

PROFILING

SOCIO-ECONOMIC STATUS
AND LIVING ARRANGEMENTS
OF PERSONS WITH
DISABILITIES
IN SOUTH AFRICA

Report 03-01-23

COMMUNITY SURVEY 2016



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Community Survey 2016

Profiling socio economic status and living arrangement of persons with disabilities in South Africa

Community Survey 2016: Profiling socio economic status and living arrangements of persons with disabilities in South Africa

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PREFACE

Statistics South Africa (Stats SA) is one of the critical departments in ensuring disability statistics are produced and disaggregated to inform planning and decision making. This report provides the most recent statistics on the non-institutionalised persons with disabilities in South Africa. The national agenda encompassing the National Development Plan (NDP) and global agenda, in the form of Sustainable Development Goals (SDGs) have given strong impetus in mainstreaming disability in all aspects of society and development. To ensure successful implementation of both roadmaps on disability related issues, and monitoring of progress in addressing such issues, there is need for regular, reliable disability statistics. This report is a consolidation of descriptive analysis that provides part of the required indicators on the disability prevalence, socioeconomic status of persons with disabilities as well as their living arrangements. The next publication on analyses of persons with disabilities is expected in 2022, a year after conducting the upcoming Census 2021.

A handwritten signature in black ink, appearing to read 'Risenga Maluleke', with a stylized, cursive script.

Risenga Maluleke
Statistician-General

EXECUTIVE SUMMARY

This report forms part of a series of disability statistics following the Census 2011 report on persons with disabilities. The report provides indicators on trends and patterns of disability prevalence based on four measures derived from a continuum of degree of difficulty in six domains of functioning (seeing, hearing, communicating, walking /climbing a flight of stairs, remembering/concentrating and self-care). Such measures are adopted from the Washington Group on Disability (WG) established in 2001 to address the need for cross-nationally comparable population base measures of disability (UN, 2017). In order to assess equalisation of opportunities of persons with disabilities in some aspects of life, indicators on their socio-economic status are profiled based on Census 2011 and Community Survey 2016 output data. The report also provides some insights on living arrangements of persons with disabilities as well as assistive technology usage. A number of indicators profiled in the report form the basis of understanding circumstances of persons with disabilities in the country, critical for evaluation of progress and monitoring of the National Development Plan (NDP) 2030 and Sustainable Development Goals (SDGs) disability related targets. It is envisaged that indicators and gaps identified in the report will inform planners, policymakers and programme managers on outstanding challenges confronting the disabled population and how these need to be incorporated into South Africa's development agenda. Indicators profiled are summarised below.

Disability prevalence

The disability prevalence estimates are presented based on four measures. Information is presented using more than one definition of disability and thus the prevalence rates differ depending on severity cut-off points for each measure. In chapter 2, disability prevalence is presented based on degree/level of difficulty in the six domains of functioning (seeing, hearing, communicating, walking, remembering and self-care). Statistics presented in this chapter not only covers disability prevalence but also gives an indication of general population's health status. Summary of disability prevalence for each domain is given in the following sections;

Population aged 5 years and older by sex, type of difficulty in functioning and degree of difficulty: Community Survey 2016

Domain	Sex	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Total
Seeing	Male	91,6	7,0	1,3	0,1	100,0
	Female	87,9	9,9	2,0	0,1	100,0
	Total	89,7	8,5	1,7	0,1	100,0
Hearing	Male	96,6	2,7	0,6	0,1	100,0
	Female	95,8	3,4	0,7	0,1	100,0
	Total	96,6	2,7	0,6	0,1	100,0
Communicating	Male	98,2	1,2	0,3	0,2	100,0
	Female	98,1	1,4	0,3	0,2	100,0
	Total	98,2	1,3	0,3	0,2	100,0
Walking	Male	95,9	2,7	1,1	0,3	100,0
	Female	93,4	4,4	1,8	0,4	100,0
	Total	94,6	3,6	1,5	0,3	100,0
Remembering	Male	96,4	2,7	0,8	0,1	100,0
	Female	95,0	3,9	1,0	0,1	100,0
	Total	95,7	3,3	0,9	0,1	100,0
Self-care	Male	97,4	1,7	0,6	0,3	100,0
	Female	97,1	2,0	0,6	0,3	100,0
	Total	97,3	1,9	0,6	0,3	100,0
Seeing	Black African	90,3	7,8	1,7	0,2	100,0
	Coloured	88,2	10,0	1,7	0,1	100,0
	Indian/Asian	87,6	10,7	1,6	0,1	100,0
	White	86,1	12,4	1,5	0,1	100,0
	Total	89,7	8,5	1,7	0,1	100,0
Hearing	Black African	96,4	2,9	0,6	0,1	100,0
	Coloured	96,7	2,7	0,5	0,1	100,0
	Indian/Asian	96,1	3,4	0,5	0,1	100,0
	White	94,3	4,8	0,9	0,1	100,0
	Total	96,2	3,1	0,6	0,1	100,0

Domain	Sex	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Total
Communicating	Black African	98,2	1,3	0,3	0,2	100,0
	Coloured	98,5	1,1	0,3	0,1	100,0
	Indian/Asian	97,9	1,7	0,3	0,1	100,0
	White	98,0	1,6	0,3	0,1	100,0
	Total	98,2	1,3	0,3	0,2	100,0
Walking	Black African	94,9	3,4	1,4	0,3	100,0
	Coloured	94,5	3,4	1,6	0,5	100,0
	Indian/Asian	92,7	4,9	1,8	0,6	100,0
	White	92,7	5,0	1,8	0,5	100,0
	Total	94,6	3,6	1,5	0,3	100,0
Remembering	Black African	95,6	3,3	1,0	0,1	100,0
	Coloured	96,5	2,7	0,7	0,1	100,0
	Indian/Asian	96,0	3,4	0,5	0,1	100,0
	White	95,9	3,5	0,6	0,1	100,0
	Total	95,7	3,3	0,9	0,1	100,0
Self-care	Black African	97,2	1,9	0,6	0,3	100,0
	Coloured	98,1	1,2	0,4	0,3	100,0
	Indian/Asian	96,7	2,4	0,6	0,3	100,0
	White	97,1	2,1	0,5	0,2	100,0
	Total	97,3	1,9	0,6	0,3	100,0

- Approximately nine in ten persons aged five years and older (90%) reported having no difficulty in functioning in the six domains measured.

Seeing

- Of the six types of disabilities measured, sight disability was more prevalent compared to other types of disability. The results show that approximately nine in ten persons (89,7%) had no limitation in seeing. On the part of those who reported limitations, about 9% reported some difficulty, about 2% reported a lot difficulty whilst less than 1% were unable to see at all.
- Slight variations exist between males and females with the latter having three percentage points higher than the former (approximately 10% and 7% respectively).
- Population group dynamics showed that disability in seeing was more prevalent among the white population group, where slightly more than a tenth (12,4%) reported some difficulty in seeing.

Hearing

- Generally, less than 5% of persons aged 5 years and older had difficulty in hearing whilst those with severe difficulty in hearing constituted less than 1%.
- There was no tangible difference between females and males who reported some difficulty in hearing (3,4% and 2,7% respectively). This scenario was also observed among persons that reported severe difficulty in hearing, where there were no differences between males and females.
- The findings show that the white population group had the highest percentage of persons who reported having a difficulty in hearing (4,8%), followed by the Indian/Asian population group (3,3%).

Communication

- Communication type of disability was the least prevalent disability compared to other types of disability.
- Less than 2% of persons reported some difficulty in communicating whilst persons with severe difficulty constituted less than 1%.
- This type of disability is more prevalent among females. About 1,4% of females reported having some difficulty in communicating compared to 1,2% of males.
- Population group variations show that Indian/Asian and white population groups had higher proportions of persons that reported some difficulty in communication (about 2%) relative to other population groups.

Walking (physical disability)

- Averagely, about 4% persons reported some difficulty in walking and 1,8% reported having severe difficulty.
- Generally, difficulty in walking was more prevalent among females than for males.
- Population group variations showed that the white and Indian/Asian population groups had the highest proportions of persons who experienced some difficulty in walking (about 5%), while black African and coloured population groups recorded the lowest proportions (3,4% each).

Remembering or concentrating (mental disability)

- Less than 5% of persons reported having some difficulty in remembering or concentrating.
- About 3,3% reported some difficulty and 1% severe difficulty in remembering or concentrating.
- Sex variations in degree of difficulty in remembering or concentrating showed that females have higher proportions that reported some difficulty compared to males (3,9% and 2,7% respectively). This was also the case with persons reporting a lot of difficulty in remembering/concentrating.
- The population group profile of persons with difficulty in remembering or concentrating showed slight variations with whites reflecting the highest percentage that reported some difficulty contrary to coloureds with the lowest proportion (3.5% and 2,7% respectively).

Self-care

- The national profile showed that less than 3% reported difficulty in self-care including those with mild and severe difficulty.
- The results showed that there were hardly any differences between males and females.
- Population group profile showed slight variations with three of the four population groups reporting approximately 2% with some difficulty in self-care except for coloureds at 1.2%.
- The proportions of persons with severe difficulty to care for themselves were almost the same for all population groups, although negligible.

Disability prevalence based on severity cut-off points/thresholds

- Comparison of findings from three severity cut-off points showed that using the broad measure, disability prevalence was about 17% in Census 2011 and about 16% in Community Survey 2016. While such aforementioned results do cause some cause for concern given the recently released higher poverty headcount measures between 2011 and 2016 published by Stats SA. In this broad measure, every person that reported some difficulty, “a lot of difficulty” and “unable to do” in any of the six domains of functioning (seeing, hearing, communicating, walking, remembering and self-care). In the event one person reported more than one difficulty, duplication was not entertained, thus entered once.
- The second measure referred to as “UN disability index” which only considers persons with at least some difficulty in any two of the six domains of functioning, persons that reported “a lot of difficulty” and “unable to do” in each of the six domains resulted in disability prevalence of 7,4 % in Census 2011 and 7,7% in Community Survey 2016.
- The third measure which is considered to be “restrictive”, only taking into account persons that reported severe difficulty in any of the six domains resulted in disability prevalence of about 4% and remained unchanged over the period 2011–2016. In this measure, only persons that reported “a lot of difficulty” and “unable to do” in each of the six domains were categorised as persons with disabilities.
- As expected, the broad measure gives high disability prevalence rates whilst the restricted measure results in low disability prevalence of about 4%.

Disability prevalence by selected characteristics

Disability prevalence based on three models of disability measurement

	Disability Measure1*		Disability Measure2**		Disability Measure3****	
	Census 2011	Community Survey 2016	Census 2011	Community Survey 2016	Census 2011	Community Survey 2016
Province						
Western Cape	13,9	14,9	5,3	6,3	3,3	3,7
Eastern Cape	19,9	17,3	9,5	8,6	5,3	4,9
Northern Cape	22,8	22,7	11,0	10,7	7,1	6,0
Free State	24,6	22,7	10,9	11,0	6,5	6,5
KwaZulu-Natal	17,9	15,5	8,3	8,6	4,7	4,9
North West	21,5	19,0	9,8	8,8	5,7	4,8
Gauteng	14,6	15,0	5,2	6,7	3,0	3,7
Mpumalanga	16,3	15,3	7,0	7,6	4,1	4,2
Limpopo	14,9	13,7	6,7	6,4	4,2	3,7
South Africa	17,2	16,1	7,4	7,7	4,3	4,4
Age group						
5–9	18,9	9,1	10,6	4,2	8,1	2,7
10–14	9,9	8,0	4,1	3,0	2,8	2,0
15–19	7,4	7,3	2,6	2,6	1,7	1,8
20–24	7,4	7,1	2,4	2,4	1,5	1,7
25–29	8,2	7,7	2,5	2,7	1,6	1,9
30–34	9,8	9,3	3,0	3,4	1,9	2,2
35–39	11,9	11,0	3,8	3,9	2,3	2,5
40–44	16,5	15,0	5,4	5,7	3,1	3,4
45–49	25,1	22,8	8,7	9,0	4,6	5,1
50–54	32,4	31,3	12,1	13,7	6,2	7,2
55–59	37,1	37,5	15,6	18,3	7,7	9,3
60–64	40,5	44,6	18,7	24,2	9,1	11,6
65–69	44,6	51,4	22,8	31,5	11,0	14,9
70–74	51,1	59,5	29,3	40,9	14,4	20,0
75–79	56,9	66,3	36,3	49,9	18,3	25,9
80–84	63,2	74,8	44,3	61,1	23,3	35,1
85+	67,7	82,2	53,1	73,1	31,2	49,2
Total	17,2	16,1	7,4	7,7	4,3	4,4
Sex						
Male	15,1	14,1	6,4	6,5	3,9	3,8
Female	19,1	18,0	8,3	8,9	4,7	4,9
Total	17,2	16,1	7,4	7,7	4,3	4,4
Population group						
Black African	17,4	15,5	7,7	7,6	4,6	4,4
Coloured	15,1	16,9	6,2	7,5	4,0	4,4
Indian/ Asian	17,7	17,5	6,2	8,4	3,1	4,3
White	17,0	19,9	6,5	9,2	3,0	4,4
Other	13,0	-	5,6	-	3,3	-
Total	17,2	16,1	7,4	7,7	4,3	4,4
Geography type						
Urban	16,3	16,0	6,3	7,2	3,7	4,1
Non-Urban	18,7	16,3	9,3	8,7	5,4	5,0
Total	17,2	16,1	7,4	7,7	4,3	4,4

Note:

- *Measure 1 refers to the broad disability measure which includes all persons aged 5 years and older that reported "some difficulty" in any of the domains of functioning, "a lot of difficulty" and "cannot do at all" to any of six domains of functioning "*
- *Measure 2 refers to the UN disability index which includes all persons aged 5 years and older that reported "some difficulty" in at least 2 domains of functioning, "a lot of difficulty" and "cannot do at all" to any of six domains of functioning ")*
- *Measure 3 refers to the severe disability measure which includes all persons age 5 years and older that reported "a lot of difficulty" and "unable to do at all" to any of six domains of functioning)*

Disability prevalence by age

- With exception of age group 5–9, the age pattern showed that disability is positively correlated with age, proportions of persons reporting a disability were highest among the oldest old.
- All the three disability measures showed substantive decrease in the prevalence of persons with disabilities for the age group 5–9 (from 18,9% to 9,1% for the broad, 11% to 4% for the UN disability model and 8% to 3% for severe disability model). The downward trend may be attributed to improvements in data collection methods translating into reduced misreporting on this age group. Particularly, the computer assisted personal interview (CAPI) system linked to the CS 2016 enumeration.
- The broad measure of disability generally exaggerates disability prevalence at older ages compared to other measures, and this may be attributed to aging and frailty.

Disability prevalence by sex

- Disability is more prevalent among females compared to their male counterparts and this pattern is reflected in all the three measures for both 2011 and 2016 data sets.
- Trend analysis showed slight upward trend in disability prevalence for females (from 8,3% in 2011 to 8,9% in 2016), as can be expected given the longevity.

Prevalence by population group

- There are noticeable population group variations for both Census 2011 and CS 2016 data sets. The white population group recorded the highest proportion of persons with disabilities, probably due to a higher proportion of the elderly population associated with this population group. In the case of the country in question, virtually all socially linked indicators such as economy, education, fertility and mortality vary by population group. Not only does disability add to the risk of poverty, but conditions of poverty add to the risk of disability (Elwan, 1999)¹

Disability prevalence by province

- Provincial variations in disability prevalence showed that Free State and Northern Cape had the highest disability prevalence rate in both the 2011 Census and 2016 Community survey whilst Western Cape Province recorded the lowest disability prevalence and this was the case in all the three measures computed.

¹ Elwan, E., 1999. A background paper for WDR 200/2001 compiled for the Social Protection Units Research. aelwan@worldbank.org.

- While the broad measure show a disability prevalence of more than 20% in Free State and Northern Cape provinces in both the Census 2011 and Community Survey 2016, the UN recommended measure show prevalence of about 11%. The severe measures for Free State and Northern Cape reflected stagnant disability prevalence of about approximately 7% for Free State at both enumeration years while for Northern Cape it was 7.1 and 6.0 respectively for both enumeration years.

Disability prevalence by place of residence (geography type)

- Generally, persons with disabilities were more prevalent in non-urban areas compared to urban areas in both Census 2011 and Community survey 2016.
- Whilst the broad measure and severe disability measure showed downward trend in disability prevalence in both urban and non-urban areas, the UN disability measure showed increase in disability prevalence in urban areas (from 6,3% in Census 2011 to 7,2% in Community Survey 2016). This finding is in line with the massive urbanization in the case of the country in question, where the population residing in urban areas increased from 54% in 1996 to 64% in 2016, translating to 10 percentage increase over twenty years.

Disability status and education

A number of indicators on disability status and education comparing persons with disabilities against those without disabilities are profiled. These include: enrolment and educational attainment. The results are summarised narratives.

- Generally, non-attendance in persons aged 5–24 years was more prevalent in persons with disabilities relative to those without disabilities, as can be expected. The results based on broad measure showed that the proportions not attending an educational institution among persons with disabilities increased by approximately three percentage points (from 21,1% in 2011 to 24,4% in 2016). Based on the UN recommended measure, the proportion not attending increased by eight percentage points (from 20,4% in 2011 to 28% in 2016). The severe disability measure showed in the highest proportions of persons with disabilities not attending (20% in 2011 to 30% in 2016).
- There were distinct population group variations in persons with disabilities not attending an educational institution. In CS 2016, the Coloured population group recorded the highest proportions (33,3% based on broad measure, 36,7% on UN disability index and 40,2% for the severe disability measure.
- All the three measures of disability showed that black African population group recorded the lowest proportion of persons with disabilities not attending school.
- The results on place of residence showed that urban areas recorded higher proportions of persons with disabilities not attending school compared to non-urban areas and this pattern was observed across the three measures of disability. This pattern is quite surprising. Furthermore, over the period 2011-2016, there was an increase in proportions of persons with disabilities not attending both in urban and non-urban areas.
- Of the persons that were attending school, they were asked a question on usual mode of transport used to go to educational institution. Irrespective of disability status, the majority (six in ten) walked to get to their respective educational institutions followed by those that use hired vehicles and minibus taxis.

Socio economic status of persons with disabilities

The socioeconomic status, also termed as the wealth index was derived using the Principal Component Analysis (PCA) method for persons with and without disabilities. Socioeconomic status differentials by sex, population group, province and settlement type are presented in this report.

- Huge gaps between persons with and without disabilities were observed across the disability measures used in this report.
- Based on the broad measure, the results show that approximately 36% of persons with disabilities were from households of poor socioeconomic status (17,7% poorest; 18% poorer). The UN disability index show that four in ten persons with disabilities (40,2%) were from households of poor socioeconomic status whilst those in the upper quintile constitute about 20%.
- It was noted that there were no gender differences amongst persons with disabilities across the disability measures used in the report.
- The results showed massive inequalities across population groups. Whilst the black African population group was the most vulnerable depicted by the low socioeconomic status, on other hand, persons with disabilities belonging to white or Indian/Asian population groups were mostly concentrated within the upper wealth quintile (86,8% and 71,9% respectively). Results show that approximately half in ten black African persons with disabilities (44,7%) were concentrated in the 40% lower quintile, which represent the poor households contrary, less than 5% of persons with disabilities from the Coloured, Indian/Asian and white population groups were in the lowest wealth quintile. These results are based on the broad measure and a similar pattern is observed when using the other measures.
- Based on the broad and UN disability index measures, provincial variations in socioeconomic status of persons with disabilities showed that Western Cape and Gauteng provinces had the highest proportion of persons with disabilities in the upper quintile that represents well off households (40,7% and 34,9% respectively) whilst Eastern Cape, Limpopo and KwaZulu-Natal provinces had the largest share of persons with disabilities concentrated in low socioeconomic status households (40%, 30,1% and 29,7% respectively).
- Almost two thirds of persons with disabilities in Limpopo and Eastern Cape were concentrated in the 40% poor households (63,8% and 62,9% respectively).
- The results on household wealth status and place of residence (geography type) showed distinct variations between urban and non-urban areas.
- Whilst persons with disabilities in urban areas were mostly concentrated within the 40% upper quintiles representing wealthy households, the reverse is true for non-urban areas.
- According to the broad measure of disability, more than two thirds (70,7%) of persons with disabilities in traditional/tribal areas were concentrated within poor households, a pattern observed in farm areas.

It is noted that only about 2% of persons with disabilities in tribal/traditional areas were from wealthy households.

- The profile of farm areas showed that about four in ten persons with disabilities (40,3%) were from poor households whilst more than a fifth (21,5%) were from the upper quintile.
- The severe measure of disability showed a pattern similar to the broad and UN disability Index. The largest percentage of persons with disabilities who resided in non-urban areas (73,6%) were part of households classified as poor. In contrast, about 9,3% were part of wealthy households. The urban population profile on contrary showed that more than 60,7% of persons with severe disabilities were part of 20% households regarded as rich. About 17% of persons with severe disabilities in urban areas were residing in households classified as poor. The results showed a clear divide between urban and non-urban areas.

Living arrangements for persons with disabilities

Living arrangements defined in terms of household composition includes the following categories; nuclear, extended, multi-generational, non-related households and single member households. This information is critical in assessing the extent of social support persons with disabilities have at household level.

- The results on living arrangements based on broad measure of disability showed that the majority of persons aged five years and older (about 80%) reside in nuclear households and about 8% live alone.
- The results on differentials for persons with disabilities showed that there was hardly any sex variations for nuclear and extended household types. However, huge variations were apparent in multi-generational households, where the proportion of females with disabilities was more than double that of their male counterparts (8,2% and 3,5% respectively). Profile of single member households, showed that males with disabilities dominated – three percentage points higher than that of females (12,4% for males and 8,8% for females). The UN disability measure depicted similar gender pattern, with wide variations between males and females in multi-generational households (females recorded seven percentage points higher than their male counterparts (10,6% and 3,9% respectively).
- Population group variations showed that nuclear households constitute the majority, particularly among coloured and Indian/ Asian population groups (85,4% and 82,7% respectively whilst the white population group recorded the highest proportion of persons with disabilities residing alone followed by Indian/Asian (10%) and black African population group 9,9%).
- The proportion of persons with disabilities in multi-generational households were highest for the black African population group (7,5%) and lowest for the white population group (0,7%).
- The profile of persons with disabilities based on the UN and severe disability measures of disability depict a similar pattern.

ASSISTIVE DEVICES USAGE

Successful implementation of policies pertaining to improving accessibility for persons with disabilities hinges largely on availability of statistics on disability prevalence and assistive device usage. Assistive devices assist persons with disabilities in particular those with severe disabilities to enhance their quality of life by promoting independence. Independence of persons with severe disabilities in turn translates into prospects of individual development such as pursuing education and training and, accessing employment opportunities.

- In terms of sight, there are a number of assistive devices designed to help people with vision loss including eye glasses or contact lenses, screen readers for blind individuals or screen magnifiers for low-vision computer users, and other devices for reading and writing with low vision.
- In both Census 2011 and CS 2016 questionnaires, use of eye glasses was asked. The findings show that less than a tenth (9,2%) of the population uses eye glasses/contact lenses and use of this type of assistive device increases with age, a factor attributed to reduced vision as people progress into old age.
- Use of eye glasses starts to pick at the age of 40 and becomes more pronounced in older age groups.
- There are apparent sex variations in use of eye glasses, with females depicting higher proportions compared to their male counterparts (10,4% and 7,8% respectively).
- Population group variations showed that the white population group as having the highest percentage of persons using eyeglasses followed by Indians/Asians (34,2% and 21,6% respectively). Black Africans had the lowest proportion using eyeglasses (5,5%), a figure that is below the national average (9,2%). The high rate of usage of eyeglasses among white and Indians/Asians depicts their economic advantage in accessing assistive devices compared to other population groups.
- The provincial profile shows that the Gauteng province had the highest proportion using eye glasses, with more than a third of persons using eye glasses (31,5%) followed by Western Cape (21%).
- The percentage of persons using eye glasses in urban areas were four percentage higher than the percentage of those using them in non-urban areas.
- The findings on use of hearing aid at national level showed that less than 1% (282 034) were using and provincial profile showed that Western Cape had the highest proportion (0,8%) whilst Eastern Cape, Mpumalanga and Limpopo provinces had the lowest proportions using hearing aids. In terms of place of residence, urban areas have higher proportions using hearing aids, a figure that is twice that of non-urban areas (0,7% and 0,3% respectively).
- In Community Survey 2016 data, two types of assistive devices associated with physical disabilities were asked about: wheelchair and walking stick/frame.
- About 0,4% (184 631) persons were using wheelchairs nationally. The provincial profile showed slight variations, with Western Cape province having the highest proportion and Limpopo province the lowest proportion (0,7% and 0,2% respectively).
- It is noted the use of wheelchair increases with age and a fairly high proportion of the elderly persons were using a wheelchair. Population group variations showed a higher proportion of white people reported that they were using wheelchairs (4,9%), whilst black Africans reported the lowest proportions using wheelchair (0,3%).

- The results on wheelchair usage and place of residence showed that urban areas have higher proportions (0,4%) of usage compared to non-urban areas.
- At national level, about 1,5% (697 445) persons reported using a walking stick/frame or crutches and provincial profile showed that Western Cape had the highest proportions of persons using walking stick/frame or crutches (1,7%) while Limpopo had the lowest proportion (1,2%).
- Population group dynamics showed that whilst the white population group had the highest proportion of persons using a walking stick/frame (2,7%), black African population group had the lowest proportions (1,3%).
- Use of walking stick/frame showed expected age patterns. Usage increases with age (from about 1% among persons aged 45–49 to more than a quarter (25,5%) among elderly aged 80–84 years). Sex variations showed that females had higher proportions (1,6%) using compared to males.
- The multivariate analysis on assistive device usage confirmed results obtained in multivariate analysis. Factors associated with the use of eye glasses among persons aged five years and older in South Africa. The binary logistic regression shows a significant relationship between the use of eye-glasses and all variables included in the study with the p-value of less than 0.001. The odds ratios among demographic variables indicate that:
 - Older persons are more likely to use eye-glasses as compared to the reference category (5–9 year olds);
 - Females were 1,3 times more likely to use eye-glasses than their male counterparts.
 - In terms of population group, White persons with disabilities were twice more likely to use eye glasses as compared to black Africans.
 - Results on living arrangements showed that persons that live alone, nuclear households and non-related households were more likely to use eye-glasses as compared to those from multi-generational households.
 - Persons with tertiary, secondary and primary education had the highest probability of using eye-glasses compared those with no schooling.
 - Wealth index, a derived variable based on household assets revealed that persons from poorest households were less likely to use eye-glasses as compared to those from poorer to richest households.
 - Persons residing in urban and farm areas were more likely to use eye-glasses than the reference category (rural areas).
- Odds ratios for hearing aid usage showed a similar pattern of usage.

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LIST OF ABBREVIATIONS/ACRONYMS

AD	Assistive device
AT	Assistive technology
CRPD	Convention on the Rights of Persons with Disabilities
CS 2016	Community Survey 2016
CS 2007	Community Survey 2007
CAP	Computer Assisted Personal Interviewing
DSD	Department of Social Development
DU	Dwelling unit
EA	Enumeration area
NSFAS	National Student Financial Scheme
NDP	National Development Plan
NTC	National Trade Certificate
OECD	Organisation for Economic Co-operation and Development
OOS	Out Of Scope
PWD	Persons with Disabilities
PCA	Principal Component Analysis
Stats SA	Statistics South Africa
SDGs	Sustainable Development Goals
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WG	Washington Group
WPRPD	White Paper on the Rights of Persons with Disabilities
WHO	World Health Organisation

CONCEPTS AND DEFINITIONS

Assistive devices: Tools or aids used by a person with difficulties in certain functional domains to enable him/her to live a meaningful, active and productive life. Examples include eyeglasses, hearing aid, walking stick/frame, wheelchair, or any other enabler device in performing specific functions.

Attendance at an educational institution: Enrol at, and regularly attend any accredited educational institution (public or private) for organised learning at any level of education. Attendance can be full-time or part-time and distance learning is included. Temporary absence, e.g. due to illness, does not interrupt attendance.

Disability: The loss or elimination of opportunities to take part in the life of the community, equitably with others, that is encountered by persons having physical, sensory, psychological, developmental, learning, neurological or other impairments, which may be permanent, temporary or episodic in nature, thereby causing activity limitations and participation restriction with the mainstream society.

Dwelling frame: A register of the spatial location (physical address, geographic coordinates, and place name) of dwelling units and other structures in the count.

Educational institution: Any registered institution whose sole or main purpose is the provision of education, including preschool, tertiary and adult education.

Extended household: A household consisting of any one of the following: (i) A single family nucleus and other persons related to the nucleus, for example, a father with child/children and other relative/s or a married couple with other relative/s only (ii) Two or more family nuclei related to each other without any other persons, for example, two or more married couples with child/children only (iii) Two or more family nuclei related to each other plus other persons related to at least one of the nuclei, for example, two or more married couples with other relative/s only or (iv) Two or more persons related to each other, none of whom constitute a family nucleus.

Multi-generational household: Households consisting of members across generations. Can consist of households where (i) Grandparents are co-habituating with the parents and grandchildren (ii) Parents are absent; and the household is headed by grandparent/s².

Non-institutionalised persons with disabilities: Persons with disabilities living in household setup.

Nuclear household: A household consisting entirely of a single family nucleus. It can consist of (i) A married couple family either with or without child/children (ii) Partner in consensual union (cohabiting partner) with or without child/children (iii) Father with child/children or (iv) Mother with child/children.

² Kearney, M & Odusola, A. (2011). *Assessing Development Strategies to Achieve the MDGs in the Republic of South Africa*, United Nations Department for Social and Economic Affairs. pp. 5-83

Principal Component Analysis (PCA): The central idea of PCA is to reduce the dimensionality of a data set consisting of a large number of interrelated variables, while retaining as much as possible of the variation present in the data set. This is achieved by transforming to a new set of variables, the principal components (PCs), which are uncorrelated, and which are ordered so that the first few retain most of the variation present in all of the original variables³.

Wealth index: A composite measure of a household's cumulative living standard. The wealth index is calculated using data on a household's ownership of selected assets, materials used for housing construction and access to selected facilities. Generated with a statistical procedure known as principal components analysis, the wealth index places individual households on a continuous scale of relative wealth⁴. The wealth index is used as a proxy measure for socio-economic status.

³ Jolliffe, I.T. (2002) *Principal Component Analysis*. Springer-Verlag: New York. p.1

⁴ <https://dhsprogram.com/topics/wealth-index/Index.cfm>

Chapter 1: Introduction

1.1 Background

The first-ever world report on disability produced jointly by WHO and the World Bank, suggests that more than a billion people in the world today experience disability. Around 10 per cent of the world's population, or 650 million people, live with a disability⁵. Persons with disabilities are the world's largest minority group. According to the World Health Organization (WHO), this figure is ever increasing due to population growth, medical advances and the ageing process. People with disabilities have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their everyday lives.

On one hand, following the entry into force of the United Nations Convention on the Rights of Persons with Disabilities (CRPD⁶), disability is increasingly understood as a human rights issue. On the other hand, policies pertaining to development and disability recognise that disability is a development issue with an increasing body of evidence showing that persons with disabilities experience worse socio-economic outcomes and poverty than persons without disabilities. The recently adopted 2030 Agenda for Sustainable Development recognizes persons with disabilities as one of the vulnerable groups and calls for their empowerment.

Strides have been made in the inclusion of persons with disabilities in the development agenda at national, regional and global levels. Production and interpretation of statistics on persons with disabilities has thus become very critical in supporting the goal of mainstreaming disability into the larger socio-economic and development context. In the case of South Africa, Census 2011 and Community Survey 2016 remain the two important and up to date sources of data for reporting on the comparative demographic and socio economic situation of persons with disabilities. Thus, preparation of this in-depth analytical report using the two aforementioned sources becomes a platform for making use of the data in generating indicators critical for planners and policy makers in addressing the needs of persons with disabilities. The importance of making use of profiled indicators in monitoring mainstreaming of disability cannot be overemphasised. The reporting on disability data has improved not only at country level but also at regional and international levels owing to the improvement in processes of harmonising the definitions, concepts, standards and methods.

Statistics South Africa has the mandate of producing population and household statistics through the undertaking of a Population Census every 10 years and a large-scale intercensal household survey, namely, Community Survey. Such an undertaking has been well awaited for by stakeholder departments such as The Presidency, Department of Social Development, Department of Women, Department of Justice and other related interest groups such as national governmental organizations (NGOs). One reason for the importance of disability statistics in the case of South Africa is the unsuccessful attempts in collecting such data for both censuses 1996 and 2001 owing to the use of unsuitable questions. Census 2011 came with the first attempt

⁵ World Health Organization and World Bank, (2011)

⁶ United Nations Convention on the Rights of Person with Disabilities, 2006

of using internationally recognised Washington Group questions, thus producing the first consolidated report on persons with disabilities in 2014.

1.2 Objectives of the report

This report has been compiled to provide an overview on trends and patterns of disability prevalence in South Africa based on four measures derived from a continuum of levels of difficulty in functioning for the six domains of functioning (seeing, hearing, communicating, walking /climbing a flight of stairs, remembering/concentrating and self-care). The report profiles the socio-economic status of persons with disabilities based on selected indicators from Census 2011 and Community Survey 2016. The objective of this report is thus threefold:

- To profile the level of overall functioning in the South African population based on degree of functioning in a particular functional domain;
- To determine prevalence of disability in South Africa; and
- To assess equalisation of opportunities of persons with disabilities in some socio-economic aspects of life.

A number of indicators profiled in this report form the basis of disability statistics that need to be mainstreamed into the reporting mechanisms of national departments and other international bodies such as the United Nations (UN) so that they are readily available in the monitoring of NDP 2030 and Sustainable Development Goals (SDGs) targets. Disability is referenced in various parts of the SDGs⁷ and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs. Disability statistics need to be sufficiently integrated into disability related work programmes for monitoring and evaluation of such programmes. Disability statistics thus need to be regularised and strengthened to ensure that they are available to facilitate assessment of equalisation of opportunities. It has thus become critical to collect information on disability and prepare analytical reports on a variety of forms of participation, such as education and employment.

The report is based on Census 2011 and the Community Survey 2016 data sets and will form the basis for the assessment of progress in redressing development and human rights issues for persons with disabilities in South Africa. The report is thus not only aimed at profiling disability prevalence but also socioeconomic conditions of persons with disabilities. It is envisaged that indicators and gaps identified in the report will inform planners, policymakers and programme managers on outstanding challenges and how these need to be incorporated into the development agenda.

1.3 An overview of Community Survey 2016 procedures

Community Survey 2016 is the second intercensal survey conducted in the democratic South Africa after CS 2007. This household based survey is one of the few available data sources providing data at local municipality level, the geographic tier tasked for planning. Provision of data at this level supports evidence-based decision making that has become increasingly a best practice which many countries, including South Africa, embrace.

⁷ United Nations, (2016)

CS 2016 results are thus critical in promoting optimal resource allocation and utilisation in all spheres of government in order to reduce poverty and vulnerability among South Africa's most marginalised. Secondly, the development and implementation of policy, and implementation of legislature deem it necessary to have reliable statistics that inform the social, demographic and economic standing of the country.

The CS 2016 data were collected using the Computer Assisted Personal Interviewing (CAPI) system as opposed to the paper collection method used in all previous massive data collections by Stats SA. The new initiative in the organisation is a cost cutting endeavour in data processing and data quality enhancement measure. Eligible persons for enumeration were all persons present in the household(s) of the sampled dwelling units on the reference night (midnight 6th March 2016 to 7th March 2016), including visitors. Members of the household who were absent overnight, for example, working, travelling, at entertainment or religious gatherings but returned the next day were also counted. For purposes of Stats SA, a household is a group of persons who live together, and provide for themselves jointly with food and other essentials for living, or a person who lives alone. Babies born before the reference night were also included in the count, reason being that they were already born by the midnight of 6th to 7th March 2016. Members of the household who died after the reference night were counted in as "alive" during the midnight of the reference period. In contrast, those born after the reference night were excluded.

A number of the processes 'piloted' in Community Survey 2016 were new. These included the use of the CAPI system for collection and processing of data, and updated dwelling frame data captured from the Census 2011 listing process. Worth mentioning is the fact that the use of an existing updated dwelling frame for a large sample survey such as CS 2016 was the first of its kind in the case of Stats SA. The updated dwelling unit (DU) frame was constructed by the Geography Division, using geo-referenced spatial systems.

Sample design and size

The target population for CS 2016 was non-institutional population residing in private dwellings in the country. The final sample size was 1 370 809 DUs sampled from a total of 93 427 EAs in the country. The sample is large enough to produce estimates at local municipal level. The EA frame was based on the Census 2011 information.

The sample design for CS 2016 was a stratified single stage sample design. At EA level, all in-scope EAs were included in the sample and a sample of dwelling units was taken within each EA (i.e. there was no sub-sampling of EAs). In addition, very small enumeration areas (EAs) that form part of the target population were excluded from the frame to improve operational efficiency during the survey. EAs with less than eight DUs in the entire EA were excluded from the DU sampling frame.

Content development

The development and design processes of the CS 2016 questionnaire was informed by national priorities, global and continental emerging population issues embedded in the SDGs, data needs of both existing and prospective users and comparability with the previous censuses. Such a questionnaire was designed using the World Bank Survey Solutions application, which is an on-line based questionnaire design application.

During the design, skipping patterns and validation rules were predetermined and embedded in the electronic questionnaire. Quality assurance in CS 2016 was largely automated and handled in two phases

Data quality assessment processes

The first phase of quality assurance involved the electronic questionnaire being subjected to conditions and validation rules. This process eliminated unnecessary inconsistencies in the data during data collection. An additional automated quality assurance process was used during data collection where completed questionnaires were flagged as REJECTED or ACCEPTED based on minimum processability rules. Any questionnaires submitted to database that did not meet the set minimum rules were marked as REJECTED, and sent back to the fieldworker for verification and correction. For any record marked as REJECTED once, the running of the rejection was done at least for four different times and at different dates. This was necessary for the fieldworker to try and correct mistakes before a particular questionnaire could be declared “Complete”.

