998) find that ingcome, household size and educational level, were significant socio-economic determinants of food insecurity.

Table 4.7. the intensity of food insecurity by disability types

Occupational status * Have you ever experienced severe food insecurity in the last 12 months? * Types of disability Crosstabulation				
types of disability			Have you ever experienced severe food insecurity in the last 12 months?	Total
			Yes	
physical disability	Occupational status	Employed	13	13
		unemployed	24	24
		own business	15	15
		Other	38	38
	Total			90
vision impairment	Occupational status	Employed	6	6
		unemployed	6	6
		own business	9	9
		Other	15	15
	Total			36
hearing impairment	Occupational status	Employed	8	8
		unemployed	14	14
		own business	4	4
		Other	15	15
	Total			41
mental disorder	Occupational status	Employed	11	11
		unemployed	6	6
		own business	9	9
		Other	7	7
	Total			33
Total	Occupational status	Employed	38	38
		unemployed	50	50
		own business	37	37
		Other	75	75
	Total			200

Source Field Survey of 2021

Concerning Food insecurity experiences, participants were asked whether themselves or someone else like adults ever cut the size of their meals or skip meals because of there wasn't enough money for food in the last 12 months. As below table 4.8 shows, all respondents reported that they have experienced. And also, the researcher asked them how often was that happened and from the total of 200 participants the majority of respondents 148 (74%) were indicated that it was happened frequently, and 41 (20.5%) of participants were reported that it was happened some months but not every month, while, only a few of them 11(5.5%) were reported that they have faced such kinds problem for only 1 or 2 months.

Likewise, the researcher sked participants whether they have eaten less than they felt they should because of there wasn't enough money for food in the last 12 months, similarly with the previous answer, all respondents responded that yes answer even no one responded no answer.

Table 4.7.1.Food insecurity Experiences that People with disabilities faced in the last 12 months.

Item	Participants' response	No/participants	%
In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?	Yes	200	100%
	No	0	0
	Total	200	100%
(If yes to question 8) How often did that happen	almost every month	148	74.0
	some months but not every month,	41	20.5%
	in only 1 or 2 months	11	5.5%
	Total	200	100%
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	Yes	200	100%
	No	0	0
	Total	200	100%

Source Field Survey of 2021

The study participants were also asked whether they or someone else from family members ever not eat for a whole day because of there wasn't enough food at home or unable to buy in the last 12 months. Accordingly, all respondents were reported that they have faced such problem. Similarly, the researcher asked them if that was happened almost every month, some months but not every month or if it was for only 1 or 2 months. Thus, the majority of respondents 148 (74%) were responded that they are experienced almost every month and 41 (20.5%) of them were

responded that they were experienced some months but not every month while, only a few of them 11 (5.5%) were responded that they were experienced for only 1 or 2 months.

The researcher also asked participants whether they were relied on only a few kinds of low-cost food to feed themselves because they were running out of money to buy food in the last 12 months and the study result indicated that the majority of study participants 148 (74%) were reported that they have frequently searched only low-cost foods because of they were unable to afford. And others, 52 (26%) of they were indicated that it was happened just for sometimes.

On the other hand, as the study finding revealed on the table 4.7.1 all study participants were reported that they have ever experienced severe food insecurity in the last 12 months and the majority of participants 148 (74%) were reported that they frequently encountered with the problem of hungry, skipping their dinner, and 52 (26%) of participants didn't eat the whole day due to lack of food in their home or unable to buy from the market. And others were reported that they have reduced their food varieties, the amount of meal, their meal frequencies and felt that they unable to eat what they want,

Concerning vulnerability of people with disability towards high food price, all participants reported that they were worried the whole year because they assumed that they would be primary affected.

As participants described by their own words in the absence of actual food insecurity but fear of due to high food price, the person with disabilities particularly family heads to be likely more affected suffering from anxiety. Likewise, as the study finding indicated on table 4.8.2: if there is actual shortage of food in the HH, the mother and her child were more affected by physical hunger and malnutrition because the mother will cut the size or skip over her meal giving priority to her husband and her child.

On the other hand, the increased risks of food insecurity faced by late adolescents (youth age) validates the background section findings which suggests the exclusion of this groups from different services like job opportunity, disability inclusion system, disability income system are much problematic. As mentioned earlier, in the social science literature including recent study findings, it is generally assumed that the risks of food insecurity increase with old age peoples. in the context of Ethiopian and in many other developing and developed countries, aged peoples are assumed the age above 55. While this may true for the non-disabled population, it is not for people with disabilities.

Similarly, various studies reported that there was a higher risk of disability at older ages. But as it indicated on the table 4.4 the finding of this study demonstrated that the majority 54 (27%) of people with disabilities are found at the range of age 18-25. And the finding almost the same with the finding of UNICEF, (2019). The study conducted by UNICEF reported that in absolute terms, around 30 percent of all disabled people are children and youth under the age of 25.

On the other hand, the qualitative finding of this study revealed that, in comparison with other participants respondents from government and none-government were reported that, food insecurity in disabled persons includes not only limited food affordability, availability, and accessibility, but also altered food use. Food insecure disabled persons are those who have multiple problems that prevent them from achieving nutritional well-being. They are more likely to participate in food assistance programs designed to ameliorate their problems than food-secure persons. Therefore, nutrition programs should recognize and provide services to cover those needs.

Likewise, some study participants from BOLSA indicated, Addis Ababa as a City administrative has well-established and strong programs to address the food security needs of vulnerable groups which is in keeping with findings from Ethiopia Endalew et al., (2015). According to arguments of BOLSA representative, in the Urban Productive Safety Net Program, urban households including person with disabilities facing chronic food insecurity are supported to resist financial shocks, create assets and become food self-sufficient by providing predictable transfers, as food, cash, or a combination of both. However, this report has not supported by participants from people with disabilities.

Again, the researcher asked the study participants whether the member of households was ever hungry but they just couldn't afford more food in the last 12 months. Thus, the study result revealed on below table 4.8.2: that all participants have faced such problems in the past 12 months. In the same manner, participants were asked whether any of the family member was ever skipped a meal because there wasn't enough money for food in the last 12 months and very similarly with previous answer, they all indicated that they have experienced in the last 12 months. Besides,

Table 4.8.: Food insecurity Experiences that PWD faced in the last 12 months.

