

# Experiences of vulnerable urban youth under covid-19: the case of youth with disabilities

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## Introduction

Ethiopia declared the first case of coronavirus on the 13 March 2020, and while numbers of confirmed cases initially remained low, by late July 2020 the number of confirmed cases had exceeded 13,000, with more than 200 deaths. Across the globe, countries are reporting multidimensional health, economic and social effects of covid-19 and the ensuing policy responses to contain the disease. The situation is expected to be potentially more challenging in low-income countries like Ethiopia where there is a weak health system, compounded by recurrent political unrest. The outbreak of covid-19 is expected to put women, girls, young people and socially vulnerable groups, including persons with disabilities, at heightened risk, given that containment measures to slow the pandemic including lockdowns and disruption of basic services are already being seen to exacerbate existing economic and social inequalities (UN, 2020). Indeed, persons with disabilities are more likely to experience adverse socio-economic outcomes than persons without disabilities due to 'less education, poorer health outcomes, lower levels of employment and higher poverty rates' (WHO and World Bank, 2011). Rapid virtual research by GAGE has highlighted the challenges that young people are facing in rural communities in Afar, Amhara and Oromia, and in Dire Dawa city (Jones et al., 2020a, b), but as yet very little is known about the specific experiences of vulnerable urban



youth. This brief focuses on youth (aged 15–24 years) with physical and visual disabilities, and is part of a series exploring the impacts of covid-19 and the ensuing government policy response on vulnerable urban youth in Ethiopia.

## Overview of youth with disabilities in urban Ethiopia

In large part because disability has been seen as a curse in Ethiopia, with children with disabilities traditionally hidden at home in order to protect the family reputation, very little research has included – much less focused on – the experiences of young people with disabilities (Tefera, 2016; Rohwerder, 2018). Indeed, even the number of children and adolescents with disabilities is unknown, although it is presumed to be disproportionately large given that poor medical care results in large numbers of preventable disability (Jones et al., 2018). Limited evidence has found that the impacts of stigma and exclusion are wide-ranging. With special needs education relatively recent, largely confined to urban areas, and under-resourced, children with disabilities are not only more likely to be shut out of school entirely, but also to have poor learning outcomes (Tedla and Negassa, 2019; Temesgen, 2018; Malle et al., 2015). This is particularly true at the secondary and tertiary levels, where students are exclusively mainstreamed in classrooms that offer little (or no) accommodation (ibid.). Stigma and exclusion also shape psychosocial well-being. Work with blind adolescents living in Bahir Dar found that they are less resilient than their sighted peers, with girls disadvantaged compared to boys and children blind since birth disadvantaged compared to those blinded in later childhood (Zegeye, 2019). These findings are in line with previous research, which has highlighted that discrimination – inside and outside the home – and self-blame lead to depression and other forms of socio-emotional problems (Abeshu, 2017; Mulat et al, 2015). Because they are often seen as asexual, adolescents with disabilities also tend not to have access to sexual and reproductive health information and care. Research with young people with disabilities in Addis Ababa found that only 20% had ever had a conversation about SRH with their parents (Kassa et al., 2016) and that less than half of those who were sexually active had used contraception at sexual debut (Alemu and Fantahun, 2011).

## Research methodology

The findings in this brief are based on qualitative research interviews carried out by phone in June 2020 with vulnerable urban youth in local languages. The youth were residents of the major urban centres of the three largest regional states in Ethiopia: Adama (Oromia region), Bahir Dar (Amhara region) and Hawassa (Southern Nations, Nationalities and Peoples region) as well as Addis Ababa, the federal capital. The sample of young people was drawn from a combination of beneficiaries of UNFPA-funded NGO programmes in the four locations and purposely sampled adolescents who belonged to specific socially vulnerable categories. Young people were included from two age cohorts – 15–19 years and 20–24 years. In total, 154 youth were included in the research, of whom 100 were female and 54 were male; 79 aged 15–19 years and 75 aged 20–24 years. Among these, 31 were adolescents with disabilities (see Table 1 for the sample details), and included young people with both congenital and acquired (e.g. through accidents, or delayed medical treatment) physical and visual disabilities. Key informants from the city bureaus of health, labour and social affairs, women, children and youth affairs as well as NGOs (in the case of disability this was the Ethiopian Centre for Disability and Development) working with vulnerable urban youth in each city were also interviewed virtually.

