

# **The Social Inclusion of Persons with Disabilities in Georgia – The Main Barriers and Perspectives**

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# Contents

Executive Summary.....	4
Introduction .....	8
Research Purpose and Objectives.....	10
Research Methodology .....	10
Research methods, instruments, and processes.....	10
Research participants .....	11
Research sampling, area, and period .....	11
Research Limitations .....	12
Research Results and Analysis.....	12
Conclusions and Recommendations.....	26
Reference.....	29
.....	32
CARE International in the Caucasus.....	32
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care-caucasus.org.ge .....	32
Appendix 2- Qualitative research instrument.....	40

## Executive Summary

Around the world, people with disabilities often experience social stigma and discrimination. They also have limited access to education and employment, and are less involved in social and political life. The situation is more drastic still in developing countries. Consequently, the parliament of Georgia ratified the UN Convention on the Rights of Persons with Disabilities (UN CRPD) in 2013 and the document came into force in 2014. However, the persons with disabilities still represent a significant marginalized group in Georgia – often socially isolated and living in extreme poverty. The situation is the most serious in the regions, especially in rural parts of the country.

The core aim of this study is to explore the main barriers of social inclusion that the persons with disabilities face; analyzing both their causes and the methods for overcoming these issues. Based on the foremost goal of the study, the following research questions have been formulated:

1. Identifying the main physical and social barriers hindering the access of persons with disabilities to (a) medical care and social services; (b) education and employment; and (c) social and political life; and thereafter analyzing their causes;
2. Analyzing from a gender perspective the main barriers affecting the social inclusion of people with disabilities;
3. Discerning the levels of awareness of persons with disabilities regarding COVID-19.

The given study is an example of participatory research and individuals with disabilities have participated in the planning, implementation, and the analysis sections.

The research was based on mixed investigative methods, and telephone surveys (quantitative research) and semi-structural in-depth interviews (qualitative research) were each used. Due to the COVID-19 pandemic, all interviews were carried out via telephone. The quantitative data was analyzed via SPSS Statistics 23, while a thematic analysis was used in the interpretation of the qualitative research.

The data was collected, between July-August 2020, from three target groups: persons with disabilities (adults age of 18-50), their family members, and representatives of local communities (NGOs, local authorities, and businesses). In total, 197 respondents participated in the telephone survey and 20 respondents contributed to the semi-structural interviews, while the selection of participants was guided by ethical principles and procedures. The study was thereafter carried out in four Georgian regions: Samegrelo-Zemo Svaneti, Guria, Adjara, and Kvemo Kartli. Within these regions the following municipalities, which have been underrepresented by previous studies, were targeted: Chkhorotsku (Samegrelo-Zemo Svaneti), Ozurgeti (Guria), Keda (Adjara), and Bolnisi (Kvemo Kartli).

Based on the research questions and the available resources, nonprobability sampling was applied – the quantitative research was based on convenience and quota sampling, while purposive sampling was employed during the qualitative research. The use of quota sampling ensured the equal participation of both women and men with disabilities. During the research, special focus was additionally placed on exploring the sexual and reproductive health of girls and women with disabilities. However, solely relying on telephone interviews affected data collection on sensitive topics like gender inequality and domestic violence towards the persons with disabilities.

Based on the research and preexisting local and international secondary data, the following conclusions were made:

- Individuals with disabilities are a key marginalized group in the target locations, and throughout the entire country – they live in extreme poverty; have limited access to education or employment; and experience stereotyping and stigmatized attitudes from different societal and professional groups;
- Persons with disabilities people in the target locations require additional medical needs that are not fully met by local or state programs. Throughout the country, frequently medical institutions are only partially available for those with mobility limitations and they do not consider the needs of individuals with visual impairments;
- Medical doctors need updated information on treatment and on the use of specialized equipment when administering to various forms of disability. Certain stigmatized approaches are still applied to the persons with disabilities, particularly in rural parts of the country;
- The great majority of persons with disabilities girls and women in the target locations do not use the available sexual and reproductive health services. Although, this is a challenge not only for these locations nor solely for women with disabilities. Ultimately, early sexual and reproductive health education is not encouraged within Georgian families or in the education system;
- There is a significant lack of information about sexual and reproductive health among parents of children with disabilities. The parents and caretakers of teens with disabilities have difficulties in managing the sexual behavior of their children which causes a notable amount of stress. In neither the target locations nor the country as a whole is there a social or consultancy service for the guardians of persons with disabilities individuals;
- Sexual and romantic relationships of persons with disabilities people (particularly women with intellectual disabilities or mental health problems) are rarely encouraged by their families. Family members commonly perceive such relationships as threatening and believe they might have negative consequences, such as resultant psychological damage;
- Having a disability is considered a barrier for having a proper education and career. This is caused by a number of physical and social barriers;

- In the target locations, the persons with disabilities populace does not actively participate in local social or political life. This is determined by poor social activism among people with disabilities, alongside insufficient efforts from local authorities to encourage and support their becoming more active citizens;
- Individuals with disabilities in the target locations have a very restricted social life. They often have fewer friends and lack a social network, and typically they remain in their own homes and host guests;
- The research participants did not perceive any notable problems concerning gender inequality or discrimination in their regions. However, based on the secondary data, discrimination remains a problem in Georgia and many other countries;
- The research participants did not discern problems concerning domestic violence towards women or the persons with disabilities in their local areas. However, based on secondary data, domestic violence remains a problem in Georgia and many other countries;
- Some research participants would not appeal for aid in cases of domestic violence. They are also poorly informed about the available relevant services;
- The inconsistencies between the research and the secondary data, regarding gender inequality and domestic violence towards women and the persons with disabilities, are explicable due to the difficulty of addressing sensitive topics during telephone interviews. These issues appear overly taboo to be explored solely via telephone interviews;
- The research participants are well-informed regarding COVID-19 and are able to apply the recommendations for self-protection. However, the majority of respondents cannot afford to purchase face masks or sanitizer. Moreover, being isolated during the lockdown has negatively affected those persons with disabilities individuals who are ordinarily more involved in social services and social life, it has also affected their family members.

Based on aforementioned conclusions, the following steps are recommended:

- The development of a database for the medical, and additional, needs of local persons with disabilities – this will ensure that local municipality programs target the real needs of the persons with disabilities populace and their families;
- Reducing the physical and social barriers that hinder social inclusion via the following measures carried out by the local and central authorities: (1) adapting public transport, and medical and other institutions, to the needs of persons with disabilities people; (2) increasing disability awareness among medical staff targeting the following topics: UNCRPD and Georgia's international commitment, international medical updates on serving various disabilities and meeting different medical needs, and learning how to effectively communicate with persons with disabilities patients; (3) encouraging local employers to hire persons with disabilities individuals and to support the development of social enterprises;
- Local authorities strengthening the persons with disabilities populace and their organizations – reinforcing local council work for persons with disabilities; supporting DPOs with free space and equipment in local

city halls; developing grant programs for local DPOs/NGOs; initiating collaboration and exploring the best practices from other municipalities;

- Organizing informative meetings for girls and women with disabilities – concerning the following core topics: the rights of persons with disabilities; sexual and reproductive health and rights; the relevant available services; gender equality; and gender abuse and discrimination. Alongside the development and dissemination of thematic leaflets;
- Organizing informative meetings with the mothers or caretakers of girls and women with disabilities – covering the main topics of sexual and reproductive health and the rights of persons with disabilities people;
- Helping mothers and caretakers of girls and women with disabilities contact local gender councils, accessible in city halls;
- Encouraging local authorities to support the self-organization of parents with persons with disabilities children and supporting the development of parents' clubs that offer available space and equipment in city halls;
- Initiating and piloting new social services for guardians of persons with disabilities individuals, using an evidence-based approach;
- Further researching disability related issues, especially different types of discriminatory violence;
- In the case of a second wave of the COVID-19 pandemic, ensuring that the persons with disabilities and their families have access to face masks and sanitizer;
- In the case of a second wave of the COVID-19 pandemic, organizing local online psychological services available for the persons with disabilities and their families;
- Organizing research studies, at local and central levels, to consider the psychological effects of quarantine on persons with disabilities individuals and their family members during the pandemic;
- Organizing research studies, at local and central levels, to explore the challenges of providing different online social services to those with disabilities.

## Introduction

Around the world, individuals with disabilities regularly experience discrimination and unequal treatment. Although the protection of persons with disabilities has been guaranteed by the UN Convention on the Rights of Persons with Disabilities (UN CRPD) since 2006, their rights continue to be grossly violated, even by UN member states (WHO & World Bank, 2011). The UN CRPD was ratified by the Georgian parliament in 2013 and entered into force in 2014. Nevertheless, people with disabilities continue to live in social isolation in Georgia, moreover, they have less access to education and employment, and are often victims of public stigma and discrimination (Public Defender of Georgia, 2019; United Nations, Human Rights Office of the High Commissioner, 2017).

The barriers that the persons with disabilities face in their daily lives can be grouped into the following categories: social barriers, physical barriers, and personal characteristics. Societal discriminatory attitudes are often related to stereotypical views and stigmatization. For instance, teachers may feel that working with children with disabilities is unreasonable because they do not believe in developing their abilities; or employers refuse to hire persons with disabilities workers because they do not believe in their potential or consider them valuable employees (Sumbadze et al., 2015). Similar attitudes can be found not only in Georgia but also in more developed countries (WHO & World Bank, 2011).

Public stigma and low expectations of persons with disabilities people can affect their personal characteristics and contribute to low self-esteem, and this, in turn, can shape passive individuals with hindered social skills (Wapling & Downie, 2012; UNICEF, 2013; Heymann et al., 2014; Bruijn et al., 2012). It is notable that inappropriate public attitudes towards the persons with disabilities are more common in middle- and low-income countries (Mont, 2014). While attitude-related barriers are especially relevant for people with psycho-social needs. Among people with disabilities, those with mental and intellectual problems are the most common targets of discrimination (WHO & World Bank, 2011); and this is certainly the situation in Georgia (Sumbadze et al., 2015; Public Defender of Georgia, 2019).