Item	Participants' response	No/participants	%
In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?	Yes	200	100%
	No	0	0
	Total	200	100%
(If yes to question 12) How often did this happen	. almost every month	148	74%
	some months but not every month,	41	20.5%
	in only 1 or 2 months	11	5.5%
	Total	200	100%
"We relied on only a few kinds of low-cost food to feed ourselves because we were running out of money to buy food in the last 12 months".	Was that often	148	74%
	sometimes	52	26%
	Never true	0	0
	Total	200	100%

Source own data of 2021

Participants were asked to indicate how often that was happened. Accordingly, 148 (74%) of participants were responded that it was happened almost for every month, likely others 41 (20.5%) indicated that it was happened for some months but not every month while, only a few of respondents 11 (5.5%) were reported that they have experienced only for 1 or 2 months.

The second explanation participants gave was that food insecurity is a source of stress and worry for families. When parents are unable to provide for their children adequately, they feel stressed and worry constantly about the wellbeing of their families.

Some KII participant, who is married and has four children, explained related ideas as follow:-

We can only say there is food security in our families when we permanently reach a condition in which we can provide for our families' nutritional needs with no worries and send our children to good schools with adequate food...I understand that to become food secure is to come to a position where we can adequately provide for our family without too much worries. It is also about when families can buy enough food items for today without worrying about their ability to do the same tomorrow.

Table 4.8.1. source of Worry

Occupational status * "We worried whether our food would run out before we got money to buy more in the past 12 months * types of disability Crosstabulation					
types of disability			"We worried whether our food would run out before we got money to buy more in the past 12 months		Total
			Was that often	Sometimes	
physical disability	Occupational status	Employed	12	1	13
		Unemployed	23	1	24
		Self employed	12	3	15
		Baggers	34	4	38
	Total		81	9	90
vision impairment	Occupational status	Employed	6		6
		Unemployed	6		6
		Self employed	9		9
		Baggers	15		15
	Total		36		36
hearing impairment	Occupational status	Employed	8	0	8
		Unemployed	13	1	14
		Self employed	3	1	4
		Baggers	14	1	15
	Total		38	3	41
mental disorder	Occupational status	Employed	11	0	11
		Unemployed	6	0	6
		Self employed	8	1	9
		baggers	5	2	7
	Total		30	3	33
Total	Occupational status	Employed	37	1	38
		Unemployed	48	2	50
		Self employed	32	5	37
		baggers	68	7	75
	Total		185	15	200

Source Field Survey 2021

According understanding of some KII participants, food security is explained as an absence of one's constant worries over accessing enough food for one's family consistently and regardless of other conditions. The removal of the constant worries lays in the ability of affordability in all

seasons. This finding is consistent with the stability dimension of the 1996 WFS definition of food security that states that food needs to be accessed “at all times”. Families’ vulnerability to food insecurity (Leroy, 2015) and high risk of chronic hunger put stress and worry on families and children.

Similarly, as a director of a not-for-profit organization and with a lived experience with food insecurity, FGD participants, narrated what he witnessed about families that his organization supports:

“My organization works in alleviating food insecurity in this neighborhood. I work in an organization that sponsors more than 200 families by providing food and other support on a regular basis. I understand how food is an important and valuable thing to have for the community I serve. Every day I witness how much people are suffering and go through stressful situations to find a meal...when I was a child and student in this community, I sat down in a classroom wondering if I would get food to eat when I got back home and I’m sure this is the experiences of all of us”

Worries and stress were a part of FGD participant’s life and the experiences of the people in his community. The experiences of worry and stress are some of the identified results of food insecurity in families and this result is similar with finding by Bernal et al., (2016). The presence and the level of the stress and worries due to the experience of food insecurity distract children and adults from their daily activities or alter their preferred activities. Children become disengaged from educational activities and adults become less productive with their time. Food insecurity also fosters many negative psychological consequences in families and this experience would be twice for PWD.

4.3. The Status of Food Insecurity among Work-age PWD

4.3.1. Perception of Food Insecurity`

The semi-structured interviews and focus group discussion was began with a conversation about participants’ understanding of the concept of food insecurity. The researcher conducted both focus group discussions and interviews in the Amharic language. The Amharic term for “food security” (የምግብ ዋስትና ማረጋገጥ) in Ethiopia is frequently used by politicians, policy-makers,

educators, and civil servants; therefore, the majority of the participants requested a detailed explanation of the term, including participants who were civil servants and employees of non-governmental organizations. Majority of participants were used the terms such as hunger (ረዣብ), lack of food (የምግብ እሱት/ የምግብ እጥረት), and food deficiency (የምግብ ችግርተኛነት). This section presents excerpts from responses by participants on how they understand the term from their experiences and contexts. This chapter also presents a discussion section, interpreting the excerpts from the interviews and group discussions.

In this section what characteristics do PWDs have regarding food Insecurity were assessed. Globally, person with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than person without disabilities. Disability may increase the risk of poverty, and poverty may increase the risk of disability in only biological/medical aspects. Lack of support to person with disability may increase the risk of poverty, seeing that efforts to promote development and poverty reduction have not always been adequately inclusive of person with disabilities. Discrimination against person with disabilities is above all human rights violation, and indeed, it also holds back economic development. When person with disabilities and their families cannot access essential public services and support mechanisms that open up economic opportunities; when they cannot take part in income generating activities or when they are prevented from making wider contributions to the lives of their families and communities, there are far-reaching economic as well as, social consequences.

On the other hand, participants of focus group discussion have reported the rise in food price as the most shocking socio-economic events in their life. Participants described change in food price comparing with across time by mentioning price of some common food types. they also indicated these increments as the main cause of food insecurity and their poverty. One participant said that; “The current food price is alarming, previously we used to buy a cabbage with 1-2 birr but currently it is 10–12-birr, potato previously 8-10 but currently it is 20 birrs, we used to buy 1 Kg of pea or bean with 10 birr which currently has the price of meat.

