



## **Survey Findings Report**

### **Effects of COVID-19 Pandemic on Women with Disabilities - Kenya**

July 2021

#### **Survey purpose and sample group**

The purpose of this small study was to determine the impacts of COVID-19 on the lives of women with disabilities in three project locations in Kenya, namely Migori (south west), Baringo (central) and Kibwezi (eastern). We gained data concerning their knowledge of COVID-19 and the associated impacts on their incomes, physical and mental welfare, security and violence against them and in their communities more widely. A sample of ten women with disabilities were selected as broadly representative of the wider project beneficiary group. Women with a range of disability types were included, representing those with various physical disabilities (5), blindness (2), deafness (1), intellectual disabilities (1) and albinism (1). Nine were interviewed by telephone and the deaf respondent gave a face-to-face interview using sign language.

#### **Summary of findings**

The findings of this small survey clearly indicate that COVID-19 and the government-imposed lockdown has had severe negative effects on women with disabilities in Kenya.

The findings also show that, because of their disabilities, the women have been more severely disadvantaged by the pandemic than other groups in society.

The respondents strongly believe that violence against women and girls has increased significantly due to the pandemic and concerns about their own personal security have increased. Dramatic loss of incomes because of lockdown restrictions severely affected all the survey respondents, many reporting that they could not afford food for their children. The fear and hardship has also caused serious mental health issues, with many of the respondents reporting extreme stress and anxiety. The women surveyed had basic knowledge levels about the COVID-19 virus and gained most information from radio. No respondents had received any assistance other than that provided by our UNTF supported project.

#### **Family situations**

The women's family sizes varied from 3 to 12 members with an average size of 6. Half of the women with disabilities were single mothers and they were the sole breadwinners. Of those that were married, two had husbands who were also disabled. Another husband was described as a 'jobless alcoholic' and another was polygamous, having two other wives and neglecting his wife with a disability and her children. One husband was employed as a security guard, but was not working during COVID-19 lockdown. All the families could be described as poor or very poor.

## **Disability**

The women briefly explained the ways in which their disabilities usually affect their daily lives, and in relation to COVID-19. In addition to citing physical constraints concerning mobility and difficulties in carrying out domestic tasks due to their impairments, most of the women said social stigma and discrimination strongly affected their daily lives. They said that others do not believe they can work and be productive.

*'Most employers think I can't work due to my disability' (Woman with a physical disability – Baringo)*

COVID-19 has created extra challenges for women with disabilities. In addition to loss of incomes, social distancing has created extra difficulties for those that rely on any kind of personal assistance. For example, those that need wheelchair pushing or physical support to negotiate steps or enter public vehicles. Blind women have reduced their movements and become isolated. They found people reluctant to touch and guide them because of fears of COVID-19 transmission. The deaf respondent could not benefit from audio information about COVID-19 on radio or TV and the wearing of masks interfered with her lip-reading.

*'I feel so lonely nowadays. I no longer go out due to my disability. I must get someone to guide me and I fear putting each of us at risk of COVID19. I worry too much about my work how to take care of my family life. It has been so difficult.'* (Blind woman – Baringo)

## **Incomes**

Before the onset of COVID-19, most of the women respondents (7 out of 10) earned a small income from informal sector work such as trading in food stuffs, second hand clothes, charcoal, or by offering casual labour as a means of earning a daily income. Two were unemployed and relying on assistance from well-wishers or local welfare organisations (NGOs). Without exception, all the respondents said their means of income had been severely affected by COVID-19, specifically by the lockdown restrictions on social interactions, movement and trading. In most cases their means of income more or less ceased overnight. The only formally employed woman was put on unpaid leave for an indefinite period. Other breadwinners in the women's families also experienced job losses or severe drops in incomes.

*'I have many problems. My second hand clothes business had to stop due to lockdown',* (Woman with a physical disability – Migori).

*'COVID stopped me going to other homes for work'. (Woman with a physical disability – Baringo)*

*'It's been hard, we stay hungry sometimes. Income from selling charcoal reduced. I used all my capital for food' (Woman with a physical disability – Migori).*

*'Bad, really bad, my son lost his job and he is the one who has been supporting my family, and myself, I have no salary, we are waiting if they can call me back to work. My family goes days without food, my children who are in school now are at home. It's been tough.'* (Blind woman – Baringo)

## **Effect of COVID-19 on health and welfare.**

One of the clearest and most concerning findings of the survey was that poor mental health is commonplace amongst the respondents, with 8 out of ten experiencing severe stress and anxiety. This was caused principally by loss of incomes and the resulting inability to buy food or pay school fees for their children. Some women also expressed a general background fear of sickness because of the virus and the impact on their family's future.