Alongside social barriers, there are still significant physical barriers that hinder the social inclusion of persons with disabilities people (WHO & World Bank, 2011; Bruijn et al., 2012). In Georgia, inaccessible buildings and poor infrastructure are some of the most important factors hindering the education, employment, and socio-economic participation of persons with disabilities citizens (Sumbadze et al., 2015). Crucially, inaccessible buildings, streets, and public transport can prevent persons with disabilities people from receiving medical, rehabilitation, and social services (Sumbadze et al., 2015; United Nations, Human Rights Office of the High Commissioner, 2017). In many countries, individuals with disabilities still have limited access to information – those with sensory impairments are most likely to suffer from such problems (Wapling & Downie, 2012; PPUA Penca, 2013; WHO & World Bank, 2011). Due to the lack of modern technology in Georgia, children with visual and hearing impairments are deprived of the right



to an education from an early age – they are less frequently allowed to study using Braille, with sign language teachers, or interpreters in educational institutions, and special sign language teachers are under involved in educational processes (Makharadze et al., 2019). In order to provide better services to people with hearing impairments, sign language interpreters work in many municipalities, however, the hearing impaired often still have communication problems when receiving medical and social services. Consequently, stigma in society, and from physicians, is a core reason why individuals with psycho-social needs have reduced access to medical and social services (Nadiradze & Kakachia, 2018; United Nations, Human Rights Office of the High Commissioner, 2017).

The extent of social inclusion for persons with disabilities people depends significantly on their access to rehabilitation services. According to the UN CRPD (Article 26), one obligation of the state is to provide necessary rehabilitation services to persons with disabilities. In Georgia, the development of rehabilitation services is envisaged in important state documents, such as the Government Action Plan for Equal Opportunities for Persons with Disabilities 2014-2016 (Government of Georgia, 2014) and the Concept of Social Integration of Persons with Disabilities (Parliament of Georgia, 2008). Nevertheless, rehabilitation services are still a serious problem, especially for adults with disabilities (Public Defender of Georgia, 2019; United Nations, Human Rights Office of the High Commissioner, 2017).

One vital additional theme is the protection of the rights of girls and women with disabilities. This moreover represents a global challenge – often women with disabilities are likely to experience stigma and discrimination (WHO & World Bank, 2011). Such targeted discrimination against women can be found in various fields, from which access to medical and rehabilitation services deserve special attention. A 2018 study conducted in Georgia reveals that men with disabilities benefit more notably from medical services than women. Of those benefiting from the state health insurance program, the number of men significantly exceeds that of women – in 2015, the percentage of the persons with disabilities population receiving the service was 38%, in 2016, 37%, and in 2017, 36% (Nadiradze & Kakachia, 2018, p. 11). Although no current research has specifically studied the reproductive health of women with disabilities in Georgia, a shadow report prepared by Georgian NGOs on the implementation of the UN CRPD indicates that, presently, their right to sexual and reproductive health is being significantly violated (Office of the High Commissioner, 2017). It should further be highlighted that problems related to the reproductive health of persons with disabilities women occur in both developing and developed countries (Silvers et al., 2016; UN Women, 2015; Ganle, 2016).

Given the aforementioned issues, it is apparent that the persons with disabilities continue to face a variety of problems around the world, though typically more severely so in developing countries. In terms of social inclusion, the steps taken by the state are crucially important. Following the ratification of the UN CRPD, the Georgian government has started harmonizing its legislation with international laws and, subsequently, issues related to disabilities have been reflected in several state programs; however, the application of the Convention is still

inefficient and it is being implemented while undergoing significant challenges (Public Defender of Georgia, 2019; United Nations, Human Rights Office of the High Commissioner, 2017).

Furthermore, local and central governments play a key role in these processes. Based on reports from the Public Defender of Georgia together with local studies, it is clear that in most cases local governmental policy towards the persons with disabilities is largely based on the medical model and significantly focuses on their health requirements (Public Defender of Georgia, 2018; Makharadze, 2018). In order to make central and local governmental procedures tailored more to the needs of the persons with disabilities, it is necessary to use an evidence-based approach in the development of social policy. An in-depth analysis of these needs is also vital; while it is likewise necessary to study the needs of the persons with disabilities populace from the perspectives of gender, age, and other important parameters.

## Research Purpose and Objectives

The foremost purpose of this study is to analyze the core barriers to the social integration of persons with disabilities, their causes, and the potential coping mechanisms. The following research questions have been formulated based around this goal:

1. Identifying the physical and social barriers that prevent persons with disabilities people from accessing: (a) health care and social services; (b) education and employment; and (c) social and political life; and to analyze the main causes of these issues;
2. Analyzing from a gender perspective the main barriers affecting the social inclusion of people with disabilities;
3. Discerning the levels of awareness of persons with disabilities regarding COVID-19.

## Research Methodology

### Research methods, instruments, and processes

The study was based on mixed research methods. In particular, telephone surveys acted as a quantitative method, while semi-structured telephone interviews as a qualitative method. The following combination was used in the study: firstly, telephone surveys were conducted; thereafter, to better understand and analyze the collected data, the qualitative method was undertaken. Within the quantitative part of the research, hired interviewers participated in data collection; prior to which, they underwent specific training via the digital platform ZOOM. Whereas, in the qualitative section the researcher was the only person involved.

This study is an example of participatory research – persons with disabilities were involved in the planning, implementation, and analysis of the work. In particular, the organization of Persons with disabilities – The Association of Mothers of Children with Disabilities (DEA) participated in the development of the research tools and the data analysis. Persons with disabilities individuals were moreover involved in the process of quantitative data collection (telephone surveys).

The telephone survey consisted of 47 closed questions, which were based on the Likert scale. There were also several open-ended questions (see Appendix 1). Development of the in-depth interview guidelines were based on the technical report of the quantitative section of the research (see Appendix 1). The research tools were further agreed upon by the donor organization. Respondents were offered a monetary incentive to participate in the survey: 10 GEL for the quantitative survey and 20 GEL for the qualitative survey. After completion of the fieldwork, telephone monitoring was conducted; from respondents in the quantitative survey, one in five were contacted by a DEA representative, who ensured that the respondent truly participated and that they were given the agreed upon monetary incentive. As a result of the monitoring, there were no cases identified in which a participant stated that they did not contribute or had not received the incentive.

The SPSS Statistics 23 was used to process the quantitative data, while the qualitative data was processed using a thematic analysis.

## Research participants

The data was collected from the following target groups:

- Adults with disabilities, aged 18-50 (within the quantitative part of the research) - a total of 197 respondents;
- Family members of persons with disabilities (within the qualitative part of the research) - a total of 8 respondents;
- Local community representatives - local government, civil society, and employers (within the qualitative part of the research) - a total of 12 respondents.

## Research sampling, area, and period

Four Georgian regions were identified as targets for the research – Samegrelo-Zemo Svaneti, Guria, Adjara, and Kvemo Kartli. Under such a selection, the research team aimed to cover different parts of the country. Within the target regions, certain municipalities were also highlighted, namely those less likely to be considered under the focus of other general studies; in particular, Chkhorotsku (Samegrelo-Zemo Svaneti), Ozurgeti (Guria), Keda (Adjara), and Bolnisi (Kvemo Kartli).

Considering the available resources, the quantitative research was based on convenience sampling. The use of probability sampling was hampered by the following factors: (1) the personal information of persons with disabilities individuals is confidential, accordingly, it was impossible to obtain a full list of those (list of the general population) living in a particular municipality; furthermore (2) persons with disabilities citizens often refuse to

participate in research – as was the case in the current study. Consequently, convenience sampling was utilized, for which a local research coordinator (a person with disabilities or a representative of an organization working with the persons with disabilities) was employed in each municipality to recruit research participants; though only those who expressed interest in participating were contacted. Based on the research questions and available resources, 50 respondents with disabilities, aged 18-50, were selected in each municipality; 25 female and 25 male, with a total of 200 respondents. The telephone survey was conducted directly with the person with a disability (and not a family member). Accordingly, the selection criterion required the ability to engage in a telephone interview and establish communication with the interviewer. The selection process involved the inclusion of individuals with various disabilities (restricted movement, vision, hearing, and with psycho-social needs). The qualitative research was based on a purposive selection – with the assistance of local research coordinators, five respondents from each of the above target groups were selected in every municipality. These participants were well-informed concerning issues relating to the research. The data was collected in June-July 2020.

## Research Limitations

The sample is not representative, therefore the quantitative data cannot be expanded to the general population – as previously mentioned, it was impossible to obtain a full list of the population. Furthermore, individuals with hearing impairments were less significantly involved in the quantitative research, and to address this issue, family members of the hearing impaired were included in the qualitative study. Both the quantitative and qualitative research was based on telephone interviews (due to the risks of COVID-19) – such communication requires additional effort to establish the necessary relationships with respondents (particularly in the qualitative research). Despite this limitation, ongoing interviews were never stopped and respondents were ready to talk and provided honest, relevant information; however, they were less motivated or expressed little interest regarding such topics as gender equality and domestic violence against the persons with disabilities. Consequently, there is a level of inconsistency between the research and the secondary data.