1.4 Questions asked for the purpose of collecting data on persons with disabilities (PWDs)

Statistics South Africa adopted the Washington Group (WG) set of short questions on disability for the household based survey programme since 2009 and the same set of questions have been asked in Census 2011 and Community Survey 2016. The questions allow for assessment of equalisation of opportunities for persons with disabilities on a number of forms of participation such as education, employment, housing, and other social aspects.

Community Survey 2016 disability related Questions

Question 1: General health and functioning

Now I am going to ask you general health related questions (Questions applicable to only persons aged 5 years and older)	
Question	Response categories
Does (name) have difficulty in seeing even when using eyeglasses/contact lenses, if he/she wears them?	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know
Does (name) have difficulty in hearing (even with a hearing aid, if he/she wears one)?	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know
Does (name) have difficulty in communicating in his/her usual language (i.e. understanding others or being understood by others)?	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know
Does (name) have difficulty in walking a kilometre (length of 10 soccer fields) or climbing a flight of stairs?	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know
Does (name) have difficulty in remembering or concentrating?	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know
Does (name) have difficulty in self-care such as washing all over, dressing or feeding?	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know

Question 2: Assistive device question

Lack of assistive technology severely reduces full participation in both economic and social activities and directly impacts on the wellbeing of persons with disabilities. In both Census 2011 and CS 2016, a question on assistive device usage was asked. This was not limited to persons with disabilities only. All persons aged 5 years and older were asked this question. The specific question asked is highlighted below.

Question	Response categories
Does (name) use eyeglasses/contact lenses?	1 = Yes 2 = No 3 = Do not know
Does (name) use a hearing aid?	1 = Yes 2 = No 3 = Do not know
Does (name) use a walking stick, frame or crutches?	1 = Yes 2 = No 3 = Do not know
Does (name) use a wheelchair?	1 = Yes 2 = No 3 = Do not know
Does (name) use any other assistive device/aid?	1 = Yes 2 = No 3 = Do not know
	For persons that chose option 1(yes), on other assistive device/aid, please specify type _____

The two questions on functioning and use of assistive devices are used together with other information collected to compare the levels of participation between those with, and without disability – thereby allowing for the assessment of equitable access to opportunities.

1.5 Disability measurement issues in the case of South Africa

Globally, disability is a complex and evolving concept, undergoing transformation in its measurement as concepts, definitions, standards, and method get refined. In many countries, South Africa included, there are a number of reforms aimed at harmonising and improving statistics on disability. The recent conceptual developments in terms of disability indices and definitions will continue to enhance quality and comparability of disability statistics. For this reason, many countries have adopted the WG set of short questions, an approach believed to provide reliable estimates compared to the traditional approach where only severe disabilities were measured, leading to the underestimation of persons with disabilities⁸.

⁸Mont, 2007: Measuring disability prevalence. In: World Bank (2007). Social Protection Discussion Paper No. 0706. Washington DC: World Bank

However, the major concern remains lack of statistics on children with disabilities, emanating from the adopted WG set of short questions which have proved to be an ineffective tool in measuring child disability. This is mainly due to the fact that the WG set of short questions was primarily intended for the measurement of disabilities amongst the adult population.

Given the limitations of the WG set of short questions, plans and policies aimed at pursuing equitable access to education and development opportunities can never be fully implemented. There are however a number of efforts to address the challenge of lack of statistics on children with disabilities. In order to address the aforementioned challenge, a set of questions on child functioning and disability has been developed through a collaboration between the WG and UNICEF. The developed children's module has been undergoing testing in a number of countries internationally including South Africa⁹.

In 2016, Stats SA conducted a research study to test the WG/UNICEF childhood disability module in South Africa. Testing of the module was done in collaboration with Department of Social development (DSD) and United Nations Development Programme (UNDP). Findings from the test showed that both the modules (one targeting 2–4 year-olds and the other targeting 5 to 17 year-olds) were effective in measuring the disability status of children¹⁰.

Although the recommendations from the Testing Study were that the child module can be introduced in South African household based surveys, its inclusion in broader survey tools is highly likely to create respondent burden due to the length of the questionnaire. The module consisting of 18 questions for the 2 to 4 year-olds and 43 questions for the 5 to 17 year-olds, is quite long to be included in an existing survey module. Although not all questions would be answered for each child, depending on whether the child suffers from any disabilities and the severity of such disabilities, it was highlighted that both modules take on average 6 minutes and 20 minutes respectively to complete per household¹¹. In this regard, considerations should be made to introduce a specialised disability survey.

1.6 Analysis methods used in the report

The estimates of the disabled or not disabled population are a function of methods used in analysis as well as the questions on disability used in the data collection during a specific survey. In reference to this report, more than one definition of disability have been used and different prevalence rates are presented. In this report, four measures were computed¹²:

- Degree of difficulty in functioning measure,
- Broad measure of disability,
- UN recommended measure of disability, and
- Severe measure of disability.

⁹ Cappa, C. (2014) *Strengthening Statistics on Children with Disabilities*. UNICEF

¹⁰ Stats SA (2016): *Report on Testing the Childhood Disability Measurement Module in South Africa*

¹¹ *Ibid*

¹² For more, see: http://www.washingtongroup-disability.com/wp-content/uploads/2017/09/WG-Short-Set-Questions_SPSS-Syntax_rev2017_2.pdf

These measures differ according to the selection of severity cut-off points. The inclusion of various statistics on disability prevalence computed based on different thresholds is to provide options to planners for the provision of services to the different groups affected by disability. For example when the target for services is persons with severe impairments, it is critical to consider statistics on disability prevalence rates computed based on persons with severe difficulty in functioning – that is, persons with “a lot of difficulty” and “unable to do”.

In terms of education variables, enrolment statistics are based on persons aged 5-24 years. For education attainment and progression, Community Survey 2016 data was used to compute time plots for educational attainment. The rationale of the technique is that it manages to generate the historical profile using the average age at which such an event (educational attainment) occurs. Computation of time plot involved the following procedure:

Given a population, a class of events that may occur to members of a population, and a cohort of persons born to this population at some time T . Q denotes the average number of events per person in the cohort, such as attainment of some educational level and the average age at which these events occur to members of the cohort. The latter are defined by a point in time (CS 2016) and such a point is used as the reference time. The horizontal axis represents the time at which members of the cohort reach age M (Feeney, 2009)¹³.

The computation procedure began with the selection of persons who reported that they had completed their primary education (grade 7) by single age. The numbers of persons completing primary education are those that reported having completed grade 7 and higher, since those that have completed grade 12 or a Bachelor's degree for example, have already completed grade 7 due to the progressiveness of educational levels. The attainment question asks for highest level of education completed, with the understanding that all preceding levels have been completed.

Age proportions were computed by dividing the total number of persons completing primary education by the total number of persons at that age group. The reader is, however, cautioned about the total number of persons at that age since those that reported having completed an educational level by means of attending other education system (approximately 0,3%) were excluded in both the numerator and the denominator for computation of proportions completing educational levels by single ages.

¹³ Feeney, G., 2009. Time-plotting life cycle events. [Online]. Available from: demographer.com.

Thereafter, the time at which a particular educational level was completed was calculated using the form:

$$TIME = CStime(2016.180) - (age_x + 0.5) + averageage$$

Where *CS time* (6-7 March 2016) represents the calendar time at which Community Survey data collection begun;

Age_x represents the age of persons completing a particular education level; and

Average age represents the age at which most of the persons complete that particular level.

It should, however, be noted that the time plot includes the calculated time and proportions completing that particular educational level where age is excluded, since it is already incorporated in the time column. Time-plotting events may also be used to assess consistency between two or more censuses.

1.7 Internationally adopted Sustainable Development Goals (SDGs)

This report provides statistics on selected indicators in line with the SDGs for the purpose of monitoring momentum covered in facilitating improvements for persons with disabilities in the case of this country. Such statistics are provided for both 2011 and 2016 data sets and include:

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict affected, as data become available) for all education indicators

5.1 End all forms of discrimination against all women and girls everywhere

1.8 An overview of chapter layout

In Chapter 2 of the report, general health status of the population is presented using degree of difficulty in functioning. Chapter 3 profiles disability prevalence computed based on a broad definition of disability while Chapter 4 disability statistics are based on the UN recommended measure. In Chapter 5, disability prevalence is computed based on threshold of persons that reported severe difficulties. Chapter 6 of the report uses both bivariate and multivariate analyses to generate statistics on assistive device usage.

1.9 Caveats

The sample design for CS 2016 was a stratified single stage sample design. It should be noted though that the disability status indicator was not prioritized at the time of designing the sample, rather employment status.. Further, there were nine municipalities with high out of scope rates between 55% and 65% (out of scope in this case refers to a sampled point that turns out to be anything but a dwelling unit given the use of an incomplete dwelling frame). Although it should be noted that high OOS rates do not impact on the quality of data collected from the field, however, it is an indicator of the quality of the sampling frame used and reduces

the sample size and thus the precision level of estimates within given domains. All in all, output statistics on disabilities should be interpreted with caution whilst preparations for the upcoming Census 2021 have begun on the part of Stats SA. Further information on the CS 2016 sample design is available in the CS 2016 Technical Report at www.statssa.gov.za.

Chapter 2: Persons with disabilities based on level of difficulty in functioning

2.1 Introduction

In this chapter, disability statistics are presented using level of difficulty in the six functional domains (seeing, hearing, communicating, walking, remembering and self-care). In general, statistics reflect the disabled population's functional status based on their responses on the general health and functioning question. Data problems may be expected given that it's highly subjective questions that may differ given mood circumstances at the time of enumeration.

2.2 Type of disability

Seeing

The results presented in Table 2.1 show that just under nine in ten persons (89,7%) had no limitation in seeing. However about 9% reported some difficulty in seeing while those that reported a lot difficulty constituted about 2%. Persons who were unable to see were less than one per cent. Generally, of the six types of disabilities measured, sight disability was more prevalent compared to other types of disability.

Sex variations in seeing functional domain showed that about 10% of females experienced some difficulty in seeing and 2% had lot of difficulty in seeing. Looking at profile of males, about 7% had some difficulty and 1,3% reported that they experienced a lot of difficulty in seeing.

Population group dynamics and degree of difficulty in seeing show that among the white population group, 12,4% had some difficulty in seeing and those with severe difficulty in seeing constituted about 1,6%. Among black Africans, persons with some degree of difficulty in seeing constituted less than 10%.

Hearing

The national profile shows that about 3% of persons aged 5 years and older had mild difficulty in hearing, while those who experienced severe difficulty in hearing constituted less than 1%.

Results show slight sex variations among persons with some difficulty in hearing, females having higher percentage compared to males (3,4% and 2,7% respectively). Looking at persons with severe difficulty in hearing, there were no differences between males and females.

The profile of persons with a hearing disability in the four population groups presented in Table 2.2 shows that the white population group had the highest percentage of persons who experienced difficulty in hearing (4,8%), followed by the Indian/Asian population group (3,3%). Across by the population groups, persons with severe difficulty in hearing constituted less than 1%.

Communication

The results presented in Table 2.1 and Table 2.2 showed that communication/speech disability was the least prevalent disability compared to other types of disability. It is noted that about 1,3% persons reported some difficulty in communicating while persons with severe difficulty constituted less than 1%.

The results show slight differences between males and females amongst persons with difficulty in communicating. The proportion of females (1,4%) with some difficulty in communicating was slightly higher than the national average (1,4% and 1,3% respectively), whilst the profile of males showed that about 1,2% reported some difficulty in communication.

Population group variations show that the Indian/Asian and white population groups had higher proportions of persons experiencing some difficulty in communication (about 2%), a figure above the national average (1,3%). It is noted that there were no population group variations in persons with severe difficulty in communicating.

Walking (physical disability)

The results showed that about 4% persons reported having some difficulty in walking and 1,8% reported having severe difficulty in walking a kilometre or climbing a flight of stairs whilst about 0.3% indicated that they could not walk at all.

Also to note are the sex variations in degree of difficulty in walking. Generally, difficulty in walking was more prevalent among females. Whilst more than 4% females reported having some difficulty in walking, only 2,7% of males reported the same level of difficulty in walking a kilometre or climbing a flight of stairs. Furthermore, 2.2% and 1.4% of females and males, respectively reported having a lot of difficulty and cannot do at all combined when it comes to walking.

Population group variations showed that the white and Indian/Asian population groups had the highest proportion of persons who experienced some difficulty in walking (5%), while black African and coloured population groups recorded the lowest proportions at 3,4%.

Remembering or concentrating (mental disability)

The results show that less than 5% persons reported having difficulty in remembering or concentrating. Among those that reported difficulty, 3,3% reported having some difficulty and 1% reported having severe difficulty in remembering or concentrating.

Looking at sex variations in degree of difficulty in remembering or concentrating, females have higher proportions compared to males (3,9% and 2,7% respectively). This is also the case with persons reporting a lot of difficulty in remembering/concentrating.

The population group profile of persons with difficulty in remembering or concentrating showed slight variations. About 4% of white population group had experienced some difficulty in remembering while the coloured population had the lowest proportion of persons that experienced some difficulty (2,7%).

Self-care

Generally, there were fewer people that reported having difficulty in self-care compared to other domains of functioning. The national profile showed that less than 3% reported difficulty in self-care. The results showed that there were hardly any differences between males and females. Population group profiles showed a similar pattern of slight variations. Three of the four population groups recorded about 2% of persons with some difficulty in self-care. The proportions of persons with severe difficulty in self-care were almost the same for all population groups.

Table 2.1: Population aged 5 years and older by sex, type of difficulty in functioning and degree of difficulty; Community Survey 2016

Type of disability	Sex	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Total	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Total
Seeing	Male	22 160 981	1 693 307	318 058	32 797	24 205 143	91,6	7,0	1,3	0,1	100,0
	Female	22 354 152	2 520 855	509 492	36 807	25 421 306	87,9	9,9	2,0	0,1	100,0
	Total	44 515 133	4 214 162	827 550	69 604	49 626 449	89,7	8,5	1,7	0,1	100,0
Hearing	Male	23 390 517	647 954	136 563	29 589	24 204 623	96,6	2,7	0,6	0,1	100,0
	Female	24 349 640	867 260	171 223	33 064	25 421 187	95,8	3,4	0,7	0,1	100,0
	Total	47 740 157	1 515 214	307 786	62 653	49 625 810	96,2	3,1	0,6	0,1	100,0
Communicating	Male	23 777 777	298 084	84 596	45 988	24 206 445	98,2	1,2	0,3	0,2	100,0
	Female	24 949 060	352 131	79 707	41 178	25 422 076	98,1	1,4	0,3	0,2	100,0
	Total	48 726 837	650 215	164 303	87 166	49 628 521	98,2	1,3	0,3	0,2	100,0
Walking	Male	23 216 214	648 454	262 872	76 546	24 204 086	95,9	2,7	1,1	0,3	100,0
	Female	23 733 093	1 125 607	464 656	96 101	25 419 457	93,4	4,4	1,8	0,4	100,0
	Total	46 949 307	1 774 061	727 528	172 647	49 623 543	94,6	3,6	1,5	0,3	100,0
Remembering	Male	23 330 844	652 645	184 047	31 955	24 199 491	96,4	2,7	0,8	0,1	100,0
	Female	24 149 844	979 711	258 018	29 564	25 417 137	95,0	3,9	1,0	0,1	100,0
	Total	47 480 688	1 632 356	442 065	61 519	49 616 628	95,7	3,3	0,9	0,1	100,0
Self-care	Male	23 584 934	417 749	133 340	71 456	24 207 479	97,4	1,7	0,6	0,3	100,0
	Female	24 690 596	514 688	146 911	70 658	25 422 853	97,1	2,0	0,6	0,3	100,0
	Total	48 275 530	932 437	280 251	142 114	49 630 332	97,3	1,9	0,6	0,3	100,0

Table 2.2: Number and percentage distribution of persons aged 5 years and older by type and degree of difficulty and population group

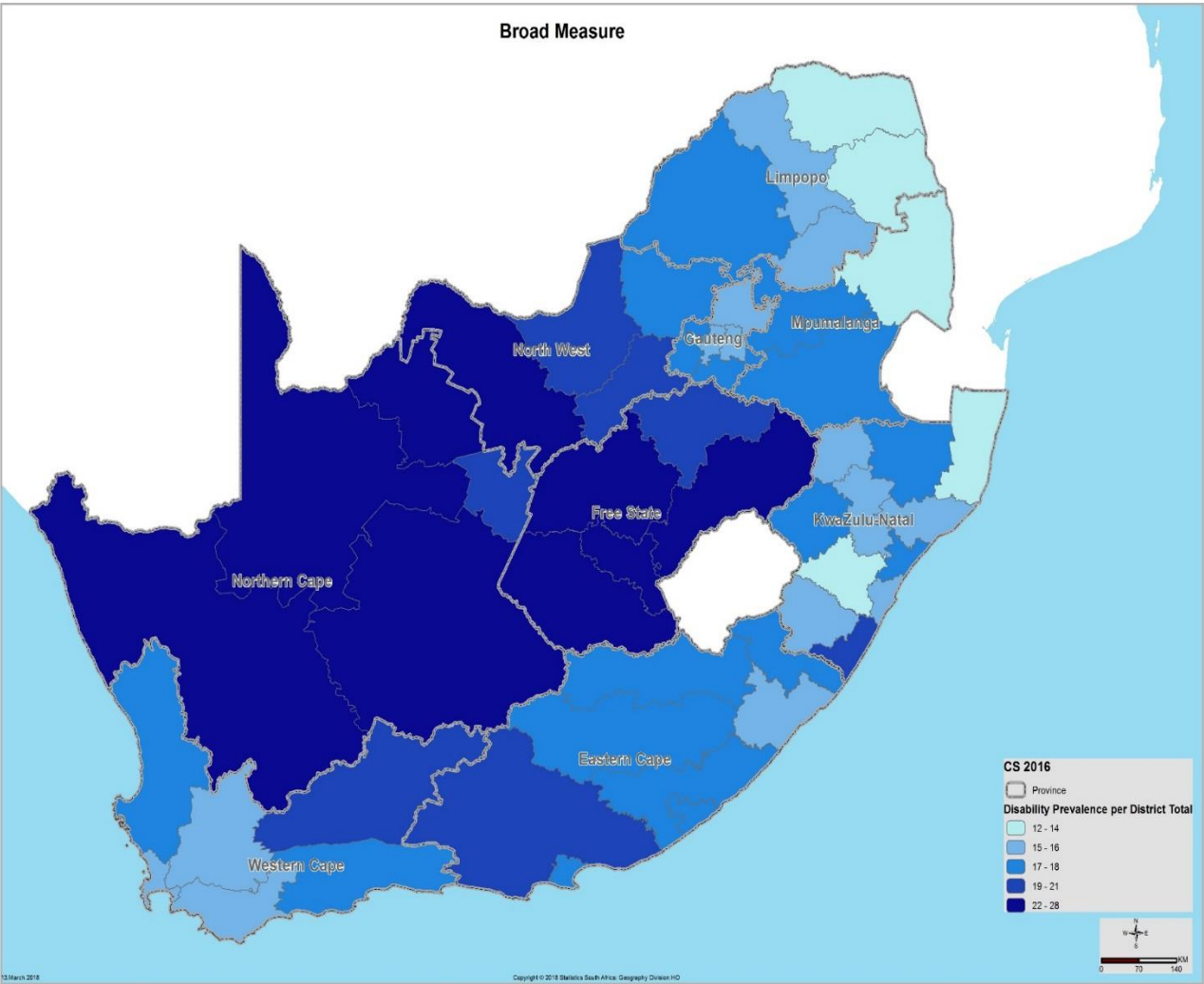
Type of disability	Population group	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Total	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all	Total
Seeing	Black African	35 826 272	3 105 394	668 117	61 166	39 660 949	90,3	7,8	1,7	0,2	100,0
	Coloured	3 911 778	444 115	76 876	4 389	4 437 158	88,2	10,0	1,7	0,1	100,0
	Indian/Asian	1 116 480	136 144	20 733	1 311	1 274 668	87,6	10,7	1,6	0,1	100,0
	White	3 660 602	528 509	61 824	2 738	4 253 673	86,1	12,4	1,5	0,1	100,0
	Total	44 515 132	4 214 162	827 550	69 604	49 626 448	89,7	8,5	1,7	0,1	100,0
Hearing	Black African	38 218 037	1 149 686	239 084	54 436	39 661 243	96,4	2,9	0,6	0,1	100,0
	Coloured	4 288 745	119 571	24 208	4 279	4 436 803	96,7	2,7	0,5	0,1	100,0
	Indian/Asian	1 224 255	43 039	6 090	1 144	1 274 528	96,1	3,4	0,5	0,1	100,0
	White	4 009 121	202 918	38 404	2 794	4 253 237	94,3	4,8	0,9	0,1	100,0
	Total	47 740 158	1 515 214	307 786	62 653	49 625 811	96,2	3,1	0,6	0,1	100,0
Communicating	Black African	38 938 388	511 645	134 159	77 080	39 661 272	98,2	1,3	0,3	0,2	100,0
	Coloured	4 370 651	47 628	13 737	5 603	4 437 619	98,5	1,1	0,3	0,1	100,0
	Indian/Asian	1 247 892	21 916	3 418	1 362	1 274 588	97,9	1,7	0,3	0,1	100,0
	White	4 169 905	69 026	12 990	3 121	4 255 042	98,0	1,6	0,3	0,1	100,0
	Total	48 726 836	650 215	164 304	87 166	49 628 521	98,2	1,3	0,3	0,2	100,0
Walking	Black African	37 634 017	1 347 498	554 990	120 860	39 657 365	94,9	3,4	1,4	0,3	100,0
	Coloured	4 191 412	153 040	70 611	22 169	4 437 232	94,5	3,4	1,6	0,5	100,0
	Indian/Asian	1 181 374	62 275	23 563	7 203	1 274 415	92,7	4,9	1,8	0,6	100,0
	White	3 942 504	211 247	78 364	22 415	4 254 530	92,7	5,0	1,8	0,5	100,0
	Total	46 949 307	1 774 060	727 528	172 647	49 623 542	94,6	3,6	1,5	0,3	100,0
Remembering	Black African	37 895 282	1 322 684	379 877	53 095	39 650 938	95,6	3,3	1,0	0,1	100,0
	Coloured	4 283 479	117 778	31 289	4 406	4 436 952	96,5	2,7	0,7	0,1	100,0
	Indian/Asian	1 222 830	43 175	6 802	1 494	1 274 301	96,0	3,4	0,5	0,1	100,0
	White	4 079 097	148 718	24 097	2 523	4 254 435	95,9	3,5	0,6	0,1	100,0
	Total	47 480 688	1 632 355	442 065	61 518	49 616 626	95,7	3,3	0,9	0,1	100,0
Self-care	Black African	38 556 702	756 932	230 839	118 238	39 662 711	97,2	1,9	0,6	0,3	100,0
	Coloured	4 353 205	53 726	18 878	11 917	4 437 726	98,1	1,2	0,4	0,3	100,0
	Indian/Asian	1 232 976	30 870	7 644	3 222	1 274 712	96,7	2,4	0,6	0,3	100,0
	White	4 132 648	90 909	22 890	8 737	4 255 184	97,1	2,1	0,5	0,2	100,0
	Total	48 275 531	932 437	280 251	142 114	49 630 333	97,3	1,9	0,6	0,3	100,0

2.3 Conclusion

The results shown on the six functional domains measured by the WG set of short questions in Community Survey 2016 confirm that South Africans have a good functional status. This is reflected in the majority of the population (over 90%) that reported having no difficulty in functioning in the six domains measured. This notwithstanding, the same cannot suffice if data for persons with disabilities included those that reside in institutions. In addition, exclusion of children aged 0-4 years in asking of persons with disabilities introduces another bias.

Chapter 3: Profile of persons with disabilities based on the broad definition of disability

Map 1.1: Map showing disability prevalence based on broad measure of disability, Community Survey 2016



3.1 Introduction

The recommended short set of questions of the Washington Group is intended to identify the majority of the population with difficulties in functioning in basic functions; especially difficulties that have the potential to limit independent living or social integration if appropriate accommodation is not made. One of the measures proposed by the Washington Group to generate disability prevalence statistics is thus the “broad measure”¹⁴ which includes everyone with at least one functional activity limitation in any of the six domains of functioning (seeing, hearing, communicating, walking, remembering and self-care). This threshold of identifying persons with disabilities is considered as the most inclusive measure in disability statistics.

This measure of disability categorises persons using the following criteria:

- A person who reported ‘some difficulty’ in each of the six domains of functioning was categorised as having a disability.
- A person who reported ‘a lot of difficulty’ across all the six domains of functioning was categorised as having a disability.
- A person who reported ‘unable to do’ across all the six domains of functioning was categorised as having a disability.
- A person who reported ‘no difficulty’ across all the six domains of functioning was categorised as having no disability.
- All persons that did not answer the question on general health and functioning as well those that answered “do not know” were excluded.
- Any person that reported some degree of difficulty in more than one domain of functioning was counted once to avoid double counting.

It has been noticed elsewhere that use of this broad measure threshold leads to higher disability prevalence rates compared to other stringent measures and this is attributed to the inclusion of all persons reporting some difficulty in any one of the functional domains asked. Statistics generated using this approach give a general indication on the level of functioning in the population, a component of primary health indicators.

This chapter also presents statistics based on the “broad measure approach” in terms of disability prevalence and socioeconomic profile of persons with disabilities. There is a great need for further analysis of disability data that go beyond prevalence to comparisons of persons with and without disability on their demographic and socioeconomic characteristics. Profiling beyond prevalence allows us to compare the levels of participation between those with disability and those without, thereby assessing equitable access to opportunities as required by development agenda, including the SDGs. Policy and planning for persons with disabilities requires indicators on progress towards equalisation of opportunities and assessing the extent to which efforts to improve the lives of persons with disabilities have yielded positive outcomes.

¹⁴ UN, 2010: Strategic Action towards Inclusive Development: Disability, Human Rights and Statistics

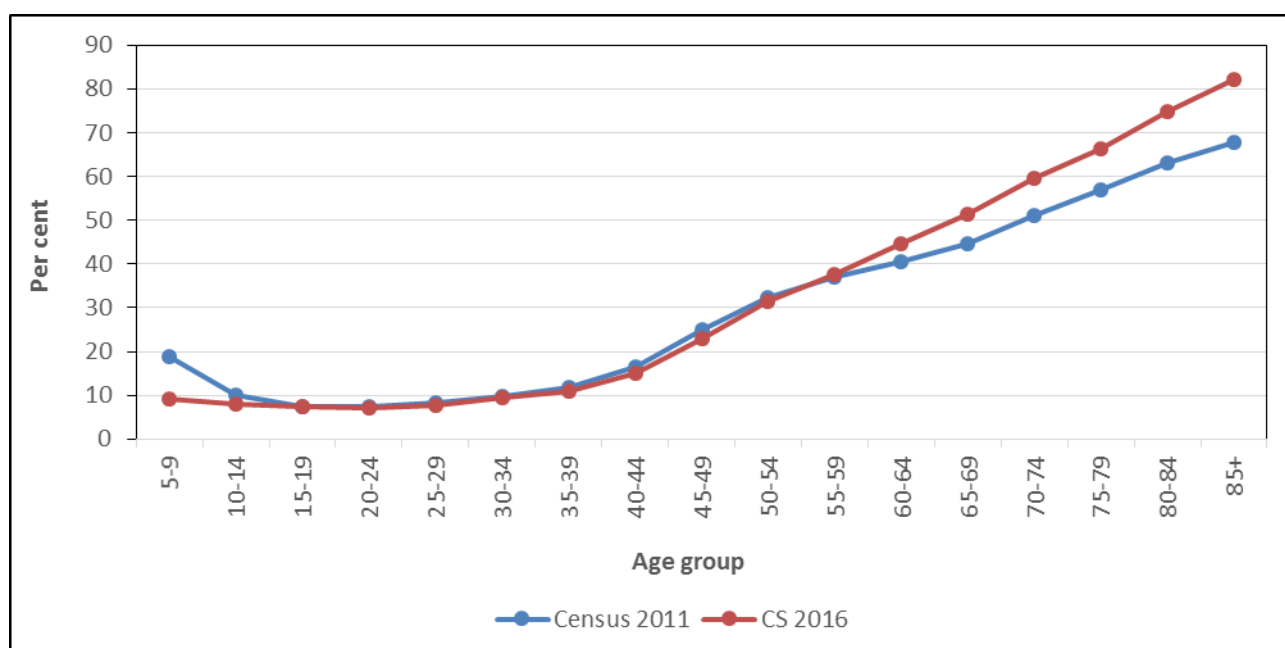
3.2 Disability prevalence by selected attributes

3.2.1 Disability by age group

Figure 3.1 presents disability prevalence by age derived from both Census 2011 and Community Survey 2016 datasets. The results show slight decrease in the prevalence of persons living with disabilities between the years 2011 and 2016, from 17% to 16% respectively. Interpretation of the aforementioned results should be taken with caution in line with the caution about CS 2016 results regarding sampling and non-sampling errors provided in the introductory chapter. The age pattern showed that disability is positively correlated with age, as can be expected. It is also noted that more than half of persons aged 65 years and older reported having a disability. Furthermore, proportions reporting a disability are highest among the elderly (those aged 85+). About eight in 10 persons aged 85 years and older reported a disability in CS 2016 data compared to approximately seven out of 10 persons observed from Census 2011 data. This is an expected pattern given the type of questions asked, favouring persons in old age to report a number of difficulties in functioning due to frailty. Because the questions on disability are more about general functioning, it is not surprising that the prevalence of having a disability increased with age (i.e. *older persons had a higher disability prevalence than younger persons*).

An interesting trend in disability prevalence was observed for children aged five to nine years. The results showed a massive decrease between 2011 and 2016 in the prevalence of persons with disabilities for this age group (from 18,9% to 9,1%). The downward trend may be attributed to improvements in data collection methods used for Community Survey 2016, translating into reduced misreporting on this question. Differences were also noticed between the two data points for ages 55 years and older, where the proportion of persons with disabilities in the Community survey 2016 data was higher than that from Census 2011 data.

Figure 3.1: Disability prevalence by age group

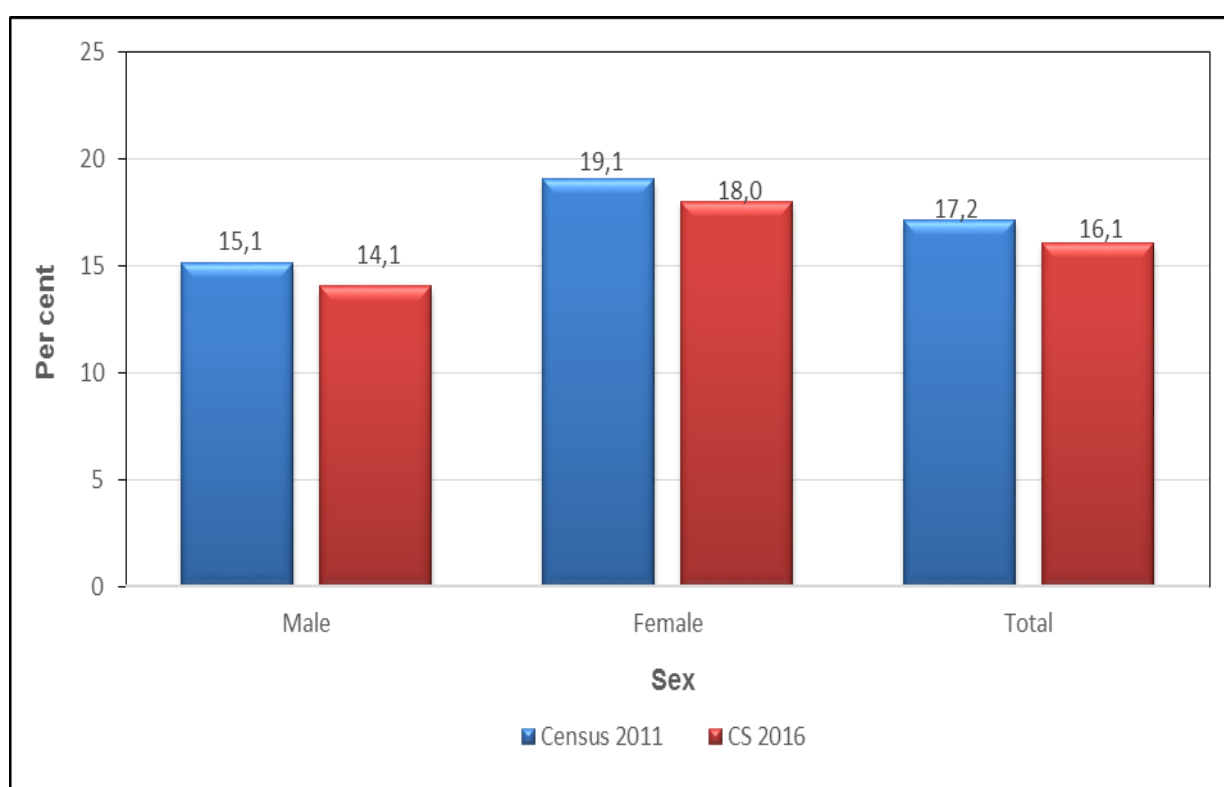


Source: Statistics South Africa

3.2.2 Disability prevalence by sex

Figure 3.2 presents results on the prevalence of disability by sex for the years 2011 and 2016. The results showed that disability prevalence decreased marginally for both males and females (from 15% in 2011 to 14% in 2016 for males and 19% in 2011 to 18% in 2016 for female. Noticeable is that disability is more prevalent among females compared to their male counterparts. In both Census 2011 and Community Survey 2016, females' disability prevalence was four percentage points higher than that of males. Research shows that women often have a higher prevalence of disability compared to men due to various behavioural and sociodemographic factors (Murtagh & Hubert, 2004).

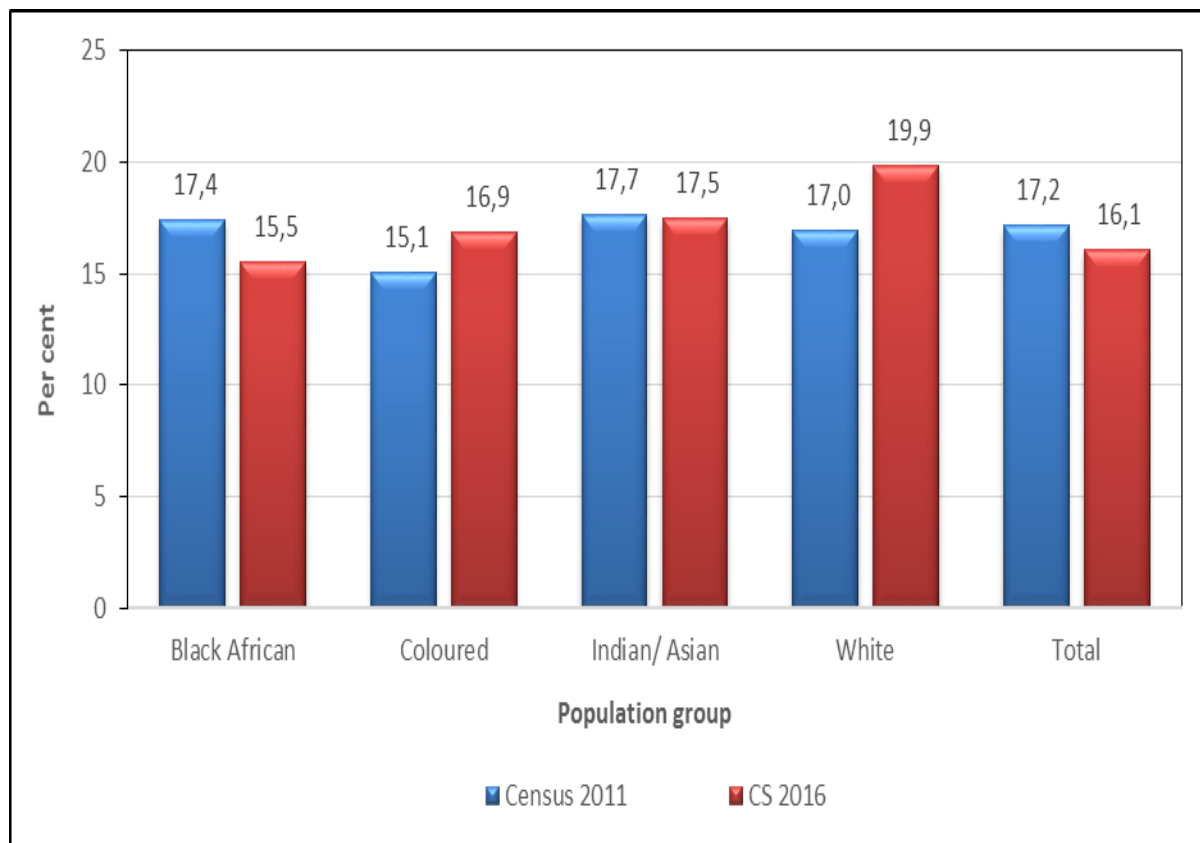
Figure 3.2: Disability prevalence by sex, Census 2011 and Community Survey 2016



Source: Statistics South Africa

3.2.3 Disability by population group

Figure 3.3 profiles disability prevalence by population group over the period 2011–2016. Trends showed a slight decrease in prevalence of persons with disabilities among black Africans, whilst there was an increase among the coloured and white population groups. The white population group recorded the highest increase in disability prevalence (from 17% in 2011 to about 20% in 2016). In Community Survey 2016, the black African population group recorded the lowest disability prevalence (15,5%), a figure marginally lower than the national average (16%) probably due to the huge youth bulge index compared to the other population groups.