*'Stress levels are high. I am very down. I don't have school fees and I don't know if my children will finish school'. (Women who lost both hands in accident – Baringo)*

*'I have a lot of stress because I don't have money for school fees and food. My mind is not at peace when my children go out of the home'. (Women with physical disability – Kibwezi)*

Women with disabilities tend to be more reliant on medical services than the general population. During COVID-19 women stopped attending clinics due to travel restrictions and they also feared contracting COVID-19 when visiting medical facilities or moving out of their homes in general. This meant that their physical health was compromised due to COVID-19.

### **Violence and insecurity**

Survey respondents were asked about their own experiences of threats, abuse and violence during lockdown. Half (5 out of ten) had reported that they had experienced abuse or violence against themselves, a family member or a close neighbour. The abuse and violence took the following forms:

- A child was beaten by a neighbour when sent with a request to borrow food.
- A woman was forced by her husband to go out and seek casual work.
- A woman was ignored by her parents.
- A woman was verbally abused / bullied by her husband's other wives.
- A woman's 14 year old neighbour became pregnant during lockdown.

The women with disabilities were asked their views about any changes in the rates of violence and abuse against women and girls because of COVID-19. All but one (9 out of 10) respondents said that violence had become more common or much more common. They believed the reasons were due to the lockdown. Men were being forced to stay at home, especially during evening curfews when they might normally be out. Tensions and stresses in households were escalating, often because of acute financial worries, and this was leading to violence and abuse. Also with schools closed, children have been at home, and the respondents believed that many children, especially girls, were at increased risk of abuse and sexual assaults.

*'Violence is more common – when there was no COVID-19 the wife and husband were working but in COVID husbands are home because of curfew and they start beating wives and children'. (Woman with a physical disability – Baringo)*

*'It's more common – more disagreements and physical abuse in homes because people don't have jobs and money'. (Blind woman – Migori)*

*'I heard about a deaf women who was raped and got pregnant, and now has the child'. (Deaf woman- Baringo)*

Most respondents felt that safety and security in general had deteriorated because of the pandemic, and some were very concerned about their own safety. They observed that people are more desperate for money and alcohol / drug abuse was a major concern. Several women with disabilities said they did not feel safe in their homes, and were worried that their disabilities prevent them from defending themselves or escaping.

*'People who are chased by police for breaking curfew can run to my house and I don't feel safe - I can't run'. (Woman with a physical disability – Migori).*

*'There is insecurity where I live – thugs breaking into homes, I fear for my life'. (Woman with a physical disability – Baringo).*

*'There is a drunk who comes to the house threatening to beat us, one day he beat my child'.  
(Woman with a physical disability – Baringo).*

### **Support during COVID-19**

As the respondents are beneficiaries of the UNTF supported project they received food packages as part of the project. Apart from this assistance, one woman had had family support to pay school fees but all others said they had received no external help. Several reported that the government talks about assistance but none had received any form of government support.

*'County government makes promises but we had nothing from them'. (Blind woman – Migori)*

### **Understanding of COVID-19 and information sources**

All but one of the survey respondents had a basic understanding of what the COVID-19 virus was and they had some idea of how it is transmitted and the prevention measures. One only knew the name 'Corona Virus' but nothing more. Many respondents mentioned the symptom of coughing and said it was transmitted by sneezing, through the air and by close contact with others. They mentioned wearing of masks, hand washing and social distancing as means of prevention. None of the respondents had contracted COVID-19 themselves, one had a neighbour who she said had been sick with the virus.

By far the most cited source of information about COVID-19 was the radio, with 7 out of 10 mentioning radio as a primary source and judging the information on radio to be trustworthy. TV was also mentioned although TV ownership is low so viewing of TV is usually at public locations. Other sources of information cited were public meetings (eg. local Chief's meetings / Government announcements), health workers, local disabled person's organisations and children in the family who had learnt from teachers. The deaf woman cited print media (newspapers) and colleagues at her work as information sources (before the workplace was closed in lockdown). She sought clarifications of her knowledge from sign language users.

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