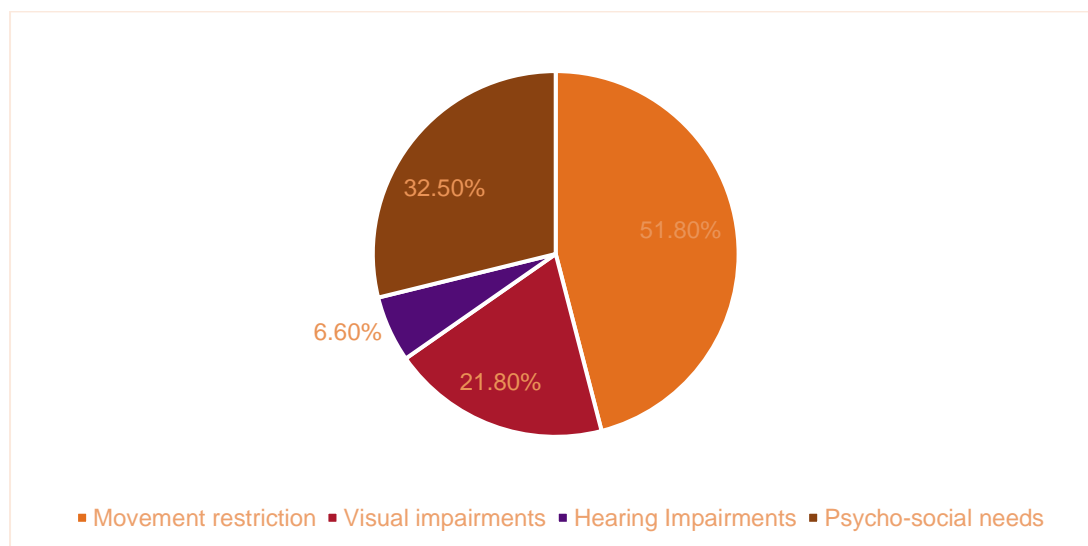
At times, local coordinators found it difficult to recruit quantitative research participants, especially with women; namely when the potential participants were informed that certain questions concerned female reproductive health. Subsequently, only 21 women with disabilities were recruited in Guria (rather than 25). Including ethnic minorities within the study (in Bolnisi) was also problematic, thus the research participants were mostly Georgian. As the study was conducted against the background of the COVID-19 pandemic, the circumstance posed additional difficulties in recruiting participants. Essentially, the study was based entirely over the telephone due to the pandemic. Despite the limitations mentioned, the data collected, both qualitative and quantitative, was valuable and relevant to the research.

## Research Results and Analysis

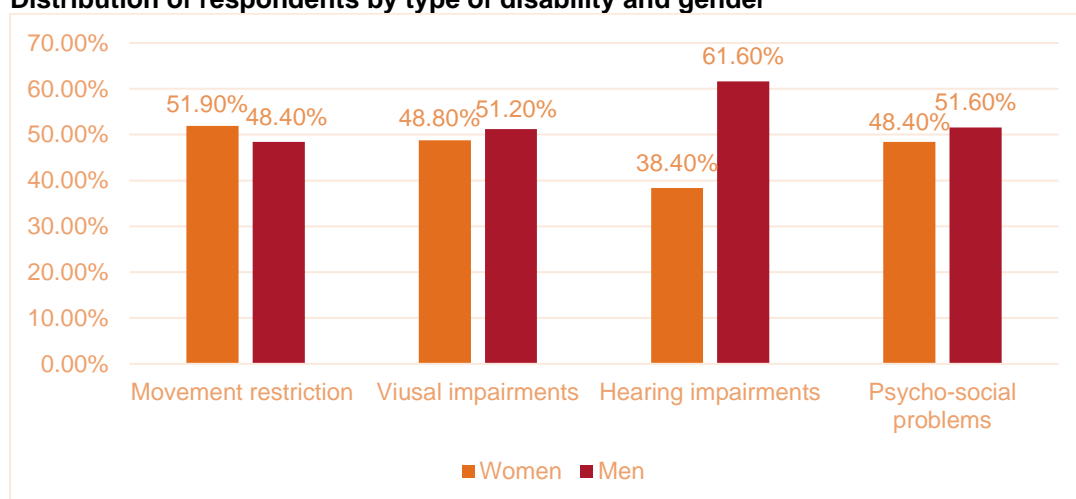
In total, 197 respondents – 100 men and 97 women – participated in the telephone survey. The majority of respondents (57.9%) are aged 40-50, while the largest segment (96%) are Georgian. The number of married (42.6%) and unmarried (45.7%) respondents are almost equally distributed. Most participants (94.4%) live with their families, the most common being families of three or four members. Almost half (49.7%) of the respondents' families receive state social assistance. In terms of levels of education, secondary (38.6%) and vocational (25.4%) education were predominate, moreover the rate of an incomplete secondary education was also high (21.8%). The majority of interviewees experience material problems, and a significant number (38.6%) are unable to afford basic products. Slightly more respondents (41.1%) are in a better position and can afford basic products, although they do not have the opportunity to purchase clothing.

The demographic section of the results reveals the vulnerability of the persons with disabilities and their families. Among the research participants, few held a higher education, while many had an incomplete secondary education. However, this is typical not only for the target municipalities – based on the current research in Georgia, among educational institutions, universities are the most inaccessible the persons with disabilities (Makharadze et al., 2019). The financial situation of people with disabilities, and their families, further highlight their vulnerability, with more than half the participants receiving state social assistance and a significant part unable to afford basic goods. It should be noted that persons with disabilities in Georgia are not the only group to receive state social assistance; although based on international literature, the presence of a family member with a disability places a family's material well-being at risk (United Nations, 2018). While in terms of disability, slightly more than half of the survey participants (51.8%) have mobility impairments, and the full distribution of respondents by disability and gender is given in Charts 1 and 2.

**Chart 1**  
**Distribution of respondents by type of disability**



**Chart 2**  
**Distribution of respondents by type of disability and gender**



Although half the respondents rated their health as bad, a large proportion (28.4%) had not visited a medical facility within the last 12 months. The respondents indicated two main reasons for their behavior: (1) it was not required (37.9%) or (2) getting to a medical facility was problematic (34.5%). Those with experience going to a medical facility typically used the car of a family member or other relative, while far fewer (21.8%) used public transport. The research shows that over half the respondents (61.8%) need a little (34.1%) or significant (27.7%) help to enter a medical facility. Although a great number of respondents (62.9%) are able to move throughout medical facilities, for 34% of respondents only certain areas (mostly the first floor) are accessible. Furthermore, a large segment of the respondents do not have access to medical equipment, while 38.6% of participants further state that the medical equipment is not tailored to their needs.

The results of the study are fully consistent with the existing secondary data, for example, the 2019 parliamentary and 2019 special reports of the Public Defender highlight the inaccessibility of medical facilities, and that inaccessible streets and public transport pose a significant physical barrier to the access of medical facilities (Public Defender of Georgia). Similar conclusions are also made in a report conducted in 2018 by the Accessible

Environment for All organization (Nadiradze & Kakachia, 2019). Such conditions are additionally noted in a shadow report on the implementation of the UN CRPD, prepared by non-governmental organizations (United Nations, Human Rights Office of the High Commissioner, 2017). These barriers moreover appeared in this study – the majority of participants use a relative's car to reach a medical facility, and many are subsequently unable to enter a facility or move around without assistance.

Considering necessary medical care, in addition to physical barriers, persons with disabilities face social barriers. Almost half the respondents (46.7%) believe that medical staff do not have the sufficient knowledge or skills required. While some (11.2%) assess their competence even more negatively and note that medical staff lack the knowledge and skills necessary even to work with patients with disabilities. Nevertheless, a large proportion of respondents (52.8%) are able to communicate well with physicians, and only 11.2% have experienced communication problems. The stigma among physicians is discussed in the Public Defender reports and research aimed at studying the medical needs of the persons with disabilities (Public Defender of Georgia, 2019; Public Defender of Georgia, 2019; Nadiradze & Kakachia, 2019). According to the available secondary data, discriminatory attitudes towards people with disabilities, especially concerning sexual and reproductive health, are exposed (Public Defender of Georgia, 2019; United Nations, Human Rights Office of the High Commissioner, 2017).

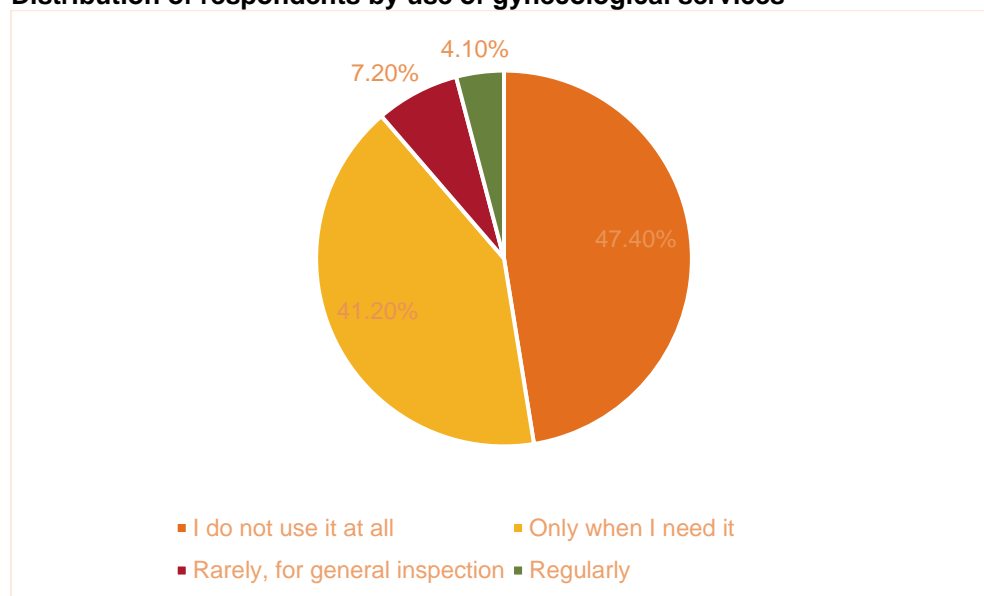
As previously mentioned, a large section of the respondents have a negative assessment of their own health. Their health conditions are often further endangered by their severe material circumstances. The clear link between poverty and health has been indicated by both the relevant international literature and up-to-date studies; ultimately, the poorer a person is, the greater the risk to their health. This is largely due to an individual's access to medical care, especially for preventive purposes (Parrillo, 2008; Ritzer, 2004; Gilbert & Terrel, 2013). The evidence also supports the view that those with disabilities have additional medical needs that cannot always be met – health insurance often does not cover such expenses and many are unable to meet the costs themselves (United Nations, 2018; WHO & World Bank, 2011; Makharadze, 2018). Consequently, it is hardly surprising that many participants are dissatisfied with their health. As interviewees in the qualitative study noted, many medical examinations and medications are not covered by the state health insurance program; and the costs associated with caring for a persons with disabilities person places a heavy burden on a family. The research participants from local governments indicated that the city hall has one-time financial assistance for persons with disabilities, and this group is given priority when covering the medical needs of the local population. However, as the study respondents highlighted, these funds are inadequate for covering basic medical needs. Similar opinions were expressed in the research report conducted by the Georgian Arbiter-Samariter-Bund (ASB Georgia) in 2018 (Makharadze, 2018). Therefore, it is clear the problem is still widespread throughout the country.