Leave alone milk and meat, we couldn’t think to buy peas and lentils. Currently, even it is not easy/accessible to buy left over foods from hotels. Although the government is distributing wheat and oil, the community is not happy complaining for its quality and poor distribution. Another daily laborer participant from Arad sub-city also explained this as follow:

Table 4.8.2: Food insecurity Experiences that People with disabilities faced in the last 12 months

Participants response on food insecurity experience			
Item	Participants' response	No/participants	%
In the last 12 months, were the member of household ever hungry but you just couldn't afford more food?	Yes	200	100%
	No	0	0
	Total	200	100%
In the last 12 months, did any of the family member ever skip a meal because there wasn't enough money for food?	Yes	200	100%
	No	0	0
	Total	200	100%
(If yes to question 16) How often did this happen	almost every month	148	74%
	some months but not every month,	41	20.5%
	in only 1 or 2 months	11	5.5%
	Total	200	100%

Source Field Survey of 2021

“Previously we used to buy sugar with one birr but now we couldn't get below 15 birr and we couldn't get less than 3 liters of edible oil. All this are no affordable and people are between survival and death. My friend was a daily laborer but now he sustained physical injury and he couldn't make any income. He is feeding his family buying and drying ‘Bule’ (Amharic saying to mean left over foods from hotels and restaurants) for which he has to be registered and wait for long time to get it

4.3.2. Food Security Perception

Participants of FGDs were asked to explain how they understand FS in their community. Participants perceived food security as consumption of different varieties of food at least three times a day. And others particularly participants from non- governmental organizations explained FS as a complete access to food, food availability, utilization, sustainability, safe drinking water and housing. However, for some participants, the term “food security” is a new concept. They related the term “food security” to their life and stated as:

Food insecurity can be the absence of enough food to eat for individuals or families. And they reported that they don't remember a season in their life that they thought they were food secured. Likewise, others reported that most HHs eat only one type of food per day either bread ("dabbo") or Injera with sauce made of peas or beans culturally called (Shiro), which was considered as indicator of food insecurity. In general, from the focus group discussions and semi-structured interviews show participants' understanding of food insecurity as a condition that affects them at an individual, family, community and national level.

One participant indicated as below:

How can I talk about food security while our experience is so difficult? Unless I'm a wealthy business person [merchant] or have land in the rural areas that use modern technology, I do not attempt to say there is food security anywhere even in the whole country.

Again some of participants questioned the presence of food security by reflecting on their own unpleasant experience and the belief that food security is for able-bodied and wealthy families.

And they highly doubt whether there is food security for person with disabilities and for the majority of the city's residents in general. In recent years employed people with disabilities are getting paid more than before. However, even people who work for the government cannot say they are food secure.

The argument that food security is for a few applies to Addis Ababa's dwellers despite their length of residency or the location where they live. For instance, Morrow et al., (2017) stated that food security and hunger are used as an essential way of "distinguishing between rich and poor" in Ethiopia (p. 3). Similarly, the findings of this study show that food is a mark of equality and inequality in society. Food security is a reality for many of the city's residents as is made evident by ethnographic observation and interviews; however, chronically food insecure families (Bogale, 2012) commonly have financial constraints that hinder them from accessing adequate and healthy food (Simon 2012). The inequality is not limited to food insecurity, and it affects families' health status, social status and ability to voice their concerns.

According to the Universal Declaration of Human Rights Article 25, food is a necessity for ensuring human rights. The article states that "everyone particularly person with disabilities have the right to a standard of living adequate for the health and well-being of himself and of his

family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control” (Council, 2004, p. 3). Guided by the narrative-empowerment theory, voicing families’ perceptions, status, and experiences of food insecurity help to enforce that food is a fundamental human right by contributing to the development of national and local food policies and programs.

When asked about their understanding of food insecurity experiences, study participants identified four components that built up their perception of food insecurity: trends of food price and its effect, stress and worry, feelings of shame, and not being able to obtain balanced, nutritious food.

Households with person with disability experience material hardship, including lack of access to safe water, sanitation, food insecurity and are faced with extra costs due to disability-related expenses. Affordable services, such as personal assistance, peer counseling service, assistive devices and technology and accessible transport are a prerequisite to enable PWDs to live independently in the community and to participate in economic activities.

On the other hands the respondents were asked to explain their implication regarding the relationship that they have with other stakeholders as well as to demonstrate their observation about stakeholders’ interventions. Therefore, the researcher asked them whether they were received any food aid from any organization it might be from governmental or non-governmental. Accordingly, all study participants denied that and they didn’t receive any kind of food aid from any organization in the past 12 months and they couldn’t identify whether it was helpful or not. And also, participants were asked to demonstrate whether they are a member of DPOs or not. Accordingly, from the total of 200 respondents more than half respondents 124 (62%) were demonstrated that they are not a member of DPOs while 76 (38%) of they reported that they are a member. Additionally, they also asked to demonstrate that being a member of DPOs whether it was helpful or not in order to reducing food insecurity barrier. Consequently, all of them reported that it has nothing to do with food insecurity.

Participants were also asked how they see themselves in the community and also how they measure their interaction with governmental and non-governmental organizations. Accordingly; all study participants indicated that they are excluded from social and organizational structure

and they pointed that they are disabled not because of their impairment but because of social, environmental, material and cultural barriers. Participants were also asked about the role of government and non-governmental organizations including DPOs about their intervention. As the study finding demonstrated on table 4.9, almost all study participants were denied and approved that they didn't receive any support neither in cash nor in kind. Unlikely, they complained government's subsidization on common food items. Not all but some of the participants were using these subsidized oil and wheat as their main source of food and they witnessed its paramount contribution in stabilization of the market and their own food security. Participants complained about the poor quality of foods particularly of the oil, illegal utilization of subsidized foods by traders by storing for long period of time and selling to other areas, and non-affordable packing system of the foods.

Moreover, the study finding revealed that In Addis Ababa, PWDs often feel excluded from many areas of daily life. In this regards study participants were reported that the government and non-governmental organization like LNGO, INGO including DPOs have not gave much emphasis in order to securing the rights of PWDs, including access to food and education, health, employment, social security and rehabilitation services.

Table 4.9.: Networks of PWD with Disability-focused Association/organization

Item	Participants' response	No/of participants	%
In the last 12 months, did you get food aid from any organization it might be from governmental or non-governmental?	No	200	100%
	Yes	0	0
	Total	200	100%
(If yes to question 18) was that helpful?	No	200	100%
	Yes	0	0
	Total	200	100%
Are you a member of DPOs?	yes	76	38%
	no	124	62%
	Total	200	100%
(If yes to question 20), is that helpful in order to reducing food insecurity barriers?	No	200	100%
	Yes	0	0
	Total	200	100%

The below table shows that participants' monthly income in regards of their types of disabilities. Accordingly, from the total of 200 study participants 62 of them were reported that they have no monthly income. Among those, mass of they are visual impaired which is 27 and the result shows that physical disabilities and mental problems were equal which is 16 and in both types have reported that they have no monthly income. Again 35 participants indicated that their monthly income is less than 500 while 54 of respondents were reported that their monthly income is in the range of 500-1000. Participants also asked whether their monthly income 1000-to- 2000 or above. Accordingly, 20 participants were indicated that they would earn 1000 -2000 while 29 of them are earned greater than 2000.