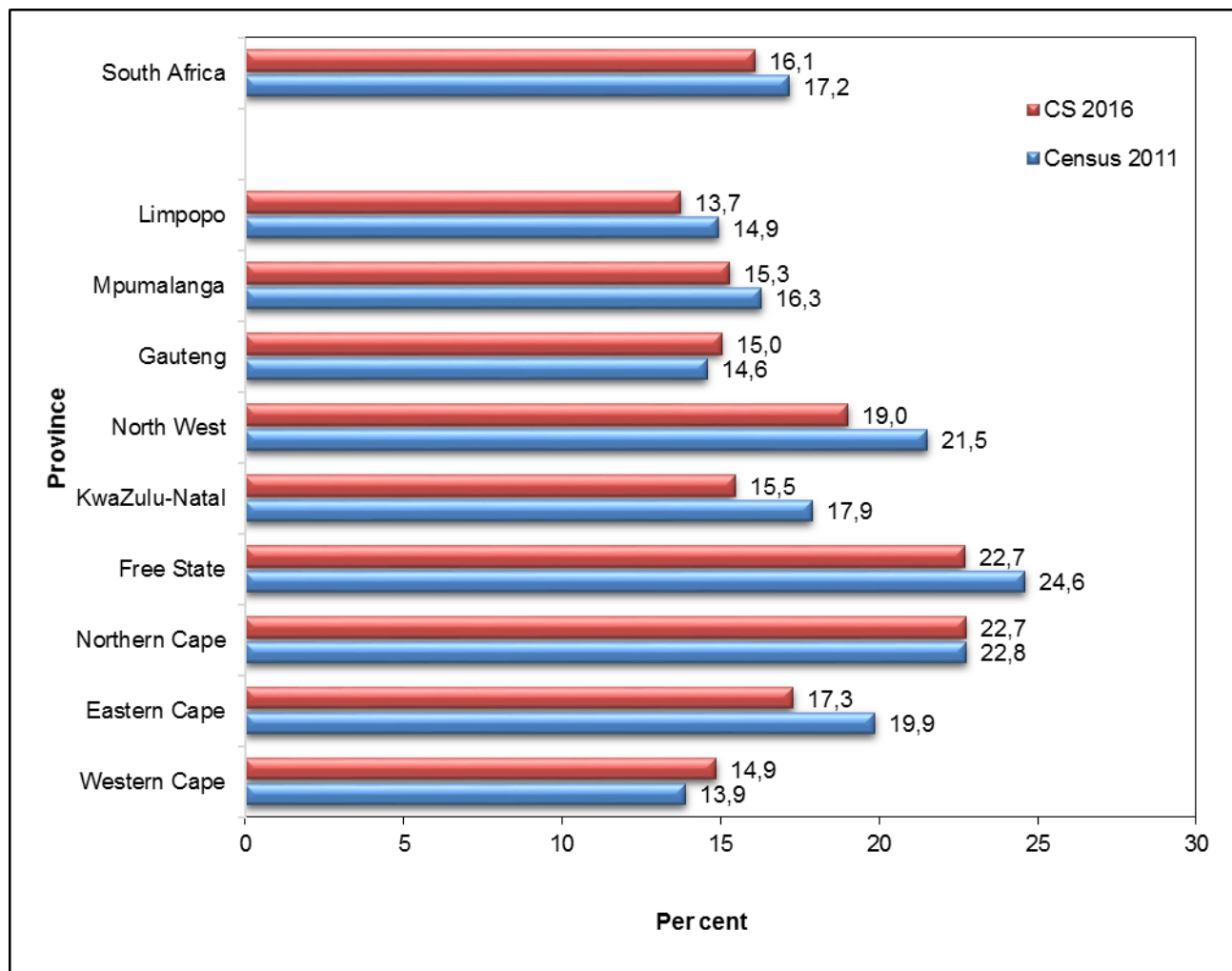
Figure 3.3: Prevalence of disability by population group

Source: Statistics South Africa

3.2.4 Disability by province

Provincial variations in disability prevalence are presented in Figure 3.4. The results showed that Free State and Northern Cape had the highest disability prevalence rates for both the 2011 Census and 2016 CS.

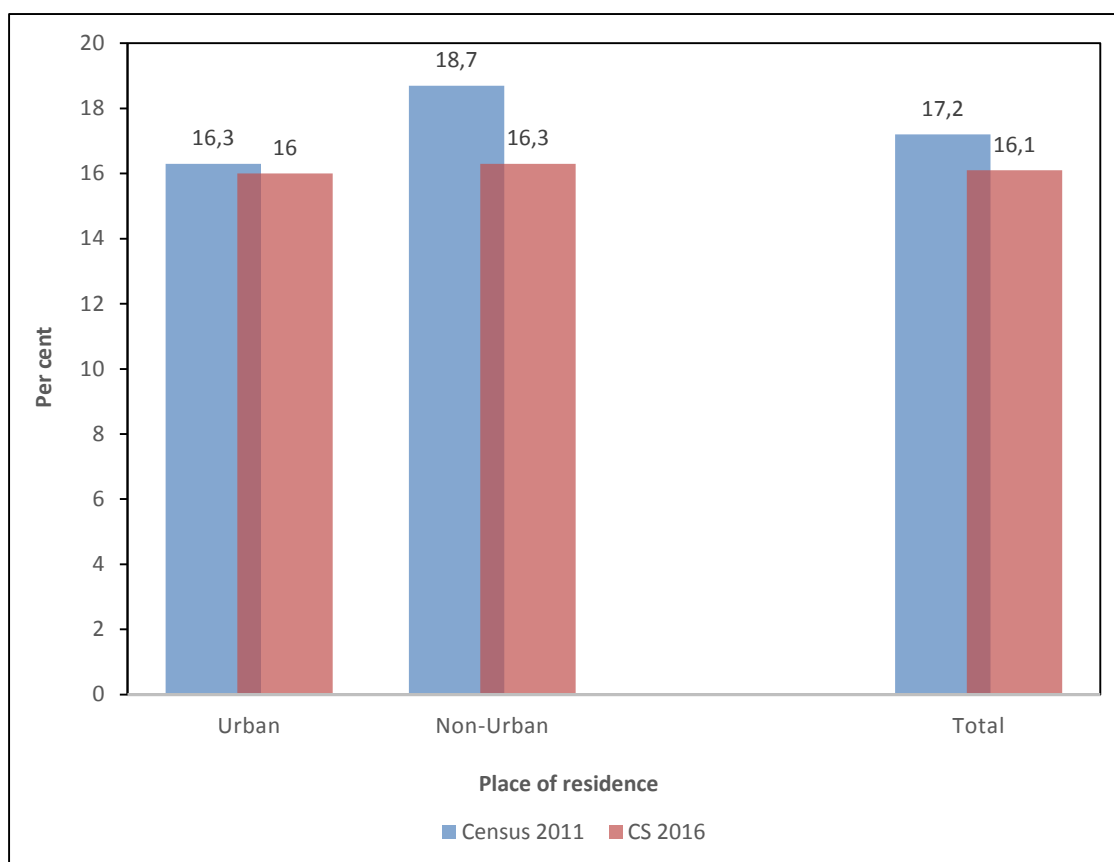
Trend analysis showed that with the exception of Gauteng, Western Cape and Northern Cape provinces, the rest of the provinces recorded a decrease in proportion of persons with disabilities. In Community Survey 2016, Limpopo and Western Cape provinces recorded the lowest prevalence of persons with disabilities (13,7% and 14,9% respectively).

Figure 3.4: Disability prevalence by province, Census 2011 and Community Survey 2016

Source: Statistics South Africa

3.2.5 Disability prevalence by place of residence (geography type)

The results presented in Figure 3.5 show slight variations in disability prevalence between urban and non-urban areas. Downward trends in proportion of persons with disabilities in both urban and non-urban areas can be observed between 2011 and 2016. Generally, disability was more prevalent in non-urban areas compared to urban areas.

Figure 3.5: Disability prevalence by place of residence (geography type)

Source: Statistics South Africa

Note: Non-urban areas constitute traditional and farm areas

3.3 Disability and access to education

Historically, many children with disabilities, those with severe disabilities in particular were excluded from receiving formal education. For many decades, many children with disabilities were marginalised in issues pertaining to access to education. In recent decades however, the right to education has received attention and more policies relating to addressing the challenge of exclusion have been developed and implemented in many countries. South Africa is one of the countries in the developing world that have put up efforts to promote and protect right to education for persons with disabilities. One of the outcomes of implementation of WPRPD is that persons with disabilities should have equitable access to life-long learning, training, and capacity building and be enabled to learn through technology- aided systems and other traditional methods of learning¹⁵.

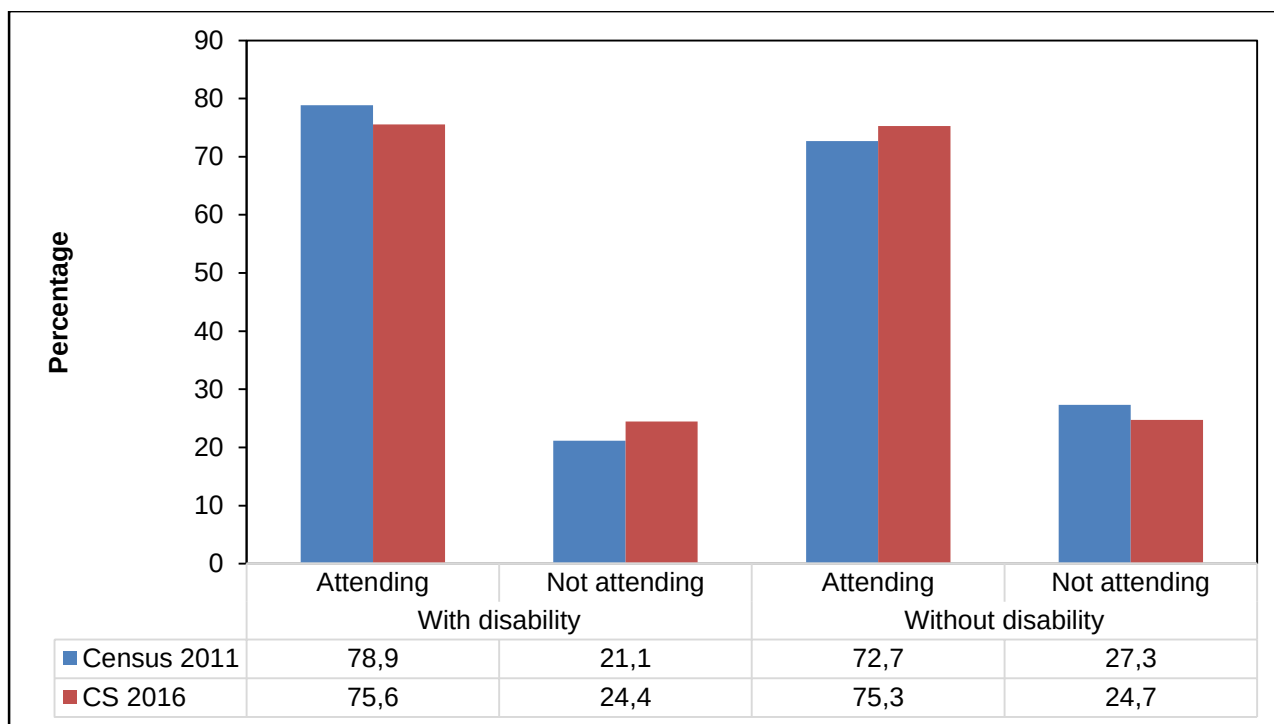
This section profiles a number of indicators on disability status and education, comparing persons with disabilities against those without disabilities. Indicators profiled pertain to enrolment and educational attainment. The results are presented using tables and graphs with summarised narratives. Unless otherwise stated, the results are based on Community Survey 2016.

¹⁵ Department of Social Development; White paper policy on persons with disabilities, 2016

3.3.1 Enrolment

The results presented in Figure 3.6 and Table 3.1 show comparison of persons of school-going age with and without disabilities in terms of school attendance. Data are presented for both Census 2011 and Community Survey 2016. The focus is on persons who reported that they were not attending an educational institution, particularly those with disabilities. The results showed that the proportions not attending among persons with disabilities increased by 3 percentage points (from 21,1% in 2011 to 24,4% in 2016 whilst there is an observable declining trend between 2011 and 2016 among persons without disabilities (from 27.3% to 24.7%). It was also noted that there were no differences between males and females with disabilities who reported not attending school for both Census 2011 and CS 2016.

Figure 3.6: Percentage distribution of persons aged 5–24 years old attending and not attending an educational institution by disability status



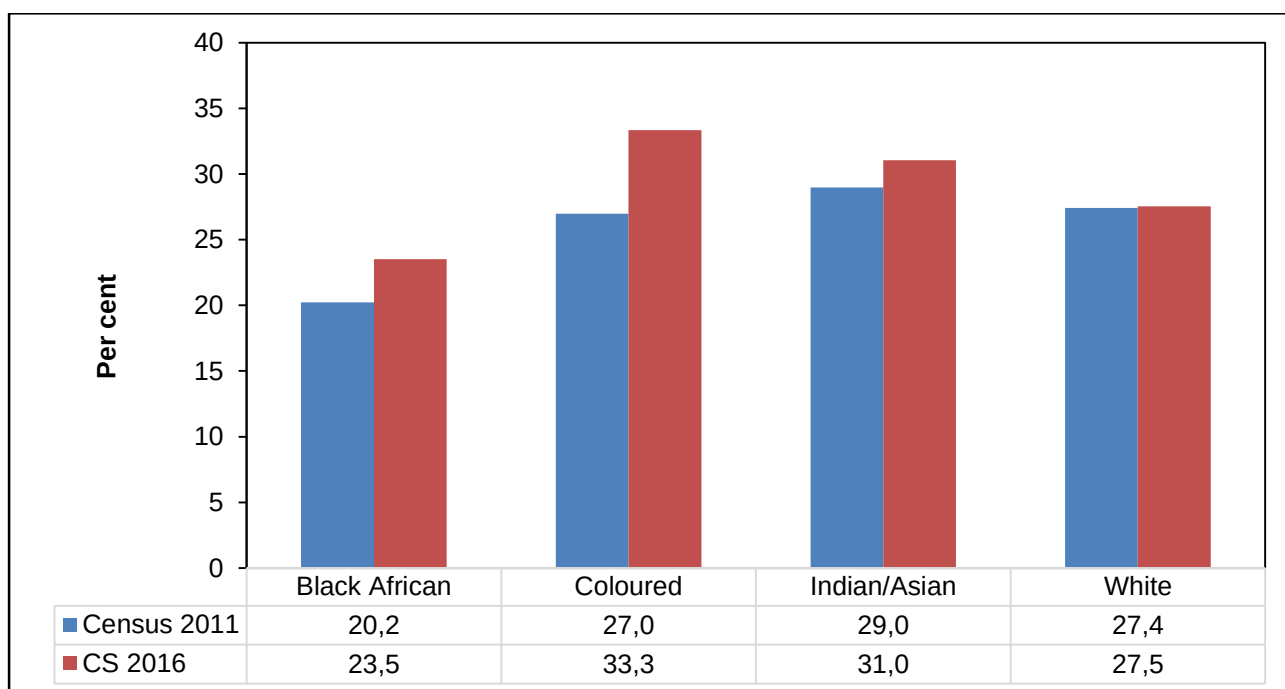
Source: Statistics South Africa

Table 3.1: Distribution of persons with and without disabilities aged 5–24 years old by sex and school attendance

Sex	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Male	6 142 105	794 588	6 936 693	2 252 506	202 990	2 455 497
Female	5 953 619	795 082	6 748 701	2 298 927	223 249	2 522 176
Total	12 095 724	1 589 670	13 685 394	4 551 434	426 239	4 977 673
CS 2016						
Male	7 399 463	625 205	8 024 668	2 408 408	200 298	2 608 706
Female	7 298 588	634 751	7 933 339	2 414 378	207 108	2 621 486
Total	14 698 051	1 259 955	15 958 006	4 822 786	407 406	5 230 192

Source: Statistics South Africa

Figure 3.7 and Table 3.2 show population group variations in persons with and without disability and attendance at an educational institution. The profile of persons with disabilities in CS 2016 showed that persons of school-going age not attending school were more prevalent among the coloured population group (27,0% and 33,3%) whilst black Africans recorded the lowest proportion (20,2% in 2011 and 23,5% in 2016 respectively). It is noticed that over the period 2011–2016, three of the four population groups recorded an increase in persons of school-going age not attending. Interpretation of the results on trends should be treated with caution. The change in persons attending and not attending may be attributed to the differences between the two data points (Census 2011 was a full population count whilst the CS 2016 was a large sample survey).

Figure 3.7: Percentage of persons with disabilities aged 5–24 years old not attending an educational institution by population group

Source: Statistics South Africa

Table 3.2: Distribution of persons aged 5–24 years old by population group, disability status and school attendance

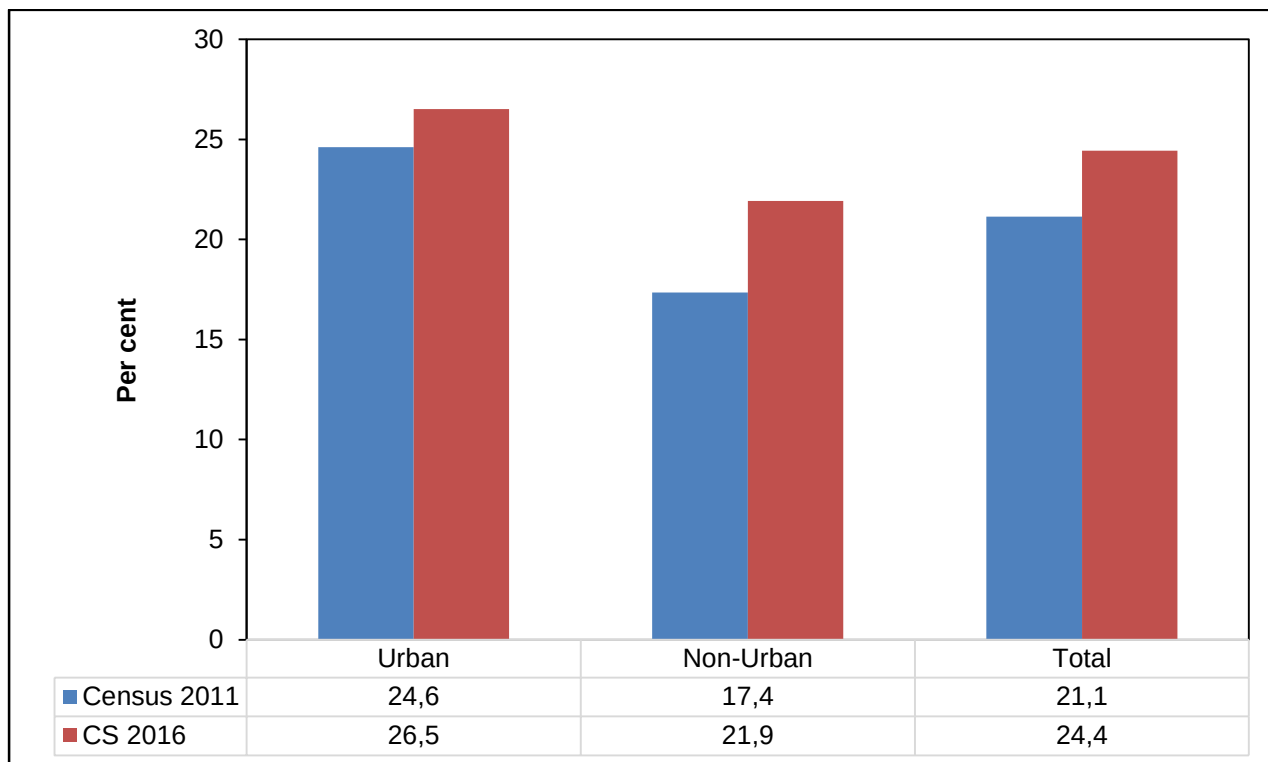
Population group	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Black African	10 139 810	1 419 219	11 559 030	3 730 591	360 138	4 090 729
Coloured	962 866	94 654	1 057 520	487 464	34 958	522 423
Indian/Asian	230 160	22 130	252 290	90 090	9 032	99 122
White	727 452	49 848	777 300	208 666	18 822	227 488
Other	35 435	3 819	39 254	34 622	3 289	37 911
Total	12 095 724	1 589 670	13 685 394	4 551 434	426 239	4 977 673
CS 2016						
Black African	12 532 833	1 118 104	13 650 937	3 952 985	343 606	4 296 591
Coloured	1 079 393	70 674	1 150 067	538 444	35 354	573 798
Indian/Asian	268 315	19 785	288 100	98 729	8 909	107 637
White	817 510	51 391	868 901	232 629	19 537	252 166
Total	14 698 051	1 259 955	15 958 006	4 822 786	407 406	5 230 192

Source: Statistics South Africa.

Note: Figures are based on broad measure/definition of disability

The results presented in Figure 3.8 and Table 3.3 profile the population of school going-age by disability status, attendance at an educational institution and place of residence. The results showed that over the period 2011–2016, generally, a higher proportion of persons with disabilities residing in urban areas were not attending an educational institution compared to those residing in non-urban areas. About a quarter of persons with disabilities in urban areas were not attending school and this was the case for both Census 2011 and CS 2016 (24,6% and 26,5% respectively). Of concern is the upward trend in non-attendance among persons with disabilities in both urban and non-urban areas.

Figure 3.8: Percentage of persons with disabilities aged 5–24 years not attending an educational institution by geography type



Source: Statistics South Africa

Table 3.3: Distribution of persons aged 5–24 years old by geography type, disability status and school attendance

Geography type	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Urban	6 597 049	794 368	7 391 417	2 907 744	259 253	3 166 997
Non-Urban	5 498 675	795 301	6 293 977	1 643 690	166 986	1 810 676
Total	12 095 724	1 589 670	13 685 394	4 551 434	426 239	4 977 673
CS 2016						
Urban	8 253 993	669 604	8 923 597	3 042 561	241 580	3 284 140
Non-Urban	6 444 058	590 351	7 034 410	1 780 226	165 826	1 946 052
Total	14 698 051	1 259 955	15 958 006	4 822 786	407 406	5 230 192

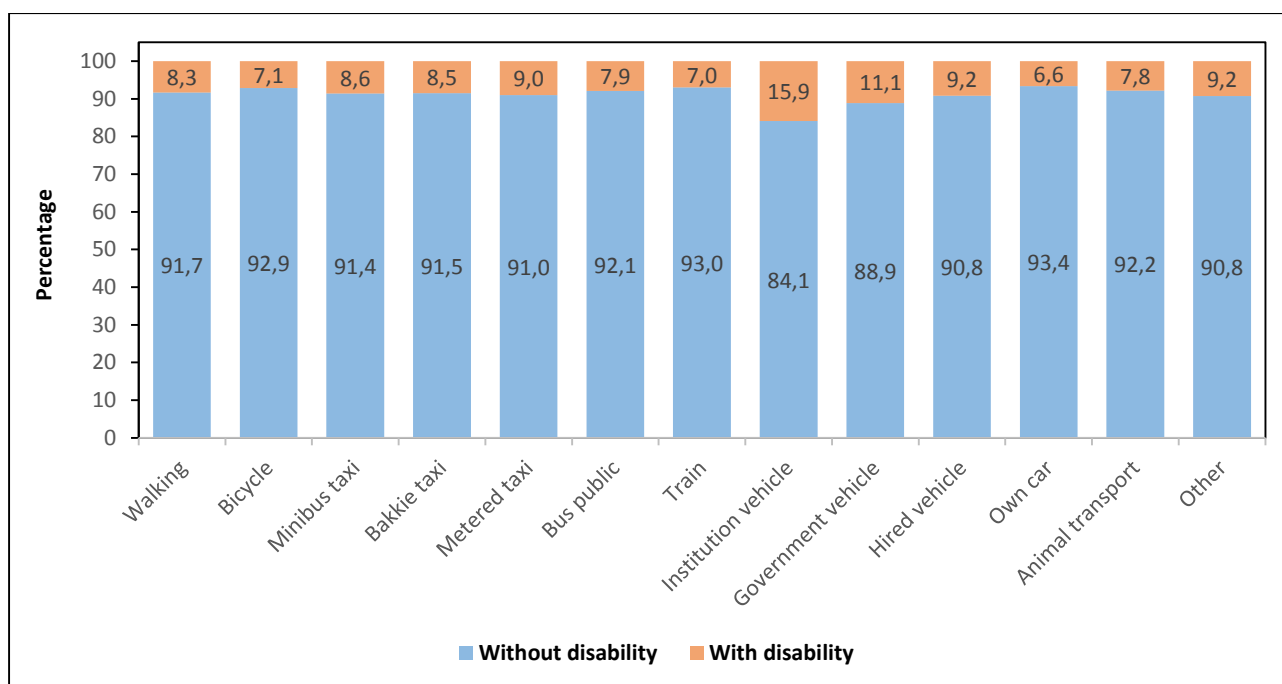
Source: Statistics South Africa.

Note: Figures are based on broad measure/definition of disability

3.3.2 Mode of transport used to attend an educational institution

In the CS 2016 questionnaire, a question on usual mode of transport used to go to educational institution was introduced. Results on this question are presented in Figure 3.9. On average, over 90% of transport to educational institutions is utilised by persons with no disabilities. The results however shows that a majority of persons with disabilities are being transported by institutions and government sponsored transport respectively as compared to other available modes of transport to educational institutions.

Figure 3.9: Percentage distribution of persons aged 5–24 years old attending an educational institution by mode of transport to the institution: CS 2016



Source: Statistics South Africa

3.3.3 Educational attainment

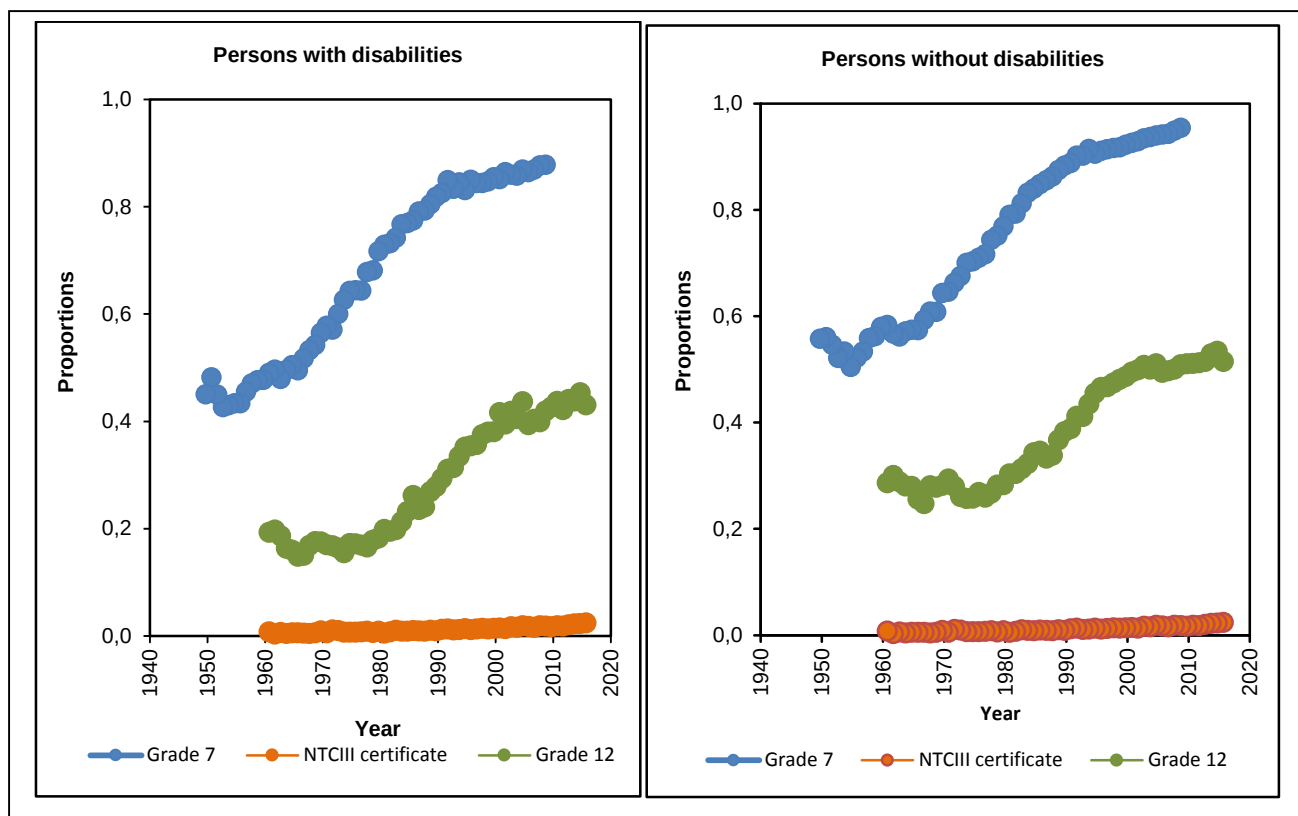
It is widely acknowledged that persons with disabilities tend to have lower educational levels in the countries of the Organization for Economic Co-operation and Development (OECD) and many other societies. On average, 90% of children with disabilities in developing countries do not attend school, UNESCO¹⁶. This section profiles the comparison of the educational attainment of persons with and without disabilities. This information sheds light on the status of integration of persons with disabilities and on the opportunities they have in participating in the socioeconomic development of the country.

¹⁶ Disabled World. (2017-07-29). Disability Statistics: Information, Charts, Graphs and Tables. Retrieved 2017-10-13, from <https://www.disabled-world.com/disability/statistics/>

3.3.4 Educational attainment

In the case of South Africa, overall, national net enrolment rates increased considerably between 1996 and 2016 for almost all population groups. However, the same cannot be said on the part of persons with disabilities, as can be expected. Figure 3.10 shows the time-plot¹⁷ for proportions of persons completing selected levels of education by disability status. Looking at persons with disabilities, the proportion completing NTCIII has remained very low at less than 1% and figures remained stagnant over the years. By the year 2016, the proportion of persons with disabilities who completed NTC111 was less than 0,5%, a figure that is much lower than for persons without disabilities. On a positive note, it is noticed that there is an upward trend for persons with disabilities who completed primary (grade 7) and matric (grade 12).

Figure 3.10: Time-plot for proportions of persons completing selected levels of education by disability status: CS 2016



Source: Statistics South Africa

¹⁷ To understand time-plots, see: (a) <http://demographer.com/presentations/2014-population-census-microdata-time-machine/literacy.timeplots.pdf>, and (b) <http://demographer.com/blog-2009/02-time-plotting-life-cycle-events/>

3.4 Socio economic status of persons with disabilities

Historically, most persons with disabilities have always occupied the lower socioeconomic status rungs of the ladder due to marginalisation and exclusion from various aspects of life such as education and employment. In terms of employment, although the South African government recognises the right of persons with disabilities to work on equal basis with other persons, gaps still exist. This is in terms of recruitment, career advancement, favourable working conditions, equal opportunities, remuneration for work, as well as redressing of work related grievances.

The government is also committed to enable persons with disabilities to have access to formal education including technical and vocational training programmes as well as placement services and learnership programmes. In terms of employment, other initiatives in assisting persons with disabilities to access working environment include efforts such as ensuring that reasonable accommodation is provided in the work place. Although there has been slight upward trend in labour force participation among persons with disabilities, the figures remained far below the target of 2% over the 10-year period¹⁸ for both government and private sector. However, the required variables to assess progress towards redressing past development related to disability were not included in CS 2016 dataset. To report on the socioeconomic status of persons with disabilities, an index was developed as presented in the section that follows.

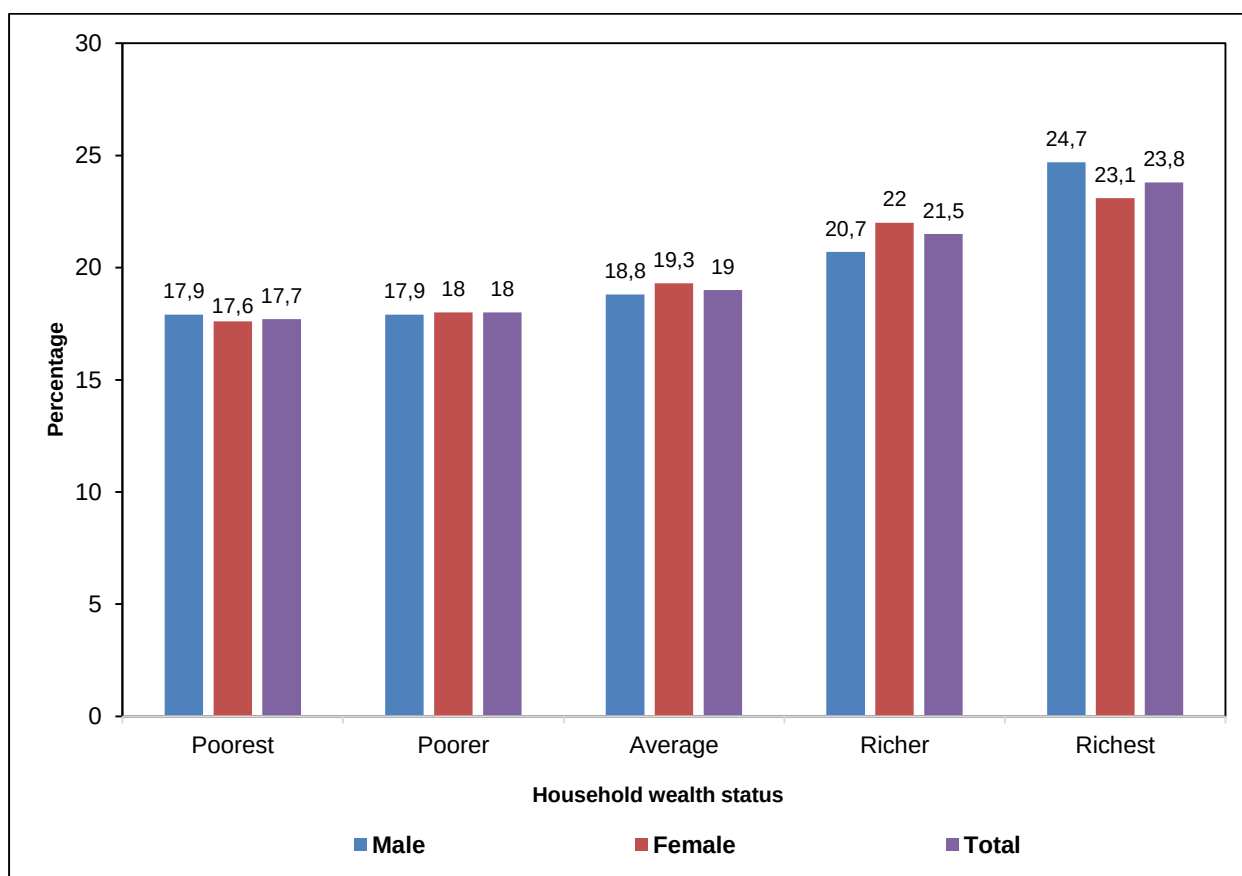
3.4.1 Using Principal Component Analysis

The socio economic status of persons with disabilities was derived using the Principal Component Analysis (PCA) method. Generally termed as the wealth index, it is generated by giving scores based on household goods and type of basic services accessed by the households. Variables include; type of dwelling unit, access to piped water, source of energy used for cooking and lighting, toilet facilities and household assets (television, radio, computer, telephone, etc.). To apply PCA on selected variables, response categories for each variable were converted to binary or dichotomous form; value 1 meaning that the concerned household has access to the asset and basic services and 0 meaning the concerned household has no access. The selected variables become the input to the PCA model, which in turn generates a continuous household ranking indicator variable divided into five quintiles each comprising 20% of the population.

3.4.2 Socio economic status by sex

Figure 3.12 presents statistics on persons with disabilities aged ten years and older by household wealth status and sex. The results show that about 36% of persons with disabilities were from households of poor socioeconomic status (17,7% poorest; 18% poorer). It is also noted that there were no sex differences amongst persons with disabilities from this wealth quintile. However, looking at the top quintile, the results show slight sex variations, with males (24,7%) dominating compared with their female(23,1%) counterparts.

¹⁸ The National Development Plan 2030; Persons with disabilities as equal citizens, Department of Social Development 2015

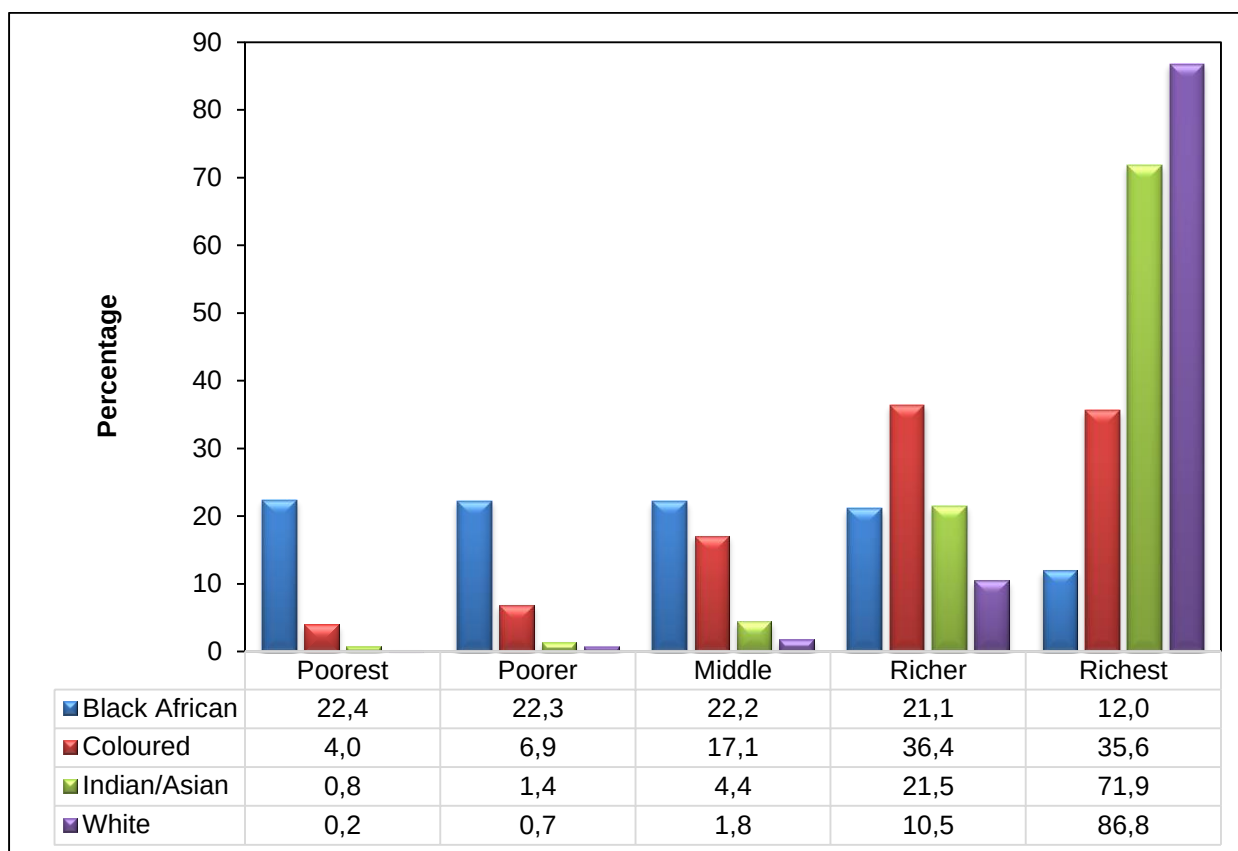
Figure 3.11: Percentage distribution of persons with disabilities by wealth status and sex: CS 2016

Source: Statistics South Africa

3.4.3 Socio economic status by population group

The results in Figure 3.13 show persons with disabilities by wealth status and population group to assess inequalities across the profiled population groups. Using the wealth index as proxy for inequality measure, massive inequalities can be seen across population groups. It is noted that black Africans with disabilities were predominantly poor as can be expected in line with the previous separate amenities laws. Results show that four in ten black African persons with disabilities (44,7%) were concentrated in the two lower quintiles (poorest and poorer), which represents the poor households. On other hand, persons with disabilities belonging to white or Indian/Asian population groups were mostly concentrated within the upper wealth quintile (86,8% and 71,9% respectively). On the contrary, less than 5% of persons with disabilities from the coloured, Indian/Asian and white population groups were in the lowest wealth quintile.