The telephone survey questionnaire included six questions intended only for women and related to their reproductive health. In these instances, the survey showed that almost half the respondents (47.4%) do not use gynecological services at all; a significant portion (41.2%) use them only when required; and only a small proportion



(4.1%) visit gynecologists regularly. The distribution of respondents according to the use of gynecological services is given in Chart 3.

**Chart 3**  
**Distribution of respondents by use of gynecological services**

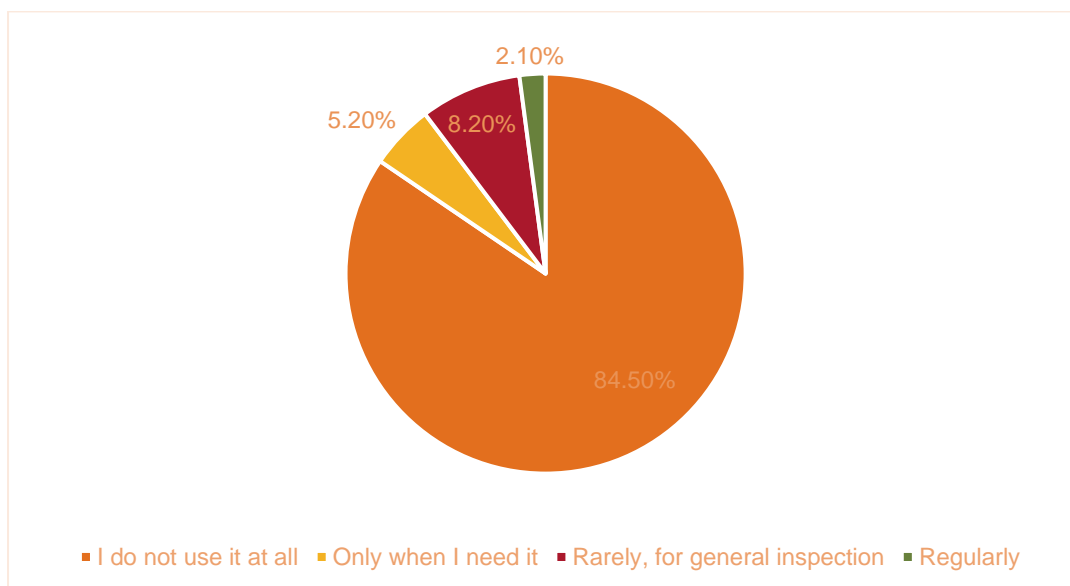


Although almost half the participants do not use a gynecologist, the majority highlight its significance; 43.3% of respondents believe that gynecological services are important for their health, and 19.6% very important. It is also noteworthy that many respondents (16.5%) consider the services of a gynecologist insignificant, and of these, 4.1% completely insignificant.

The same tendencies can be observed concerning mammologist services. In this case, an even larger proportion of respondents do not use a mammologist at all (84.5%), while a relatively small proportion (5.2%) use them when required, and an even smaller section (2.1%) regularly use their services. The distribution of participants according to their use of mammologist services is provided in Chart 4.

**Chart 4**  
**Distribution of respondents by use of mammologist services**





As with gynecologists, the majority of respondents believe that mammologists provide an important service for their health – where 24.7% believe that it is somewhat important, 44.3% important, and 10.3% consider it very important. Much like gynecological services, a notable proportion (20.6%) believe that visiting a mammologists is unimportant for their health, of which 6.2% consider it completely insignificant. The research also indicated that women with disabilities have limited information about reproductive health issues. Slightly more than half (51.6%) of the respondents believe themselves more or less informed about reproductive health; equally, a significant proportion (30.9%) believe they are not at all informed on such issues.

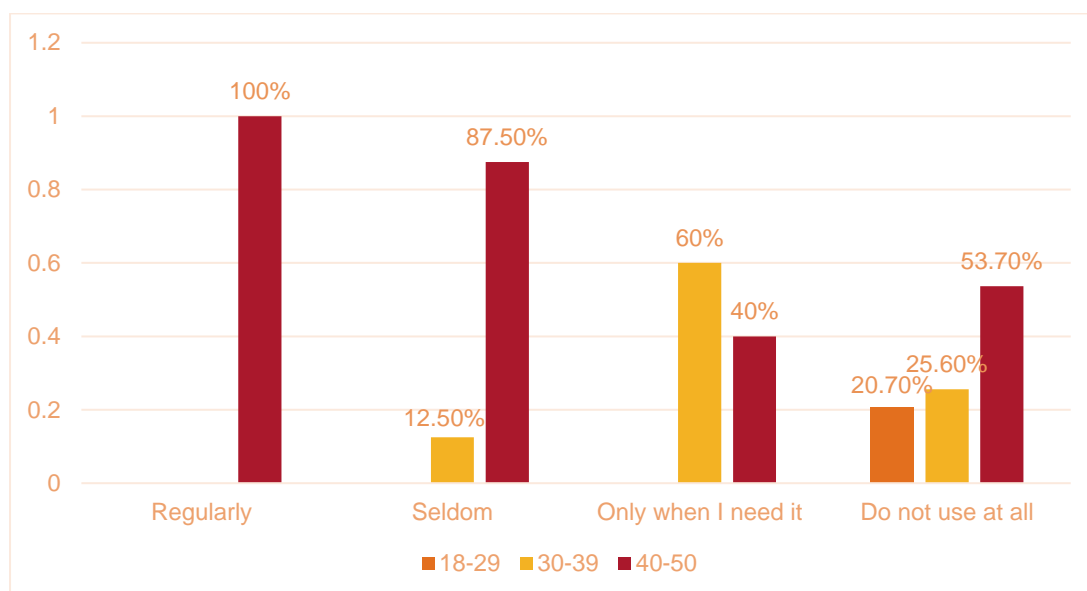
As one can note from the data, in the study the majority of girls and women with disabilities do not use reproductive health services. One reason for these circumstances could be a lack of awareness, as was well-demonstrated in the study. A 2019 report by the United Nations Population Fund backs this conclusion and highlights that a lack of knowledge related to sexual and reproductive health is particularly prevalent among marginalized groups around the world (UNFPA, 2019).

The fact that the participants do not have sufficient access to reproductive health services and are ill-informed regarding these topics may be related to stigma towards the sexuality of women with disabilities. This is apparent in literature prepared by the Georgian Public Defender's Office – *Sexual and Reproductive Health and Rights: A National Assessment* – which argues that, in some cases, medical staff continue to show stigmatized attitudes towards patients with disabilities, especially those with intellectual disabilities and psycho-social needs (Public Defender of Georgia, 2019). The same report states: “... from childhood women with disabilities are perceived as sexless creatures, who should not worry about reproductive health issues” (Public Defender of Georgia, 2019, p. 9). Parental attitudes towards this issue are also noteworthy, as the qualitative research reveals sexual and reproductive health topics are rarely discussed, and in many cases, caring for children's sexual and reproductive health is a “headache” for parents: “My daughter is already 19 years old, she is a very good-looking girl. I do not know what to do, I am very scared that someone will hurt her, she is very trusting. I am thinking of finding for her a

‘friend-nanny’ so that she is not alone. Maybe I should go to a psychologist and s/he will help me, teach me how to act” [parent of a girl with disabilities]. From the conversations with research participants, it was found that parents avoid talking to their children about sexual and reproductive health topics. Sensitivity to these issues was also evident in the recruitment process, where several local research coordinators noted that as soon as parents learned that certain questions were about reproductive health, they refused to participate. Various research participants suggested that parents have the same attitude not only towards persons with disabilities children, but also towards children in general: "My school practice shows that parents and children are very distant from each other and do not talk about these topics at all" [NGO representative].

Thus, it is clear that girls and women with disabilities, one of the most vulnerable groups in Georgia, are less informed about sexual and reproductive health, and almost never use the appropriate medical services. Nevertheless, it should be noted that similar situations exist with girls and women in general, as the reports of the Public Defender of Georgia cite, anything related to female sexuality is often a taboo. Despite the recommendations made in the annual reports of the Public Defender, nothing is being accomplished in the field of sex education for adolescents at an early age (Public Defender of Georgia, 2019). Therefore, awareness of sexual and reproductive health is generally low. Often, a visit to a gynecologist or mammologist is considered an extreme necessity in the event of important health risks; recipients of these services are mainly women over the age of 40, who, due to their age, are at higher risk of developing uterine and breast cancer. This tendency also appeared in our study, among the small number of respondents who use gynecologist and mammologist services, most are women in their 40s and 50s. However, since more than half of the research participants are in the 40-50 age category, the correlation between these variables is not noteworthy. The age distribution of recipients for these services is given in Chart 5.

**Chart 5**  
**Age distribution of gynecologist and mammologist service recipients**



As the qualitative study showed, the parents of girls with disabilities do not consider it necessary to provide their children with sex education; as they believe their children are less likely to have romantic relationships or get married (especially those with intellectual disabilities and psycho-social needs). The Public Defender's reports have repeatedly stated that there are frequent cases where the right to motherhood for women with psycho-social needs, due to their status, is being violated and their children are being placed in foster care (Public Defender of Georgia, 2018). Yet, the majority of the persons with disabilities participants in our quantitative study believe that neither society nor medical staff discriminate against their reproductive health needs and that the importance of reproductive health for women with disabilities is as important to society and physicians as for women without disabilities. More than half (69.1%) of women with disabilities surveyed believe that medical staff consider reproductive health services as important for persons with disabilities women as for women without disabilities; however, a significant proportion (22.7%) disagree and think that medical staff consider the issue less important for women with disabilities. Therefore, there are conflicting attitudes among respondents towards the sexual and reproductive rights of girls and women with disabilities and to their implementation.