Table 4.10 respondents monthly income with respective their types of disabilities

types of disability * monthly income average *						
types of disability	monthly income average					Total
	no monthly income	less than 500	500-1000	1000-2000	greater than 2000	
physical disability	16	18	22	11	23	90
visual impairment	27	3	5	0	1	36
hearing impairment	3	12	14	9	3	41
mental disorder	16	2	13	0	2	33
Total	62	35	54	20	29	200

Source own data of 2021

4.3.3. Access to Nutritious Diet

Secondly, participants explained food insecurity concerning their ability to access a balanced, nutritious diet for themselves as well as for their families shaped the perception, they hold about food insecurity.

In the semi-structured interview, one participants from some non-governmental local organizations namely, (Daughters of Charity Urban Development Project DOC/UDP) talked about the association between food insecurity and the absence of a balanced diet and the consequences on health:

Accordingly he said that he believe food insecurity is about the lack of a balanced diet in their homes. If they wouldn't have access to a balanced diet, they do not have the capacity to protect themselves from illnesses. Instead of buying meat products and eating only meat when they have money, he thought that it is crucial to eat a variety of foods such as vegetables and fruit to stay healthy. People should budget according to their income and ability.

Similarly, one participants from FEAPD stated as follow:

“ We can confidently say we know food security only when we can frequently give our children a balanced diet and send them to school with adequate good food.”

Thus participants' perception of food security is highly related to their dietary behaviors. The term balanced-diet is an important factor in qualifying as food secure. Some participants reported that they ate three times a day; however, an excerpt from a high school student, said that the reality of eating three times a day does not guarantee food security: even if they eat three times a day, it doesn't they're secured in a balanced diet. Because they were poor and most of their food came from food aid, they did not get balanced nutrition at their home... they always, try to work to get extra money and provide as much as they can. In generally, they witnessed about their rare experience of food security when they can buy a variety of food:

Difficult financial states often affect families' ability to access nutritional food and ensure food security particularly those whom are disabled people. For example; some others talked about affordability as a factor in accessing nutritional food:

“ We eat a balanced diet once in a while. We may buy oranges or bananas. However, we cannot afford to regularly purchase any fruit and vegetables. Especially since the price of food has increased drastically”.

The majority of participants that have identified themselves as vulnerable, poor and food insecure, described about the concept of food security only being experienced by rich people.

Access to a nutritious diet relates and utility is a dimension of food security that often used in the literature. Therefore, it is clear that accessing a nutritionally balanced diet is a crucial aspect of food security and the excerpts indicate its importance to having a good life. This finding links food security and nutritional security to indicate that both quantity of food and quality of food are important factors. And also, the result is similar with the study finding of Laborde, (2016). The utilization of a nutritional diet lays a foundation for healthy living for children and adults by preventing illnesses and enhancing their immunity and that can help to minimize the case of being disabled the finding is supported; Gross et al., (2000). Participants described the utilization of their preferred food as part of their experience of past food security. This highlights the importance of making “sufficient culturally adapted food” available to the family to meet their “biological and social needs” (Gross et al., 2000, p. 5)

4.4. The Networks of PWD with Disability-focused Associations/organizations

In this section how stakeholders understand about the relationship between disability and food security were discussed. And also policies and institutional arrangements, the nature or characters of the policy, whether it's compressive or not was discussed. (This is help to clearly understand the very nature their networking, whether they mainstreamed the issues of disability or not).

one participant from TLM which is international organization indicated that still there are a serious problem in addressing the issues of PWDs. Even if some improvements have been showed in our country, the root cause of the problems have not been solved yet, rather it aggravated due to various reasons. For example; our country Ethiopia had reported as if mitigate the problem of leprosy, and therefore, now the country encountered with the problem of expertise. As TLM they have been working on disabilities and food security particularly on leprosy since 1874 in Ethiopia they are nearly 30 years however; recently they have encountered with various challenges such as; enhancing of the numbers of leprosy with new cases, peoples come to health centre after sever injury, low governmental concentration, low community assumption and support and the reliable data is not available and there is a big difference between the truth of grassroot level and those are in literatures. In the literature, persons with disabilities are often described as “food insecure” if they reside in food-insecure households. In

addition, there have also been measures defined explicitly for person with disabilities. One key measure is the category of very low food security among person with disabilities.

Furthermore, as qualitative result of the study indicated, disability is commonly defined according to activity limitations, including food access-related activities such as food shopping and preparation. Inability to engage in these activities is itself ‘disabling’ and part of social understanding of who comes to be defined as disabled, thus highlighting the recursive nature of the relationship between food access and disability. Further, common measures of disability, do not distinguish between forms of disability. Therefore, differences in barriers across disability types, such as increased social discrimination for individuals with mental health disabilities are often ignored. Social and organizational definitions of disability have important impacts on experiences of disability. How bureaucracies define disability has real-world implications in the lives of people with disability, impacting access to food security.

The negative effects of disability on food insecurity can be moderated by the quality and quantity of social supports person with disability have, although there has been equivocal evidence on the safeguarding effect of social support for those disabled persons. It is important to take into account social supports in understanding the effects of disability on altered food use and food insecurity. The potential underestimation of the prevalence of food insecurity among people with disability has been recognized because of the possibility disabled persons have different physical and socioeconomic conditions, perceptions, attitudes, and experiences throughout their life toward food problems.

The UN Committee on the Rights of Persons with Disabilities (2016) has expressed concern that legislation and policies continue to employ derogatory terms such as ‘insane’, ‘infirm’ and ‘deaf-mute’ to refer to persons with disabilities. Policy makers and programmed managers tend to have limited understanding of modern approaches to disability and, as a result, programme design does not sufficiently take into account the needs of persons with disabilities. Likewise different stakeholders, particularly workers of none-governmental organization were not aware of that.

4.4.1. Policy and Institutional Arrangement of Supporting Person with Disability

It was in 1971 the first Ethiopian national policy which deals with the issues of PWD emerged by the order of Emperor Haile Selassie. The order was called “Rehabilitation Agency for the

Disabled Order” and was described on No. 70/71. The agency was derived from charity and medical model of thinking which mainly focused on charity and medical rehabilitation that was considered PWD as if a indigent. Latterly a few of visual impaired peoples who were closed to the Emperor came together and forms a group which was supported by Emperor and International Federation of the Blind. And this group stablished the first official association of PWD and received its recognition as the Ethiopian National Association of the Blind (ENAB). During the study time the ENAB was well operating. Due to political instability of the country, there is no measurable improvement was observed particularly from 1974-to-1991.