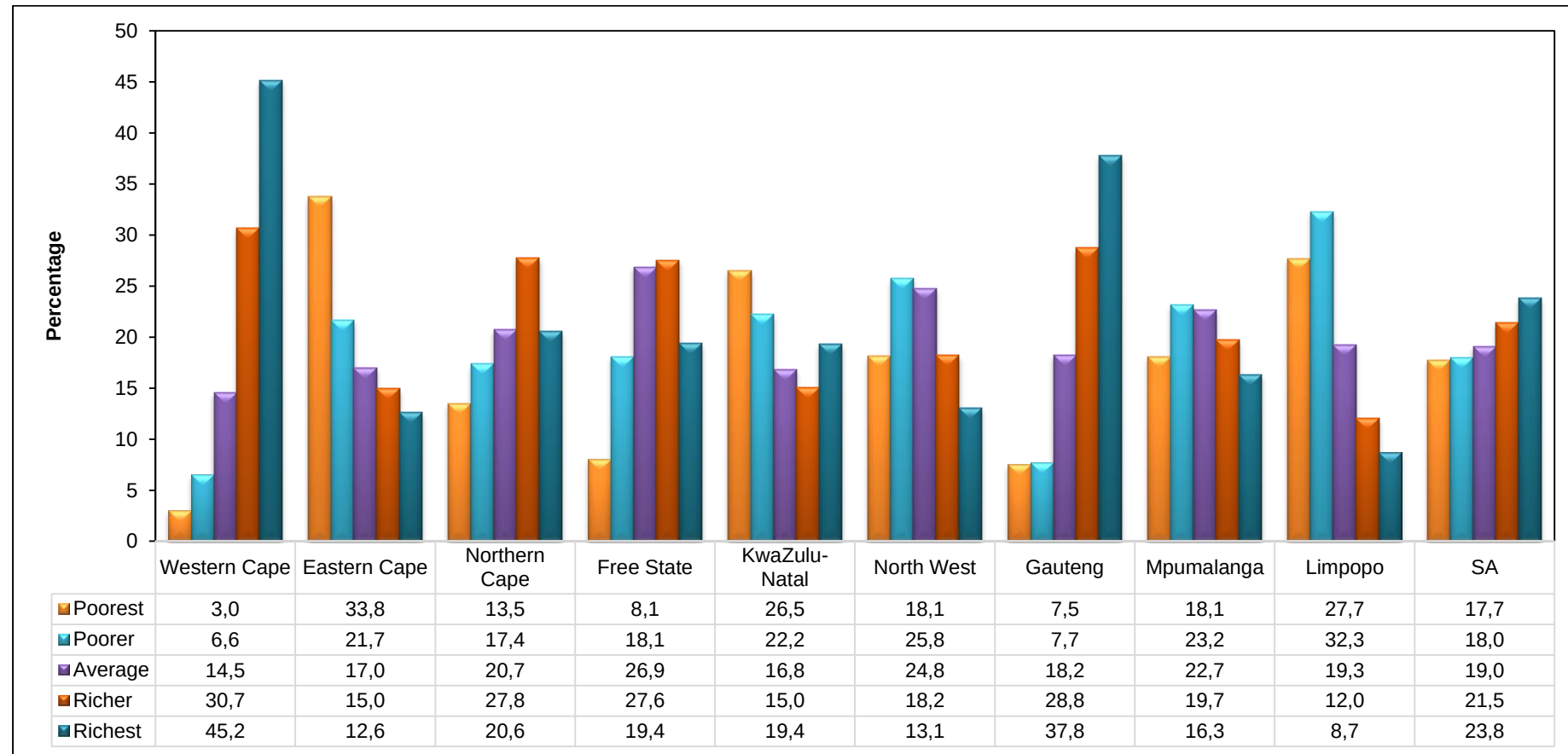
Figure 3.12: Percentage distribution of persons with disabilities aged 5 years and older by wealth status and population group: CS 2016



Source: Statistics South Africa

3.4.4 Socio economic status by province

Figure 3.14 presents percentage distribution of persons with disabilities aged five years and older by household wealth status and province. The analysis shows that Western Cape and Gauteng provinces had the highest proportion of persons with disabilities concentrated within the 40% richer/richest households. On the contrary, Eastern Cape, KwaZulu-Natal and Limpopo recorded the highest proportions of persons with disabilities concentrated within poor households.

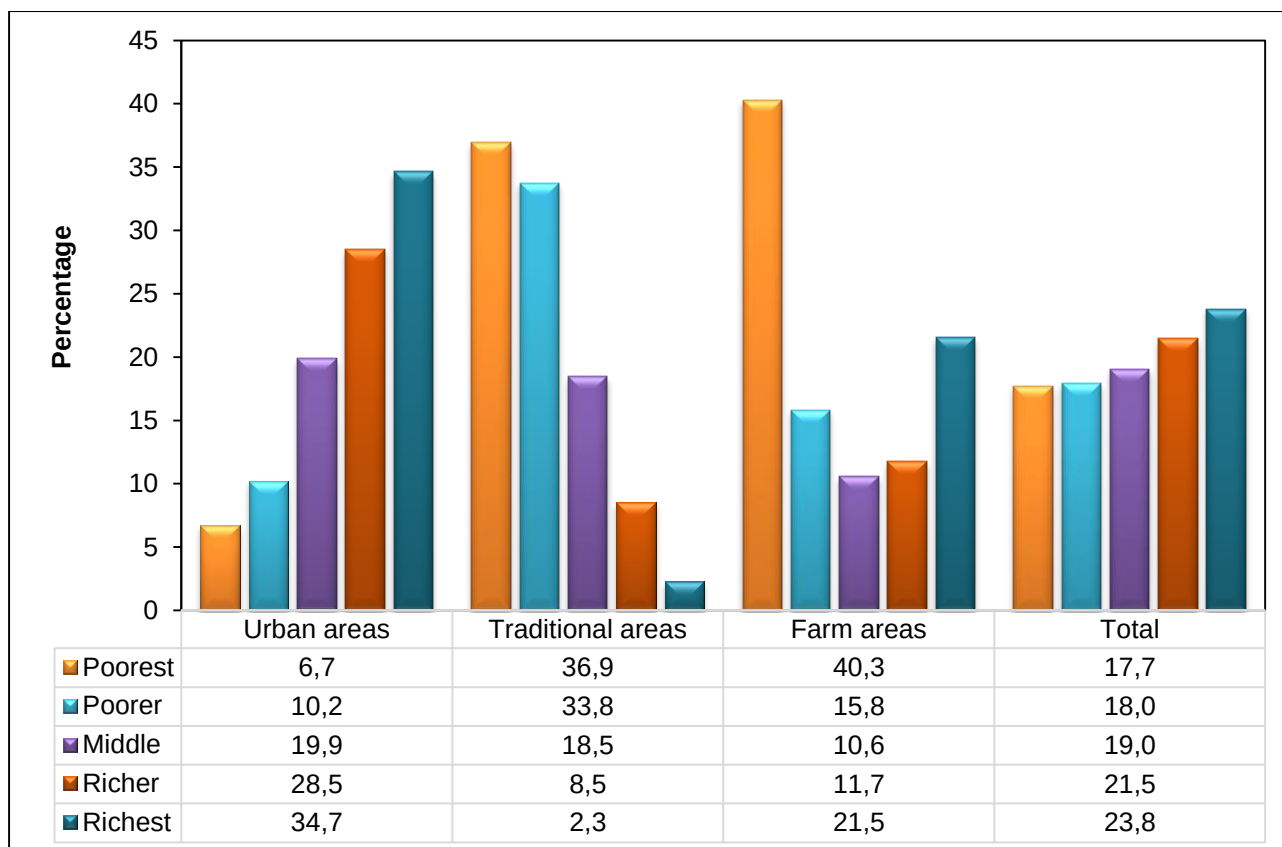
Figure 3.13: Percentage distribution of persons with disabilities by wealth status and province: CS 2016

Source: Statistics South Africa

3.4.5: Socio economic status by place of residence

The results presented in Figure 3.15 show the percentage distribution of persons with disabilities aged five years and older by household wealth status and place of residence (geography type). There is a distinct variations between urban¹⁹, traditional, and farm areas. Whilst persons with disabilities in urban areas were mostly concentrated within the 40% upper quintiles representing wealthy households, the reverse is true for non-urban areas. More than two-thirds (70,7%) of persons with disabilities in traditional/tribal areas were concentrated within poor households. This pattern is also observed in farm areas. Results revealed that only about 11% of persons with disabilities in tribal/traditional areas were from wealthier households. The profile of farm areas showed that four in ten persons with disabilities (40,3%) were from poor households and more than a fifth (21,5%) were from the upper quintile.

Figure 3. 14: Distribution of persons with disabilities by wealth status and geography type: CS 2016



Source: Statistics South Africa

¹⁹ Includes formal and informal urban areas

3.5 Living arrangements for persons with disabilities

This section focuses on comparison of living arrangements between persons with and without disabilities by sex and population group. Living arrangements are defined in terms of household composition. Household composition has been grouped into five categories, namely: nuclear, extended, multi-generational, non-related households and single member households. It is important to profile the living arrangements of persons with disabilities in order to assess the extent of social support they have at household level. This information in turn may be useful in facilitating proper planning and policy implementations in terms of support services.

The results on living arrangements are presented in Table 3.4. Generally, the majority of persons aged five years and older (about 80%) reside in nuclear households and about 8% live alone. Looking at persons with disabilities based on the broad disability definition, a similar pattern was observed. It should be noted that the analysis is only based on non-institutionalised (household based) population. What is of concern though is the high proportion of single member households for persons with disabilities (10,3%).

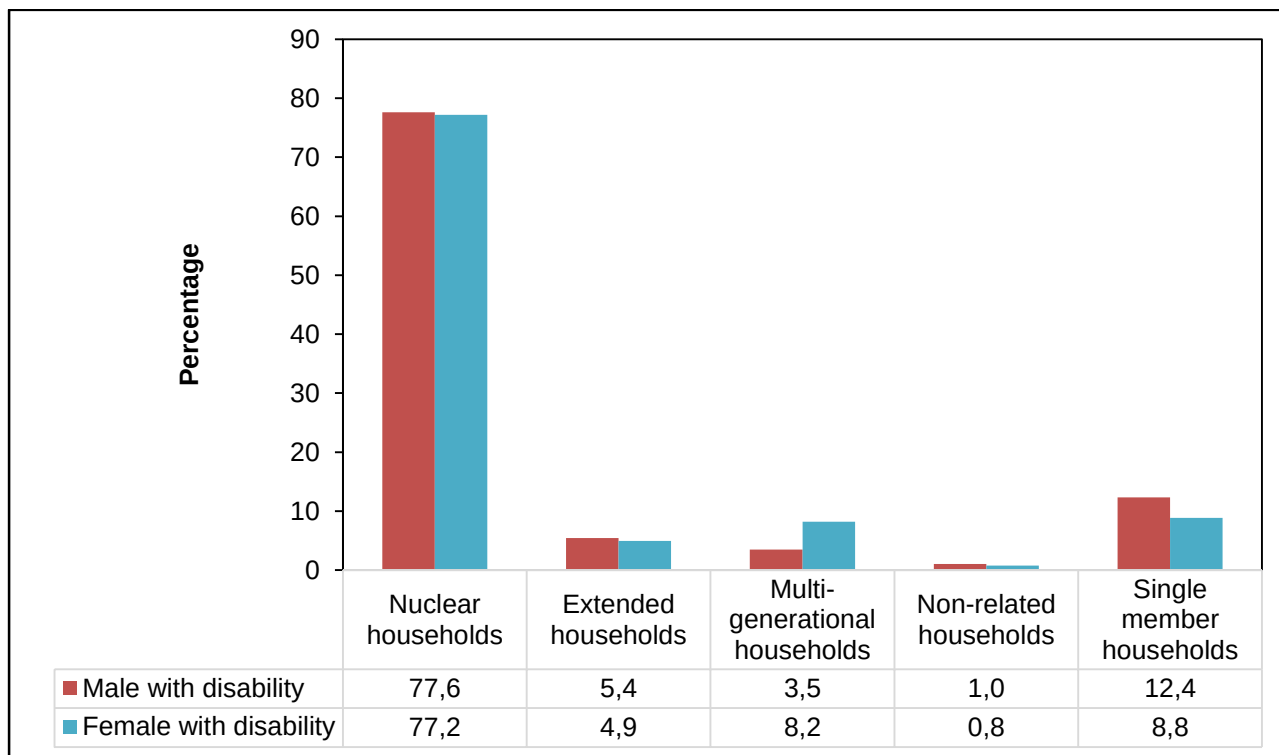
Table 3.4: Population aged 5 years and older by household composition and disability status: CS 2016

Living arrangements	Without disability	With disability	Total	Without disability	With disability	Total
Nuclear households	33 395 801	6 181 021	39 576 822	80,2	77,4	79,7
Extended households	2 735 698	411 171	3 146 869	6,6	5,1	6,3
Multi-generational households	1 815 860	494 977	2 310 837	4,4	6,2	4,7
Non-related households	429 954	70 114	500 069	1,0	0,9	1,0
Single member households	3 251 420	825 861	4 077 281	7,8	10,3	8,2
Unspecified	27 361	4 789	32 150	0,1	0,1	0,1
Total	41 656 096	7 987 932	49 644 027	100,0	100,0	100,0

3.5.1 Disability status, household composition and sex

Table 3.5 and Figure 3.16 show the distribution of persons aged five years and older by sex, household composition and disability status. The profile of persons with disabilities showed that there are hardly any sex variations among persons in nuclear and extended households. However, huge sex variations were apparent in multi-generational households, where the proportion of females with disabilities was more than double that of males with disabilities (8,2% and 3,5% respectively). Looking at single member households, the proportion of males with disabilities dominated – three percentage points higher than that of females (12,4% for males and 8,8% for females).

Figure 3.15: Percentage distribution of persons with disabilities by living arrangements and sex: CS 2016



Source: Statistics South Africa

Note: The proportions computed include unspecified cases (0,1%)

Table 3.5: Distribution of persons aged five years and older by sex, household composition and disability status: CS 2016

Living arrangements	Male			Female			Total		
	Without disability	With disability	Total	Without disability	With disability	Total	Without disability	With disability	Total
Nuclear households	16 036 472	2 644 244	18 680 716	17 359 329	3 536 777	20 896 106	33 395 801	6 181 021	39 576 822
Extended households	1 521 467	185 422	1 706 889	1 214 230	225 749	1 439 979	2 735 698	411 171	3 146 869
Multi-generational households	833 921	118 783	952 705	981 939	376 193	1 358 132	1 815 860	494 977	2 310 837
Non-related households	255 835	34 745	290 580	174 120	35 369	209 489	429 954	70 114	500 069
Single member households	2 147 961	421 017	2 568 977	1 103 460	404 844	1 508 304	3 251 420	825 861	4 077 281
Unspecified	12 972	1 920	14 892	14 389	2 869	17 258	27 361	4 789	32 150
Total	20 808 628	3 406 131	24 214 759	20 847 468	4 581 801	25 429 269	41 656 096	7 987 932	49 644 027

Source: Statistics South Africa

Note: Results based on broad measure of disability

3.5.2 Household composition by population group and disability status

The results presented in Table 3.6 and Figure 3.17 show population group variations in living arrangements among persons with and without disabilities. The profile of persons with disabilities showed that nuclear households constitute the majority, particularly among coloured and Indian/ Asian population groups (85,4% and 82,7% respectively). It is noted that the white population group recorded the highest proportion of persons with disabilities residing alone followed by Indian/Asian (10%) and black African population group 9,9%). As expected, the proportion of persons with disabilities in multi-generational households were highest for the black African population group (7,5%) and lowest for the white population group (0,7%). A similar pattern was observed for persons with disabilities residing in extended household type.

Figure 3.16: Percentage distribution of persons with disabilities by living arrangements and population group: CS 2016

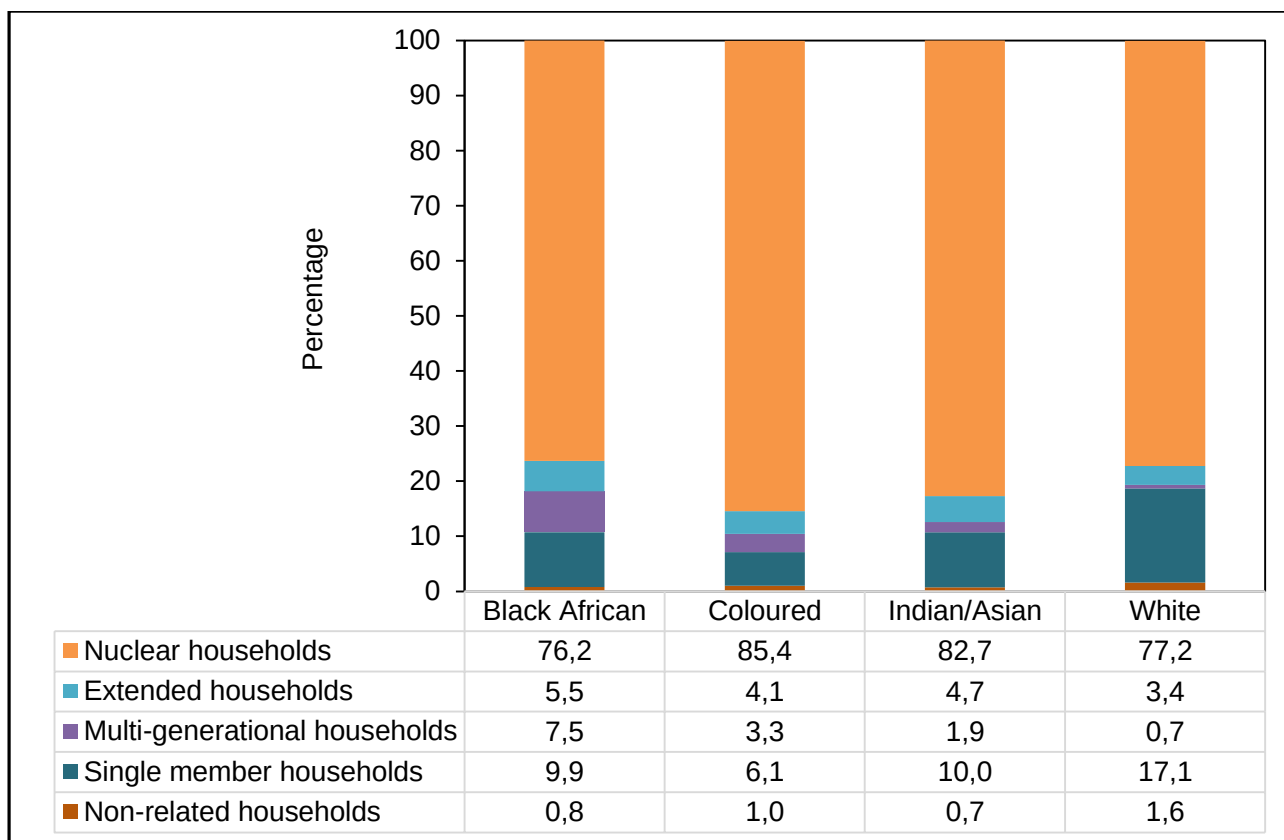


Table 3.6: Population aged 5 years and older by sex, household composition and disability status: CS 2016

Population group & disability status	Nuclear households	Extended households	Multi-Generational households	Non-related households	Single member households	Unspecified	Total
Black African							
Without disability	26 270 039	2 461 077	1 705 718	339 093	2 708 613	20 222	33 504 761
With disability	4 702 577	340 982	460 465	47 330	613 301	3 455	6 168 111
Total	30 972 616	2 802 059	2 166 183	386 423	3 321 914	23 677	39 672 872
Coloured							
Without disability	3 299 782	131 183	79 332	36 802	137 528	3 907	3 688 535
With disability	640 519	30 855	24 849	7 687	45 784	562	750 255
Total	3 940 301	162 038	104 181	44 490	183 312	4 469	4 438 791
Indian/Asian							
Without disability	913 188	46 218	12 649	8 211	70 533	884	1 051 683
With disability	184 699	10 473	4 147	1 646	22 295	38	223 298
Total	1 097 888	56 691	16 796	9 858	92 827	922	1 274 981
White							
Without disability	2 912 793	97 220	18 161	45 848	334 747	2 348	3 411 116
With disability	653 225	28 861	5 516	13 451	144 481	734	846 268
Total	3 566 017	126 081	23 677	59 298	479 228	3 082	4 257 383
With disability	6 181 021	411 171	494 977	70 114	825 861	4 789	7 987 932
Total	39 576 822	3 146 869	2 310 837	500 069	4 077 281	32 150	49 644 027

Source: Statistics South Africa.

3.6 Conclusion

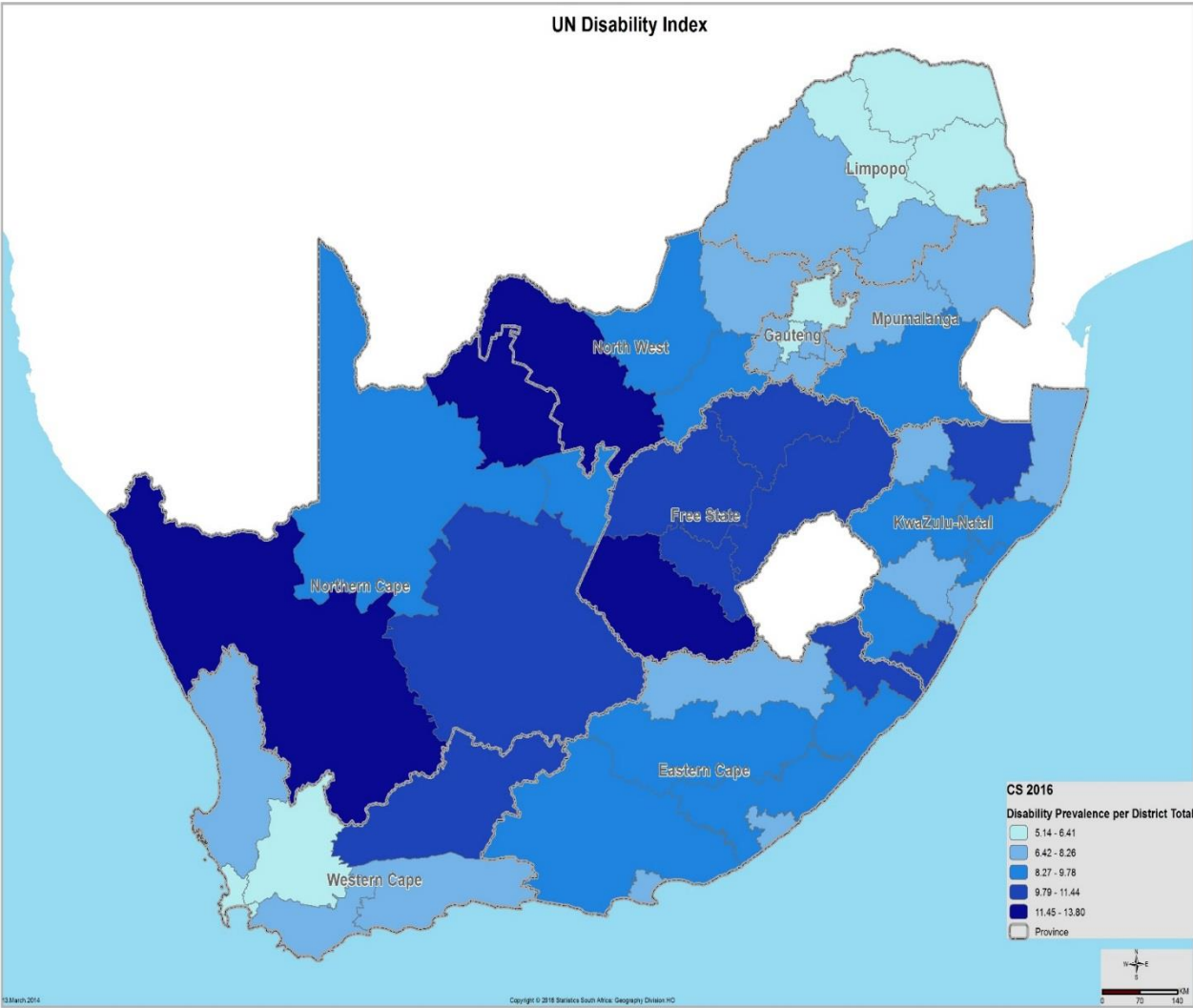
This chapter profiled persons with functional disabilities based on the broad measure of disability. The results showed marked differentials when it comes to socio-demographic factors and broad disabilities. As expected, we see higher prevalence of disabilities among older persons especially females. It was interesting to note some variations in the population groups, provinces and geography type. The findings suggest that Indian/Asian and white population groups were more affected by functional disabilities, especially in 2016. The findings also pointed to a higher burden of disabilities in some provinces whereas other provinces had a lower disability burden; for instance, the Northern Cape and Free State province reported a higher prevalence of disabilities in 2016 (these two provinces also reported a higher disability prevalence in 2011). A higher prevalence of disabilities was found in non-urban areas – this is concerning because non-urban areas are often overlooked when it comes to development (and policies which are meant to uplift these areas are often ignored or not implemented) and there is a much bigger focus on urban areas where the majority of the population is often located.

It is important to properly formulate policies that will target persons with disabilities who are not attending school. The findings showed that there were higher percentages of females with disabilities aged 5–24 years old who were not attending school. Interestingly, in urban areas there was a higher percentage of persons aged 5–24 years old, with disabilities, who were not attending school. These results are surprising, especially in the context of a country where most of the resources cater for persons in urban areas more than those in non-urban areas. Furthermore, the results showed that majority of persons with disabilities aged 5-24 years old attending institutions are using institution and government vehicles respectively –these were highest as compared to other modes of transport commonly used by persons living with disabilities. The findings on household wealth showed that the black African population group is still lagging behind when it comes to the socio-economic status of persons with disabilities. The provincial profile showed that three provinces (Eastern Cape, KwaZulu-Natal and Limpopo) are still lagging behind when it comes to the socio-economic status of persons with disabilities.

The findings on the living arrangements by selected demographic indicators showed that nuclear households constituted the majority, particularly among coloured and Indian/ Asian population groups. This pattern was observed among persons with and without disabilities. The white population group on the other hand recorded highest proportion of persons with disabilities residing alone whilst the black African population group had the highest proportion of persons with disabilities in multi-generational households.

Chapter 4: Profile of persons with disabilities based on UN disability Index

Map 4.1: Map showing disability prevalence based on UN disability index, Community Survey 2016



4.1 Introduction

The UN recommended measure of disability (generally termed the UN disability Index) which categorises persons with disabilities using the following criteria:

- A person who reported 'some difficulty' in at least two domains of functioning was categorised as having a disability;
- A person who reported 'a lot of difficulty' in any of the six domains of functioning was categorised as having a disability;
- A person who reported 'unable to do' in any of the six domains of functioning was categorised as having a disability;
- A person who reported 'no difficulty' in any of the six domains of functioning was categorised as having no disability;
- A person who reported 'some difficulty' in one of the six domains of functioning was categorised as having no disability;
- All persons who did not meet the criteria above (persons that reported having no difficulty in any of the six functional domains, and persons that reported some difficulty in only one of the six domains of functioning were categorised as persons without disabilities;
- All persons that did not answer the question on general health and functioning as well those that answered "do not know" were excluded;
- Any person that reported some degree of difficulty in more than one domain of functioning was counted once to avoid double counting

In terms of disability prevalence, using the UN recommended disability index, the CS 2016 results are comparable to the results in the report on disability compiled from Census 2011. The questions that were asked were almost the same. Chapter three results will be compared with Census 2011 results on UN disability index.

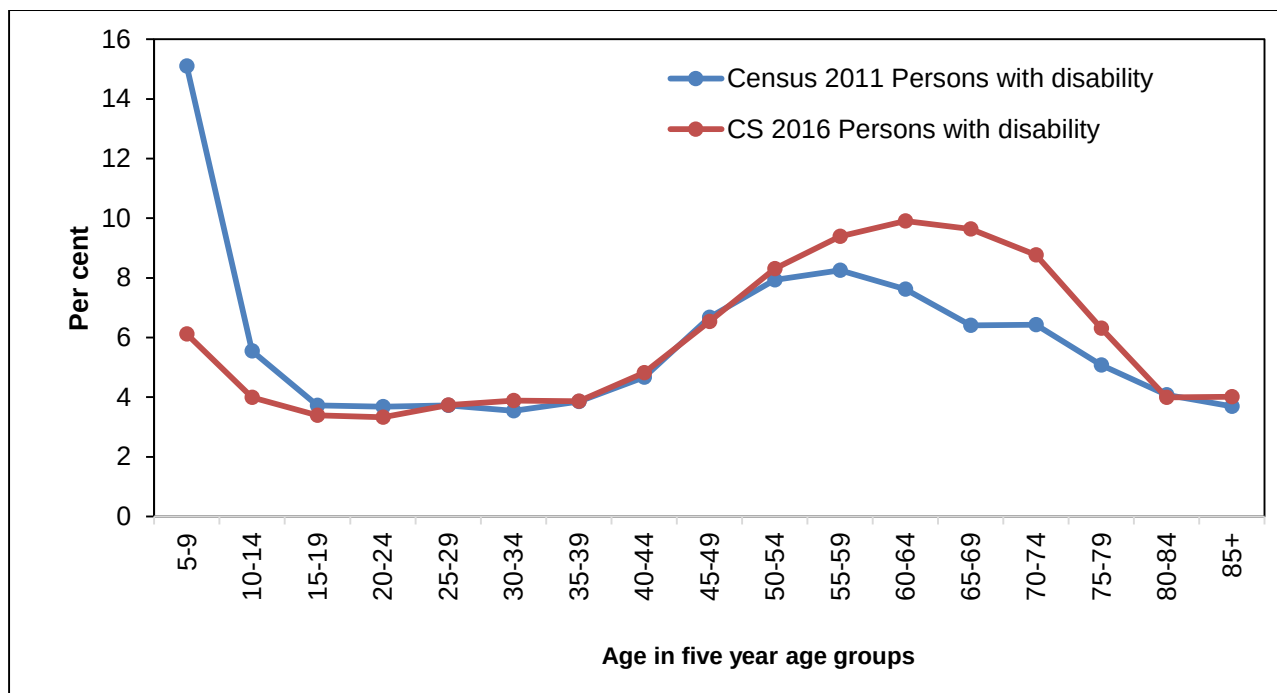
4.2 Disability prevalence by selected attributes

4.2.1 Disability by age group

According to statistics presented in Figure 4.1, disability is positively correlated with age. That is, generally, the proportion of persons with disabilities increases with age. However, looking at the first age group (5 to 9 years), the results show slightly high rates. Caution should be exercised in interpreting these results. With the use of the Washington Group short set of questions to measure disability, it has been discovered that these sets of questions are meant to measure disability in the adult population and not in children. When these questions are applied on children (those aged less than five years), it was noted that respondents tended to misreport on children by categorising them as either 'unable to do' and/or 'having a lot of difficulty to perform certain functions', when in reality this is an aspect that can be attributed to the child's level of development rather than an impairment. Such information is also provided in the introductory chapter as part of the caveats.

Over the period 2011–2016, the results showed a downward trend in disability prevalence in age groups 5–9 and 10–14. As noted earlier, such results should be interpreted with caution. It was also noted that in CS 2016, disability prevalence was higher in persons aged 50 years and older compared to Census 2011.

Figure 4.1: Disability prevalence by grouped age



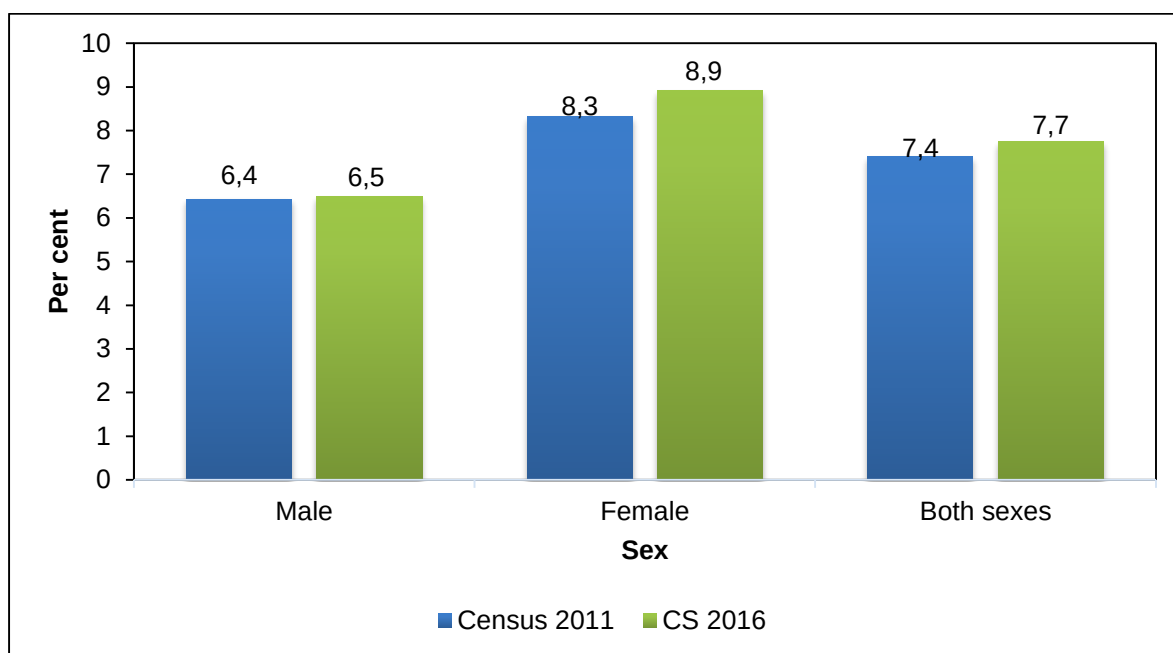
Source: Statistics South Africa

4.2.2 Disability prevalence by sex

Research has shown that generally, women report higher incidents of disability than men including OECD²⁰ countries. Also noted is that women with disabilities tend to be doubly disadvantaged, experiencing exclusion on account of their gender and their disability. A small 2004 survey in Orissa, India, found that virtually all of the women and girls with disabilities were beaten at home, 25% of women with intellectual disabilities had been raped and 6 per cent of women with disabilities had been forcibly sterilised²¹. The results presented in Figure 4.2 showed noticeable sex variations for both Census 2011 and CS 2016; with disability more prevalent in females compared to males. Trend analysis showed that over the period 2011–2016, the proportion of males with disabilities almost remained unchanged. However, among females, an upward trend in disability prevalence is observed (from 8,3% in 2011 to 8,9% in 2016). Overall, there was slight increase in disability prevalence over the period 2011–2016 (7,4% and 7,7%).

²⁰ The OECD's origins date back to 1960, when 18 European countries plus the United States and Canada joined forces to create an organisation dedicated to economic development. Today, there are 35-Member countries which span the globe, from North and South America to Europe and Asia-Pacific. They include many of the world's most advanced countries but also emerging countries like Mexico, Chile and Turkey.