A number of questions in the survey targeted access to education and employment, spheres which play a crucial role in the process of social inclusion for the persons with disabilities. A significant number of respondents believe that they would have had a better education and professional career if they were not persons with disabilities – 36.0% think that they would have had a better education and more still (46.2%) believe that they would have had a better career. Although, it should be noted though that persons with disabilities people have problems in education and employment internationally and not only in Georgia (Groce & Kett, 2019; United Nations, 2018; International Labour Organization, 2015). In general, the persons with disabilities have a worse education (United Nations, 2018; WHO & World Bank, 2011) and are less often employed or work in lower positions compared to those without disabilities (International Labor Organization, 2015). The determinants of this condition can be considered at the micro, mezzo, and macro levels, which are closely related. Factors at the micro-level are related chiefly to personal characteristics, such as self-esteem and self-confidence. Numerous international studies indicate that, in general,

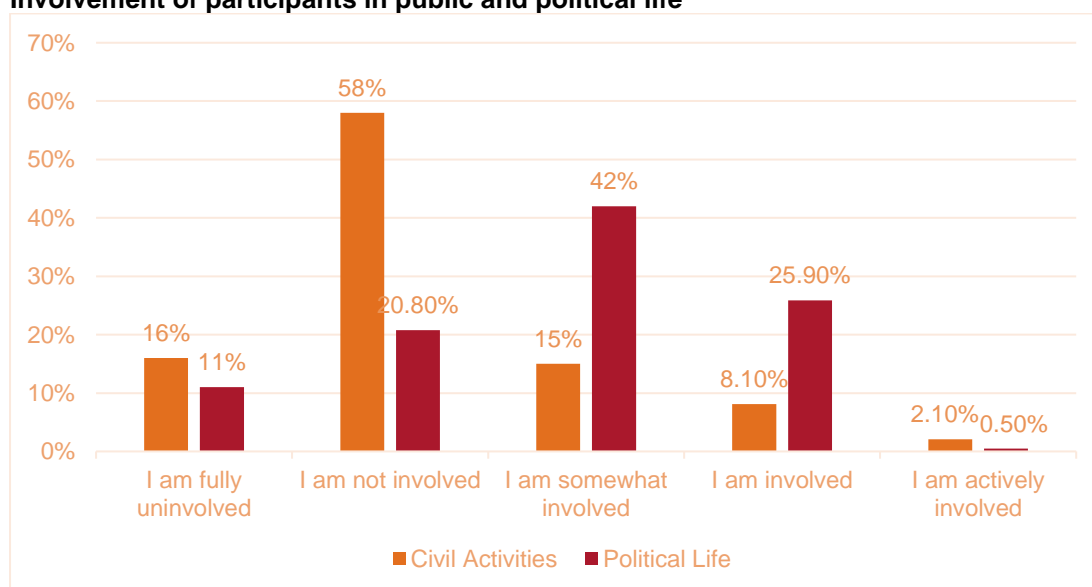
those living with disabilities have low self-esteem and are less self-confident (Kahng & Mowbray, 2005; Blanes et al., 2009). This situation also correlates to the challenges at the mezzo-level – the attitudes of family members and caregivers. Both international and local studies reveal inadequate family attitudes towards family members with a disability, and in most cases this is extremely paternalistic (Sanders, 2006). Due to the "interest" (not to be bullied) of a child with a disability, parents often restrict them from communicating with their peers and attending school, while in adulthood, they prevent them from active socialization and employment (Makharadze et al., 2018). Such deprivation has a hugely negative impact on the development of an individual; the personal characteristics, identity, and moral development of a person each relate to coping with age-related crises (Erikson, 1995). Moreover, developing self-confidence and self-actualization is impossible in social isolation and under the deprivation of basic needs (Maslow, 1949; Maslow, 1987; Erikson, 1995; Sasikala & Nithy, 2016).

In addition to challenges within a family, the persons with disabilities regularly face physical and social barriers in educational institutions. Inclusive education began in 2009 in Georgia, however, problems such as inaccessible school infrastructure; the low competence of subject and special teachers; and stereotyped attitudes towards persons with disabilities are still prevalent (Public Defender of Georgia, 2018; Makharadze et al., 2018; Civic Development Institute, 2016). Under these circumstances, children with disabilities are developing into adults with lower self-esteem, less education, and less motivation to engage in public and professional life than those without disabilities. In essence, they cannot meet the requirements to compete in the labor market and therefore have less opportunity for self-realization (Wansing et al., 2017; Sumbadze et al., 2015). These challenges at the mezzo-level are directly related to the macro-level, where systemic change by the state is notably driven by community and social activism (Bonfils, 2011). A clear example of this is the ratification of the UN CRPD by the Georgian government in 2014 where local NGOs and the persons with disabilities community made a significant contribution to the process. International challenges, such as access to education and employment for persons with disabilities, are much more apparent in developing countries – the data collected from the in-depth interviews shows that secondary education has only recently become more accessible to children with disabilities; however, adults had far less of an opportunity. For example, the daughter of a research participant, a 35-year-old woman with hearing and speech impairments, never attended school; and as the respondent noted: “the mother-in-law was against it, and then, you know, you could not oppose the mother-in-law” [parent of a persons with disabilities woman]. Employment is also less commonly available – the main reason being the lack of vacancies in small towns and villages. Although, stereotypical attitudes of employers still resonate and significantly hinder the process. For instance, one employer participating within the research stated: “At first, I could not imagine working with them. I did not hate them, I felt sorry for them. My workplace is next to their center and I got used to it somehow; then I decided to give them a job and teach them at the same time. I don’t know, I am a Christian person and I help as much as I can” [research participant, employer]. An employment consultant working in one of the municipalities moreover highlighted the personal characteristics of the persons with disabilities as an additional issue. She pointed out a problematic lack of self-confidence and motivation, which she explained as due to parental misconceptions: “Parents themselves do not believe that their children can do something and they convince their

children of it as well” [research participant, employment consultant].

Therefore, stereotypical attitudes towards those living with disabilities have developed over years and such inappropriate social policies directed towards them are difficult to change, especially in developing countries. Consequently, it is easy to comprehend the findings of this study, those which stress the reduced involvement of the persons with disabilities in the social and political life of local communities. More than half the respondents (58.4%) are not involved in the work of local NGOs; typically due to their inability to participate because of their disability (41.1%). While a large proportion of respondents (30.1%) are simply not interested in this field. There is also less involvement in political life (participation in elections, political meetings, debates, etc.), with only 42.1% of respondents indicating that they are somewhat engaged in political life. The main reason for reduced involvement is their lack of interest (57.4%); nevertheless, a significant proportion of respondents (31.1%) state that they are unable to participate in political activism due to their disabilities. A huge percentage of respondents (78.2%) do not participate in the formal or informal processes of solving local problems. It should be noted that among the persons with disabilities respondents involved in political life and civic activism, the largest part (76%) are within the 40-50 age category; 17% are aged 30-39; and only 7% are aged 18-29. While the majority (64.3%) of the politically active are men. The involvement of research participants in work, political life, and the decision-making of local NGOs is shown in Chart 6.

**Chart 6**  
**Involvement of participants in public and political life**



Interviews with the members of local governments reveal that, in most cases, topics related to people with disabilities are discerned via letters from the local populace and through the Disability Advisory Board, acting with the local mayor. The Board was developed to mobilize local citizens with disabilities and to address to the local government the problems and challenges within a community. However, as local studies and the report of the Public Defender of Georgia reveal, the Advisory Councils for Persons with Disabilities have not been able to activate local communities and their work is often only formal (Public Defender of Georgia, 2018; Makharadze, 2018). The current

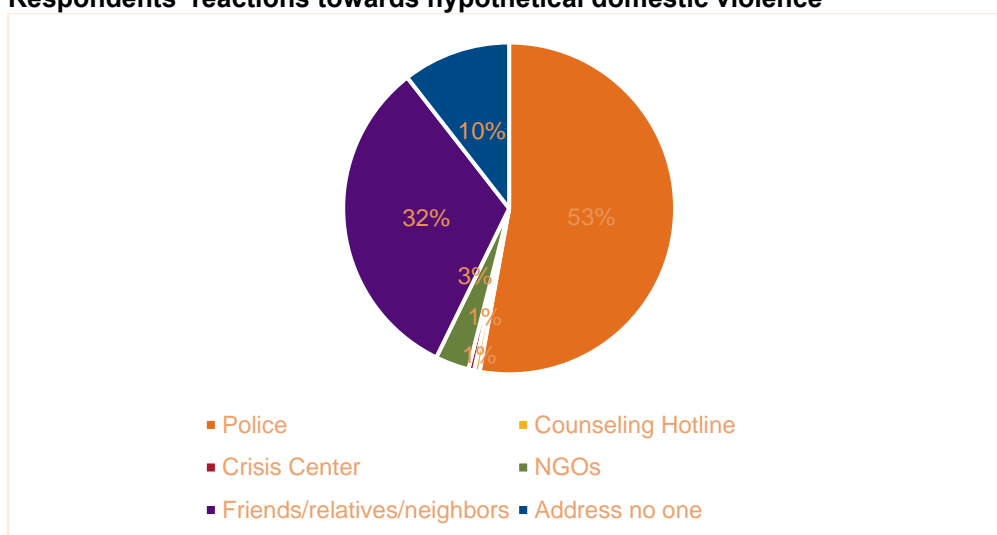
research findings demonstrate that the participating persons with disabilities individuals are often unfamiliar with local CSOs and are not interested in cooperating with them. Moreover, their social life is modest, and is typically associated with receiving visitors – friends, neighbours, and relatives – but they seldom go out to visit others. Despite these challenges, a large number of respondents are satisfied with their lives; there are however a significant number of people who are neither satisfied nor dissatisfied; while the number of respondents who value their lives either extremely positively or negatively is at a minimum.

There were inconsistent responses from the existing secondary data on issues such as discrimination, against both gender and disabilities. For example, a large number of participants believe that women and men have equal opportunities in education and employment, and that they are given identical opportunities for public and political activism. The respondents also suggest that gender equality is supported for both women and men with disabilities; that both sexes have equal access to education and employment; and that they can engage in public and political activities equally. Regardless, a significant proportion of the respondents believe that persons with disabilities, regardless of gender, generally have less access to education and employment; also, due to their conditions, they are less able to engage in public and political activities. Based on this data, it can be assumed that the participants are more likely to face discrimination, not because of their gender, but because of their disability. Whereas, the secondary data, both in Georgia and in the international arena, clearly shows gender inequality and the unequal involvement of women and men in politics and public activities (Public Defender of Georgia, 2019; United Nations, 2018). Reports from international organizations and various research studies also further highlight gender inequality around the world, especially in persons with disabilities communities (Bavel, 2012; Emmett & Alant, 2006; United Nations, 2018).