Some trigger points were emerged after 1991 and some movements were begun on the issues of rights of PWD particularly lobbying and advocating for PWD was begun in 1995 for the first time in the constitution of the Federal Democratic Republic of Ethiopia .Article 41(5), this gave a courage for the formulation of disability representatives Associations/organizations, DPOs and other institutions.

The movement of lobbying and advocating for person with disability has emerged with some important things; such as policies have formulated and institutions have been established, Networks were made among different organizations. For example different disability-focused associations such as the Ethiopian National Association for the Deaf Blind (ENADB), the Ethiopian National Association for People Affected by Leprosy (ENAPAL), the Ethiopian National Association on Intellectual Disability (ENAID), the Ethiopian National Association for the Deaf (ENAD), the Ethiopian National Association for the Blind (ENAB) and the Ethiopian National Association for the Physically Handicapped (ENAPH) came together and has created one great organization at Federal level to become the representatives of PWDs. That great organization is “The Federation of Ethiopian National Association for Person with Disability (FENAPD)”. This study identified that FENAPD had been established by different DPOs and became official umbrella of those DPOs and serve as lobbyist and advocator for PWD and DPOS.(FENAPD, 2010). At all these, the role of Disaster and Risk Management (DRM) is unforgettable. DRM played a great role in order to awake PWDs themselves and brought consciousness for other institutions to mainstream disability issues.

On the side of government (MoLSA) the Federal Ministry of Laboure and Social Affairs had took the responsibility in order to addressing disability related issues. In this office since its

establishment, two the very important policies were formulated and implemented; and those policies are: first ‘the Developmental Social Welfare Policy’ which was released in (1997) and the ‘National Programme of Action for the Rehabilitation of Person with Disabilities’ in (1999).

Beside in the early of 2000, the country agreed with International Monetary Fund (IMF) and the World Bank to formulate Poverty Reduction Strategy (PRSP) and officially launched the establishments of the (PRSP) and it was divided in to three phases. The first (PRSP) in 2001/02 was known as the ‘Sustainable Development and Poverty Reduction Strategy Paper’ (SDPRSP). And the second was known as ‘the Plan of Action for Sustainable Development to End Poverty’ (PASDEP) in 2005 to 2010 and the third phase was known as ‘Growth and Transformation Plan (GTP) currently the second (GTP) undergoing with the aim of sustaining accelerated growth to become a low middle-income Country by 2025.

In general; as the study finding evidenced regarding disability related matters, several and measurable improvements were observed. For example in the area of inclusive education, disability employment right, computable results were recorded; however the issue of equity has not been answered yet. Much of this, the issues of food security remained as it is and as the finding of this study revealed almost the whole PWD whom were participated in this study were reported that they were suffering with the problem of food insecurity.

4.4.2. Stakeholders Intervention Strategy for the Promotion of an Inclusive Society in Addis Ababa

Stakeholders’ intervention strategy to promote disability inclusions in Addis Ababa is observed in this study. Accordingly, some non-governmental organizations NGOs & INGOs have contributed towards an inclusive society in Addis Ababa, where persons with disabilities are fully included and empowered, in order to sustainably reduce inequality and poverty. Some of them are engaged in networking, promoting system change dialogue, and smaller initiatives. Among those organization, Light for the World, African Disability Forum (ADF), Federation of Ethiopia National Associations of Person with Disability (FENAPD) and Ethiopian Center for Disability and Development (ECDD) are more or less assessed by this study.

4.4.3. Community Based Rehabilitation

In 2010 the Ethiopian parliament ratified the UNCRPD. However, to date the vast majority of persons with disabilities have not yet been reached by rehabilitation service providers and their access to basic services remains limited. The Specific Objective for CBR is to improve the life of persons with disabilities and their families, meeting basic needs and ensuring inclusion and participation but as the participants of this study reported the problem of PWD particularly in the areas of food insecurity has not been changed. And this study finding farther supported by Ethiopian National Plan of Action of Persons with Disabilities (2012-2021) which estimates that 95% of persons with disabilities in the country are living below the poverty line.

4.4.4. Disability Inclusion Development

In Ethiopia, persons with disabilities are often marginalized and excluded from development initiatives and services and are therefore more likely to be poor. In recent years, government policies and programmes have started to pay increasing attention to persons with disabilities. Establishments of Disabled People Organizations are an example for government's initiatives. DPOs are central to the promotion of rights of and eventual inclusion of persons with disabilities. However, as the quantitative finding of this study indicated on Table 4.9: the roles DPOs play in the City are still quite limited, they have been contributing a lot to the promotion of rights of persons with disabilities at policy, community and individual level.

Currently, as the FGD result of this study revealed that some of INGOs like ZOA International, The Lepers Mission (TLM), African Disability Forum (ADF) and Light for the World are focused on fostering disability inclusive development as well as working with and strengthening DPOs in Addis Ababa. The aim has been to empower DPOs to work with the government and to contribute to the inclusion of persons with disabilities and their equal participation in social life and development programmes.

Despite the efforts of the government and the initiatives of the above mentioned national and international non-governmental organizations, there is still a great need to work with persons with disabilities towards their full inclusion in all aspects of society and for the different stakeholders to collaborate more closely.

And also, the qualitative finding of this study revealed the focus areas of NGOs/INGOs. Accordingly, there has been a strong focus on education and on disability right (e.g., access to justice; participation in voting). This reflects to some extent a difference between organizations with a service delivery focus and those with an advocacy focus. However, food security issues have not been emphasized. Very recently five consortium organizations namely. ZOA International, ADF, TLM, VNG International and The Hague Academy for local government have designed a project to implement on food security in Addis Ababa City Administration and in the country of different regions.

The FGD participants are also asked whether they have coordination meeting with partners and if there is any evidence of good collaboration with private sectors. Participants reported that there is no collaboration amongst NGOs and between NGOs and they don't meet even quarterly to identify challenges and set action points, to share resources.

On other hand One FGD participants from FENAPD stated his idea like this: Some progress has been made in the past years on including a disability perspective in national laws and policies. Yet, many challenges remain. Negative attitudes, mistaken assumptions, lack of awareness of the rights of disabled persons and access issues persist. Additional technical and financial resources are needed to continue awareness raising initiatives and help build the government's capacity to implement many of the new legislation and social protection policies that aim to empower people with disabilities and offer them real choices, in particular, in the world of work.

Disability perspective mainstreamed in key national laws and policies, in particular, as it concerns equal opportunities in skills development, training and employment. What is more, laws specifically dealing with persons with disabilities have been reformed to reflect a rights-based approach. However, the issue of food insecurity is the alert which needs quick response.