²¹ United Nations, (2016):

Figure 4.2: Prevalence of disability by sex

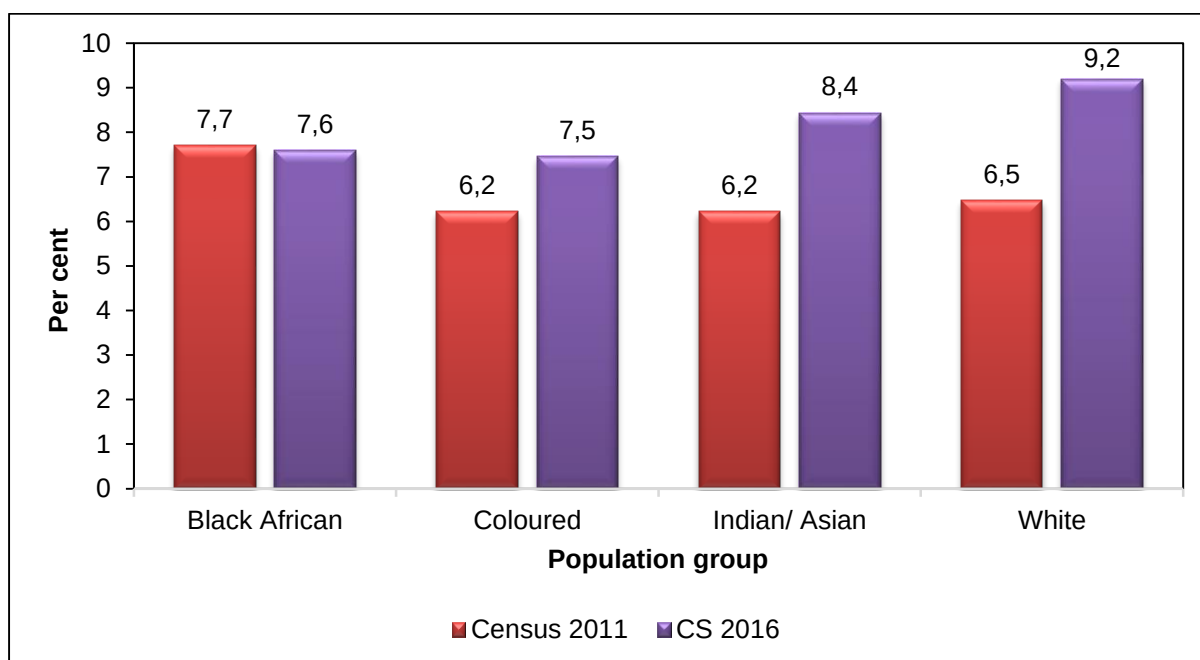
Source: Statistics South Africa

Note: Disability prevalence computed is based on UN recommended disability measure

4.2.3 Disability by population group

According to Figure 4.3, there were noticeable population group variations for both Census 2011 and CS 2016. In CS 2016, the white population group had the highest proportion of persons with disabilities (9,2%) followed by Indian/ Asian population group (8,4%). Results showed that coloured persons recorded the lowest disability prevalence (7,5%) in 2016.

Comparison between Census 2011 and Community Survey 2016 showed that with the exception of the black African population group, the rest of the population groups recorded an upward trend in disability prevalence as observed in Figure 4.3. It was noted that among black Africans, disability prevalence slightly decreased from 7,7% in Census 2011 to 7,6% in Community Survey 2016. Among the coloured population group, disability prevalence increased from 6,2% in Census 2011 to 7,5% in Community Survey 2016. There was a marked disability prevalence increase for Indian/Asians population group (increasing from 6,2% in Census 2011 to 8,4% in Community Survey 2016); whilst the white population group recorded the highest increase (from 6,5% in 2011 to 9,2% in CS 2016).

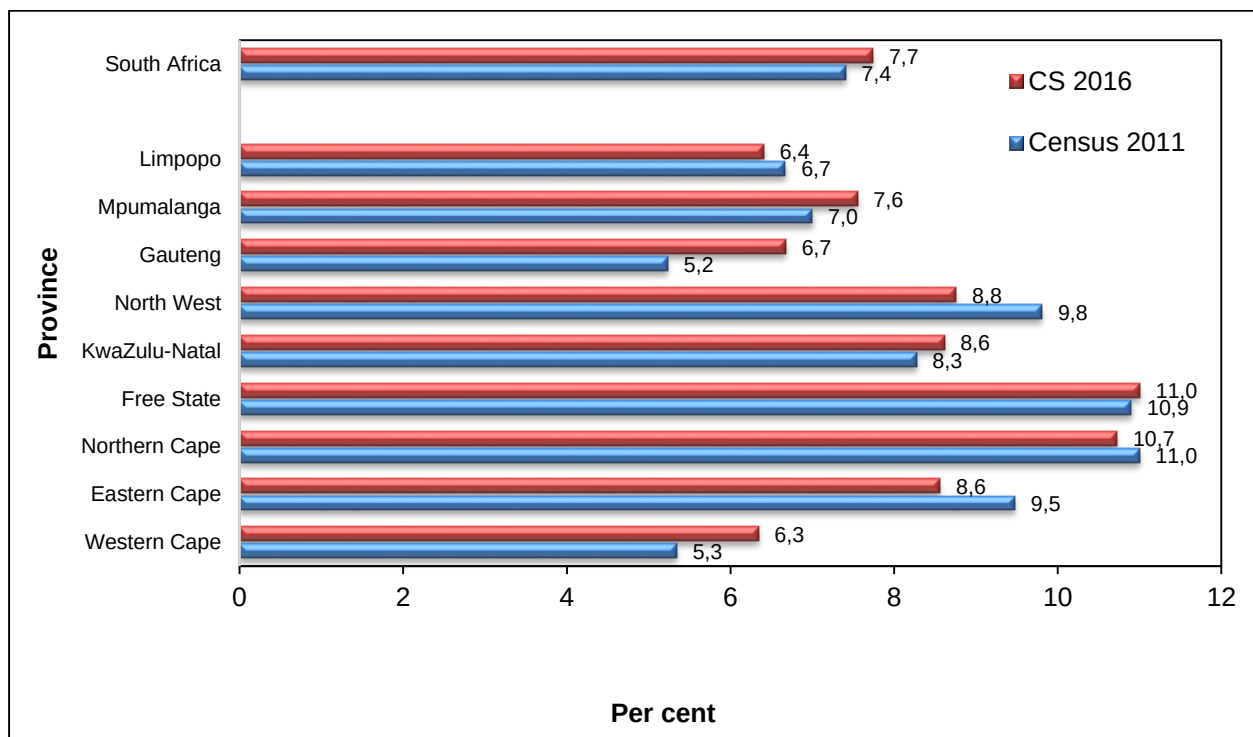
Figure 4.3: Disability prevalence by population group

Source: Statistics South Africa

4.2.4 Disability prevalence by province

According to the UN Development Programme (UNDP) globally 80% of persons with disabilities live in developing countries²². The results presented in Figure 4.4 depict a pattern reported at global level. That is disability is more prevalent in poor countries, suggesting that there is an association between development, health and disability. Provincial variations show that in CS 2016, disability was more prevalent in Free State and Northern Cape provinces (11%), followed by North west province with 9,8% of its population having a disability). Western Cape and Gauteng provinces, the provinces are predominantly urban showed the lowest disability prevalence (5,3% and 5,2% respectively).

²² United Nation, (2010). The United Nations Children's Fund. New York City

Figure 4.4: Disability prevalence by province

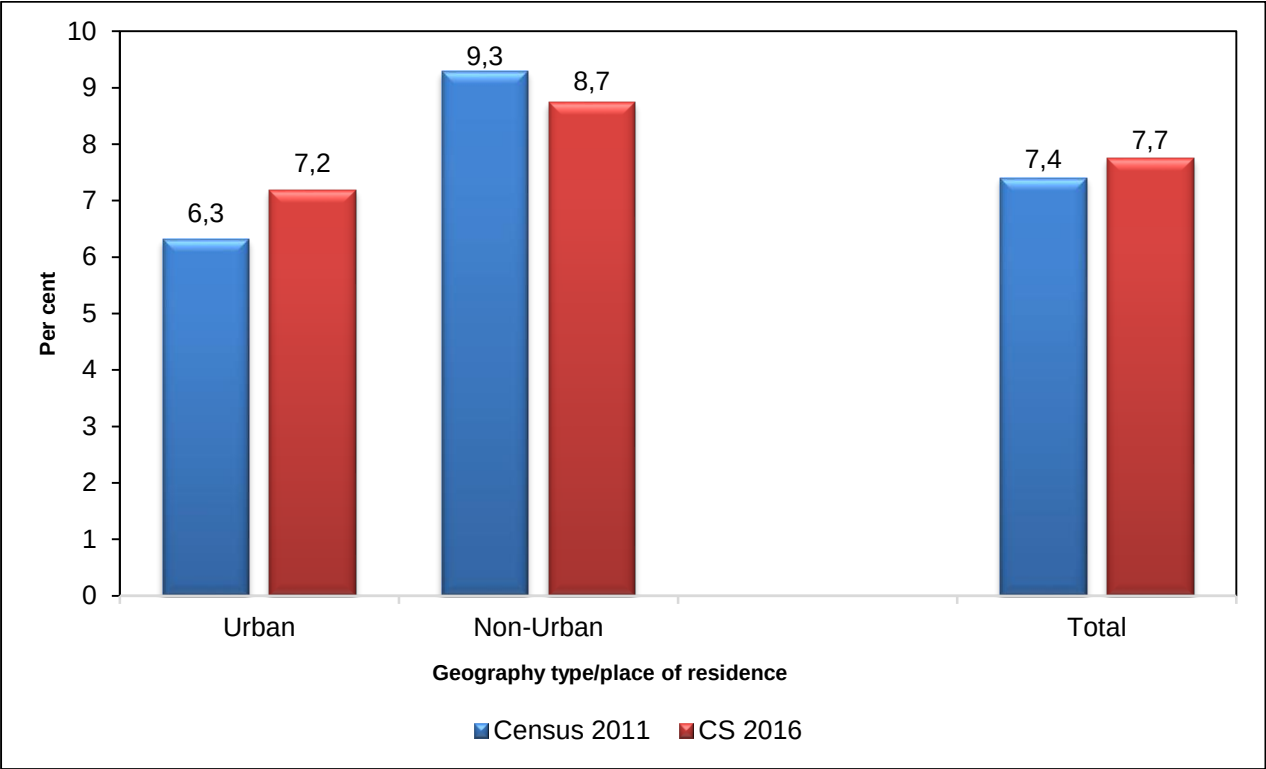
Source: Statistics South Africa

4.2.5 Disability prevalence by geography type

Analysis on place of residence is common in most health related researches and this is mainly due to the distinction between rural and urban areas in terms of health seeking behaviour, access to health services and facilities and provision of healthcare. Results in Figure 4.5 depict the expected pattern. That is, disability is more prevalent in non-urban areas compared to urban (8,7% and 7,2% respectively) for CS 2016.

Looking at trends, while urban areas recorded an increase in disability prevalence, (from 6,3% in Census 2011 to 7,2% in CS 2016), non-urban areas showed a decrease (from 9,3% in Census 2011 to 8,7% in CS 2016). This finding is in line with the population residing in urban settings.

Figure 4.5: Disability prevalence by place of residence (geography type)



Source: Statistics South Africa

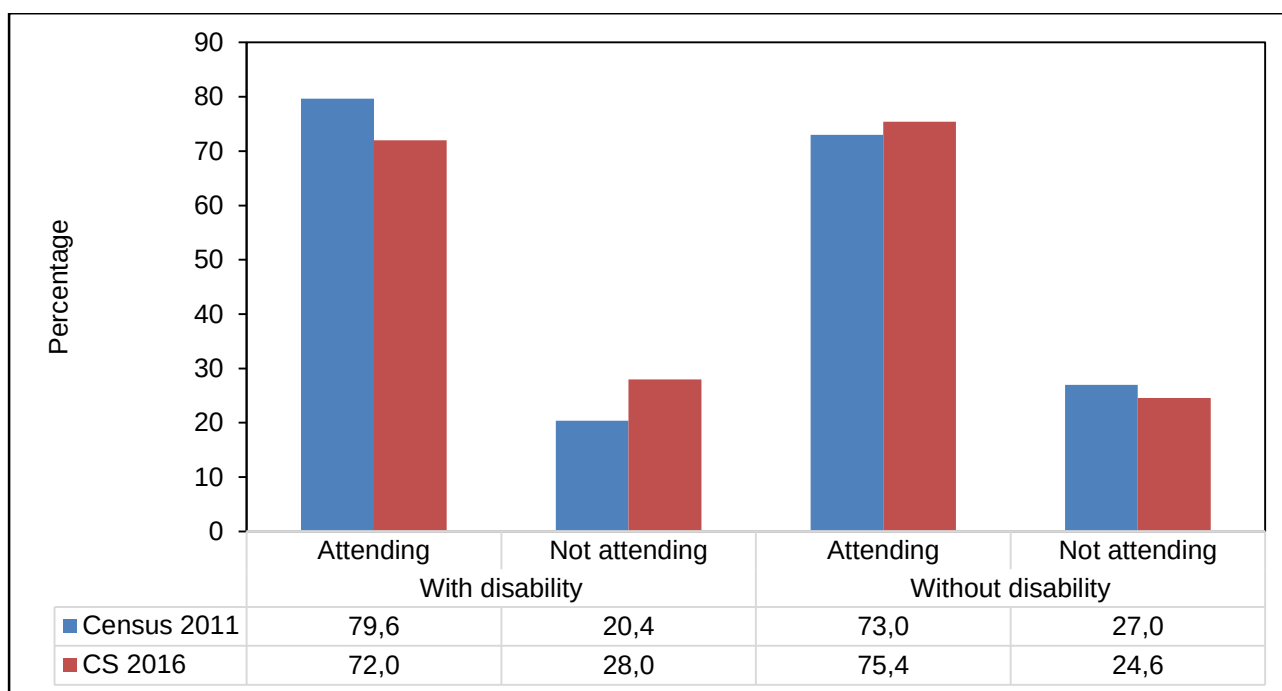
4.3 Education attendance and attainment

4.3.1 Enrolment

Research has shown that approximately 90% of children with disabilities in developing countries do not attend school²³. The global literacy rate for adults with disabilities is as low as 3%, and 1% for women with disabilities, according to a 1998 UNDP study. In the OECD countries, students with disabilities in higher education remain under-represented, although their numbers are on the increase²⁴.

Table 4.1 and Figure 4.6 present distribution of persons aged 5 to 24 years old by sex, school attendance and disability status based on the UN recommended Disability Index. The results showed that there was an upward trend in proportion of persons with disability not attending school (from 20,4% in 2011 to 28% in 2016). On the other hand, the opposite is true for persons without disabilities; the proportion not attending school decreased by more than two percentage points over the same period. There were no sex differences among persons with disabilities not attending school. It is interesting to note that the gap between persons with and without disabilities in terms of enrolment has narrowed over the years.

Figure 4.6: Percentage distribution of persons aged 5–24 years old attending and not attending an educational institution by disability status



Source: Statistics South Africa

²³ The United Nations Educational, Scientific and Cultural Organization (UNESCO; is a specialised agency of the United Nations (UN) based in Paris. Its declared purpose is to contribute to peace and security by promoting international collaboration through educational, scientific, and cultural reforms in order to increase universal respect for justice, the rule of law, and human rights along with fundamental freedom proclaimed in the United Nations Charter. UNESCO has 195 member states and ten associate members. Most of its field offices are "cluster" offices covering three or more countries; national and regional offices also exist.

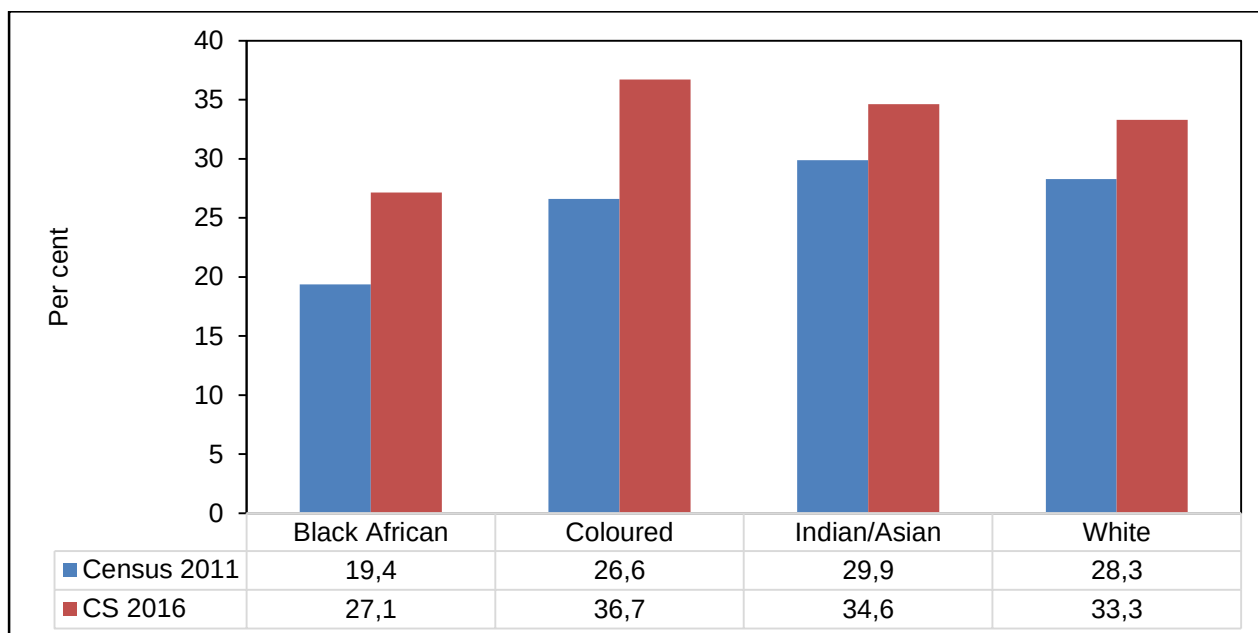
²⁴ UNESCO, 2005

Table 4.1: Distribution of persons aged 5–24 years old by sex, disability status and school attendance

Sex	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Male	6 569 993	366 700	6 936 693	2 362 567	92 930	2 455 497
Female	6 404 411	344 290	6 748 701	2 433 339	88 837	2 522 176
Total	12 974 404	710 990	13 685 394	4 795 906	181 767	4 977 673
CS 2016						
Male	7 784 405	240 263	8 024 668	2 511 756	96 950	2 608 706
Female	7 708 334	225 005	7 933 339	2 537 479	84 007	2 621 486
Total	15 492 739	465 267	15 958 006	5 049 235	180 957	5 230 192

Source: Statistics South Africa

Population group variations in attendance are profiled in Table 4.2 and Figure 4.7. All population groups recorded increase in proportions of persons with disabilities not attending school over the period 2011–2016. The coloured population group recorded the highest proportion of persons with disabilities not attending educational institutions (36,7%) whilst the black African population group recorded the lowest proportion (27%). Furthermore, the results showed a ten per cent increase in the proportion of coloured disables persons not attending school, the highest increase among the population groups.

Figure 4.7: Percentage of persons with disabilities aged 5–24 years old not attending an educational institution by population group

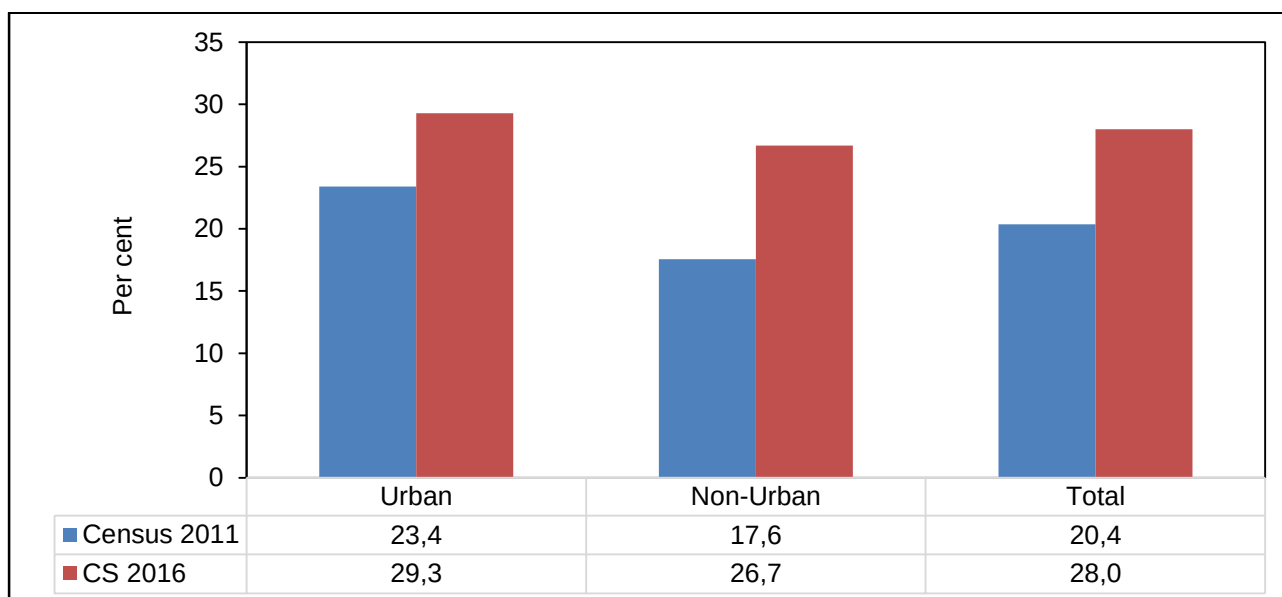
Source: Statistics South Africa

Table 4.2: Distribution of persons aged 5–24 years old by population group, disability status and school attendance

Population group	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Black African	10 921 166	637 864	11 559 030	3 937 435	153 294	4 090 729
Coloured	1 010 516	47 004	1 057 520	505 383	17 040	522 423
Indian/Asian	245 362	6 928	252 290	96 169	2 953	99 122
White	759 626	17 674	777 300	220 522	6 966	227 488
Other	37 733	1 521	39 254	36 397	1 514	37 911
Total	12 974 404	710 990	13 685 394	4 795 906	181 767	4 977 673
CS 2016						
Black African	13 229 735	421 203	13 650 937	4 139 717	156 874	4 296 591
Coloured	1 126 370	23 697	1 150 067	560 052	13 746	573 798
Indian/Asian	282 462	5 638	288 100	104 651	2 986	107 637
White	854 172	14 730	868 901	244 816	7 351	252 166
Total	15 492 739	465 267	15 958 006	5 049 235	180 957	5 230 192

Source: Statistics South Africa

Table 4.3 and Figure 4.8 present the profile of persons aged 5 to 24 years old by type of place of residence (geography type), school attendance and disability status. Overall, there has been an increase in the proportion of persons with disabilities not attending school in both urban and non-urban areas. However, the results showed that persons with disabilities not attending school were more prevalent in urban areas for both Census 2011 and Community Survey 2016 (23,4% and 29,3%) compared to non-urban areas. The observed pattern is quite surprising given the fact that urban areas are well resourced in terms of educational facilities compared to non-urban areas.

Figure 4.8: Percentage of persons with disabilities aged 5–24 years not attending an educational institution by geography type

Source: Statistics South Africa

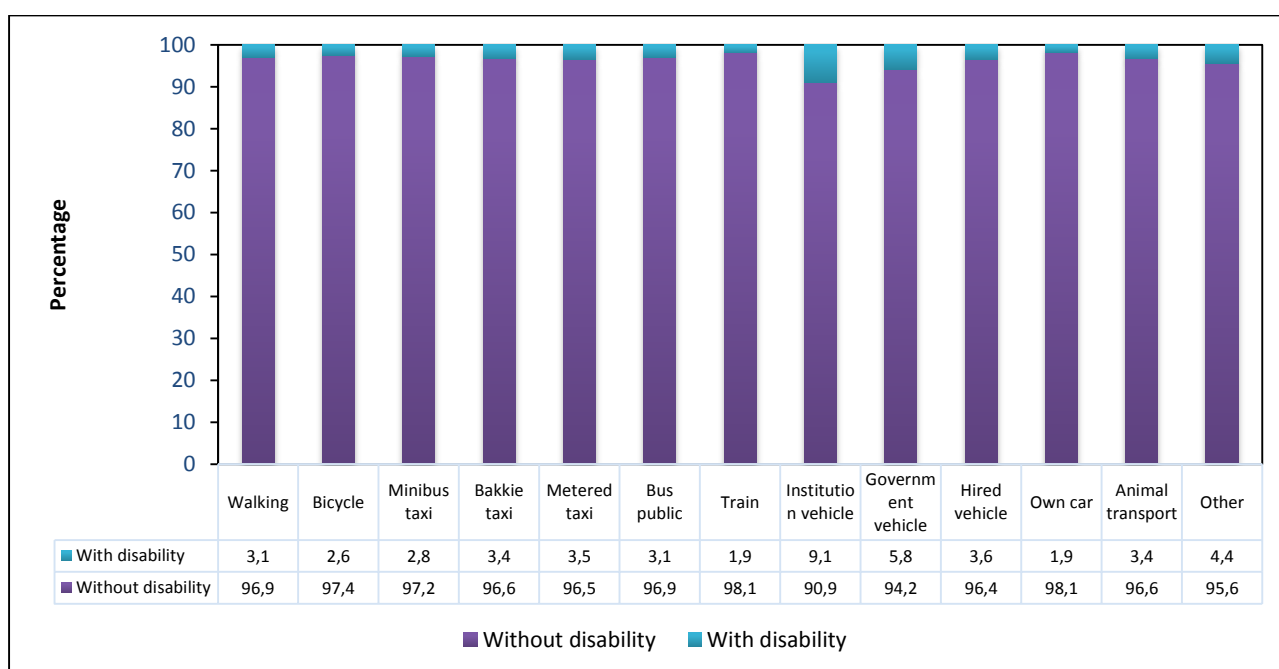
Table 4.3: Distribution of persons aged 5–24 years old by geography type, disability status and school attendance

Geography type	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Urban	7 063 664	327 753	7 391 417	3 066 883	100 114	3 166 997
Non-Urban	5 910 740	383 237	6 293 977	1 729 022	81 653	1 810 676
Total	12 974 404	710 990	13 685 394	4 795 906	181 767	4 977 673
CS 2016						
Urban	8 692 363	231 233	8 923 597	3 188 434	95 707	3 284 140
Non-Urban	6 800 376	234 034	7 034 410	1 860 801	85 251	1 946 052
Total	15 492 739	465 267	15 958 006	5 049 235	180 957	5 230 192

Source: Statistics South Africa

4.3.2 Mode of transport to school and disability status

The results in Figure 4.9 show the mode of transport usually used to go to an educational institution for persons with and without disabilities who were attending an educational institution. The findings indicate that more than three quarter of school going age (i.e. 5-24 years old) population with no disabilities have access to at least any mode of transport available to go to their respective educational institutions. About 5,8% and 9,1% of students and pupils with disabilities use government and institution vehicles to reach their institutions respectively –which is higher as compared to other modes of transport utilising by students and pupils with disabilities. Those that are walking or using public bus makes 3,1% apiece while the least modes of transport utilising by those with disability are train and own car respectively with the proportion of 1,9% each.

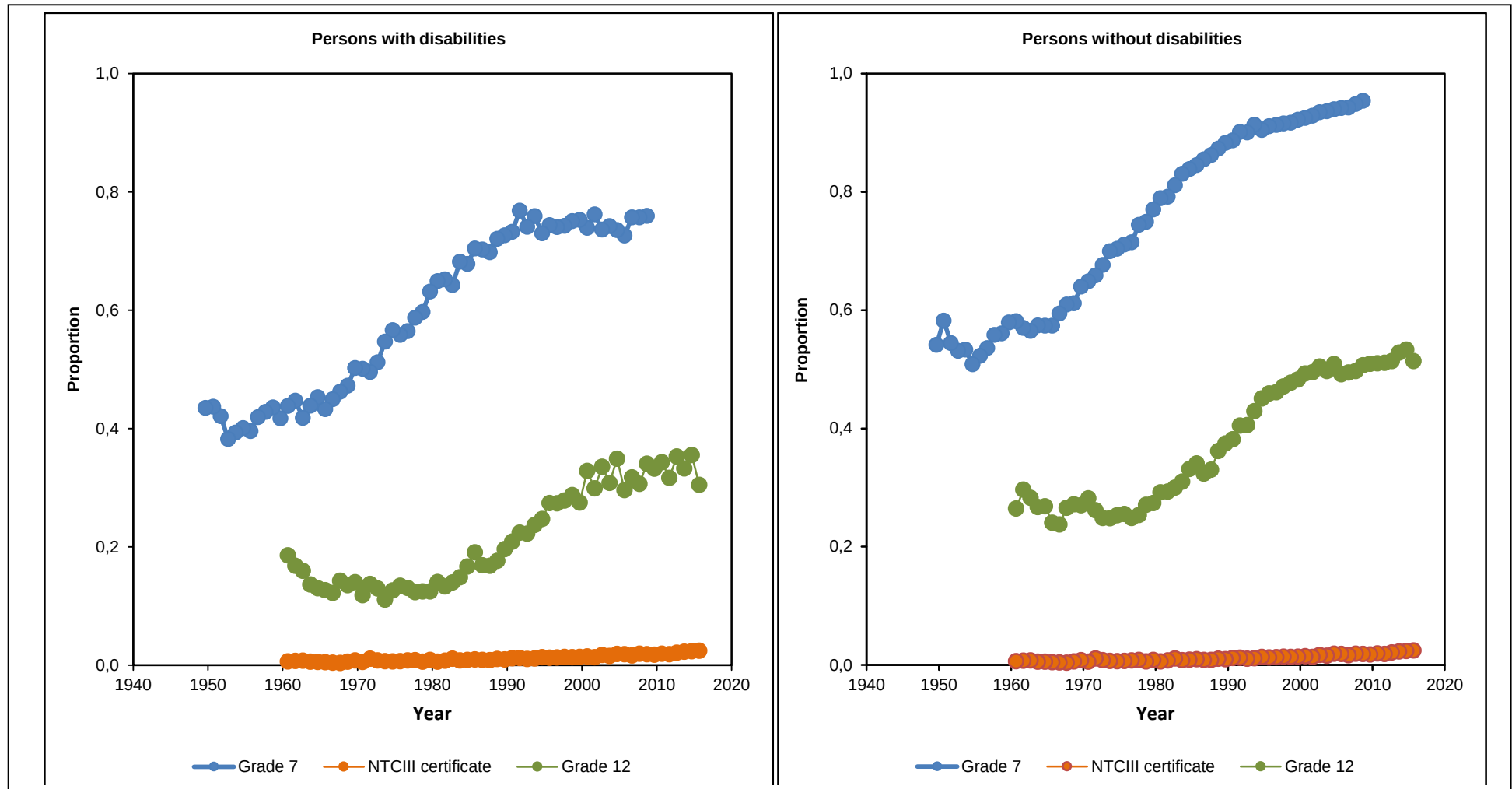
Figure 4.9: Percentage distribution of persons with a disability attending at an educational institution by usual mode of transport to an educational institution: CS 2016

Source: Statistics South Africa

4.3.3 Education attainment

The quality of education in South Africa remains very poor mostly in the historically deprived areas; the schools do not even meet the basic learning infrastructure requirements such as access to laboratories, libraries and Internet connections; and in addition schools have few educators who are qualified to teach learners with disabilities. As a result, learners experience learning deprivation, higher-grade repetition and dropout rates (Statistics South Africa, 2015 and 2016). The main driving force of rising educational attainment is apparent in the increase in the proportion of the middle class associated with the previously disadvantaged groups. The latter came as a result of successful implementation of policies such as compulsory education for all 6–15 aged learners up to grade 9, introduction of Adult Basic Education and Training programmes (ABET) for illiterate persons as well as no-fee schools. In addition, the National Student Financial Aid Scheme (NSFAS) was created following the Skills Development Act of 1998 in an endeavour to address inequitable access to higher education.

Educational attainment is presented in Figure 4.10 using time plots (see computing methodology in methods section). Time plots were created for both persons with and without disability. The results reveal the expected pattern, gaps between persons with and without disabilities for almost all levels of education. Generally, the educational attainment indicators are worse for persons with disabilities. By 2016, the proportion of persons that completed a certificate is less than 0,1 whilst those that completed grade 12 are less than 0,5. Although we see an upward trend of persons completing primary (grade 7) and secondary (grade 12) over time, persons completing NTCIII Certificate remained unchanged. Despite efforts to mainstream disability in South Africa, the educational attainment gap remains wide between persons with and without disabilities. The low educational attainment levels observed amongst persons with disabilities translates into shortage of both artisan and technical skills, resulting in limited labour force participation.

Figure 4.10: Time-plot for proportions of persons completing a Grade by disability status: CS 2016

Source: Statistics South Africa

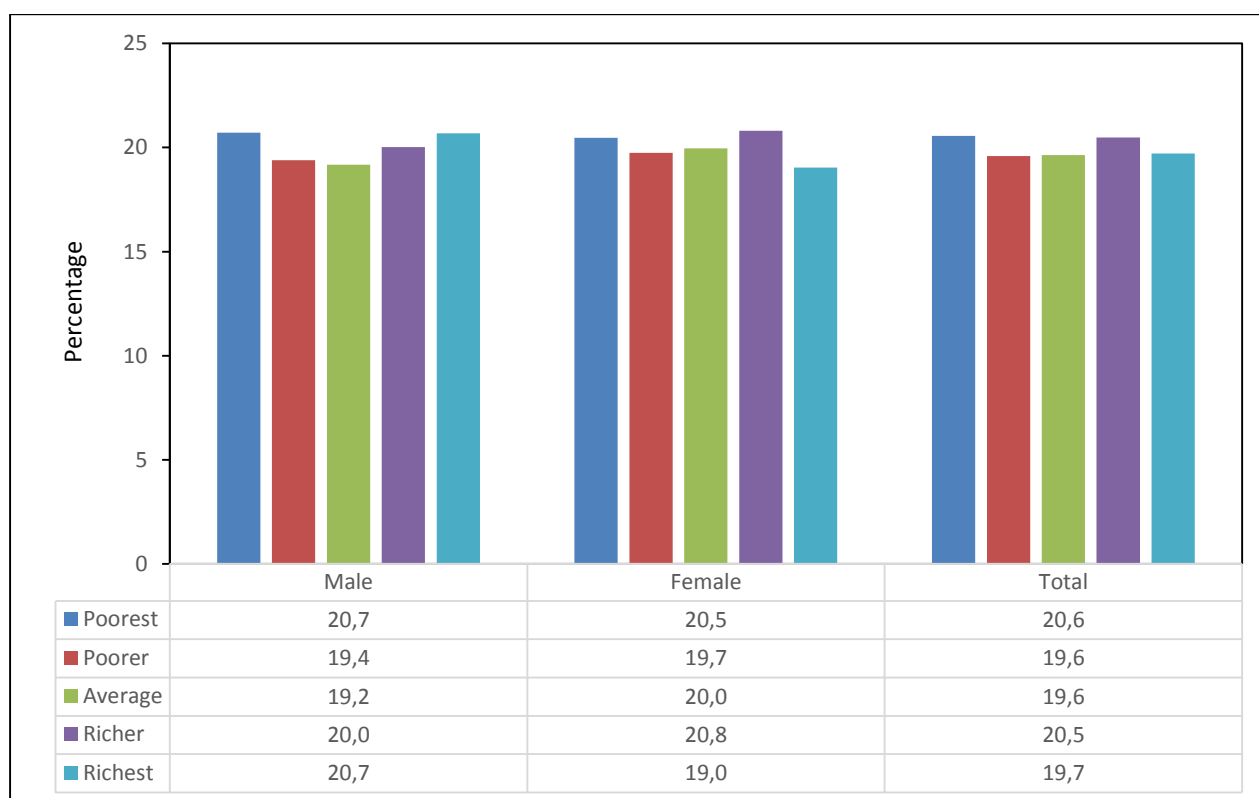
4.4 Socio economic status of persons with disabilities based on UN recommended measure of disability

This section profiles the socioeconomic status of persons with disabilities based on the UN Disability Index. We look at socioeconomic status differentials; sex, population group, provincial and place of residence.

4.4.1 Socio economic status by sex

Figure 4.12 presents results on sex and socioeconomic status of persons with disabilities. Overall, the results show that four in ten persons with disabilities (40,2%) were from households of poor socioeconomic status whilst those in the upper quintile constitute about 20%. Using this measure of defining persons with disability, it is observed that there were hardly any sex variations in the lower 40% quintiles. However, looking at the upper quintile, slight sex variations exist, favouring males compared with females (20,7% and 19% respectively).

Figure 4.11: Percentage distribution of persons with disabilities by wealth status and sex: CS 2016

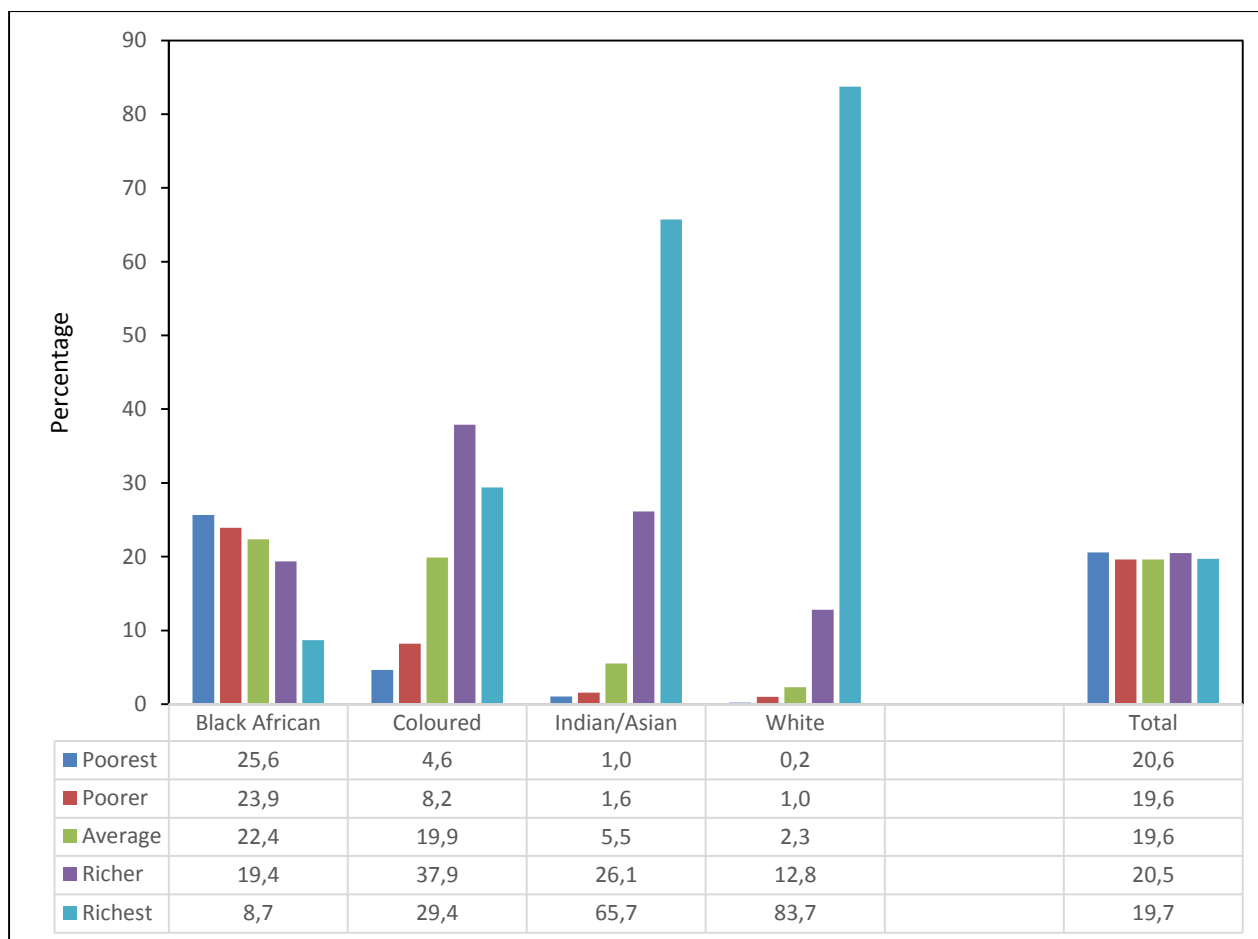


Source: Statistics South Africa

4.4.2 Socio economic status by population group

The results presented in Figure 4.13 depict striking disparities in socioeconomic status of persons with disabilities across the four population groups in South Africa. Whilst almost half (49,1%) of black African persons with disabilities were concentrated in the 40% of poor households, only 1% of Indian/Asian and less than 1% of white population groups were concentrated in poor households. On the contrary, the upper quintile representing wealthy households was dominated by the white and Indian/Asian population groups constituting 81,4% and 64,3% respectively. Within this quintile, the black African population group was the least represented, constituting less than a tenth of persons with disabilities. The results depict double marginalisation for black African persons with disabilities.