Similar trends are evident from cases of domestic violence against women and the persons with disabilities, where the majority of respondents believe such incidences are rare. It is noteworthy that most respondents believe domestic violence against persons with disabilities people (regardless of gender) is more common than violence against women, with more than half of respondents believing that domestic violence against women never occurs, while only one percent thinks the same of persons with disabilities. As with the previous cases, the secondary data offers different perspectives. For instance, reports of the Public Defender of Georgia cover cases of domestic violence against women every year, with cases of femicide increasing (Public Defender of Georgia, 2018). Whereas, the participants did not see a gender difference in cases of physical violence against persons with disabilities in the family – many pointed out that a persons with disabilities woman or man equally can be the target of violence. Reports and studies from international organizations, however, repeatedly emphasize that the persons with disabilities, especially women, are often victims of violence (United Nations, 2018). One explanation for this discrepancy could be derived from the wording of the question asked: “How often do you think physical violence against women/persons with disabilities happens in the area where you live?” The quantitative survey respondents seemed to consider “where you live” personally, gauging the direct contact with their own family, rather than the general populace of their area as originally intended.

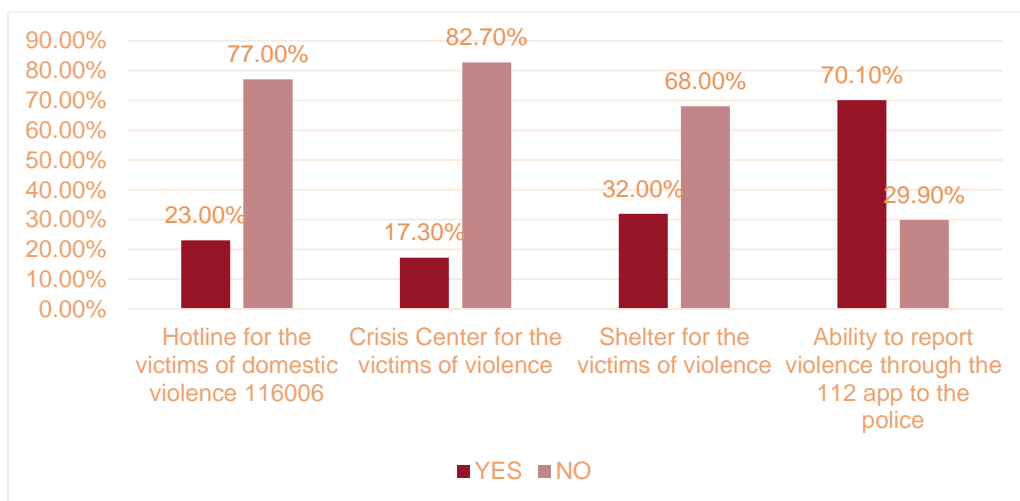
It is also considerable that people commonly avoid talking about sensitive personal topics. The quantitative research, due to its specificity, did not allow for in-depth conversations with the respondents. Where the interview, conducted as part of the qualitative study on these topics, further revealed that cases of physical violence against the persons with disabilities are less common. As the respondents noted, physical violence and neglect by family members towards the elderly are more common events. In this instance, victims of violence usually do not wish to make the situation public or involve official bodies. As one respondents mentioned, the most common answer of a victim of violence is that: “s/he is still my child and I cannot go against her/him”. The same trend also appeared in the quantitative part of the study. When considering cases of hypothetical violence, certain respondents suggested they would not intend to address the issues with anyone. This tendency is often encountered by victims of violence and is often associated with feelings of shame (Ceelen, 2009) or fear of ending a relationship (Fugate et al., 2005). The respondents’ reactions towards hypothetical domestic violence and their awareness of the relevant available services are given in Charts 7 and 8.

**Chart 7**  
**Respondents’ reactions towards hypothetical domestic violence**



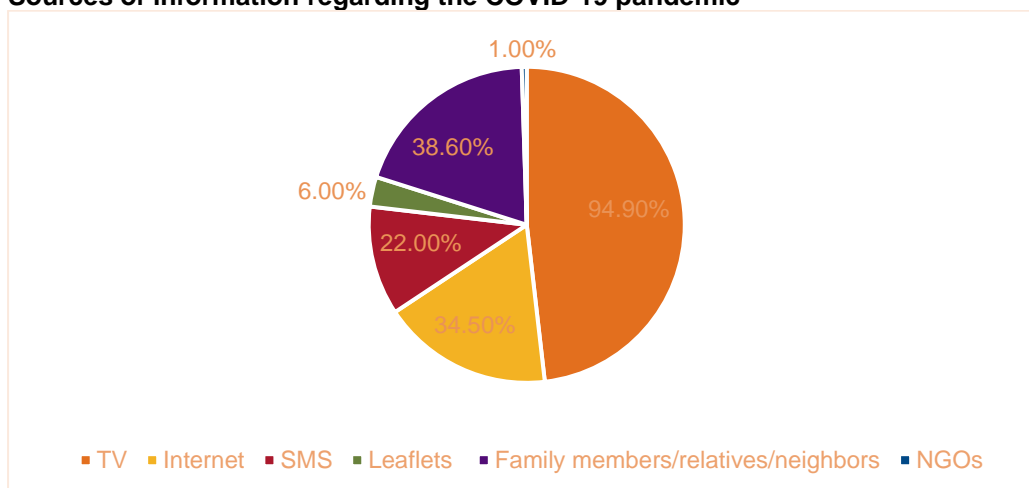
**Chart 7**  
**Respondents’ awareness of the available services for the victims of domestic and other types of violence**





The research participants are well-informed about the COVID-19 pandemic, including how the disease spreads and protecting themselves from infection. Their main sources of information are television, family members, and the Internet. Cold water and soap are always available to the vast majority of research participants; while hot water, disinfectants, and face masks are always available to a large proportion of respondents; nonetheless, there are also many who never have disinfectants or personal care products available. The situation typically relates directly to families' financial conditions, where in some cases it is difficult to afford disinfectants and face masks. The sources of information on COVID-19 and the resources available to participants for self-protection against the virus are provided below in Charts 8 and 9.

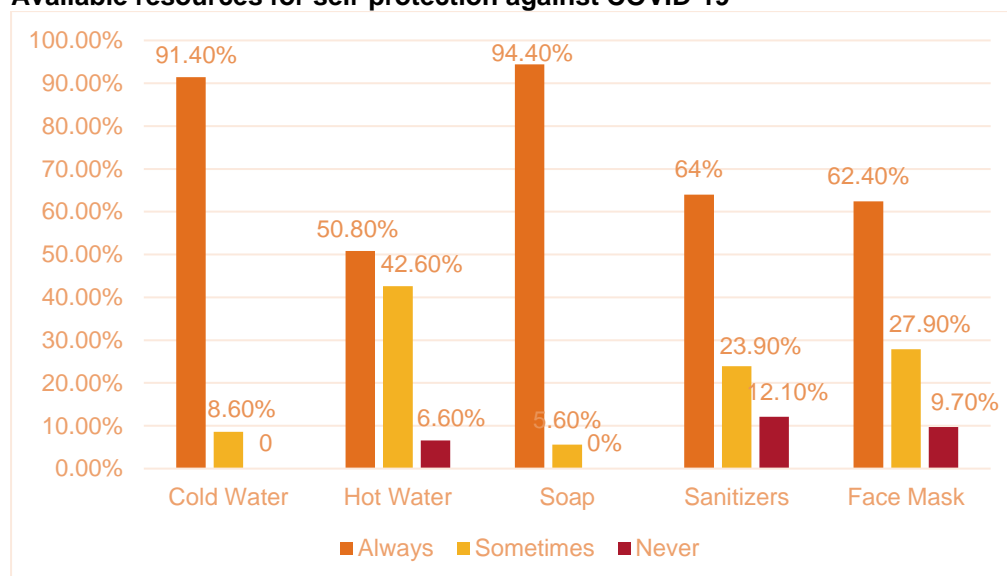
**Chart 8**  
**Sources of information regarding the COVID-19 pandemic**



**Chart 9**



**Available resources for self-protection against COVID-19**



The qualitative research identifies that being in isolation is very difficult for persons with disabilities individuals who use social services (mainly daycare centers). As parents note, in some cases, their children have difficulty understanding why they have to remain at home and ask to continue visiting daycare centers. All social services have gradually been transforming into an online format, however, it has often been difficult for caretakers to adapt to these new settings: “Being isolated made all of us so nervous, we all have been stressed and scared, as we did not know how long it will last. Lockdown affected the economic situation of our family, we all were so stressed. In addition to this it was so sad to observe how my daughter was waiting to continue visiting the day center. I used to explain her every single day why she was sitting home and gave her hope that she would continue visiting the center soon. Speaking frankly, it was so overwhelming. With such a difficult context to keep yourself calm and psychologically support family members” [interview respondent, mother of a person with intellectual disabilities].

For families where a member with disabilities typically remains in the home, the COVID-19 pandemic has not caused any significant changes – though there has been stress and fear caused by the economic situation, and worsened because of the lockdown. City hall officials noted that food parcels were regularly given to vulnerable groups throughout the municipality, including persons with disabilities, thus families did not experience food deprivation. Yet, from a psychological perspective, many families experienced problems. For instance, in the qualitative research, respondents stated that isolation during the pandemic disrupted the daily rhythm of life for the persons with disabilities, which also negatively affects their condition. One parent mentioned that his son was actively involved in a Tbilisi art club and regularly visited the theatre and went on stage with actors, though he shared his son’s humor, who jokingly asked during the isolation period: “When I will be allowed to put wheels on the street?” (as he uses a wheelchair, he altered the phrase ‘when I will be able to put by feet on the street’). As other parents participating in the research highlighted, moving social services remotely requires more effort and it is at times quite stressful. It should be noted that there is, in general, no free state social service for parents and family members with disabilities in Georgia, which often leads to emotional exhaustion (Sumbadze et al., 2015). While

various international sources identify that caring for a family member with a disability, without social support, adversely affects both the physical and mental health of the caregiver (Lee et al., 2009; Resch et al., 2010).