Overall, the NGO movement has contributed greatly to promoting the interests of PWD and awareness of their rights and situation. However, as qualitative results of this study indicated it remains in many ways an under-exploited resource in terms of fully mature partnerships between the public and NGO sectors as well as between NGOs and private sectors.

CHAPTER FIVE CONCLUSION AND RECOMMENDATION

5.1. Conclusion

With its more than 5 million population including person with disabilities Addis Ababa City Administration is straggling, with greatest development challenges, Poverty aggravating factors, such as poor housing and unemployment, are becoming growing concerns. In this study, Working-age PWD those who have four specific disabilities are identified: (hearing, vision, mental and physical). Some researcher, Coleman-Jensen et al., (2012) has shown that food insecurity is more common among people with disabilities. Similarly, a qualitative finding of this study particularly FGD findings demonstrated the importance of disabilities as a determinant of food insecurity. Concerning poverty, and based on the study finding it is obvious to say that economic hardships may result from, or be made worse by, disability. Consequently, people with disabilities are more likely to live in poverty than those without disabilities and this study further supported by prior study reports, (Palmer, 2011; She and Livermore, 2009; Wang, 2005), and becoming disabled is associated with entering poverty (McKernan and Ratcliffe, 2005). Accordingly, relationship between economic resources and disability may be bi-directional; poverty and economic hardship may lead to or exacerbate disabling health conditions and potentially leads to greater economic hardship.

Food security indicators such as income, food self-sufficiency and frequency of meals per days were assessed. Accordingly, food insecurity among PWD was common. Likewise, the finding demonstrated that disability was consistently associated with increased risk of FI among study communities. Higher rates of food insecurity among PWD were associated with economic and organizational barriers. Additional social and environmental features limited physical access to food for people with disability, often in conjunction with economic barriers to access. These findings indicated important social ecological interactions, indicating that economic deprivation may be particularly severe among populations with disabilities, particularly in the absence of compensating financial and social resources. participants also reported how disabling barriers, such as stigma, and institutional and environmental barriers often reinforce one another, such as discrimination limiting access to social and adaptive resources for individuals with disabilities, particularly those with mental illness.

5.2. Recommendations

The Ethiopian government should be supported to strengthen efforts to implement the existing legal and policy frameworks for inclusion of people with disabilities and to address service delivery gaps. Key recommendations include, among others, the following:

- ❖ Strengthen identification mechanisms and guidelines for assessing the needs of people with disabilities, either as a cross-cutting national disability assessment mechanism, or as sector- or programme-specific mechanisms.
- ❖ Provide funding to invest in specific programmes and interventions for persons with disabilities. There is an urgent need to expand the supply of rehabilitation services and assistive devices by Government and/or NGOs. Public housing and communal water and sanitation facilities need to be made accessible to all. Therefore, government and non-governmental organization and private sectors including other stakeholders should create network and develop program to reduce the problems of food insecurity that PWDs faced.

Strategies to Improve food security of people with disabilities were not enough, some were failed to reach its potential as an effective pathway out of poverty due to many barriers and challenges. Considering all of the above, the researcher proposed few strategies to improve different services particularly which works on food security.

The following are the few recommendations to reduce food insecurity barriers for people with disabilities:

- ❖ Establish self -help group (SHG) for each Sub-cities and woreds. To do this, policies that prioritize benefits of people with disabilities in line with their interest to increase the participation of person with disabilities in SHG. And government and other stakeholders would take the initiative.
- ❖ Establish written guidelines for dealing with disability issues, including accommodation requests
- ❖ Government should create business-to-business activities and facilitate market opportunities for PWDs by collaborating with private sectors.

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Annex I: English Version questionnaires

Part I: Socio- Demographic Characteristics of Respondents

S/No	Description	Response option	Cod
1.1	Gender of respondents	1= Male 2= Female	
1.2	Age of Respondents	1 = 18-25 2 = 26-35 3 = 36-45 4 = 46-55 5 = 56-65	
1.3	Marital status	1 = Single 2 = Married 3 = Divorce 4 = Widow	
1.4	Number of household members	1=1 2=2 3=3 4=4 5= above 6	
1.5	Type of disability	1 = physical disability 2 = vision impairment 3 = hearing impairment 4 = mental disorder	
1.7	Educational status	1 =TVT 2 = Level 1-4 3 = Diploma 4 = Degree 5 = Other	
1.8	Occupational status	1 = employed 2 = unemployed 3 = own business 4. = Other, Specify	
1.9	Sub-City	1 = kolfe 2 = Addis ketema 3 = Arada 4 = other	

Part II Occurrence and Frequency of Food Insecurity among PWDs

S/No	Question	Response option	Cod
2.1	Poverty can be both a Cause and consequences of disability.	1 = agree 2 = disagree	
2.2	“We worried whether our food would run out before we got money to buy more in the last 12 months.”	1 = Was that often 2 =sometimes 3 = never true	
2.3	“The food that we bought just didn’t last and we didn’t have money to get more in the last 12 months.”	1= Was that often 2 = sometimes 3 = never true	
2.4	“We couldn’t afford to eat balanced meals in the last 12 months.”	1 = Was that often 2 = sometimes 3 = never true	
2.5	“We couldn’t feed ourselves a balanced meal, because we couldn’t afford enough food in the last 12 months”	1 = Was that often 2 = sometimes 3 = never true	
Part III. Food insecurity Experiences that People with disabilities faced in the last 12 months.			
3.1	Have you ever experienced severe food insecurity in the last 12 months?	1= yes 2 = no	
3.2	Have you ever experienced unexpected expenses or rising expenses in the last 3 months?	1=Yes 2 = no	
3.3	In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food?	1=Yes 2= no	
3.3.1	(If yes to question 8) How often did that happen	1=almost every month 2= some months but not every	

		month 3 = in only 1 or 2 months	
3.4	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	1=Yes 2= No	
3.5	In the last 12 months, were you ever hungry, but didn't eat, because there wasn't food in the house?	1=Yes 2= No	
3.6	In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?	1=Yes 2= No	
3.6.1	(If yes to question 12) How often did this happen?	1=almost every month 2 = some months but not every month 3 = in only 1 or 2 months	
3.7	We relied on only a few kinds of low-cost food to feed ourselves because we were running out of money to buy food in the last 12 months”	1 =Was that often 2 = sometimes 3 = never true	
3.8	In the last 12 months, were the member of household ever hungry but you just couldn't afford more food?	1=Yes 2=No	
3.9	In the last 12 months, did any of the family member ever skip a meal because there wasn't enough money for food?	1=Yes 2=No	
3.9.1	(If yes to question 16) How often did this happen?	1=almost every month 2= some months but not every month 3= in only 1 or 2 months	
Part VI. Implications of PWD about different stakeholders regarding their intervention			
4.1	In the last 12 months, did you get food aid from any organization it might be governmental or non-	1=Yes 2 = No	

	governmental?		
4.1.1	(If yes to question 18) was that helpful?	1=Yes 2 = No	
4.2	Are you a member of DPO?	1=Yes 2= No	
4.2.1	(If yes to question 20), is that helpful in order to reducing food insecurity barriers?	1=Yes 2 = No	