**Table 1: Research sample of youth with disabilities by location, gender, age, disability type and marital status**

Variable	Domains	Addis Ababa	Adama	Bahir Dar	Hawassa	Total
Sex	Female	4	4	4	4	16
	Male	4	3	4	4	15
Marital status	Never married	8	7	7	7	29
	Married	-	-	1	1	2
	Divorced	-	-	-	-	-
Age	15–19	5	-	5	4	14
	20–24	3	7	3	4	17
Disability type	Visual	7	0	2	3	12
	Physical	1	7	6	5	19
	<b>Total</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>31</b>

## Findings

We now discuss the findings from the virtual research with youth with disabilities about their experiences since the outbreak of covid-19 in Ethiopia. Where relevant we highlight gender and location differences in the impacts of the pandemic.

### Covid-19 knowledge and practice

Our findings suggest that generally youth with disabilities have reasonable access to information about covid-19 transmission and prevention mechanisms through the TV (either their own or their neighbours'), FM radio on their mobile phones and in some cases – especially male youth – internet. Indeed, some youth with disabilities who had migrated for schooling or work to urban centres reported communicating information about coronavirus to relatives in rural areas.

In terms of practice, many young people with disabilities emphasised that the covid-19 prevention guidance was difficult to follow for several reasons. Social distancing is challenging for young people with visual impairments or those in wheelchairs who typically rely on community members to help them navigate the city and cross the streets. Because of fear of the virus fewer people are willing to help them given awareness about transmission through close proximity to other people and through touching surfaces (e.g. wheelchairs). An 18-year-old adolescent girl with a visual impairment in Addis Ababa noted: *'I feel sad now that people are not willing to help us. I know it's difficult but I can't help but be sad. When they are willing to help, we fear them and they fear us. You can never be sure if that person does not have the disease and they think the same.'*

Interestingly there were differences between cities – whereas in Addis Ababa and Adama these challenges were highlighted by multiple respondents, in Bahir Dar and Hawassa where social distancing rules are largely not being followed youth with disabilities reported that they were being provided with help to get around by community members. However, in these contexts, youth complained that public transport was crowded (despite official guidance for drivers to carry fewer passengers to facilitate social distancing) and that they did not feel safe, especially as many people in these locations were not wearing face masks.

For many respondents, economic constraints also hindered the use of soap, alcohol, sanitisers and masks, and several had no running water supply and had to source it from the neighbourhood. A 19-year-old adolescent girl with a physical disability from Bahir Dar explained: *'I try my best to stay safe but I have to share a toilet. If I get infected, I am sure my body cannot resist it. This disease is for people who have a good living standard. You have to have your own house and bathroom so you can stay safe. There are many people who come to this compound. Everyone touches the water pipe, toilet door and they say it stays longer on metal objects. This worries me a lot.'* Poor access to water and sanitation facilities was also underscored by a key informant from the Association of Persons with Disabilities in Addis Ababa who emphasised that many migrant youth and youth with disabilities in particular often live in very low-cost housing without private piped water or toilets and as a result they are at greater risk of exposure to covid-19. Several young people also mentioned that they were mocked for wearing masks and labelled 'cowards'.





## Access to sexual and reproductive health services and supplies

Overall, due to the deep-rooted stigma surrounding issues related to persons with disabilities and sexuality, youth respondents, especially girls and young women, were reluctant to discuss sexual and reproductive health issues, including menstrual hygiene management.