Figure 4.12: Percentage distribution of persons with disabilities by wealth status and population group: CS 2016

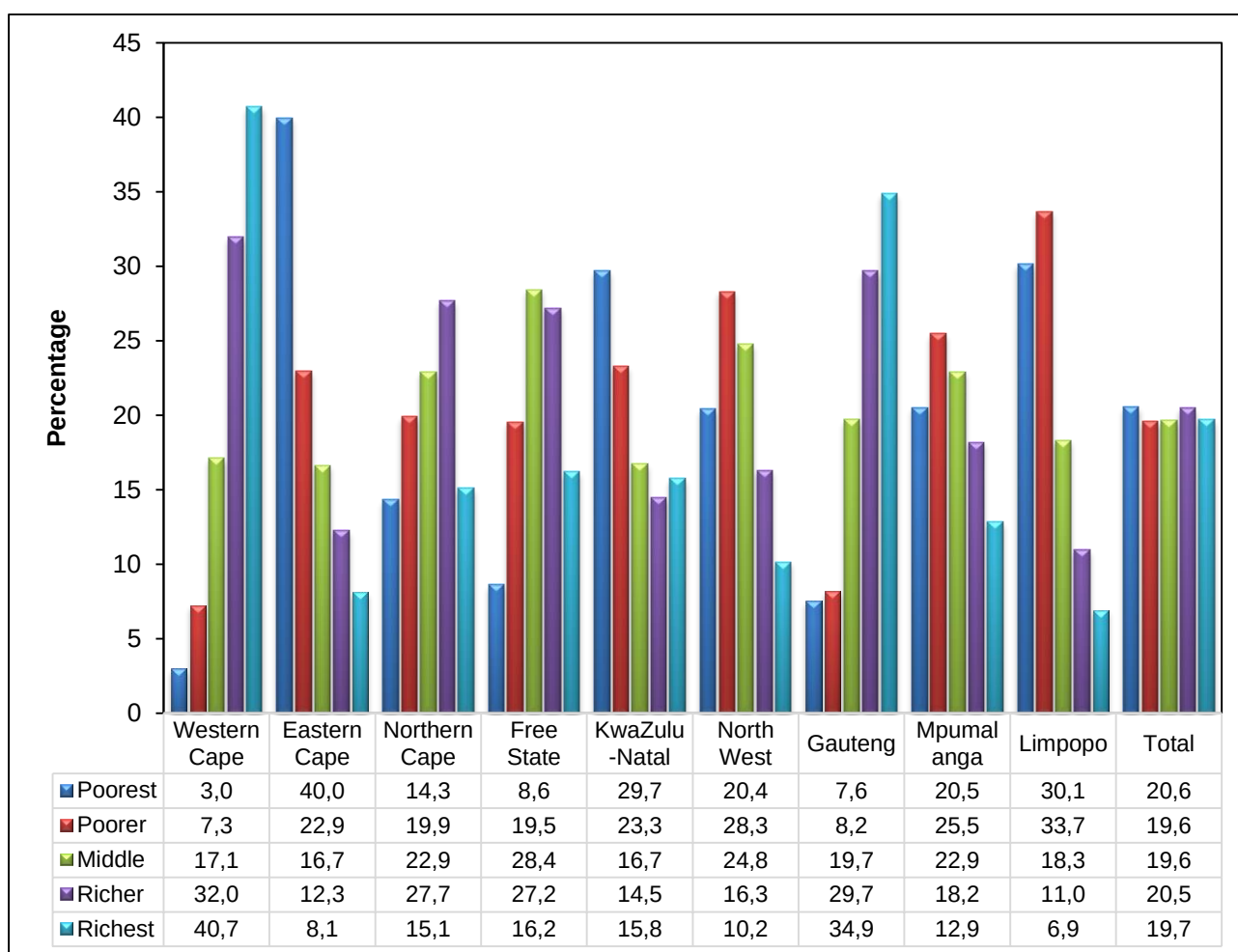


Source: Statistics South Africa

4.4.3 Socio economic status by province

Figure 4.14 presents results on provincial variations in socioeconomic conditions of persons with disabilities. Whilst Western Cape and Gauteng provinces had the highest proportion of persons with disabilities in the upper quintile (40,7% and 34,9%), while in the Eastern Cape, Limpopo and KwaZulu-Natal provinces the largest share of persons with disabilities were concentrated in low socioeconomic status households (40%, 30,1% and 29,7% respectively). Almost two-thirds of persons with disabilities in Limpopo and Eastern Cape were concentrated in the 40% poor households (63,8% and 62,9% respectively). Such imbalances need to be addressed.

Figure 4.13: Percentage distribution of persons with disabilities by wealth status and province

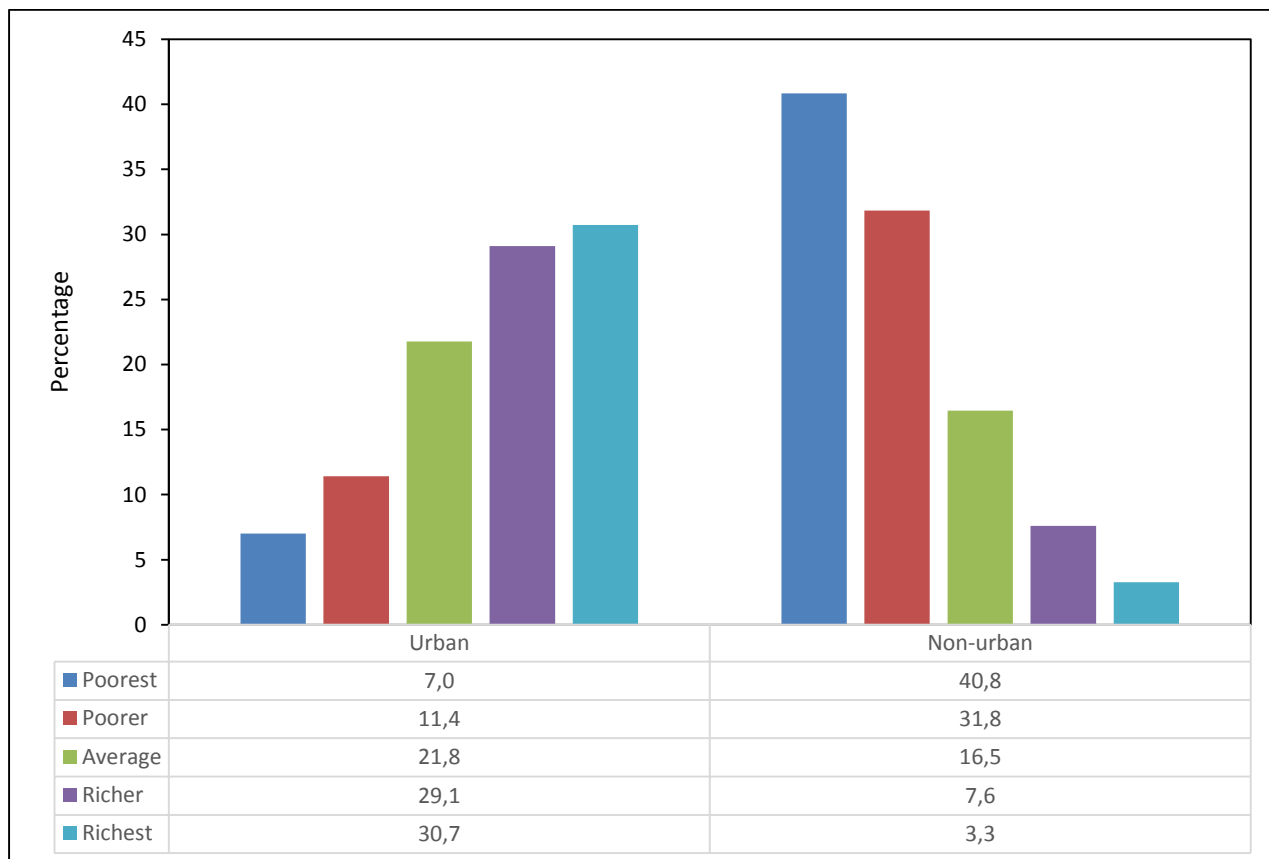


Source: Statistics South Africa

4.4.4 Socio economic status by geography type

The results on place of residence, based on proxy variable geography type showed striking disparities. As expected, results show that persons with disabilities in non-urban areas were the most vulnerable. Seven in ten (72,6%) persons with disabilities in rural areas were concentrated in poor households. In contrast, looking at profile of persons with disabilities in urban areas, about a third (30,7%) were from 20% wealthy households (upper quintile).

Figure 4.14: Percentage distribution of persons with disabilities, by wealth status and geography type: CS 2016



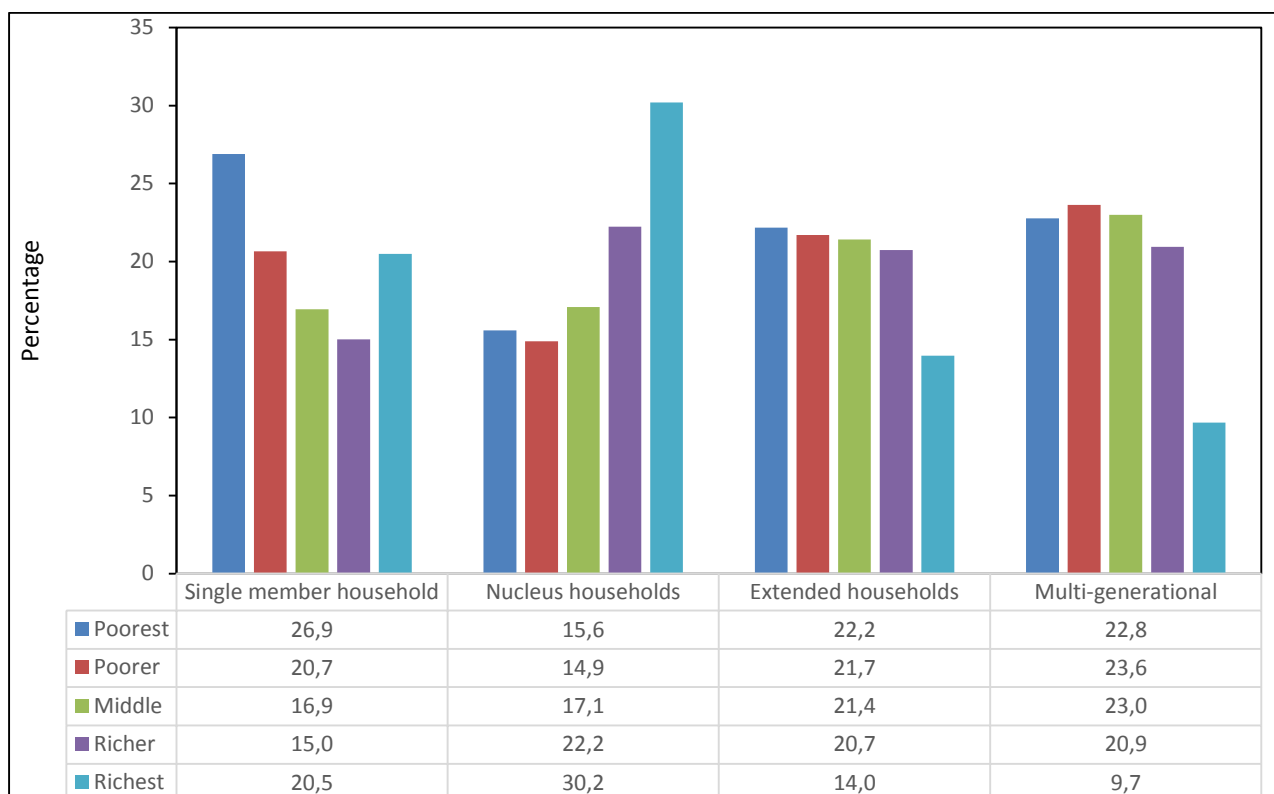
Source: Statistics South Africa

4.4.5 Socio economic status by household composition

Figure 4.16 shows the socioeconomic status of persons with disabilities in different household compositions. The results showed that persons with disabilities in multi-generational and extended households were worse off economically compared to those living in other types of households. As observed in multi-generational households, four in ten (46,4%) persons with disabilities were concentrated in households of low socioeconomic status. The profile of persons with disabilities residing in nuclear households revealed that about a third (30,2%) were concentrated in the 20% well off households.

Results further showed that whilst more than a quarter (26,9%) of persons that reported living alone were in the poorest households, about 21% were in the richest quintile. Of concern are the persons with disabilities living alone whose households fall in the lowest quintile 20% households.

Figure 4.15: Percentage distribution of persons with disabilities, by household wealth status and household composition: CS 2016



Source: Statistics South Africa

4.5 Living arrangements by grouped categories

Using the UN Disability Index, the results on living arrangements are presented in Table 4.4. In Community Survey 2016 data, both persons with and without disabilities were mostly concentrated in nuclear households, constituting about 80% followed by those in single member households (8,2%). Households made of non-related members had the lowest proportion (1%). The results further indicated that three quarters of persons with disabilities (75,2%) lived in nuclear household while one in ten (11%) lived alone. It is interesting to note that the proportion of persons with disabilities living alone is higher than those living in extended or multi-generational households.

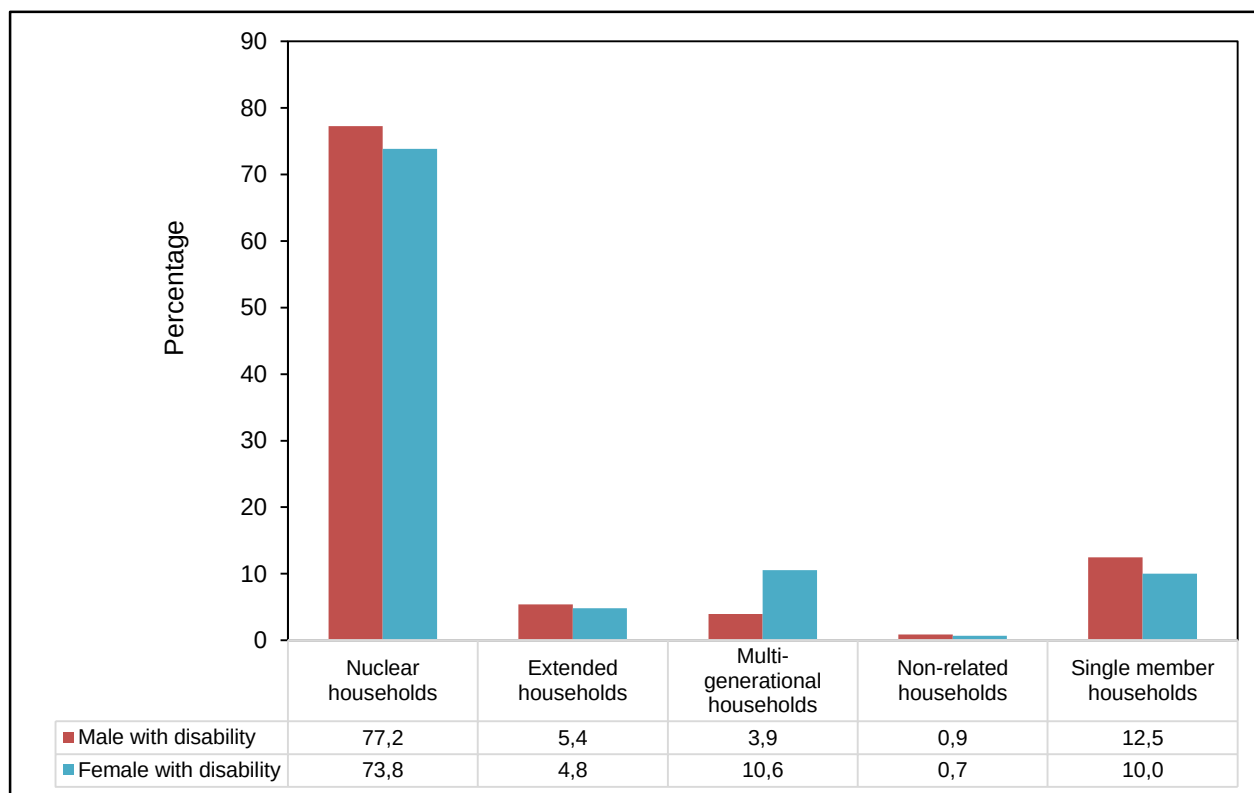
Table 4.4: Distribution of population by living arrangements and disability status: CS 2016

Living arrangements	Without disability	With disability	Total	Without disability	With disability	Total
Nuclear households	36 685 724	2 891 097	39 576 822	80,1	75,2	79,7
Extended households	2 952 599	194 270	3 146 869	6,4	5,1	6,3
Multi-generational households	2 009 282	301 555	2 310 837	4,4	7,8	4,7
Non-related households	470 479	29 590	500 069	1,0	0,8	1,0
Single member households	3 653 321	423 960	4 077 281	8,0	11,0	8,2
Unspecified	29 836	2 314	32 150	0,1	0,1	0,1
Total	45 801 241	3 842 786	49 644 027	100,0	100,0	100,0

Source: Statistics South Africa

Table 4.5 and Figure 4.17 provide some insights on sex variations in disability status and living arrangements. The profile of males showed that almost four in five (77,2%) lived in nuclear households whilst about one in five (13%) lived alone. Wide variations exist between males and females in multi-generational households, with females recording seven percentage points higher than the males (10,6% and 3,9% respectively).

Figure 4.16: Percentage distribution of persons with disabilities by household composition and sex: CS 2016



Source: Statistics South Africa

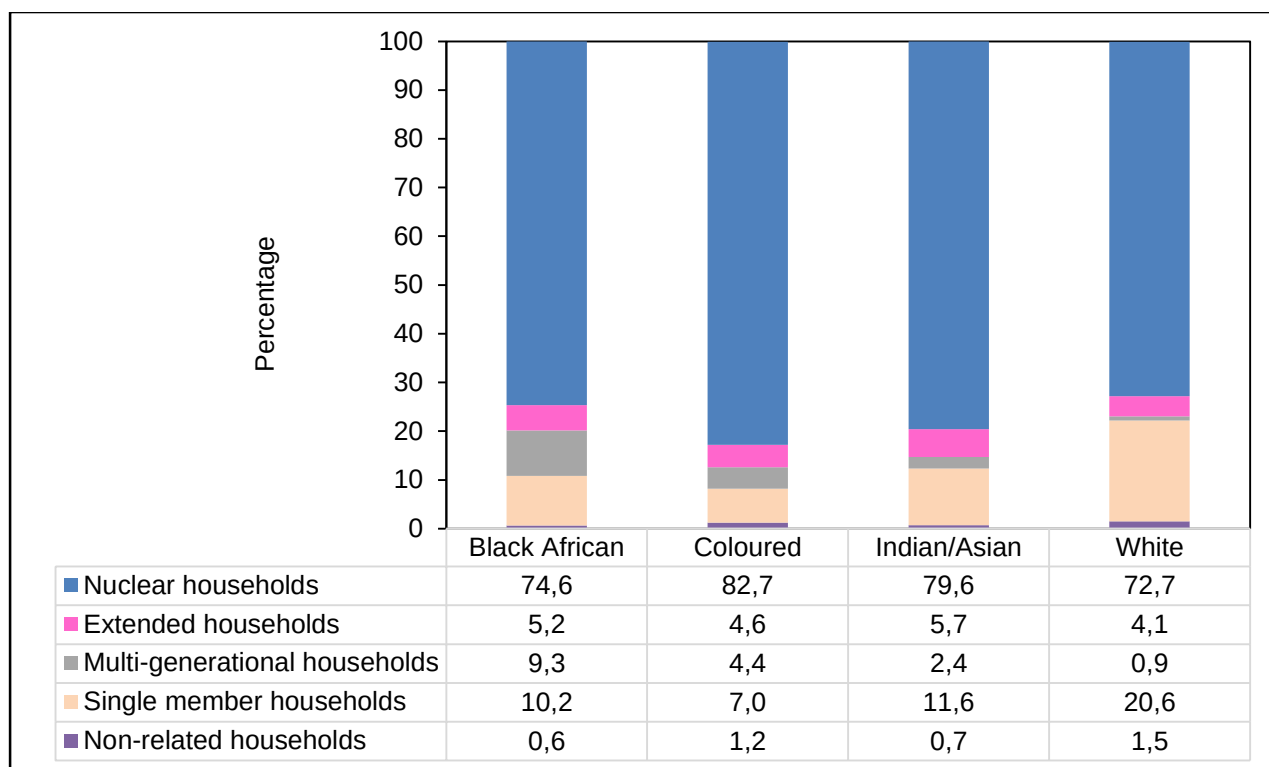
Table 4.5: Distribution of population by living arrangements, sex and disability status: CS 2016

Type of household	Male			Female			Total		
	Without disability	With disability	Total	Without disability	With disability	Total	Without disability	With disability	Total
Nuclear households	17 465 811	1 214 905	18 680 716	19 219 913	1 676 193	20 896 106	36 685 724	2 891 097	39 576 822
Extended households	1 622 079	84 811	1 706 889	1 330 520	109 459	1 439 979	2 952 599	194 270	3 146 869
Multi-generational households	890 761	61 944	952 705	1 118 521	239 612	1 358 132	2 009 282	301 555	2 310 837
Non-related households	276 417	14 163	290 580	194 062	15 426	209 489	470 479	29 590	500 069
Single member households	2 372 786	196 191	2 568 977	1 280 535	227 769	1 508 304	3 653 321	423 960	4 077 281
Unspecified	13 924	968	14 892	15 912	1 346	17 258	29 836	2 314	32 150
Total	22 641 777	1 572 982	24 214 759	23 159 464	2 269 805	25 429 269	45 801 241	3 842 786	49 644 027

Source: Statistics South Africa

Analyses presented in Table 4.6 and Figure 4.18 show population by disability status, living arrangements and population group. Population group variations amongst persons with disabilities showed a pattern similar to that depicted in the broad definition of disability, that is, nuclear households dominating followed by single member households. Whilst single member households were predominantly observed in the white population group, multi-generational households were observed in the black African population group.

Figure 4.17: Percentage distribution of persons with disabilities, by household composition and population group: CS 2016



Source: Statistics South Africa

Table 4.6: Distribution of population by living arrangements, population group and disability status: CS 2016

Population group & disability status	Nuclear household	Extended households	Multi-Generational households	Non-related households	Single member households	Unspecified	Total
Black African							
Without disability	28 725 391	2 645 327	1 885 217	367 532	3 014 238	22 013	36 659 718
With disability	2 247 225	156 732	280 966	18 891	307 676	1 665	3 013 154
Total	30 972 616	2 802 059	2 166 183	386 423	3 321 914	23 677	39 672 872
Coloured							
Without disability	3 666 614	146 790	89 579	40 506	160 282	4 258	4 108 028
With disability	273 686	15 248	14 603	3 984	23 030	212	330 763
Total	3 940 301	162 038	104 181	44 490	183 312	4 469	4 438 791
Indian/ Asian							
Without disability	1 012 366	50 538	14 247	9 081	80 345	900	1 167 477
With disability	85 522	6 153	2 548	776	12 482	23	107 504
Total	1 097 888	56 691	16 796	9 858	92 827	922	1 274 981
White							
Without disability	3 281 353	109 944	20 238	53 360	398 456	2 666	3 866 018
With disability	284 664	16 137	3 438	5 938	80 772	415	391 366
Total	3 566 017	126 081	23 677	59 298	479 228	3 082	4 257 383
Grand total							
Without disability	36 685 724	2 952 599	2 009 282	470 479	3 653 321	29 836	45 801 241
With disability	2 891 097	194 270	301 555	29 590	423 960	2 314	3 842 786
Total	39 576 822	3 146 869	2 310 837	500 069	4 077 281	32 150	49 644 027

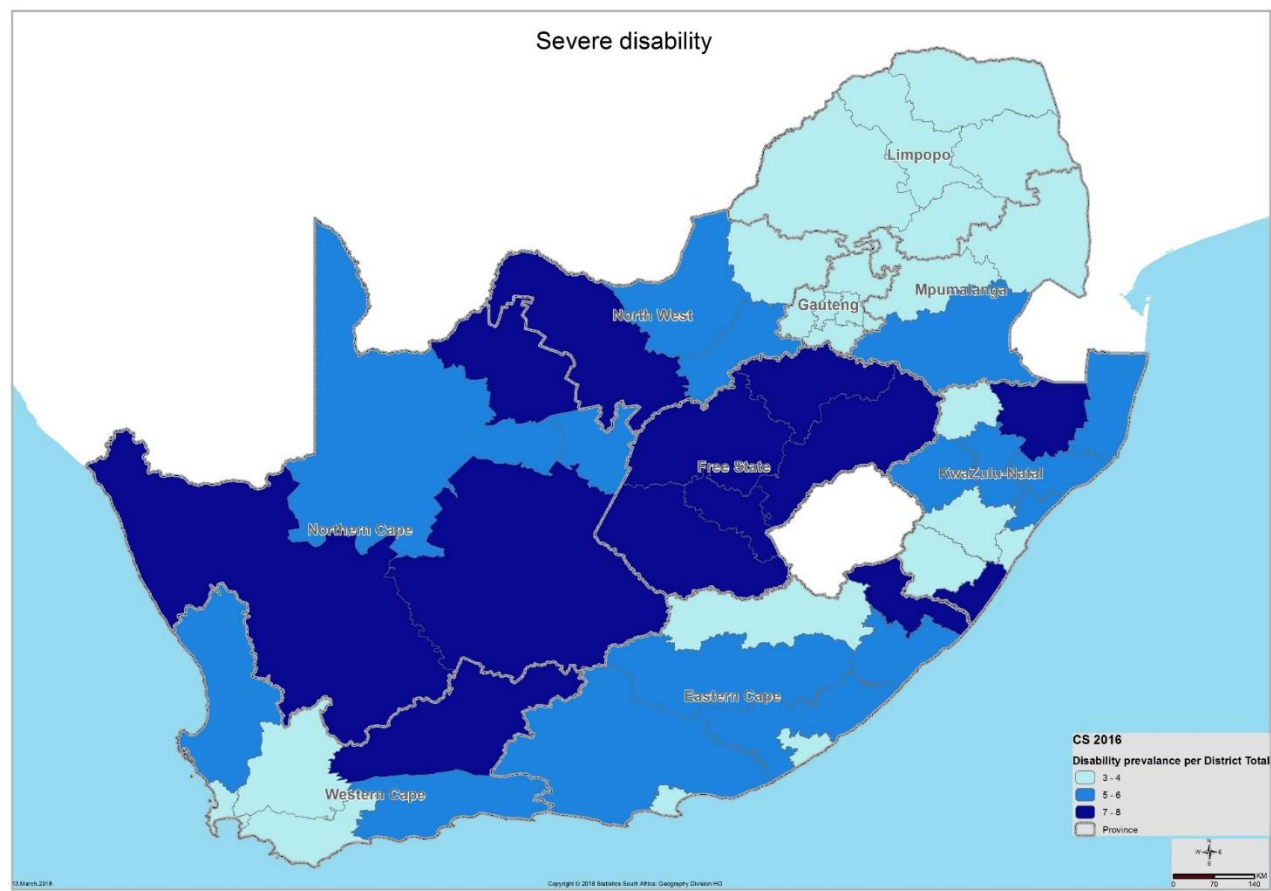
Source: Statistics South Africa

4.6 Conclusion

This chapter has highlighted the prevalence of disability in South Africa, based on the data that were collected in the Community Survey 2016. The UN Disability Index model was used to analyse data presented in this chapter – a comparison was done looking at two data sets namely; Census 2011 and Community Survey 2016. Gaps still exist in educational attainment in favour of persons with no disabilities as compared to those with disabilities. In terms of mode of transport usually used to go to educational institutions, the results showed that majority of persons with disabilities aged 5-24 years old use vehicles offered by Institution (9,1%) and government (5,8%) respectively. Similar pattern also displayed by other disability measurement already talked about in this report. Socio economic status by population group showed that black Africans are still the poorest than the other population groups. Western Cape and Gauteng are the two richest provinces in South Africa. Generally, the findings are in line with the GDP contribution.

Chapter 5: Profile of persons with disabilities based on severe disability (using ‘a lot of difficulty’ and ‘cannot do at all’ definition)

Map 5.1: Disability prevalence by district based on severe definition, Community Survey 2016



5.1 Introduction

Severe disabilities can translate into limited formal education, which in turn results into lack of opportunities and reduced/limited earning potential, making this group doubly disadvantaged and highly vulnerable. In such circumstances, planners need to identify this group so that they access economic and social benefits as outlined in social protection programmes targeting persons with disabilities. It is therefore critical for the national statistical office to provide statistics disseminated according to the degree/severity of disability for the purpose of identifying this sub-group of persons with disabilities so that their needs can be met. Article 31 of UNCRDP outlines that appropriate disaggregation of statistics is required in order to assess the progress being made with the implementation of State Parties' obligations as well as to identify and address barriers faced by persons with disabilities in exercising their rights²⁵.

This chapter profiles this particular group (persons with severe disabilities) to highlight their plight in terms of prevalence (estimates on how many are they), access to education, progression for those that access formal education as well as their level of educational attainment. The following criteria were used to derive persons with and without disabilities;

- a person who reported 'a lot of difficulty' in any of the six domains of functioning was categorised as having a disability;
- a person who reported 'unable to do' in any of the six domains of functioning was categorised as having a disability;
- All persons who did not meet the criterion above (persons that reported having no difficulty in all the six domains of functioning, persons that reported some difficulty in one or more of the six domains of functioning were categorized as persons without disabilities;
- All persons that did not answer the question on general health and functioning as well those that answered "do not know" were excluded.
- Any person that reported "a lot of difficulty" or "unable to do" in more than one domain of functioning was counted once to avoid double counting.

It is important to highlight the progress in addressing developmental aspects for this particular group. It has been acknowledged that presenting disability data on the basis of functional limitations is inadequate²⁶. Without information about how such impairments, degree of impairment, and information on how these impairments play out in people's lives, planners and policy implementers would have limited information about the costs associated with such disabilities.

²⁵ Department of Social Development: White paper on the Rights of persons with disabilities; 2016

²⁶ Ibid

5.2 Disability prevalence by selected attributes

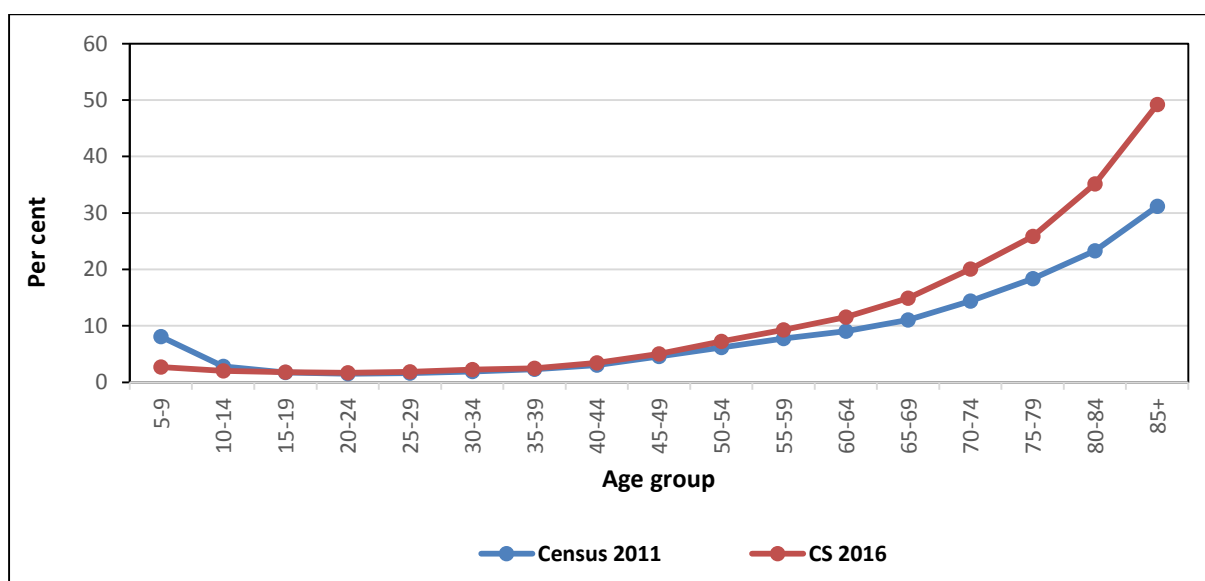
Prevalence rates are an important tool for policy-makers in the country to devise targeted programmes and policies that meet the needs of the population living with disabilities. It is also important to compare those in the population with disabilities and those without disabilities by attributes such as province, age, sex, population group and geography type in order to get an overall understanding of how they may or may not differ.

5.2.1 Disability prevalence by age

From Figure 5.1, it is noted that the proportion of persons with disabilities increase with age. This pattern is as expected. Research has shown that the number of persons with disabilities increases with age. Global trends show that in many countries, the ageing population are disproportionately represented in disability populations²⁷. The results show that 20–24 year olds account for the largest percentage (11,5%) of the population, but have the lowest prevalence (1,7%) of persons with disabilities. Beyond the age of 49 years, we see an upward trend in the number of persons with disabilities. Amongst persons aged 85 years and older, disability prevalence is almost half (49,2%).

Comparison of Census 2011 and CS 2016 shows some differences. At younger ages (9 years and below), we see lower prevalence for CS 2016, a rate almost four times lower than the figure obtained in Census 2011 (8,1% and 2,7% respectively). Beyond the age of 49 years, we see higher disability prevalence for CS 2016 across age groups. Such differences may be attributed to improved collection and reporting methods. The national profile showed that disability prevalence based on persons with severe disabilities almost remained unchanged (4,3% in Census 2011 and 4,4% in CS 2016). One reason may be related to data collection deficiencies attributed to both interviewer bias as well as respondent bias.

Figure 5.1: Disability prevalence by age: CS 2016



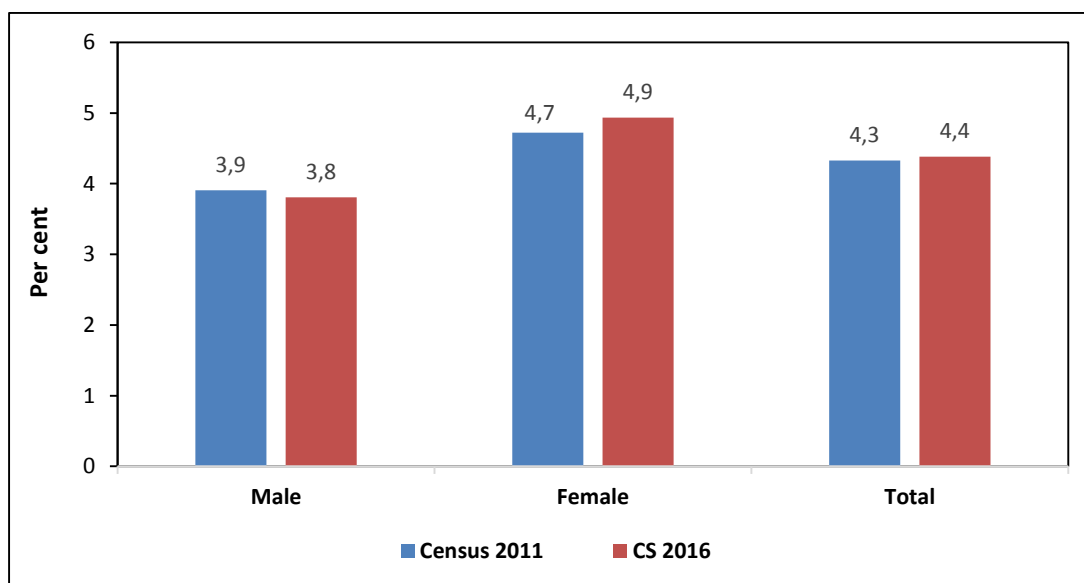
Source: Statistics South Africa

²⁷ World Report on Disability 2011. WHO Press: Geneva. Accessed from http://www.who.int/disabilities/world_report/2011/report.pdf

5.2.2 Disability prevalence by sex

Persons with severe disabilities by sex for the years 2011 and 2016 are presented in Figure 5.2. The figure shows that disability prevalence amongst females increased from 4,7% in Census 2011 to 4,9% in 2016. Their male counterparts' prevalence of 3,9% in 2011 dropped slightly to 3,8% in 2016. The higher prevalence amongst females could be due to females having a higher longevity (Newman, A.B., & Brach, J.S. 2001).