## Conclusions and Recommendations

Based on the data obtained from the present study and an analysis of the secondary data, the following conclusions can be drawn:

- Individuals with disabilities are one of the most vulnerable groups, not only in the target municipalities, but across the country – with less access to education and employment; common discrimination from society and in different professions (doctors, teachers, employers); and with greater chances of living in extreme poverty.
- The persons with disabilities have additional medical needs that are often not met because the state health insurance program and social package cannot cover all examinations and medications they may require. The social programs developed within the city halls of the target municipalities partially covers areas the central government programs do not have access to, although, in most cases, several core needs remain unmet. Local governments are working to adapt their existing medical facilities to the needs of people with disabilities, and many facilities have already been adapted, if only partially. However, the needs of the visually impaired are mostly still disregarded. The problem also lies with inaccessible public transport and infrastructure in the regions.
- Most girls and women with disabilities do not use reproductive health care. However, this is not just a challenge for the target regions or persons with disabilities, as the issue can be found across the country; though it is becoming more severe in the regions. The guardians of persons with disabilities people often do not discuss these topics with their children; accordingly, girls and women with disabilities are not taught appropriate behaviors.
- The parents of persons with disabilities individuals experience both a lack of information regarding sex-education, and the related psychological problems, because they are unaware of how to manage their children's sexual behaviors.
- Sexual and reproductive health is often a taboo subject for parents and family members of people with disabilities. Parents find it difficult to imagine the romantic and family life of their persons with disabilities children, and regularly think that sexual and reproductive medical services are less relevant. Therefore, such family members often appear as violators of the sexual and reproductive rights of girls and women with disabilities.
- Disabilities prevent people from pursuing their desired education and professional careers – this is common not only in the target municipalities of the research, but at the national and international level. Reduced accomplishments of persons with disabilities in education and employment is due to: (1) internal factors, such as their personal characteristics (less self-confidence, motivation); and (2) external factors, such as the physical (inaccessible buildings and infrastructure) and social barriers (the current societal

stigma; the lacking competence of school staff; their stereotypical image and lack of motivation among students with special education needs (SEN); and employers failing to provide employment opportunities for the persons with disabilities).

- In the target municipalities, those with disabilities often do not participate in public and political life; thus, they are not involved in decision-making processes at the local level. This situation is typical throughout the country and is prompted by poor social activism among people with disabilities, and also because of the insufficient steps taken by local governments to strengthen and encourage this group.
- People with disabilities often have a passive social life – their most common social encounters occur in the home; subsequently, they frequently have fewer friends.
- The majority of research participants failed to see inequality or discrimination against gender or the persons with disabilities as problematic; however, based on the secondary data available in Georgia and the international literature, they are common problems not only in Georgia but worldwide.
- Many participants do not regard domestic violence against women or persons with disabilities as a problem; however, based on the secondary data available in Georgia and the international literature, it is a common worldwide dilemma.
- Certain participants would not intend to take action in the case of physical violence from within their own family. Furthermore, most survey participants are uninformed about the support services available, specifically in cases of violence, such as the Domestic Violence Victims Advice Line and the Violence Victims Crisis Center.
- In relation to gender discrimination and violence against the persons with disabilities, the incompatibility of the primary and secondary research data may relate to the use of telephone interviews (the only method of communication available due to the COVID-19 pandemic); the topics could not be explored in depth through telephone interviews alone.
- Regarding the COVID-19 pandemic, study participants are well-informed and own the basic products required for personal hygiene. However, using personal funds, it is at times difficult for them to purchase disinfectant solution and face masks. Being in isolation has also had a psychologically negative impact on those persons with disabilities who were involved in social services and led relatively active lives.

Based on the conclusions above it is recommended the following steps be taken:

- The development of a database for the medical, and additional, needs of local persons with disabilities – this will ensure that local municipality programs target the real needs of the persons with disabilities populace and their families.
- Reducing the physical and social barriers that hinder social inclusion via the following measures carried out by the local and central authorities: (1) adapting public transport, and medical and other institutions, to the needs of persons with disabilities people; (2) increasing disability awareness among medical staff targeting the following topics: UNCRPD and Georgia's international commitment, international medical

updates on serving various disabilities and meeting different medical needs, and learning how to effectively communicate with persons with disabilities patients; (3) encouraging local employers to hire persons with disabilities individuals and to support the development of social enterprises.

- Local authorities strengthening the persons with disabilities populace and their organizations – reinforcing local council work for persons with disabilities; supporting DPOs with free space and equipment in local city halls; developing grant programs for local DPOs/NGOs; initiating collaboration and exploring the best practices from other municipalities.
- Organizing informative meetings for girls and women with disabilities – concerning the following core topics: the rights of persons with disabilities; sexual and reproductive health and rights; the relevant available services; gender equality; and gender abuse and discrimination. Alongside the development and dissemination of thematic leaflets.
- Organizing informative meetings with the mothers and caretakers of girls and women with disabilities – covering the main topics of sexual and reproductive health and the rights of persons with disabilities people.
- Helping mothers and caretakers of girls and women with disabilities contact local gender councils, accessible in city halls.
- Encouraging local authorities to support the self-organization of parents with persons with disabilities children and supporting the development of parents' clubs that are offered available space and equipment in city halls.
- Initiating and piloting new social services for guardians of persons with disabilities individuals, using an evidence-based approach.
- Further researching disability related issues, especially different types of discriminatory violence.
- In the case of a second wave of the COVID-19 pandemic, ensuring that the persons with disabilities and their families have access to face masks and sanitizer.
- In the case of a second wave of the COVID-19 pandemic, organizing local online psychological services available for the persons with disabilities and their families.
- Organizing research studies, at local and central levels, to consider the psychological effects of quarantine on persons with disabilities individuals and their family members during the pandemic.
- Organizing research studies, at local and central levels, to explore the challenges of providing different online social services to those with disabilities.

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## Appendix 1 -Quantitative research instrument

### Appendix 1 -Quantitative research instrument

Gender	Age	Ethnic group, you belong to	Family status	You are living with	Does your family receive social assistance?	Education	Living place
Female Male	18-29 30-39 40-50	Georgian Azerbaijani Armenian Other _____	Married Living together Single Separated Widow/er Single parent	Alone With Family  <i>In case living with family, please indicate the number of family members</i> _____	Yes No	1) Incomplete secondary education. 2) Secondary education 3) Vocational education 4) Incomplete higher education 5) Higher education 6. PhD	1) Chkhorotsk u Municipality 2) Ozurgeti Municipality 3) Lanchkhuti Municipality 4) Chokhatauri Municipality 5) Keda Municipality 6) Bolnisi Municipality

#### Demographic data

Which of the following statements most accurately describes your family's current situation?

My family does not have enough money to buy basic products.	1
My family has enough money for basic products, but we do not have enough to buy clothes.	2
My family have the money to buy basic products and clothes, but we do not have the money to buy household appliances - a refrigerator or a washing machine.	3
My family can buy household appliances such as a refrigerator or a washing machine.	4
My family can effort to buy everything we need.	5

Type of disability (you can choose several answers if needed)

1. Restriction of movement;
2. Sight problems;
3. Hearing problems;
4. Psycho-social problems;

## Health Condition

In general, how would you assess your state of health?

1. Too bad
2. Bad
3. Average
4. Good
5. Very good

During the last 12 months, how many times have you been to a medical institution (rural outpatient clinic, polyclinic, clinic ..)?

1. Never
2. Once
3. Twice
4. Three times
5. Four times or more

What is the reason for not visiting medical institution for the last 12 months? *(We ask this question to respondents whose answer on the 5th question is "1")*.

1. I did not need it, I have good health;
2. The necessary medical specialists come to my house by themselves;
3. Getting to a medical facility is problematic for me.
4. I feel that I will not be able to get the help I need at the medical facility.
5. Other\_\_\_\_\_

Which transport do you use the most often to get to a medical facility:

1. Public transport
2. Personal / family / relative car
3. Taxi
4. Minibus
5. I walk
6. I have never been to a medical facility.

How easy is it for you to enter medical facilities? *(We do not ask this question to those whose answer on question 7 was 6)*.

1. I cannot enter without significant assistance;
2. I need a little help to get in;
3. I enter without assistance.

How freely can you move inside a medical facility? *(We do not ask this question to those whose answer on question 7 was 6)*.

1. I can only move to a designated place, such as the first floor;
2. I can move around the whole building.

How well the medical furniture/equipment fits your needs e.g. Gynaecological chair, dental chair, etc. *(We do not ask this question to those whose answer on question 7 was 6)*.

1. Not fully customized
2. Not customized
3. Partially customized
4. Customized
5. Fully customized

How would you describe the medical staff's knowledge and skills to work with persons with disabilities (for example- help them move properly from a wheelchair to a medical chair, etc. )?

1. They do not have the necessary knowledge and skills at all;

2. They do not have the necessary knowledge and skills;
3. They more or less have the necessary knowledge and skills;
4. They have the necessary knowledge and skills;
5. Have fully the necessary knowledge and skills.

When communicating with a doctor, do you need additional help from someone else?

1. I cannot communicate with a doctor without the help of an interpreter;
2. I find it difficult to communicate with the doctor, it is difficult for us to understand each other;
3. I can communicate with the doctor normally;
4. I can communicate with the doctor very well.

Do you think that medical staff pays the same attention to Persons with disabilities as they do to people without disabilities?

1. The medical staff pays less attention to persons with disabilities than to persons without disabilities;
2. The medical staff pays the same attention to persons with disabilities as to persons without disabilities;
3. The medical staff pays more attention to Persons with disabilities than to people without disabilities.

In your opinion, how society evaluates the desire of Persons with disabilities to become biological parents (giving a birth)?

1. Negatively;
2. As normal;
3. Positively.

In your opinion, how the medical staff evaluates the desire of Persons with disabilities to become biological parents (giving a birth)?