In terms of access to sexual and reproductive health services and supplies, many youth with disabilities emphasised that they often faced accessibility barriers to health facilities, and that these constraints had become exacerbated during covid-19 because of the large queues outside hospitals due to mandatory temperature checks. Others noted that they were not in a relationship, at least in part as a result of the stigma surrounding persons with disability and issues of sexuality, and thus service access was not a major concern. One adolescent girl aged 19 with a physical disability from Bahir Dar and with a four-year-old child, however, explained that she had had an unplanned pregnancy during the pandemic, and had recognised it too late due to her preoccupation with the economic challenges brought on by covid-19. *'Because of the disease, I was all focused on getting money and did not observe the changes in my body. It was too late when I learned I was pregnant ... Everyone exploits my weak side. He [her boyfriend] came back begging for forgiveness. I believed him and took him back. I did not want to get pregnant but it happened.'*



## Vulnerability to violence

Because of the sensitivity of asking about different forms of violence in a short phone interview where privacy may be compromised, our questions focused on where young people feel safe and unsafe. As such it is possible that the findings represent an under-reporting of violence within the home. Key informants noted, however, that they anticipated heightened vulnerability among adolescent girls to sexual assault following the pandemic. An expert from the Association of Persons with Disabilities in Addis Ababa pointed out: *'Previously men didn't want to have sex with them [girls with disabilities] because of the wrong assumption that they are not good for sex. But recently men prefer to have sex with them because they assume that they are not infected with HIV since they were not liked by men due to their disability. So these girls, especially migrant girls in rented rooms ... are highly exposed to rape and some of them are getting infected with HIV because of rape.'* Similarly, an expert from the Bureau of Women and Children's Affairs in Addis Ababa noted that they are now disaggregating sexual assault statistics by disability in order to monitor this vulnerability, and that of 308 reported cases of rape, one was an adolescent with a visual impairment.

Youth with disabilities expressed a number of fears about violence on the streets – both from police who are trying to clear the streets on account of social distancing guidance – as well as from youth gangs. As a 15-year-old adolescent boy from Bahir Dar with a visual impairment noted: *'I stopped working, as policemen are beating us when they see us working on street.'* Others noted that violence by street gangs was also an increasing concern. As a 24-year-old male youth with a physical disability from Hawassa explained: *'It is becoming very difficult to move even in daylight, especially for those who are new to the locality. It is those youths who have been discharged from jail who are hugely involving in such criminal acts.'* A 17-year-old adolescent boy with a visual impairment, also from Hawassa, highlighted that this increasing violence was in part fuelled by rising substance abuse: *'Many youths are engaging in addiction due to school closure and loss of jobs. So, I suggest it needs due and timely focus.'*



## Psychosocial impacts of the pandemic

A dominant theme in the interviews with youth with disabilities was the psycho-emotional toll of the pandemic. Young people in Addis Ababa and Adama underscored that given the emphasis on social distancing in these two urban centres they were experiencing intensified stigma in the streets, in cafes, restaurants and shops. A 20-year-old male youth with a physical disability from Adama emphasised that he was facing multidimensional discrimination during the pandemic:

▶ Many youths are engaging in addiction due to school closure and loss of jobs.

(A 17-year-old adolescent boy with a visual impairment from Hawassa)

*Many people are not happy to support people with disabilities during this covid period. They discriminate against us. They consider us as beggars.... For example, some weeks ago, I went to a government-sponsored cooperative to buy food items. The guard prevented me from entering the compound. He held only me back. He asked me to show him my ID card. He did not ask other people for ID. I became upset about this discrimination. I faced similar problems whenever I went into a cafeteria. They do not treat me equally with other people because of my disability.*

Similarly, adolescent girls with visual disabilities in Addis noted that some of their friends had been injured by falling into ditches while navigating the streets due to a dearth of people they could turn to for help as they would have done pre-covid-19. As a result, more disability-unfriendly environment many respondents noted that they were electing to stay at home and self-isolate. As a key informant from the Bureau of Labour and Social Affairs in Adama explained: *'In Adama ... destitute persons with disabilities, especially those who are visually impaired and those who have physical mobility problems, need the physical support of other people which is not possible in the context of covid. So, this might limit their mobility, which in turn makes them depressed being isolated from other members of the community.'*