Annex III: Questionnaires (Amharic version)

በአዲስ አበባ ዩኒቨርሲቲ የሀገር ልማት ጥናት ኮሌጅ እና የምግብ ዋስትና ማዕከል የአካል ጉዳተኞችን የምግብ ዋስትና ሁኔታን ለማጥናት የተዘጋጀ መጠይቅ -ሚያዝያ 2013 ዓ/ም
 ከዚህ በላይ ስለጥናቱ የተፃፈውን መግለጫ በሚገባኝ ቋንቋ አንብቤ ወይም ተነብልኝ ተረድቻለሁ፡ በመሆኑም በዚህ ጥናት ለመሳተፍ ሀ/ ፍቃደኛ ነኝ ። ----- ፍርማ ለ/

ፍፍቃደኛ ኤደለሁም (ወደሚቀጥለው ቤት ይለፉ)

የመጠየቁ መለያ ቁጥር----- መረጃው የተሰበሰበበት ቀን-----
 ጥናቱ የተካሄደበት ክ/ከተማ-----ወረዳ-----ሰፈር-----
 የመረጃ ሰብሳቢ ስም -----ስ.ቁ----- ፍርማ-----

ክፍል 1 ስለ ተሳታፊው ዝርዝር ሁኔታዎችን ለመዳሰስ የተዘጋጀ መጠይቅ

ተ.ቁ	ጥያቄ	አማራጭ መልሶች	ክድ
1	የተሳታፊው/ዋ ያታ	1. ወንድ 2. ሴት	
1.1	የተሳታፊው/ዋ ዕድሜ	1. 18-25 2. 26-35 3. 36-45 4. 46-55 5. 56-65	
1.2	የተሳታፊው/ዋ የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች 3. የፈታች 4. ባል/ሚስት የሞተባት/ችበት	
1.3	የተሳታፊው/ዋ የቤተሰብ ብዛት	1. 1 2. 2 3. 3 4. 4 5. 6 በላይ	
1.4	የአካል ጉዳቱ ዓይነት	1. የእጅ ወይም የእግር ጉዳት 2. የማየት ችግር/ ዓይነስውርነት 3. የመስማት ችግር 4. የዓዕምር ህመም	
1.5	የተሳታፊው የት/ት ደረጃ	1. የሙያ ት/ት 2. ደረጃ 1-4 3. ዲፕሎማ 4. ድግሪ 5. ሌላ ካለ	
1.6	የተሳታፊው/ዋ የስራ ሁኔታ	1. ሰራተኛ 2. ስራ-አጥ 3. የግል ስራ ላይ የተሰማራ	

		4. ሌላ ስራ	
1.7	የታላቅታፊው/ዋ መኖሪያ (ክ/ከተማ)	1. ኮልሬ ቀራኒያ 2. አዲስ ከተማ 3. አራዳ	

ክፍል 2 የአካል ጉዳተኞችን የምግብ ዋስትናን ለመዳሰስ የተዘጋጀ መጠየቅ

ተ.ቁ	ጥያቄ	አማራጭ መልሶች	ኮድ
2.1	ድህነት ለምግብ ዋስትና እጦትም ሆነ ለአካል ጉዳተኝነት መንስኤም ውጤትም ልሆን ይችላል	1. አዎ እስማማለሁ 2. አይ አልስማም	
2.2	ባለፉት 12 ወራት ገንዘብ ሳናገኝ ምግብ ያልቅብናል ብለን እናስብና እንጨነቅ ነበር	1. ለብዙ ጊዜ 2. አልፎ አልፎ 3. አላጋጠመኝም	
2.3	ባለፉት 12 ወራት ውስጥ ገንዘብ ሳናገኝ የገዛነው ምግብ አልቆብን ብር ስለሌሌን መግዛት አልቻልንም ነበር	1. ለብዙ ጊዜ 2. አልፎ አልፎ 3. አላጋጠመኝም	
2.4	ባለፉት 12 ወራት የተመጣጠነ ምግብ መግዛት አልቻልንም	1. ለብዙ ጊዜ 2. አልፎ አልፎ 3. አላጋጠመኝም	
2.5	ባለፉት 12 ወራት የተመጣጠነ ምግብ ቤት ውስጥ ስላልነበረ መብላት አልቻልንም	1. ለብዙ ጊዜ 2. አልፎ አልፎ 3. አላጋጠመኝም	

ክፍል 3. ባለፉት 12 ወራት ውስጥ አመጋገባቸው ላይ የገጠማቸውን ነገር ወይም በአመጋገባቸው ሂደት ውስጥ የገጠማቸውን የምግብ ዋስትና ለመዳሰስ የተዘጋጀ መጠየቅ

3.1	ባለፉት 12 ወራት ወዲህ ውስት ከባድ የሆነ የምግብ እጦት አጋጥሞት ነበር	1. አዎ 2. አይ	
3.2	በዚህ በ3 ወራት ውስጥ ያልተጠበቀ የምግብ ዋጋ ንረት አጋጥሞት ያውቃል	1. አዎ 2. አይ	
3.3	በዚህ በ1 ዓመት ጊዜ ውስጥ አንተ/ቺ ወይንም የቤተሰብ አባል የሆነ ሰው ብር ከማጣት የተነሳ ከወትሮው በተለየ የምትበሉትን የምግብ መጠን ቀንሳችሁ ወይም ከነ አካተው ሳትበሉ ያሳለፋችሁ ጊዜ አለ	1. አዎ 2. አይ	
3.3.1	ከላይ ለቀረበው ጥያቄ መልሶች አዎ ከሆነ ለምን ያህል ጊዜ ነበር	1. ሁልጊዜ ማለት ይቻላል 2. ሁልጊዜ ሳይሆን አልፎአልፎ 3. አንድ ሁለት ወራት ቢቻ	
3.4	በዚህ በ1 ዓመት ጊዜ ውስጥ ለምግብ የሚሆን ገንዘብ ከማጣት የተነሳ መብላት የሚገባዎትን ያህል ሳይበሉ ቀርቷል	1. አዎ 2. አይ	