Figure 5.2: Prevalence of disability by sex



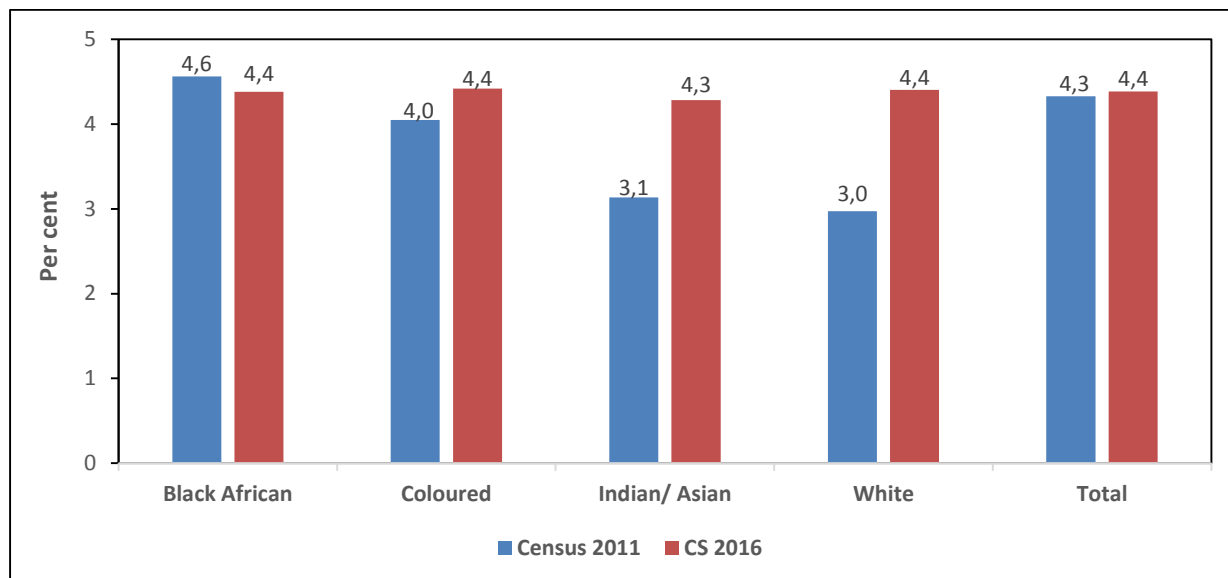
Source: Statistics South Africa

5.2.3 Disability by population group

The results presented in Figure 5.3 show that in 2016, three out of four population groups namely; black African, coloured and white recorded the same disability prevalence (4,4%). Indians/Asians reported a slightly lower prevalence of 4,3%. It is interesting to note the changes in prevalence between 2011 and 2016. In 2011, black Africans' disability prevalence was 4,6%, higher than that the average of 4,3% and higher than coloureds (4,0%), Indians/Asians (3,1%) and whites (3,0%). In 2016, Black Africans reported a lower prevalence of 4,4% as compared to 4,6% in 2011. In all the other population groups the disability prevalence increased with the highest increases seen amongst Indians/Asians (from 3,1% in 2011 to 4,4% in 2016) and white people (from 3,0% in 2011 to 4,4% in 2016).

While the aforementioned increases linked to Indian/Asian and white population groups may be expected due to the proportion of elderly population, the slightly downward trend for black Africans looks anomalous given the link to the HIV/AIDS epidemic. This notwithstanding, one needs to also observe the stagnation of elderly population during this period.

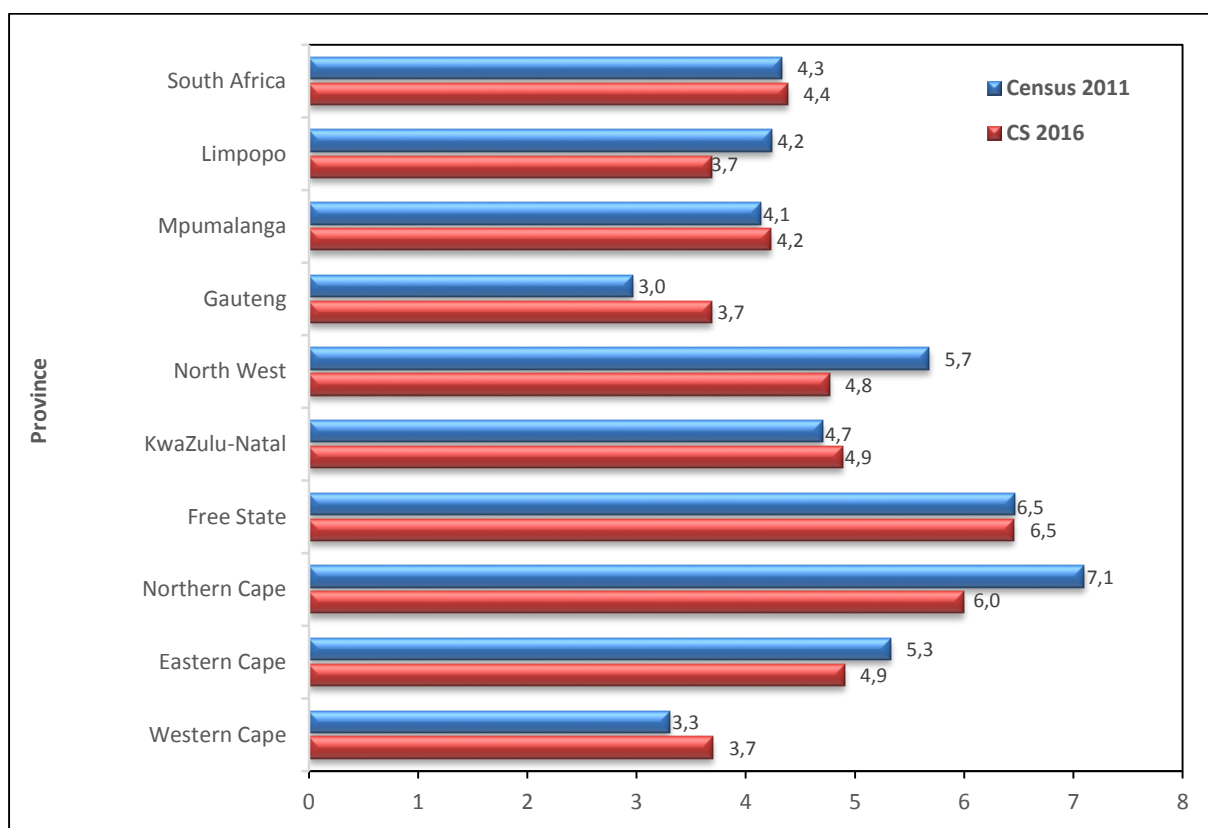
Figure 5.3: Disability prevalence by population group [using the WG ‘lot of difficulty’ or ‘cannot do at all’ model]



Source: Statistics South Africa

5.2.4 Disability prevalence by province

The number of persons with disabilities across the nine provinces of the country is shown in Figure 5.4. Free State recorded the highest prevalence of persons with disabilities in 2016, with a constant prevalence of 6,5% in both years. Northern Cape decreased its prevalence from 7,1% in 2016 to 6% in 2011. Other provinces which recorded decreases were the Eastern Cape (from 5,3% in 2011 to 4,9% in 2016), North West (from 5,7% in 2011 to 4,8% in 2016) and Limpopo (from 4,2% in 2011 to 3,7% in 2016). The Western Cape, Gauteng and Limpopo provinces recorded the lowest prevalence of persons with disabilities (3,7% in all three provinces) in 2016. These findings are in line with registered deaths as well as Multidimensional Poverty Index Statistics.

Figure 5.4: Disability prevalence by province

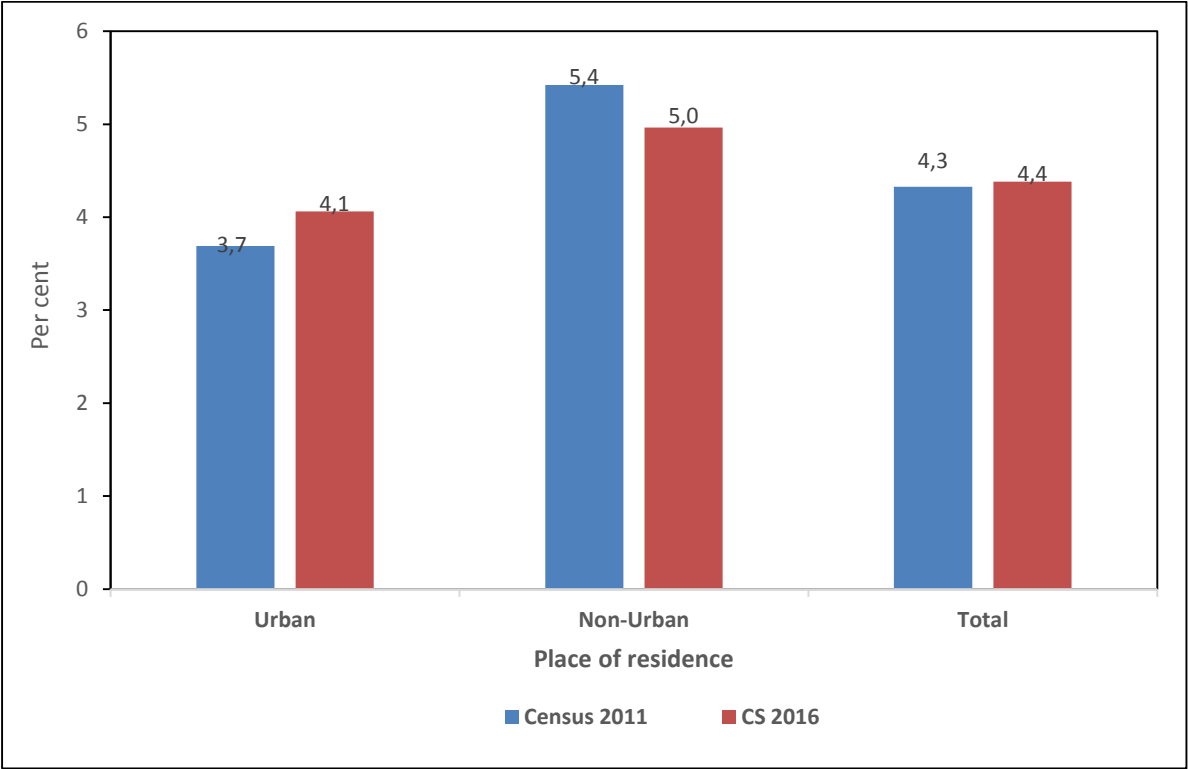
Source: Statistics South Africa

2.5 Disability prevalence by geography type

Figure 5.5 shows that in both 2011 and 2016, the population residing in non-urban areas (i.e. tribal/traditional areas and farms) had a higher prevalence of persons with severe disabilities than those that resided in urban areas. In 2016, the prevalence of those in non-urban areas was 5%, compared to 4,1% in urban areas. The prevalence in non-urban areas decreased from 5,4% in 2011 to 5% in 2016. However, in urban areas there was an increase in prevalence from 3,7% in 2011 to 4,1% in 2016. This finding is in contrast with that of more than two-thirds of the country's population residing in urban areas compared to about 54% in 1996.

The difference in prevalence rates in urban and non-urban areas is expected as access to health care and other services are more easily available in urban areas than in non-urban areas.

Figure 5.5: Prevalence of disability by geography type



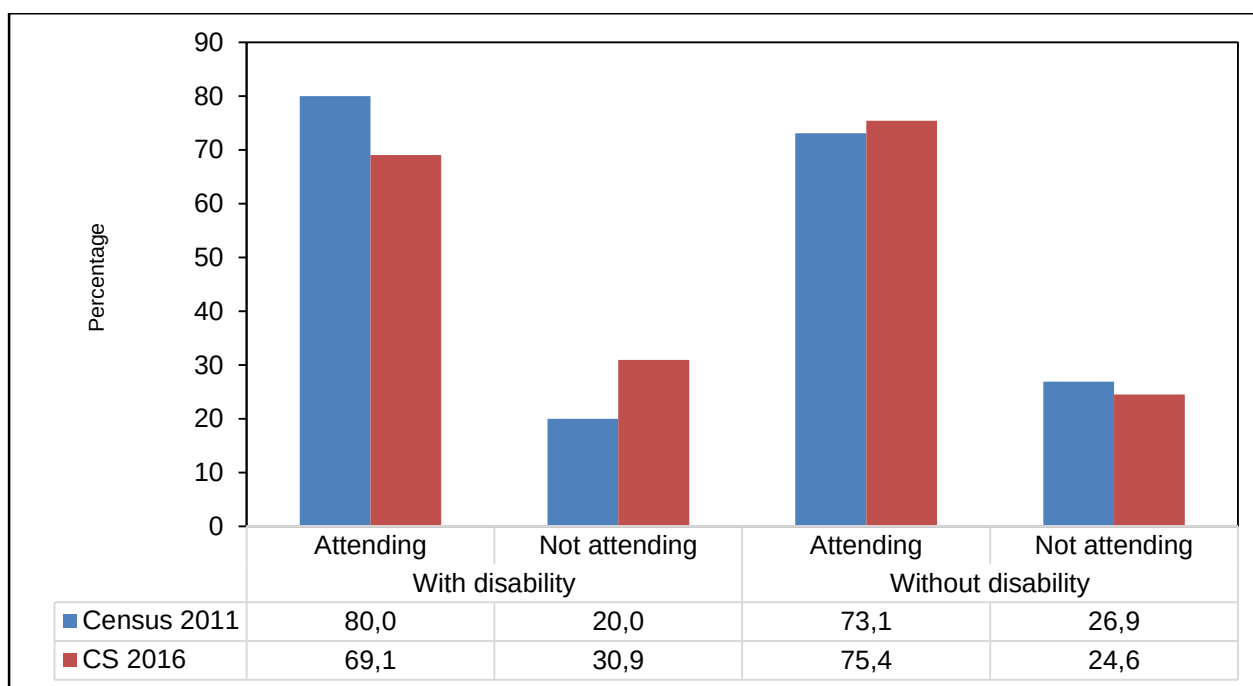
Source: Statistics South Africa

5.3 Education attendance and attainment

5.3.1 Enrolment

There are various policies and frameworks that aim at inclusive educational attendance for persons with disabilities in South Africa, however reports suggest that persons with disabilities are still faced with challenges when accessing educational facilities²⁸. This is mainly the case among persons with severe disabilities. Table 5.1 and Figure 5.6 show the distribution of the population aged between five and 24 years by school attendance, sex and disability status, based on severe disability definition. The results showed that three in ten (31%) of persons with disabilities were not attending school. Over the period 2011–2016, there was a percentage increase in non-attendance of about 11% for this group. Actual numbers showed that a total of 129 137 persons with severe disabilities in 2011 and 135 147 in 2016 were not attending school.

Figure 5.6: Percentage distribution of persons aged 5–24 years old attending and not attending an educational institution by disability status



Source: Statistics South Africa

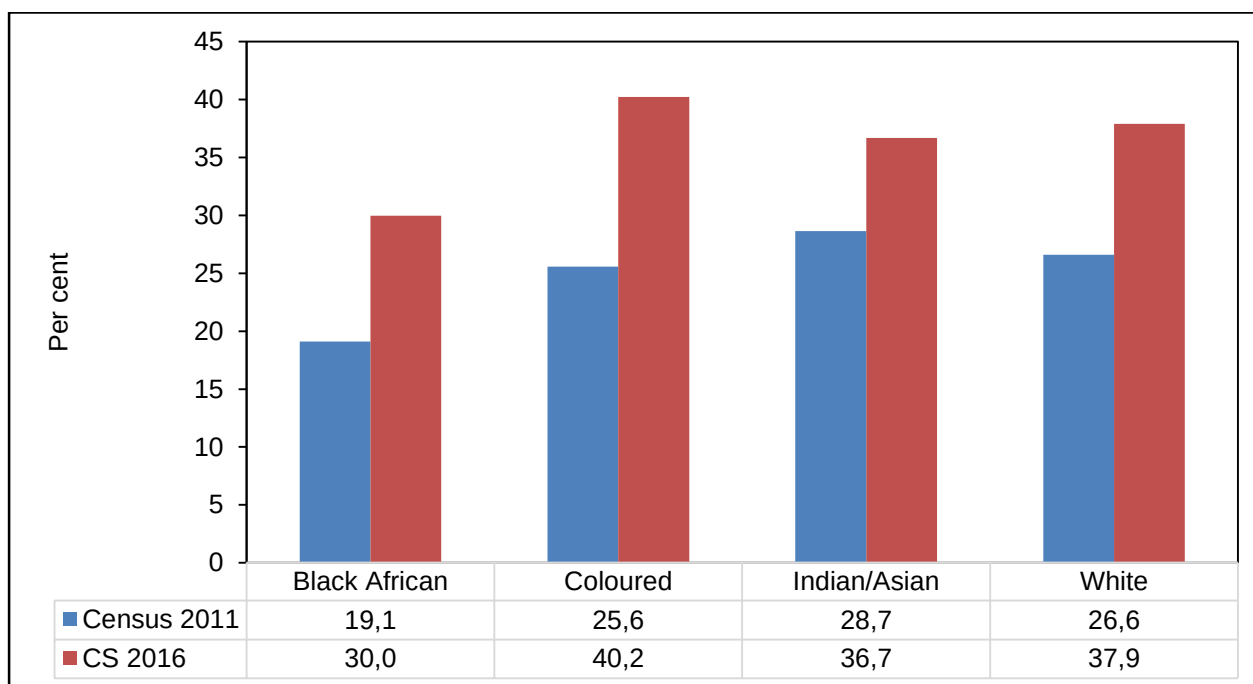
²⁸ Human Rights Watch (2015). "Complicit in Exclusion" South Africa's Failure to Guarantee an Inclusive Education for Children with Disabilities. Human Rights Watch: USA. Accessed from https://www.hrw.org/sites/default/files/accessible_document/southafricaaccessible.pdf

Table 5.1: Distribution of persons aged 5–24 years old by sex, disability status and attendance

Sex	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Male	6 668 474	268 219	6 936 693	2 388 145	67 352	2 455 497
Female	6 499 652	249 049	6 748 701	2 460 391	61 785	2 522 176
Total	13 168 126	517 268	13 685 394	4 848 536	129 137	4 977 673
CS 2016						
Male	7 867 118	157 550	8 024 668	2 534 967	73 739	2 608 706
Female	7 789 309	144 030	7 933 339	2 560 078	61 408	2 621 486
Total	15 656 426	301 580	15 958 006	5 095 045	135 147	5 230 192

Source: Statistics South Africa

The results presented in Table 5.2 and Figure 5.7 show population group dynamics in living arrangements over the period 2011–2016. The prevalence of persons with severe disabilities that were not attending school were highest amongst the coloured population in CS 2016 (40,2%) followed by white population group with 37,9%. All population groups recorded increases in proportion of persons with severe disabilities.

Figure 5.7: Percentage of persons with disabilities aged 5–24 years old not attending an educational institution by population group

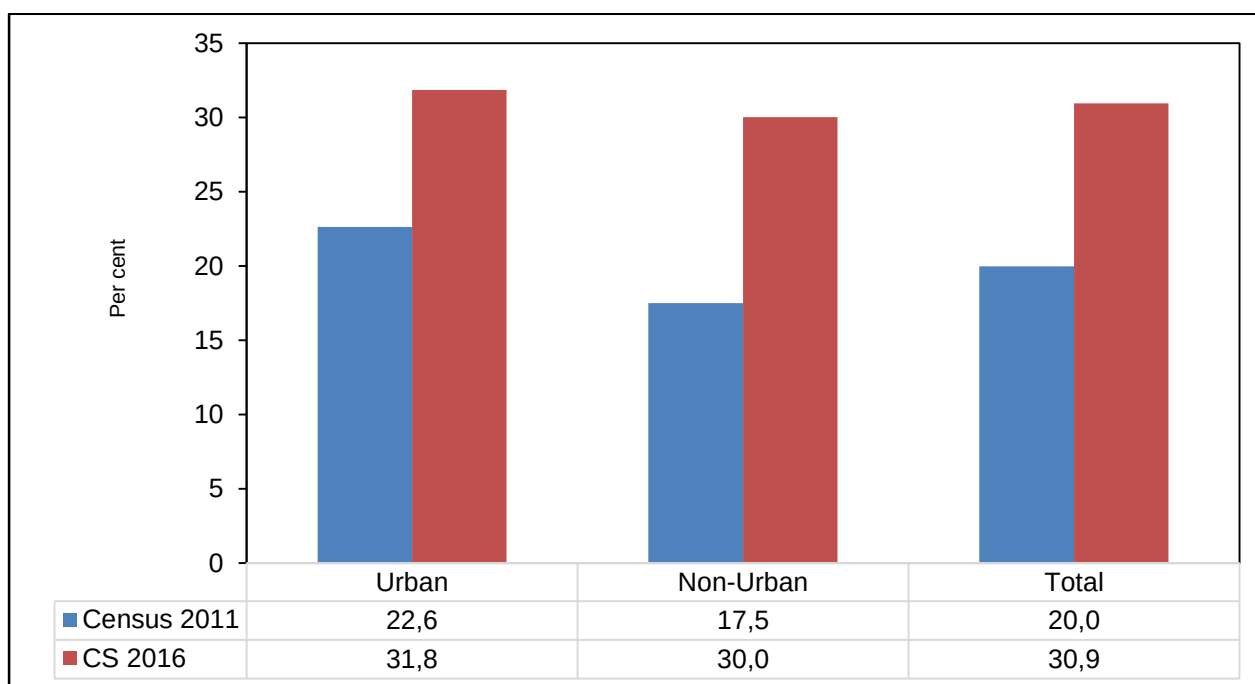
Source: Statistics South Africa

Table 5.2: Distribution of persons aged 5–24 years old by population group, disability status and attendance

Population group	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Black African	11 097 396	461 634	11 559 030	3 981 773	108 956	4 090 729
Coloured	1 019 513	38 007	1 057 520	509 368	13 055	522 423
Indian/Asian	247 668	4 622	252 290	97 266	1 856	99 122
White	765 462	11 838	777 300	223 199	4 289	227 488
Other	38 088	1 166	39 254	36 929	982	37 911
Total	13 168 126	517 268	13 685 394	4 848 536	129 137	4 977 673
CS 2016						
Black African	13 378 129	272 809	13 650 937	4 179 914	116 677	4 296 591
Coloured	1 133 821	16 246	1 150 067	562 861	10 937	573 798
Indian/Asian	284 528	3 572	288 100	105 566	2 071	107 637
White	859 948	8 953	868 901	246 703	5 463	252 166
Total	15 656 426	301 580	15 958 006	5 095 045	135 147	5 230 192

Source: Statistics South Africa

The results on disability status, place of residence and school attendance are presented in Table 5.3 and Figure 5.8. In CS 2016, slight variations existed between urban and non-urban areas, the former recording the highest proportions not attending (31,8%) compared to the latter (30%). A similar pattern was observed in Census 2011.

Figure 5.8: Percentage of persons with disabilities aged 5–24 years old not attending an educational institution by geography type

Source: Statistics South Africa

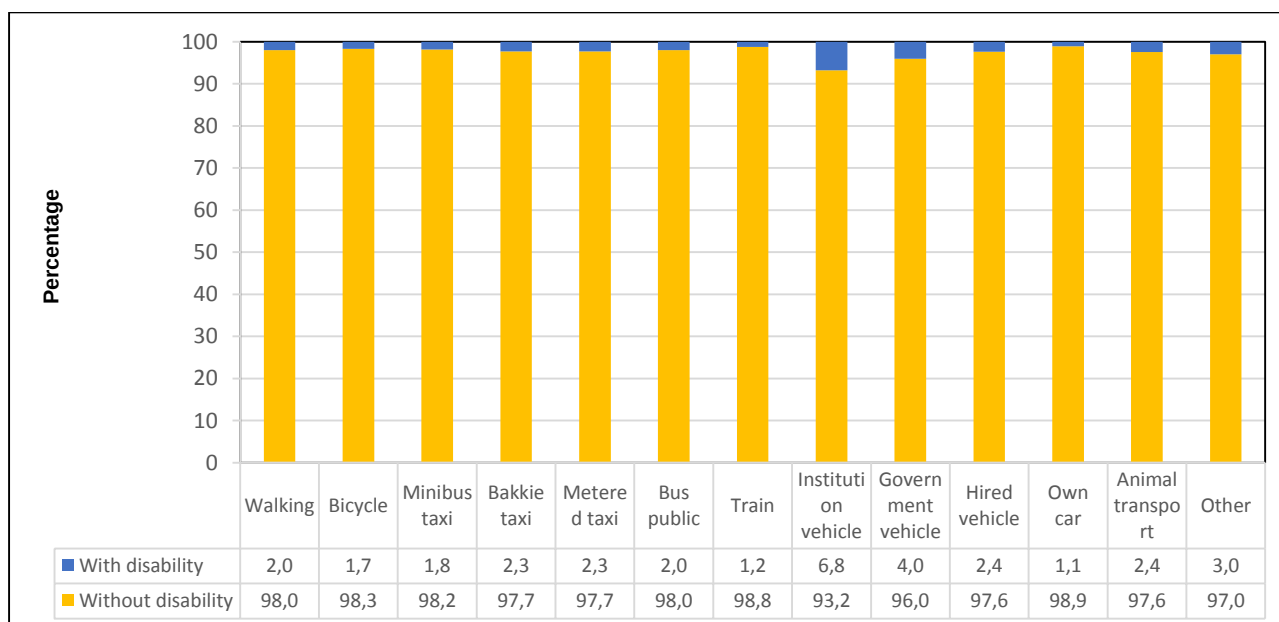
Table 5.3: Distribution of persons 5–24 years who are not attending school by geography type

Geography type	Attending			Not attending		
	Without disability	With disability	Total	Without disability	With disability	Total
Census 2011						
Urban	7 149 340	242 077	7 391 417	3 096 231	70 766	3 166 997
Non-Urban	6 018 786	275 191	6 293 977	1 752 304	58 371	1 810 676
Total	13 168 126	517 268	13 685 394	4 848 536	129 137	4 977 673
CS 2016						
Urban	8 771 892	151 705	8 923 597	3 213 243	70 898	3 284 140
Non-Urban	6 884 534	149 875	7 034 410	1 881 803	64 249	1 946 052
Total	15 656 426	301 580	15 958 006	5 095 045	135 147	5 230 192

Source: Statistics South Africa

5.3.2 Transport usually used to attend an educational institution

Figure 5.9 shows the mode of transport usually used by persons aged 5-24 years old with and without severe disabilities to travel to their respective educational institutions. The results on average show that over 95% of persons with no severe disability usually use any mode of transport available. However, majority of those with severe disabilities are using institutional (6,8%) and government vehicle (4%) respectively. Similar pattern is also observed in figure 3.9 and 4.9 earlier in the previous chapters.

Figure 5.9: Percentage distribution of persons aged 5-24 years old attending an educational institution by disability status and mode of transport usually used: CS 2016

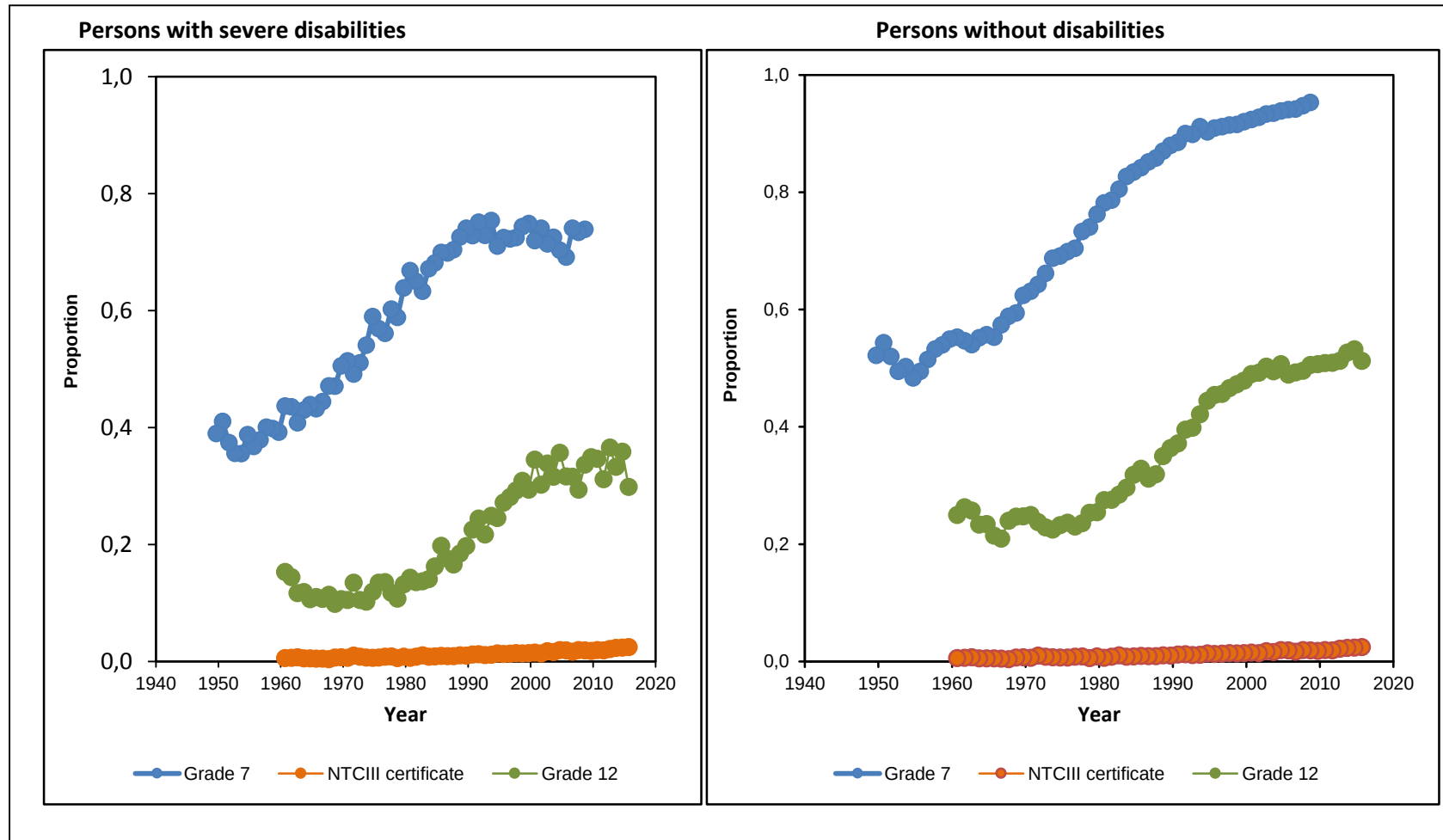
Source: Statistics South Africa

5.3.3 Educational attainment

In addition to attendance, educational attainment and progression are important indicators that are used to look at how particular groups in a population are doing relative to each other in terms of the highest level of education completed as well as how far they have progressed in the education system. Literature from various studies show that educational attainment and progression are affected by a person's disability status (HRW, 2015; Graham et al., 2013). Lack of legislation, policy and plans, inadequate resources, inadequate training and support for teachers, physical barriers and attitudinal barriers are some of the factors affecting attainment and progression amongst persons with disabilities (World Health Organization, 2011).

5.3.3.1 Education attainment

Figure 5.10 shows time-plots for the proportions of persons with and without disabilities completing various levels of education. Overall, the number of persons with and without disabilities that have completed grade 7 and grade 12 has increased over the time. The proportion of persons that completed NTC III has in general remained very low and almost unchanged.

Figure 5.10: Time plot for proportions of persons completing selected level of education by disability status: CS 2016

Source: Statistics South Africa

5.4 Socio economic status of persons with disabilities

5.4.1 Socio-economic status by sex

Persons with severe disabilities face a number of barriers, both physical and social, that can contribute to discrepancies in their wealth, ownership of household items and access to services (Eltayeb & Khalifa, 2013). Several variables, including type of dwelling, ownership of items and access to services were used to compute a household wealth index which defined households as poorest, poor, average, richer and richest. This section focuses on the household wealth status computed for persons with disabilities by various attributes such as age, sex, population group, province and geography type.

As shown in Figure 5.12, there were no significant differences in the distribution of persons with disabilities by sex and household wealth status. Both males and females had almost similar distributions across the various household wealth status categories.

Figure 5.11: Percentage distribution of persons aged 5 years and older with severe disabilities, by wealth status and sex

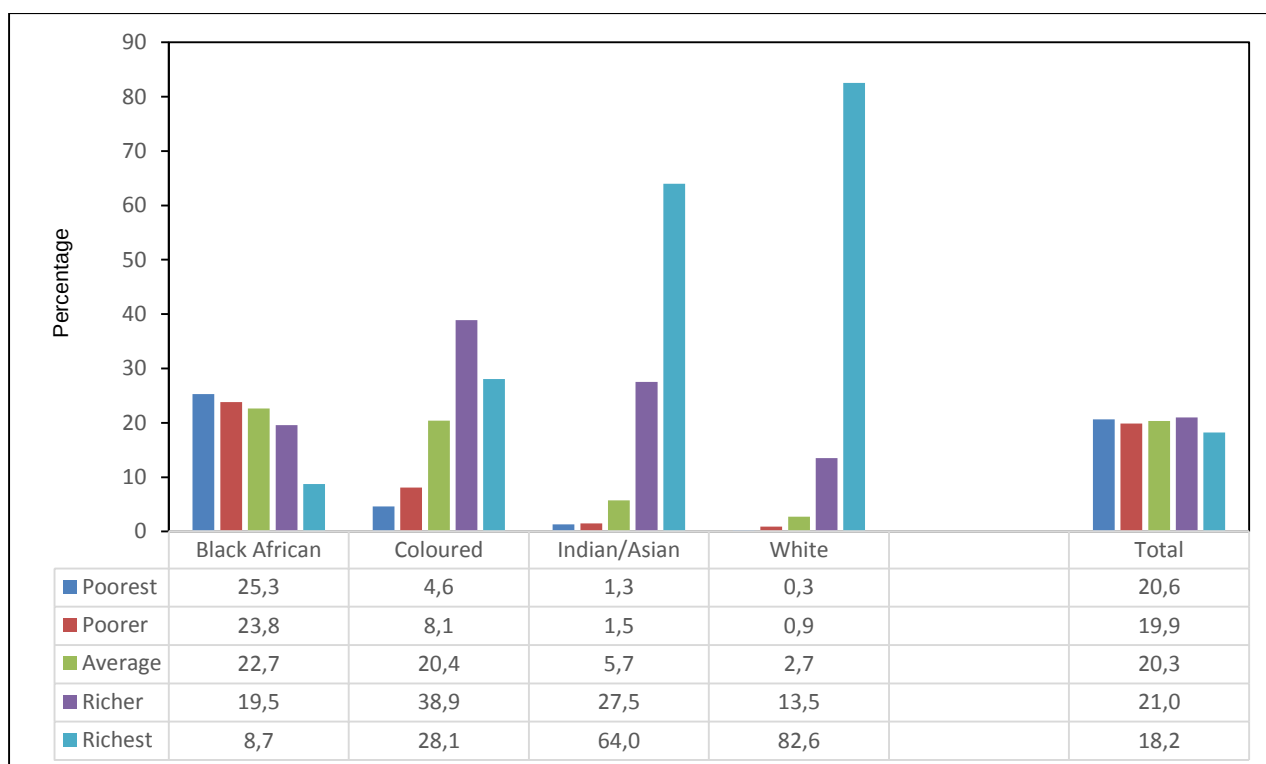


Source: Statistics South Africa

5.4.2 Socio-economic status by population group

Population group dynamics are presented in Figure 5.13 and the results show a picture of how the legacy of apartheid is still affecting the population. Whilst almost half of the black Africans with severe disabilities resided in households classified as poor (49,1%), representing 40% of black African households, majority of the white and Indian/Asian persons with severe disabilities resided in households classified as richest (82,6% and 64% respectively).

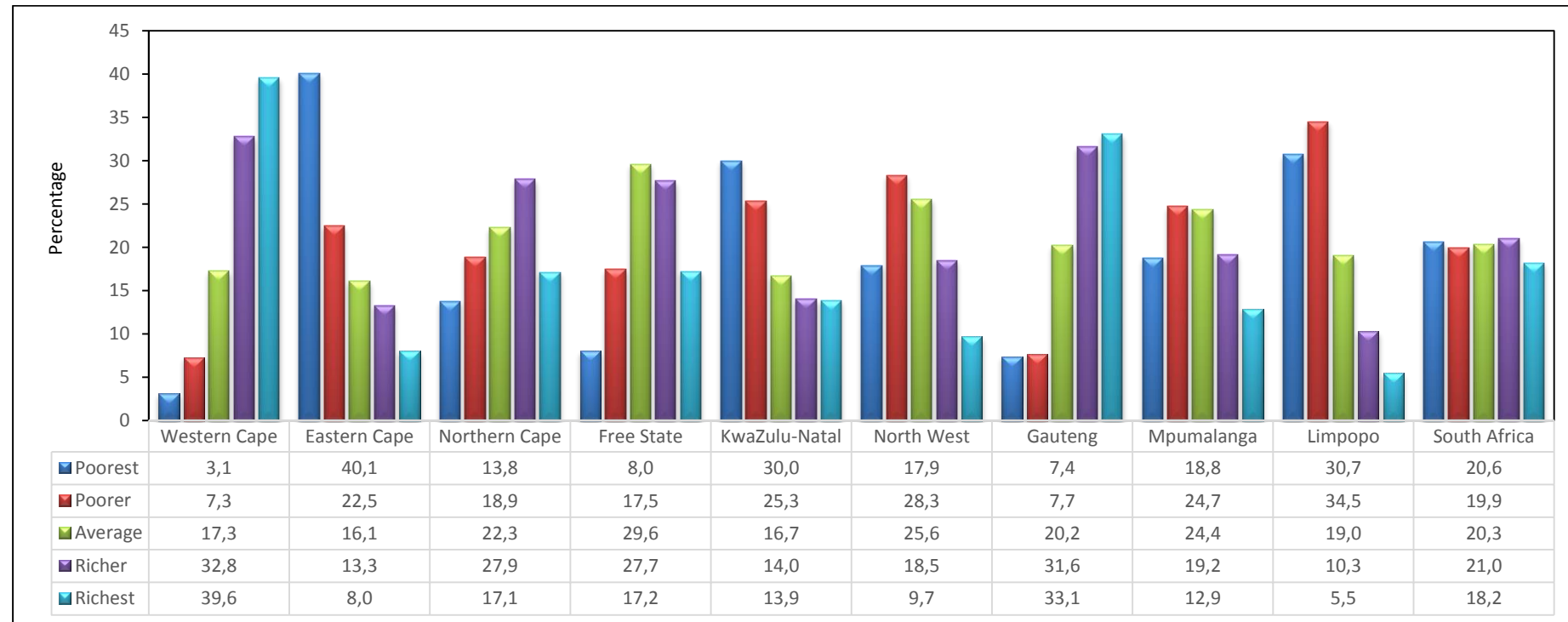
Figure 5.12: Distribution of persons aged 5 years and older with broad disabilities, by household wealth status and population group: CS 2016



Source: Statistics South Africa

5.4.3 Socio-economic status by province

Depending on which province you reside in as a person with disability, your household wealth status can differ significantly as shown in Figure 5.14. Over two-fifths (40,1%) of persons with severe disabilities in the Eastern Cape were residing in the poorest households. In contrast, a similar proportion of persons with disabilities (39,6%) in the Western Cape were residing in households classified as richest. Person with disabilities in Gauteng were mostly residing in richer (31,6%) or richest (33,1%) households and KwaZulu-Natal (30%) and Limpopo (30,7%) had high proportions of persons with disabilities residing in households classified as poorest.