In this regard, the closure of schools and universities was seen as especially problematic by youth with disabilities as education had been a domain in which they had been able to socialise on a regular basis. As a 19-year-old girl with a physical disability from Hawassa highlighted: *'School was a place where I interacted with people and spent happy time.'* With high school and preparatory school online learning being transmitted by TV not radio, and university education via Telegram, many of the youth in our sample were unable to access virtual education. Moreover, even for those who did have access to television at home, the fact that lessons at this level are all provided in English meant that in the absence of being able to ask questions following the content was often too difficult. For adolescents with visual impairments, the medium of instruction presented further challenges as some of the content relied on visual interaction. An important exception was mentioned in Hawassa where the city's Bureau of Education is providing adolescents with disabilities with memory cards containing pre-recorded lessons, which young people are able to listen to on their mobile phones.

For many young people with disabilities, however, the lockdown and closure of educational institutions means that they are not having any contact with peers and several emphasised that they find this very stressful and are experiencing symptoms of depression including sleeping more and experiencing loss of appetite. Some youth also explained that their families did not always understand their health and psychosocial needs, and only agreed to take them to health facilities if the situation was very serious, possibly due to the stigma related to their disability. A 19-year-old adolescent boy with a visual disability in Addis Ababa noted for example: *'My family do not understand my needs and health problems. When I tell them that my stress and depression arising from fear of covid-19 has led to a decline in my appetite and mental illness, they gave unacceptable reasons for it rather than taking me to a health institution for treatment ... Most of the time, unless I feel seriously ill, they do not take me to health services.'*



Because of the extended period of time at home, a number of respondents also noted that their relationships with family members were fraying and that this added to their stress. For example, a 19-year-old adolescent girl with a physical disability from Bahir Dar noted her family's discriminatory treatment towards her compared to her sister: *'After I stopped working, everyone was happy. I worked in the house for them and they were happy with that. My younger sister is allowed to go out of the house and work. She is free to go anywhere. But if I dress up and leave the house, they insult me and say I am looking for men. My younger sister is out of job now. But she leaves the house whenever she wants. She is not even asked to pick a cup. She talks back to them. She is all healthy and with full body but she is told to rest even without working. I have to work all day with my disability.'* Another adolescent girl with a physical disability living as a lodger with a family in Hawassa found herself for the first time spending time in their presence due to the cancellation of classes and recognising their prejudice and micro-aggressions towards her; she is now fearful of being turned out of the house: *'How can I spend the life in street if they send me out, there is risk of rape and other risks associated with being female?'*

More generally, both male and female youth with disabilities emphasised that they felt forgotten in the context of the pandemic and that as migrants to the city they were even excluded from house-to-house temperature checks to

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(A 22-year-old female youth with a visual impairment from Addis Ababa)

identify people infected with covid-19 in urban centres. In several cases, young people living in NGO accommodation were also omitted as the focus was on residential houses and shops, not organisations. As a 22-year-old female youth with a visual impairment from Addis Ababa noted: *'Visually impaired people have lost hope in the community. A man from Dire Dawa locked himself in his house and burned himself. Thankfully, he was rescued. He lost hope in the community and thought no one wanted him, especially after covid-19. That is what we are feeling here too. I am afraid more people might try to do such things. The most unfortunate thing was it wasn't given media coverage, which says a lot.'*