3.5	በዚህ በ1 ዓመት ጊዜ ውስጥ ከምግብ እጦት የተነሳ እየራቦት ሳይበሉ ቀርቷል	1. አዎ 2. አይ	
3.6	በዚህ በ1 ዓመት ጊዜ ውስጥ አንተ/ኛ ወይንም የቤተሰብ አባል የሆነ ሰው ለምግብ መግዣ የሚሆን ብር ከማጣት የተነሳ ከነ አካተው ሳትበሉ ያሳለፋችሁ ጊዜ አለ	1. አዎ 2. አይ	
3.6.1	ከላይ ላለው ጥያቄ መልሶት አዎ ከሆነ ለምን ያህል ጊዜ ነበር	1. ሁልጊዜ ማለት ይቻላል 2. ሁልጊዜ ሳይሆን አልፎአልፎ 3. አንድ ሁለት ወራት ቢቻ	
3.7	በዚህ በ1 ዓመት ጊዜ ውስጥ ለምግብ የሚሆን ብር ስላልነበረን እራሳችንን ለማቆየት ስንል ርካሽ የሆኑ ምግቦችን ገዝተን ተመግበናል	1. ለብዙ ጊዜ 2. አልፎ አልፎ 3. አላጋጠመኝም	
3.8	በዚህ በ1 ዓመት ጊዜ ውስጥ የቤተሰብ አባል እየራቦው እርሶ ገንዘብ ስለሌሌዎት ምንም ማድረግ ያልቻሉበት ጊዜ አለ	1. አዎ 2. አይ	
3.9	በዚህ በ1 ዓመት ጊዜ ውስጥ ከምግብ እጦት የተነሳ የቤተሰብ አባል የሆነ ሰው ምግብ ሳይበሉ ቀርቶ ያውቃል	1. አዎ 2. አይ	
3.9.1	ከላይ ያለው ጥያቄ እውነት ከሆነ ለምን ያህል ጊዜ ነበር	1. ሁልጊዜ ማለት ይቻላል 2. ሁልጊዜ ሳይሆን አልፎአልፎ 3. አንድ ሁለት ወራት ቢቻ	
ክፍል 4 አካል ጉዳተኞች ስለሌሎች ባለድርሻ አካላት ያለቸውን ተነሳሽነትን በሚመለከት ያላቸውን ግንዛቤ ለማወቅ የተዘጋጀ መጠይቅ			
4.1	በዚህ በ1 ዓመት ጊዜ ውስጥ ከመንግስትም መንግስታዊ ካልሆነ ድርጅት ያገኙት የምግብ ድጋፍ አለ	1. አዎ 2. አይ	
4.1.1	ከላይ ላለው ጥያቄ መልሶት አዎ ከሆነ ጠቅሞት ነበር	1. አዎ 2. አይ	
4.2	በአካል ጉዳተኞች ማህበር ውስጥ ታቅፏል	1. አዎ 2. አይ	
4.2.1	መልሶት አዎ ከሆነ የምግብ እጦት ችግሮችን ከመቅረፍ አንፃር ጠቅሞታል	1. አዎ 2. አይ	

Annex IV: Qualitative (Focus Group Discussion) Guide

Number of participants: Male = 7 Female = 5 Total of 12

Name of facilitator: Tadesse Abera

Name of note taker/ recorder/: Mahilet Alemu

Date of discussion: April 15-16/ 2021

Part I. Introduction for 5 minutes

Well come and explain the purpose of this focus group. And the procedure of focus group, guide lines and time setting addressed in this section.

Research Title: The Effects of Disability on Food security among Work-age People with Disabilities.

Objectives of the qualitative survey:

- ❖ To explore PWDs' perception of food security
- ❖ To explore the current food security status of work-age PWDs
- ❖ To explore factors that associated with food insecurity among PWDs
- ❖ To explain the implications of PWD about their stockholders
- ❖ To explore others knowledge about disability and food security

Thank you for coming, my name is _____ This is my colleague named _____

Now we are going to discuss about the effects of disability on food security among work-age PWDs in Addis Ababa

First, I would like to confirm all of you that there will not any harm or any intended direct benefit from participating in this discussion.

- ❖ Our discussion will be guided by some questions that need your explanation data will be recorded both by note taker and tape recorder.
- ❖ The information collected from this discussion will be maintained and used in confidential manner and it is not mandatory to give your name unless you want to do so.
- ❖ There is no right or wrong answer for any question. You can share your idea freely and every participant is encouraged for active participation.
- ❖ We will stay together for about 60 minutes and I am asking your patience for that.
- ❖ If you have any concern before we start our discussion, you are welcomed.

Part Two: Discussion Questions

1. How is life?
2. Please can you explain in your own word what does food security mean?
3. Please could you describe factors that associated with disability and food security
4. Based on your opinion and experience, what are the reason for food insecurity?
5. How do you explain the current food price in Addis Ababa? How do you see its trend?
6. What do you benefited from disability inclusion program and also Being a member of DOPs in order to assuring your food security?
7. How do you explain the role of government subsidization on some staples like wheat and oil?
8. In order to change public attitudes, & public policies in your case did you communicated with government concerned bodies, NGOs, DPOs/CBOs or with other stakeholders? And what was their response
9. Poverty can be both a Cause and consequences of disability. Thus, in order to reduce/mitigate its cause and consequences; what strategies you or your organization will be designed
10. Do you have any experience about food price, food insecurity/hunger or any other related issues you want to share us?

Summary (3 minutes)

We are going to close our discussion; do you have any idea you want to say or ask a question?

Thank You!

Annex VI: Profile of Focus group discussion (FGD) participants

Code	Sex	Age	Sub City	Education	Employment status	Disability	Family Role
A 1	F	35	Arada	MA	P. Coordinator	No	Wife
A 2	M	52	Arada	MA	Coordinator	No	Head
A 3	M	52	Arada	MA	Manager	No	Head
A 4	F	27	Arada	BA	F.officer	No	Daughter
A 5	F	33	Arada	BA	Secretary	No	Member
Ad 1	F	23	A.ketema	DP	Unemployed	Yes	Member
Ad2	M	34	„	„	S.employed	yes	Single
Ad 3	M	28	„	DP	unemployed	Yes	Member
K 1	M	55	Kolfe	12 th	S.employed	yes	Head
K2	F	44	„	12 th	Unemployed	Yes	House wife
K3	M	37	„	12 th	unemployed	yes	Head
K4	M	41	„	8 th	Unemployed	Yes	Head