1. Negatively;
2. As normal;
3. Positively.

*Questions 16, 17, 18, 19, 20 and 21 are intended for female respondents only.*

Intended for female respondents only: How often do you use the services of a gynaecologist?

1. I do not use it at all;
2. Only when I need it;
3. Rarely, for general inspection;
4. Regularly

Intended for female respondents only: How important do you think the service of a gynecologist is for your health?

1. Completely insignificant;
2. Insignificant;
3. Somewhat important;
4. Important;
5. Extremely important.

Intended for female respondents only: How often do you use the services of mammologist?

1. I do not use it at all;
2. Only when I need it;
3. Rarely, for general inspection;
4. Regularly.

Intended for female respondents only: How important do you think the service of mammologist is for your health?

1. Completely insignificant;
2. Insignificant;
3. Somewhat important;
4. Important;
5. Extremely important.

Intended for female respondents only: How much information do you have about reproductive health services (for example, uterine and breast cancer screening)?

1. I am fully informed;
2. I am more or less informed;
3. I am not informed at all.

Intended for female respondents only: In your opinion, how much do the medical staff think that reproductive health services for women with disabilities are as important as for women without disabilities?

1. The medical staff believes that for women with disabilities reproductive health services is not as important as it is for women without disabilities;
2. The medical staff believes that for women with disabilities reproductive health services is as important as it is for women without disabilities;
3. The medical staff believes that for women with disabilities reproductive health services is more important than for women without disabilities.

Access to education and employment

Do you think that without your disability, you could have received a better education?

1. I'm sure, I'd have had a better education;
2. I'd probably have had a better education;
3. I'm not sure, I'd have had a better education;
4. I'd probably have had the same education;
5. I'm sure I would have had the same education.

Do you think that without your disability, you would have had a better professional career?

1. I'm sure, I'd have had a better career;
2. I'd probably have had a better career;
3. I'm not sure, I'd have had a better career;
4. I'd probably have had the same career;
5. I'm sure I'd have had the same career.

Do you think that in the area where you live, women and men have the same opportunities to get an education where you live?

1. Men have a better chance of getting an education;
2. Women and men have equal access to education;
3. Women have a better opportunity to get an education.

Do you think that in the area where you live, women and men have the same employment opportunities?

1. Men have better employment opportunities;
2. Women and men have equal employment opportunities;
3. Women have better employment opportunities.

Do you think that in the area where you live, men with disabilities and women with disabilities have the same opportunity to get an education?

1. Men with disabilities have a better chance of getting an education;
2. Women with disabilities and men with disabilities have equal access to education;
3. Women with disabilities have better access to education;
4. Women with disabilities and men with disabilities equally do not have access to education;

Do you think that in the area where you live, men with disabilities and women with disabilities have the same employment opportunities?

1. Men with disabilities have better employment opportunities;
2. Women with disabilities and men with disabilities have equal employment opportunities;
3. Women with disabilities have better employment opportunities;
4. Women with disabilities and men with disabilities equally do not have employment opportunities.

What is the main source of your income (social assistance is considered as family assistance)? You can choose several answers if needed.

1. Pension;
2. Salary;
3. Income from agricultural activity / self-employment;
4. Scholarship;
5. Regular financial assistance received from a relative;
6. Other \_\_\_\_\_

How you manage your income?

1. I spend as much as I need;
2. I give it entirely to the family member and s/he determines how it will be spent;
3. I give a part to a family member; I spend another part in my own decision;
4. No one asks for my opinion - my pension/income is received by a family member, who spends it, as s/he thinks is necessary.
5. Other \_\_\_\_\_

Public and political life

In general, how involved are you in local NGOs work and their planned activities?

1. I am fully uninvolved;
2. I'm not involved;
3. I am somewhat involved;
4. I am involved;
5. I am actively involved.

What is the reason for your low level of involvement in civic activism? (*We ask this question to respondents whose answer on the 30<sup>th</sup> question is "1" or "2"*).

1. I do not care about civic activism;
2. I do not have time for this;
3. I am unable to be involved because of my disability;
4. Where I live, women do not participate in civic activism (we read this answer only to female respondents).
5. Other \_\_\_\_\_

In general, how involved are you in political life (participating in elections, attending political rallies, etc.)?

1. I am fully uninvolved;
2. I'm not involved;
3. I am somewhat involved;
4. I am involved;
5. I am actively involved.

What is the reason for your low level of involvement in politics? (*We ask this question to respondents whose answer on the 32<sup>nd</sup> question is "1" or "2"*).

1. I do not care about politics;
2. I do not have time for this;
3. I am unable to be involved because of my disability;
4. Where I live, women do not participate in political life (we read this answer only to female respondents).
5. Other \_\_\_\_\_

Are you involved in formal or informal problem-solving processes in your village /town?

1. Yes
2. No

Do you think that in the area where you live women with disabilities and men with disabilities have equal

opportunities to participate in civic activism /political life?

1. Men with disabilities have more opportunities than women with disabilities to participate in civic activism /political life;
2. Women with disabilities and men with disabilities have the same opportunity to participate in civic activism /political life;
3. Women with disabilities have more opportunities than men with disabilities to participate in civic activism /political life;
4. Women with disabilities and men with disabilities equally do not have the opportunity to participate in civic activism/political life.

How would you describe your social life?

	Activity	Often	Rarely	Never
1	Visiting friends/ neighbours/ relatives.			
2	Friends/ neighbours/ relatives visit me.			
3	I walk with my friends			
4	I walk with my family members.			
5	I go to the centre of the village/ town.			
6	I go to the cinema, to concerts/performances which are held in the village/town.			
7	I go to the cinema, to concerts/performances which are held in another city.			
8	Other _____			

Personal life

How satisfied are you with your personal life?

1. I am very dissatisfied;
2. I am dissatisfied;
3. I am neither satisfied nor dissatisfied;
4. I am satisfied;
5. I am very satisfied.

Do you think that in the area where you live, women and men have equal opportunities to make own decisions about their personal lives (when they got married, who they married, whether to continue their studies or not, etc.)?

1. Men have more opportunities to make their personal decisions than women;
2. Men and women have equal opportunity to make their personal decisions;
3. Women have more opportunities to make personal decisions for themselves than men.

Do you think that in the area where you live, women with disabilities and men with disabilities have equal opportunities to make own decisions about their personal lives (when they got married, who they married, whether to continue their studies or not, etc.)?

1. Men with disabilities have more opportunities to make their personal decisions than women with disabilities;
2. Men with disabilities and women with disabilities have equal opportunity to make their personal decisions;
3. Women with disabilities have more opportunities to make personal decisions for themselves than men with disabilities.

In the area where you live, how common do you think is physical violence against women in the family?

1. Very common;
2. Common;
3. Happens sometimes;
4. Happens rarely.
5. Never happens.

In the area where you live, how common do you think is violence against Persons with disabilities?

1. Very common;
2. Common;
3. Happens sometimes;
4. Happens rarely.
5. Never happens.

In the area where you live, how equally do you think men and women with disabilities are the targets of physical violence in the family?

1. There is more physical violence against men with disabilities in the family than against women with disabilities;
2. Women with disabilities and men with disabilities experience the same amount of physical violence in the family;
3. Women with disabilities are more likely to experience physical violence in the family than men with disabilities;
4. Neither women with disabilities nor men with disabilities experience physical violence in the family.

In the event of domestic violence, who would you turn to?

1. The police;
2. Counseling hotline for victims of domestic violence;
3. Crisis Center for Victims of Violence;
4. Non-governmental organisation;
5. Friends / relatives / neighbours;
6. I would not address anyone;
7. Other \_\_\_\_\_

Do you have information on the following services/resources available to victims of domestic violence?

Domestic Violence Hotline 116006	Yes	No
Crisis Center for Victims of Violence	Yes	No
Housing for victims of violence	Yes	No
Ability to report violence through the 112 apps to the police.	Yes	No

Questions related to Coronavirus Disaster (COVID-19)

Do you have information on how to protect yourself from coronavirus infection?

1. Yes
2. No

Mostly, where do you get information about how to protect yourself from coronavirus? (Choose several answers, if needed).

1. On television;
2. Online;
3. With short text messages on the phone;
4. Information leaflets handed out on the street / buildings;
5. From the village trustee / local government;
6. From family members / neighbors / relatives;
7. Other \_\_\_\_\_

How available are listed items to you?

		Always	Sometimes	Never
1	Cold water			
2	Hot water			
3	Soap			
4	Disinfectant liquid/spray			
5	Face mask			

## Appendix 2- Qualitative research instrument

- Nowadays, many families in Georgia experience economic problems. Do you think the existence of Persons with disabilities in the family is related to the economic situation? If so, how? In this sense, does the type of disability matter? Is there a difference in terms of gender?
- Do you think, Persons with disabilities have additional medical needs and how much can they be met? In this sense, is there a gender difference? Is there a difference by type of disability? What can be done at the central and local levels to improve the situation?
- Quantitative research has shown that in many cases, medical facilities are still inaccessible to Persons with disabilities and medical staff do not have enough knowledge and skills to work with them effectively - why do we have this reality and how can the situation be improved? What is being done on a local level?
- The results of the quantitative study showed that a large proportion of women with disabilities do not use reproductive health services - how do you explain this circumstance? How do you see the mechanisms for improving the situation?
- Do you think the quality of life and well-being of women with disabilities and men with disabilities is gender-driven? Justify your opinion (as a parent, employer, government official).
- A large proportion of respondents state that if they did not have a disability, they would have had better education and career; how do you explain this situation? What can be done at the family, state (central and local) and community levels?
- Most respondents do not participate in local civic activism and politics - how do you explain this environment? What should be done to improve the situation?
- In your opinion, how Persons with disabilities manage their personal lives, how much do they have the ability to make autonomous decisions and live independently? What kind of problems do you see in this regard? Is there a gender difference? Is there a difference between disability?
- Do you think Persons with disabilities experience domestic violence? In this sense, is there a difference between gender and type of disability?
- What additional problems do you think Persons with disabilities face in a Covid-19 pandemic? What needs to be done at a local and central level?