### Economic impacts and access to social protection

While some youth with disabilities in our research sample were living with their parents and in a relatively secure economic situation, many others were living by themselves and were responsible for their daily subsistence. As a 17-year-old boy with a visual impairment from Hawassa explained, for example: *'It is so difficult to talk about my livelihood situation. I sometimes spent a day without food, because I don't have any source, I was eating three times a day in the school providing the service, but now that has stopped. My parents are poor and living in a rural area to support me, so now I am completely reliant on the supports from community in our compound.'* Youth with disabilities who make a living on the street, for instance, renting scales or shoe shining, emphasised that following the pandemic outbreak their income had been significantly reduced, in some cases more than threefold, while some had found themselves completely out of work, often because authorities were preventing them from street work. An 18-year-old adolescent girl with a physical disability from Bahir Dar noted: *'This time, people with a disability just like me, who are visually impaired and with a physical disability working on the street, shoe shining and renting scales, are now left without income ... They say it is to clean the city ... It is the disabled who usually work on the street because we have no other choice. The city administration said they will not look into our case separately since it is all about beautifying the city ... I am going to take down the plastic cover if it is beauty that concerns them. I have to eat after all.'* A number of youth with disabilities also explained that they felt trapped between struggling to ensure their economic survival on the one hand, and protecting themselves from the pandemic on the other. A 20-year-old adolescent boy with a physical disability in Adama reported: *'For people like me, fulfilling the basic needs is the top priority rather than thinking of contracting the virus. I have been facing a shortage of food, and I give priority to how to get daily food rather than taking care of my health under covid.'*

A number of young people noted that they had had to move rental accommodation to secure cheaper living arrangements but that these had less accessibility to basic services and transportation, while others underscored that their economic hardships meant they did not have the means to access online education, which requires cash to cover the requisite internet fees. As a 19-year-old adolescent girl with a physical disability from Hawassa explained: *'How can I use internet for my studies since it require money; I do not have any.'*

While disability status is part of the eligibility criteria of the urban Productive Safety Net Programme (PSNP), only one youth from Addis Ababa reported that his household was part of the PSNP and even in this case not due to his own disability status but rather to his family's poverty. In general, young people with disabilities were unaware of their rights to social protection, and only a minority of youth with disabilities reported that they had received one-off support from the city administration or NGOs, especially ECCD, in terms of food items and sanitary products. Others noted that they were overlooked as a result of the broader invisibility of persons with disabilities in the society. An 18-year-old adolescent girl with a visual impairment from Addis Ababa emphasised that *'When they gave aid in our area, they left us, the poor. Because we are living in a rented house, they did not consider us. They gave soap, food oil, and flour to the others. They were very selective about whom they gave it to.'*

Some youth had been receiving school stipends for students with disabilities prior to the pandemic but noted that this has been suspended now that schools were closed. One adolescent girl from Hawassa noted that she had received a stipend of 350 birr as a charitable donation from teachers and students, but this had also been discontinued during covid-19 and that this had left in her a very vulnerable situation. Similarly, students in Hawassa where there was no



An adolescent boy who is blind and has a physical disability in Ethiopia © Nathalie Bertrams/GAGE 2020

▮ Since covid, I have been leading a hand-to-mouth life. I have no job. I depend on some money which my friends give me.

(A 23-year-old youth with a physical disability from Adama)

governmental school stipend but instead an arrangement to receive school meals from a private boarding school noted that following the closure of educational institutions they were confronted with serious food insecurity.

Due to a dearth of regular social protection support, many young people with disabilities emphasised that they were compelled to depend on relatives and neighbours for charitable support and that this dependency was very stressful. As a 23-year-old youth with a physical disability from Adama noted: *'Since covid, I have been leading a hand-to-mouth life. I have no job. I depend on some money which my friends give me. This cannot help me to lead a stable life. Before covid, I served in a local church and some people had given me some money as alms but with the closure of the church, everything has been stopped and I started to face a shortage of food every day. It is miserable for me to lead such a life now.'* According to a key informant from the Association of Persons with Disabilities, this dependency had been compounded during covid-19 by the closure of churches, which had previously provided food and alms to impoverished persons with disabilities.

## Conclusions and implications for policy and programming

Our findings highlight the multidimensional vulnerabilities of youth with disabilities in the context of covid-19. Our research also underscores that many young people with disabilities remain excluded from any kind of social safety net, especially now that school-related social protection has been suspended, and that especially those who are migrants living alone are at very high risk of food insecurity, psychosocial ill-being and violence. Here we highlight priority actions to address these risks:

1. **Provide guidance on how to support persons with disabilities in a safe, socially distanced way**  
Youth with disabilities in urban centres where social distancing is enforced are facing challenges in terms of receiving support to ensure their safe mobility in the city due to limited awareness by the community and ingrained discrimination and stigma. Accordingly, it is essential that guidance on how to provide support to persons with disabilities in a safe, socially distanced way is included in public health communication around covid-19 prevention, alongside messaging about tackling stigma against persons with disabilities and other highly disadvantaged social groups. Information in accessible formats, including braille and TV broadcasts accompanied by sign interpreters, could also enhance outreach to a wider group of youth with disabilities.

2. **Scale up distribution of hygiene kits and masks, and ensure that outreach efforts explicitly include persons with disabilities**

While many young people with disabilities have good awareness about masks and handwashing measures, they are frequently unable to comply with the guidance due to poverty. Some youth with disabilities are receiving support through NGOs, but many, especially those who are migrants and living alone, are excluded. Thus, it is critical to scale up distribution of hygiene kits and masks, and ensure that outreach approaches explicitly include persons with diverse types of disabilities and that information is provided in accessible formats (including in braille and sign language).



3. **Ensure sexual and reproductive health services are maintained and scaled up, and that services are disability-friendly**

Access to SRH services did not emerge as a priority concern among youth with disabilities during the pandemic, but possibly also due to under-reporting given the stigma surrounding persons with disabilities and sexual and reproductive health issues. However, young people emphasised that health services are often not easily accessible for persons with disabilities, and that this was exacerbated during the pandemic by limited access to health facilities overall and heightened mobility constraints for persons with disabilities as a result of covid-19. It is therefore important that the access of persons with disabilities to essential SRH and health services is integrated into health-provisioning strategies during the pandemic.

4. **Tackle physical violence perpetrated by police and street youth**

For youth whose livelihoods are street-connected, including street vending, it is important to address the risk of verbal and physical violence by police that has become heightened during covid-19, and provide clear guidance to police and other law enforcement authorities about how to interact respectfully with highly vulnerable populations in these challenging times. At the same time, urgent measures are needed to address the growing problem of youth gangs who jeopardise the safety of ordinary citizens and especially vulnerable persons, including those with disabilities. Youth with disabilities also need to be provided with information and guidance regarding their rights and how to report violations.

5. **Invest in psychosocial support services, including through social workers and youth volunteers, as part of a package of social support**

A priority concern for youth with disabilities were the psychosocial impacts of the pandemic, and especially social isolation. It will be important therefore to consider investments in psychosocial support services, both online options for those who have digital connectivity and opportunities to interact with social workers or youth peer volunteers in an appropriately socially distanced way, as part of a package of social support. It is also vital to work with families and relatives of youth with disabilities to encourage them to understand the interests and constraints of young people with disabilities. Creating opportunities for youth with disabilities to start to re-connect with peers so that they can interact and share experiences will also be important to tackle stress and anxiety.

6. **Invest in disability-friendly distance learning approaches**

Because many young people with disabilities do not have access to a TV or the internet to engage with virtual learning programmes, it is important to diversify options for disability-friendly distance learning. The Hawassa Bureau of Education model of providing recorded lectures on memory cards that can be used on mobile phones is an example of good practice that could potentially be scaled up.

7. **Rapidly scale up the urban PSNP and ensure that young people with disabilities are targeted**

Given the high levels of vulnerability that many young people with disabilities are experiencing during covid-19, it will be critical to scale up the urban PSNP and give adequate weighting to disability status as an eligibility criteria, especially given heightened mobility challenges during the pandemic. In addition, food distribution schemes run by the government and NGOs during the pandemic should also explicitly target youth with disabilities given their increased risk of poor nutrition and food insecurity.

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## Endnote

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