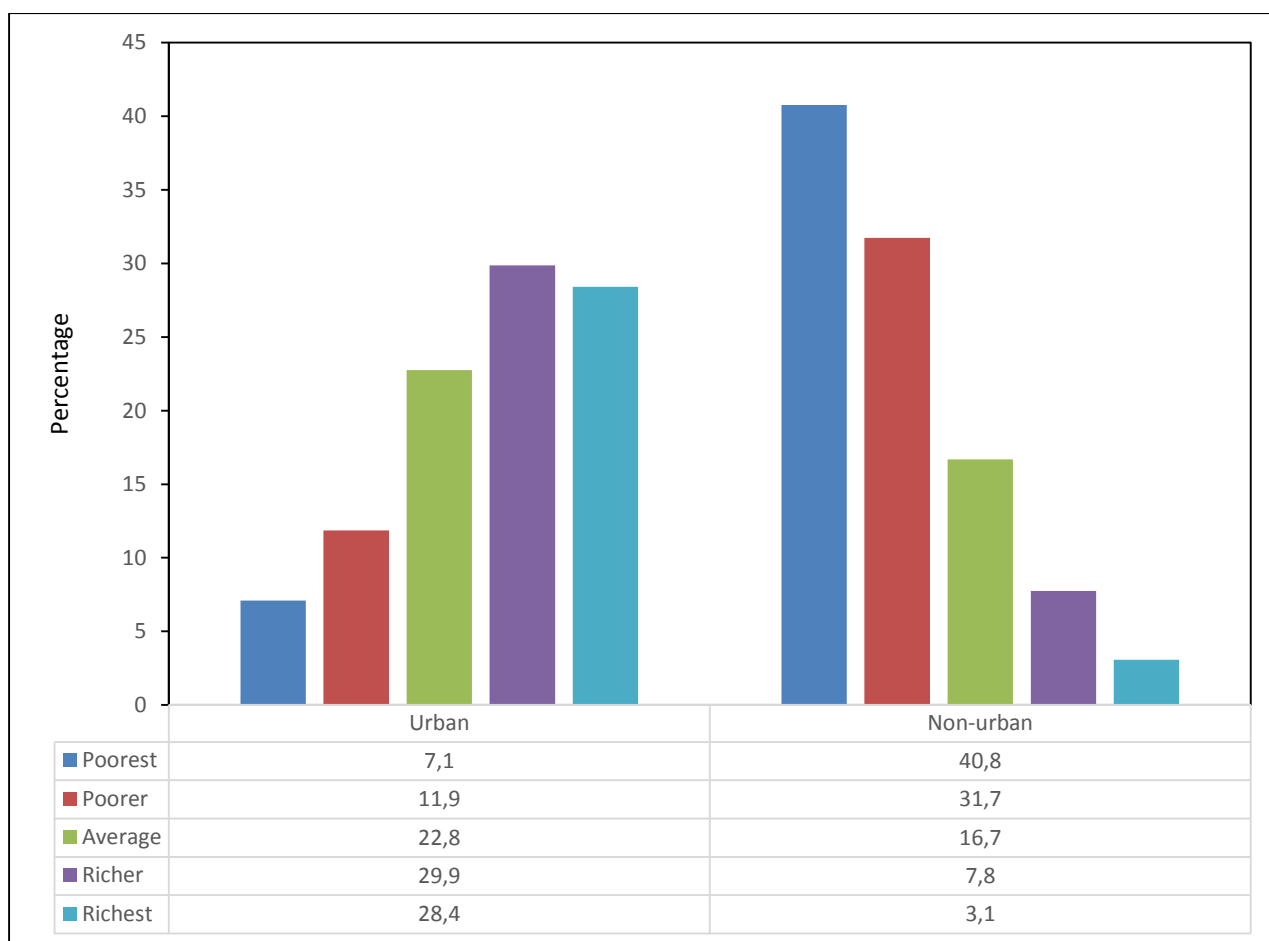
Figure 5.13: Percentage distribution of persons with disabilities by household wealth status and province: CS 2016**Source:** Statistics South Africa

5.4.4 Socio-economic status by geography type

As expected in the general population, the largest percentages of persons with disabilities who resided in non-urban areas (72,5%) were part of households classified as poor. In contrast, about 11% were part of wealthy households.

The urban population profile reflects that more than 60,7% of persons with severe disabilities were part of 20% households regarded as rich. About 19% of persons with severe disabilities in urban areas were residing in households classified as poor. As expected, the results showed a clear divide between urban and non-urban areas.

Figure 5.14: Percentage distribution of persons with disabilities by household wealth status and geography type: CS 2016



Source: Statistics South Africa

5.5 Living arrangements by grouped categories

Based on the disability threshold of severe disabilities, results presented in Table 5.4 and Figure 5.16 show the living arrangements of persons with and without disabilities. Looking at persons with severe disabilities, about 76% resided in nuclear households and 10% in single member households whilst those in multi-generational households constituted about 8%. It is surprising to see such high proportion of persons with severe disabilities residing alone. The proportion of persons with disabilities who were single member households (9,6%) was larger than those without disabilities (8,2%).

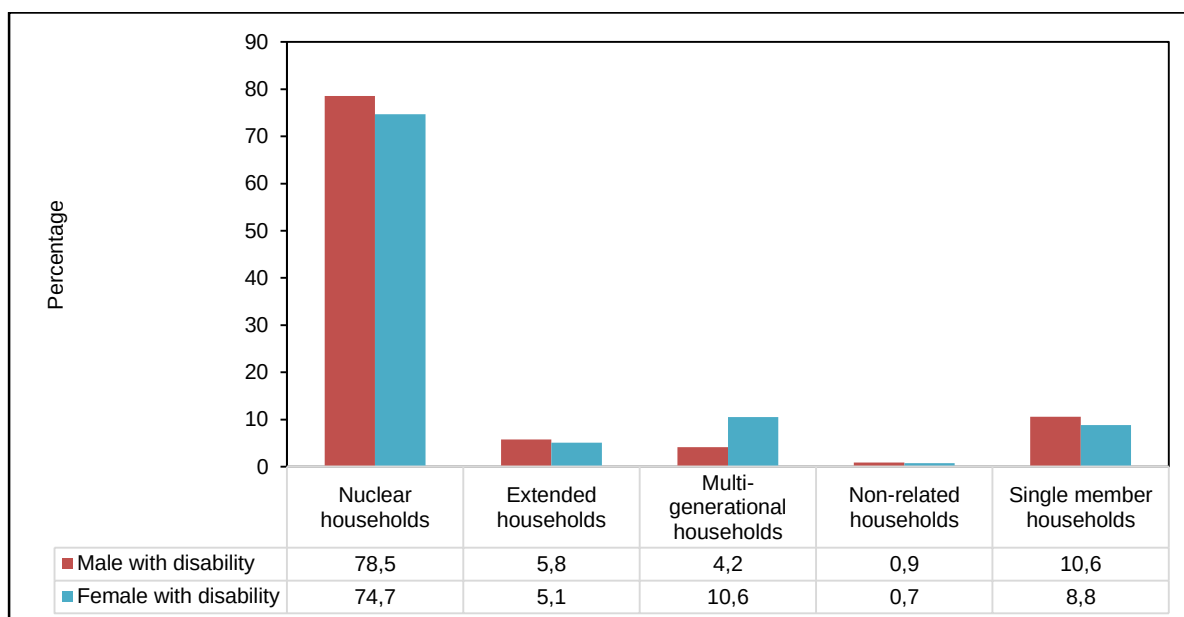
Table 5.4: Distribution of persons aged 5 years and above by living arrangement: CS 2016

Living arrangements	Without disability	With disability	Total	Without disability	With disability	Total
Nuclear households	37 916 806	1 660 016	39 576 822	79,9	76,3	79,7
Extended households	3 029 553	117 316	3 146 869	6,4	5,4	6,3
Multi-generational households	2 140 034	170 803	2 310 837	4,5	7,9	4,7
Non-related households	482 340	17 729	500 069	1,0	0,8	1,0
Single member households	3 868 877	208 404	4 077 281	8,2	9,6	8,2
Unspecified	30 846	1 305	32 150	0,1	0,1	0,1
Total	47 468 455	2 175 572	49 644 027	100,0	100,0	100,0

Source: Statistics South Africa

Table 5.5 and Figure 5.16 present findings on sex variations in living arrangements among persons with and without disabilities. The results showed that for both male and female persons with disabilities, nuclear households were more prevalent (78,5% and 74,7% respectively). Results showed that 4% of males with disabilities resided in households that were multi-generational, lower than the proportion of females (10,6%). Looking at single member households, they constituted more males (10,6%) compared to females (8,8%).

Figure 5.15: Percentage distribution of persons with disabilities by household composition and sex: CS 2016



Source: Statistics South Africa

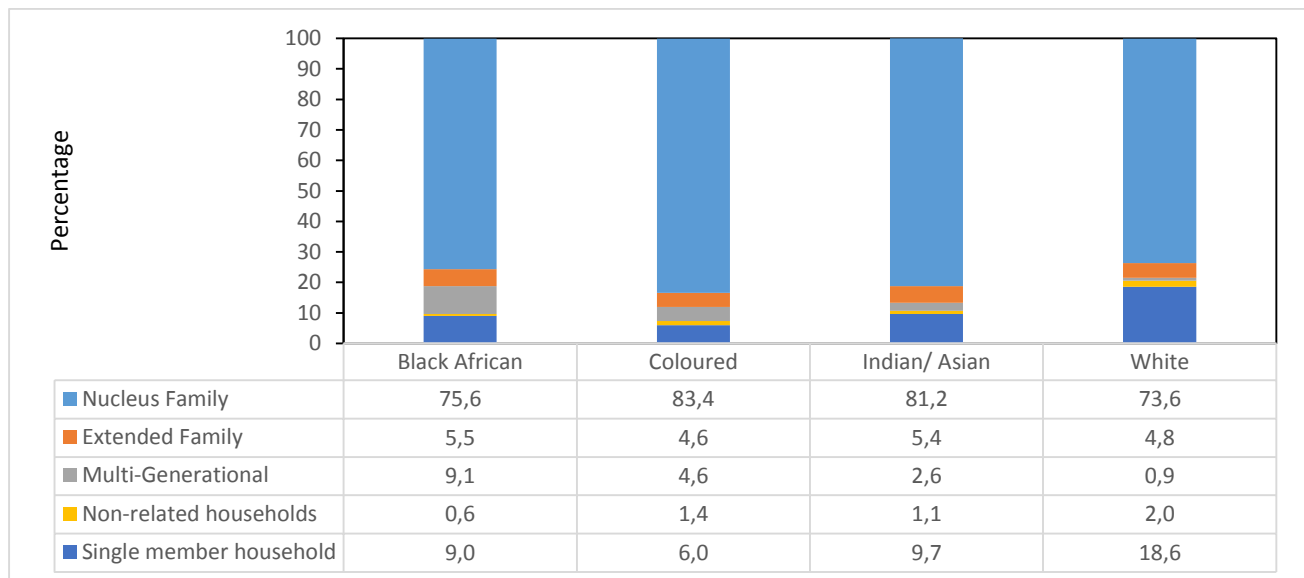
Table 5.5: Distribution of persons aged 5 years and above by living arrangement and sex: CS 2016

Living arrangement	Male			Female			Total		
	Without disability	With disability	Total	Without disability	With disability	Total	Without disability	With disability	Total
Nuclear households	17 957 360	723 356	18 680 716	19 959 446	936 660	20 896 106	37 916 806	1 660 016	39 576 822
Extended households	1 653 655	53 234	1 706 889	1 375 898	64 082	1 439 979	3 029 553	117 316	3 146 869
Multi-generational households	914 405	38 300	952 705	1 225 628	132 504	1 358 132	2 140 034	170 803	2 310 837
Non-related households	282 158	8 421	290 580	200 182	9 307	209 489	482 340	17 729	500 069
Single member households	2 471 574	97 403	2 568 977	1 397 303	111 001	1 508 304	3 868 877	208 404	4 077 281
Total	23 279 152	920 714	24 199 867	24 158 457	1 253 553	25 412 010	47 437 610	2 174 268	49 611 877

Source: Statistics South Africa

Table 5.6 and Figure 5.17 show population by disability status, population group and living arrangements/household composition. Focusing on persons with severe disabilities, the results depicted a pattern similar to that in the broad definition of disability as well as UN Disability Index. In all population groups, nuclear households dominate followed by single member households. However, variations were observed in multi-generational and single member households. Whilst single member households were predominantly observed in the white population group, constituting about 19%, multi-generational households were more prevalent in black African population group (9%).

Figure 5.16: Percentage distribution of persons with disabilities by household composition and population group: CS 2016



Source: Statistics South Africa

Table 5.6: Distribution of persons aged 5 years and above by living arrangement and population group: CS 2016

Population group & disability status	Nuclear households	Extended households	Multi-generational households	Non-related households	Single member households	Unspecified	Total
Black African							
Without disability	29 658 550	2 705 796	2 007 575	375 672	3 165 367	22 594	37 935 553
With disability	1 314 066	96 263	158 608	10 751	156 547	1 084	1 737 318
Total	30 972 616	2 802 059	2 166 183	386 423	3 321 914	23 677	39 672 872
Coloured							
Without disability	3 776 795	152 924	95 142	41 823	171 591	4 369	4 242 643
With disability	163 506	9 114	9 040	2 667	11 721	101	196 148
Total	3 940 301	162 038	104 181	44 490	183 312	4 469	4 438 791
Indian/ Asian							
Without disability	1 053 530	53 718	15 382	9 278	87 549	922	1 220 378
With disability	44 358	2 973	1 414	580	5 278	0	54 603
Total	1 097 888	56 691	16 796	9 858	92 827	922	1 274 981
White							
Without disability	3 427 931	117 116	21 936	55 568	444 370	2 961	4 069 881
With disability	138 087	8 965	1 741	3 731	34 858	120	187 503
Total	3 566 017	126 081	23 677	59 298	479 228	3 082	4 257 383
Grand total							
Without disability	37 916 806	3 029 553	2 140 034	482 340	3 868 877	30 846	47 468 455
With disability	1 660 016	117 316	170 803	17 729	208 404	1 305	2 175 572
Total	39 576 822	3 146 869	2 310 837	500 069	4 077 281	32 150	49 644 027

Source: Statistics South Africa

5.6 Conclusion

It is clear that use of threshold of persons with “a lot of difficulty in functioning” and “cannot do at all” in the six functional domains measured results in lower disability prevalence. Based on this model of severe disability, the national disability prevalence was 4,3 % in Census 2011 and 4,4% in CS 2016.

The results on access to education suggest that persons with disabilities are still faced with challenges relating to accessing education. A total of 129 137 persons with severe disabilities in 2011 and 135 147 in 2016 were not attending school, constituting about 2,6%. Looking at attendance by selected attributes, results showed that black Africans were the most disadvantaged compared to other population groups. About 2,7% of black African persons with severe disabilities were not attending school compared to 2,2% among whites, 1,9% among coloured people and Indians/Asians. Gaps continue to exist between urban and non-urban areas. The findings showed that persons with severe disabilities residing in non-urban areas were more likely not to be attending school than their counterparts in urban areas. About 3,3% of the persons aged 5–24 years with severe disabilities were not attending school compared to the 2,2% in urban areas.

The findings further revealed that among those attending school, about 6,8% of persons with severe disabilities aged 5–24 years old used vehicles offered by institution to the educational institution they were attending, followed by those that utilised government vehicles (4%).

Results on educational attainment revealed that gaps still exist between persons with severe disabilities and those with no disability. The results show clearly that there was lower proportion of persons with severe disabilities completing primary and secondary education respectively (grade 7, NTC111 and matric/grade 12) as compared to those without disabilities. Trends revealed that over time, persons completing grade 12 increased for both persons with and without severe disabilities and the gap between the two groups has slightly narrowed.

Analysis based on persons with severe disabilities and various attributes such as sex, population group, and province and geography type by socioeconomic status showed wide inequalities across groups. In terms of population group, the majority of the black African population with disabilities resided in households classified as poorest, whilst their white counterparts were residing in households classified as richest.

The findings on provincial and geographical type classifications confirmed that differences between richer and poorer provinces still exist. For example persons with severe disabilities residing in Eastern Cape, KwaZulu-Natal and Limpopo were largely from poorest households whilst those in Western Cape and Gauteng were residing in households classified as richest. The findings on geography type confirmed the gaps between urban and non-urban areas. Seven in ten persons (73,6%) with severe disabilities residing in non-urban areas were from households classified as poor. On the contrary, the urban profile revealed that more than 60% of persons with severe disabilities were from rich households. About 17% of persons with severe disabilities in urban areas were residing in households classified as poor. The results showed a clear divide between urban and non-urban areas.

Chapter 6: Assistive devices used by persons with disabilities

6.1 Introduction

One of the outcomes of the implementation of disability policy in South Africa: White Paper on the Rights of Persons with Disabilities(WPRPD) is that all persons with disabilities irrespective of age, sex, type of disability, race, participate fully and equally in mainstream social and economic life. This outcome can only be achieved if persons with disabilities that require assistive technology have access and can afford to secure assistive devices (ADs). Assistive devices help persons with disabilities in particular those with severe disabilities to enhance their quality of life by promoting independence. Independence of persons with severe disabilities in turn translates into prospects of individual development such as pursuing education and training and, accessing employment opportunities. Above all, assistive devices enable persons with disabilities to interact with society, dismantling barriers that hinder effective enjoyment of rights by persons with disabilities²⁹. Assistive devices are key mechanisms by which persons with disabilities can participate as equal citizens in any society. Use of assistive devices among persons with severe disabilities removes environmental barriers and increases their participation in a number of activities. On the contrary, lack of, or inadequate assistive devices restricts participation, leading to social isolation. Literature has also shown that the use of assistive devices not only makes persons with disabilities more independent and improves their quality of life, but also frees up the time of their family members to pursue other productive activities³⁰.

Globally, statistics on assistive devices use and need are however scarce³¹. In South Africa, data gaps still exist in terms of how many people use, and have the unmet need for assistive devices. Generally, with the ever advancing technology, assistive technologies to support persons with disabilities have also evolved. There is a wide range provided in the five broad categories of motor, vision, hearing, cognitive and communication disabilities. The devices range from low-tech to advanced technologies.

Successful implementation of policies pertaining to improving accessibility for persons with disabilities hinges largely on availability of statistics on disability prevalence and assistive device usage. Since the inception of democracy in South Africa, a number of policies and programmes have been put in place to mitigate barriers that limit participation and inclusion of persons with disabilities. For example, the national guidelines on the standardisation of provision of assistive devices stipulated in the National Rehabilitation Policy is aimed at ensuring that quality is adhered to during production and acquisition of assistive devices. South Africa is one of the countries with standard guidelines on provision of assistive devices³².

²⁹ Department of Social Development: White paper on the Rights of persons with disabilities; 2016

³⁰ People with disabilities in Indonesia, 2013: Empirical facts and implications for social protection policies

³¹ Yeung et al (2016): Use of and self - perceived Need for assistive devices in individuals with disabilities in Taiwan

³² Standardization of provision of assistive devices in South Africa; Department of Health

This chapter profiles use of assistive devices for various categories of ADs in the five broad categories of motor, vision, hearing, cognitive and communication;

- Mobility: Wheelchairs, walking sticks/frames/canes;
- Vision: Eyeglasses and
- Hearing: Hearing aids.

The analysis presented below provides insights on assistive device usage and extent of unmet need for assistive devices.

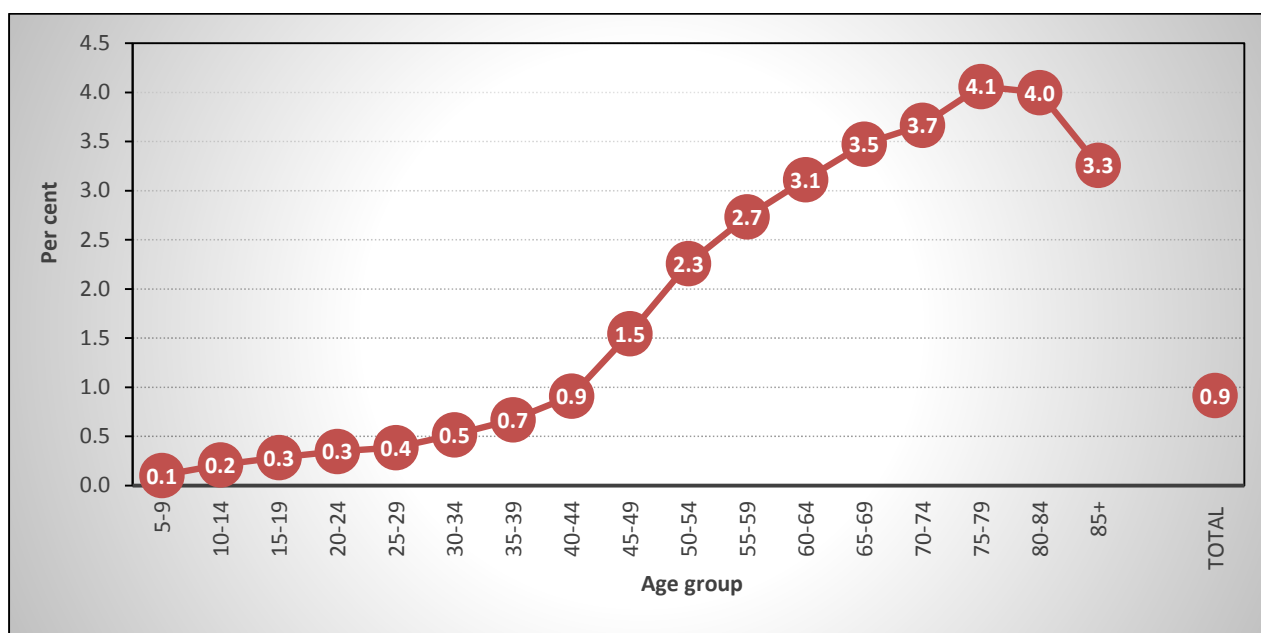
6.2 Sight related assistive devices

There are a number of assistive devices designed to help people with vision loss including eye glasses or contact lenses, screen readers for blind individuals or screen magnifiers for low-vision computer users, and other devices for reading and writing with low vision. With the ever increasing advancements in technology, persons with visual impairments now have more options in terms of assistive technology. This in turn has enabled many with this type of disability to have access to the general curriculum in schools and universities and improved academic performance, and increased chances of job opportunities and career access³³. With the availability and of such assistive technology, persons with vision impairment are afforded independence to compete effectively with peers.

In Community Survey 2016, only one type of sight-related assistive device was asked. All persons aged five years and older in the sample were asked if they were using eye glasses or contact lenses. The profile of those that reported using this type of assistive device is presented below.

Figure 6.1 shows the percentage of persons aged five years and older that reported using eye glasses/contact lenses. The results show that less than a tenth (9,2%) of the population uses eye glasses/contact lenses. Use of this type of assistive device increases with age as expected. This is attributed to reduced vision as people progress into old age. The results revealed that use of eye glasses starts to pick at the age of 40 and becomes more pronounced in older age groups, an indication that elderly persons are disproportionately affected by vision loss. The results depict an expected pattern as it is commonly known that cognitive limitations are more pronounced at older ages. It should be noted that the estimates using eye glasses for older ages may have been underestimated since the institutionalised elderly persons were not included in the survey. This notwithstanding, there is a need to separate persons using them by whether the eyeglasses are for reading or in general for all purposes of improving vision.

³³ Carmen Willings (2017); Teachingvisuallyimpaired.com

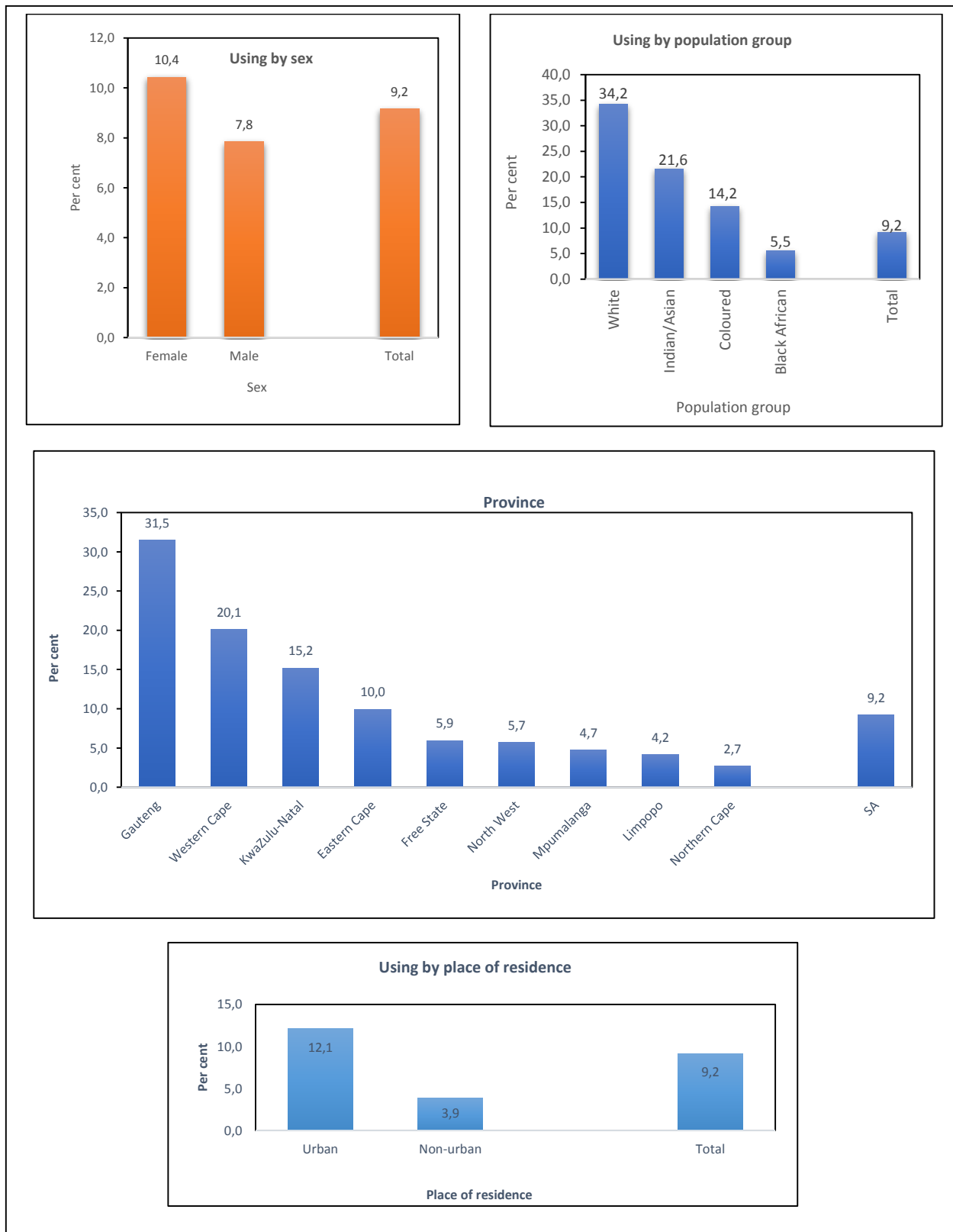
Figure 6.1: Percentage of persons using eye glasses/contact lenses by age: CS 2016

Source: Statistics South Africa

Note: Computation of percentage excluded do not know and unspecified cases

The results presented in Figure 6.2 provide insights on differentials in use of eye glasses or contact lenses. There are apparent sex variations in use of eye glasses, with females depicting higher proportions compared to their male counterparts (10,4% and 7,8% respectively). Population group variations depicts the white population group as having the highest percentage of persons using eyeglasses followed by Indians/Asians (34,2% and 21,6% respectively). Black African population group had the lowest proportion using eyeglasses (5,5%), a figure that is below the national average (9,2%). The high rate of usage of eyeglasses among white and Indians/Asians depicts their economic advantage in accessing eyeglasses compared to other population groups. The provincial profile shows that Gauteng province had the highest proportion using eye glasses, with more than a third of persons using eye glasses (31,5%) followed by Western Cape (21%). Results showed that the percentage of persons using eye glasses in urban areas were four percentage higher than the percentage of those using them in non-urban areas (12% and 3,9% respectively).

Figure 6.2: Percentage distribution of persons using eye glasses/contact lenses by sex, population group, province and place of residence: CS 2016



Source: Statistics South Africa

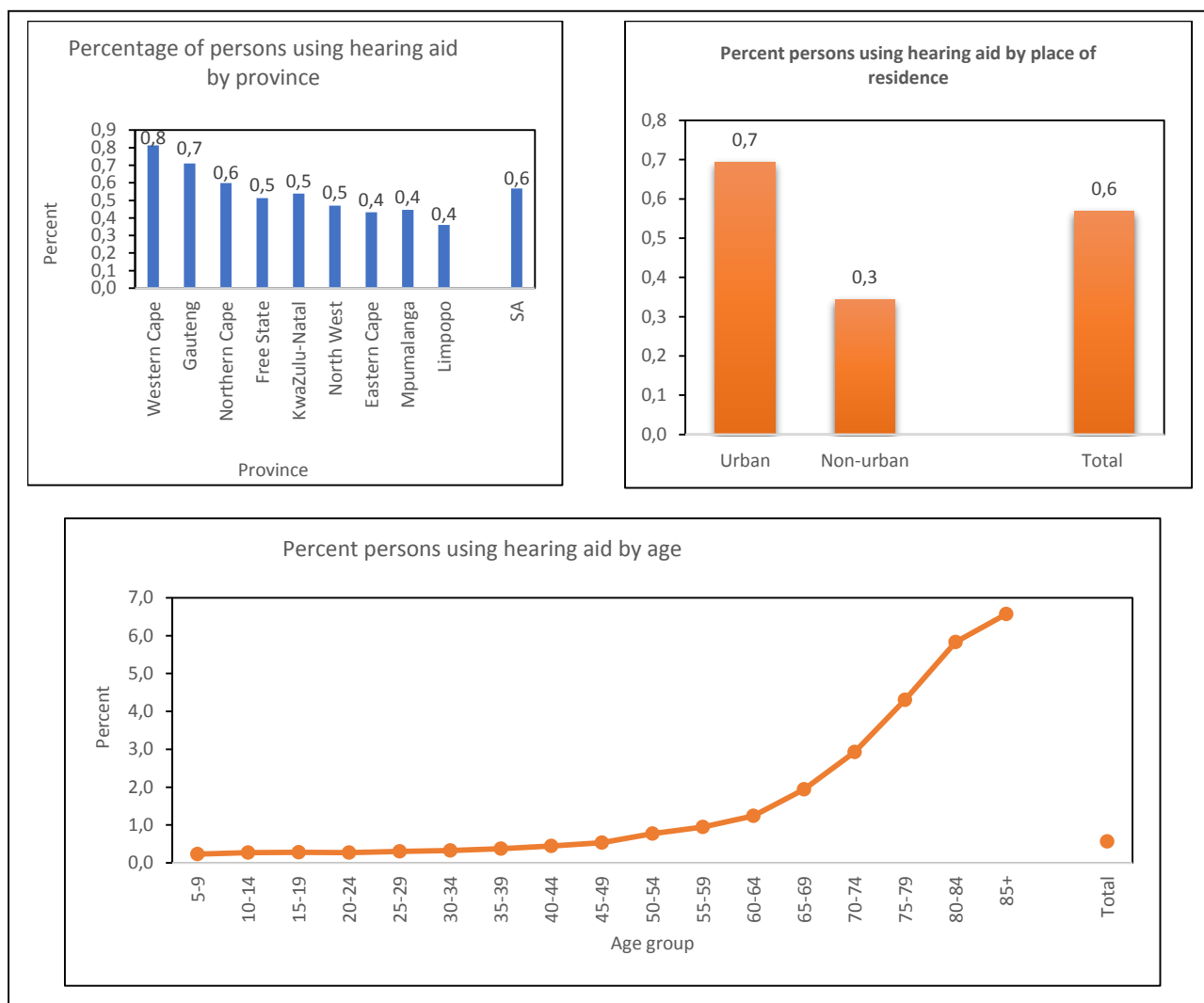
Note: Computation of percentage excluded do not know and unspecified cases

6.3 Hearing related assistive devices

Hearing impairments impacts on the many lives, particularly in old age. For many of those affected by this disability, a hearing aid can greatly enhance communication. There are a number of Assistive Listening Devices (ALDs) that can assist in reducing the barriers to hearing and achieving sound quality.

The results on attributes of persons using hearing aids are presented in Figure 6.3. The national and provincial profile of persons using hearing aids is less than 1% (282 034). It is noted that Western Cape had the highest proportion (0,8%) while Eastern Cape, Mpumalanga and Limpopo provinces had the lowest proportions using hearing aids. Results on place of residence showed that urban areas have higher proportions using hearing aids, a figure that is twice that of non-urban areas (0,7% and 0,3% respectively).

As expected, age patterns on use of hearing aid showed that older ages have the highest proportions using them.

Figure 6.3: Percentage of persons using hearing aids by selected attributes: CS 2016

Source: Statistics South Africa.

Note: Computation of percentage excluded do not know and unspecified cases

6.4 Motor assistive device usage

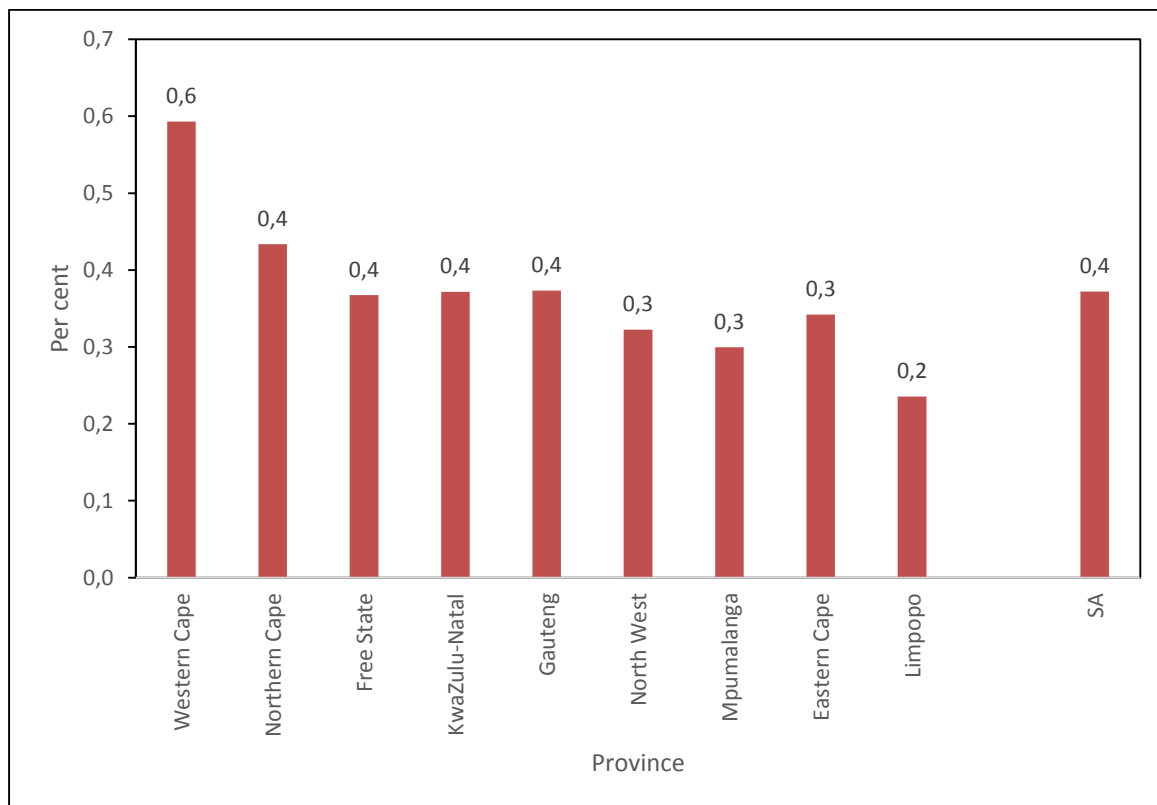
The challenges associated with physical disabilities and movement can be minimised with the use of mobility aids such as wheelchairs, canes, crutches, prosthetic devices and walkers. The use of any of these devices however is dependent on access to such, and the built environment where they reside or visit. Barriers in community buildings, businesses, and workplaces can be removed or modified to improve accessibility. Such modifications include ramps, automatic door openers, grab bars, and wider doorways.

In Community Survey 2016 data, two types of assistive devices associated with physical disabilities were asked about: wheelchair and walking stick/frame. The results on use of the two types of assistive devices are presented in section in Figures 6.4 to 6.10.

6.4.1 Persons using wheelchair

The results in Figure 6.4 show that about 0,4% (184 631) persons were using wheelchairs nationally. The provincial profile showed slight variations, with Western Cape province having the highest proportion and Limpopo province the lowest proportion (0,7% and 0,2% respectively).

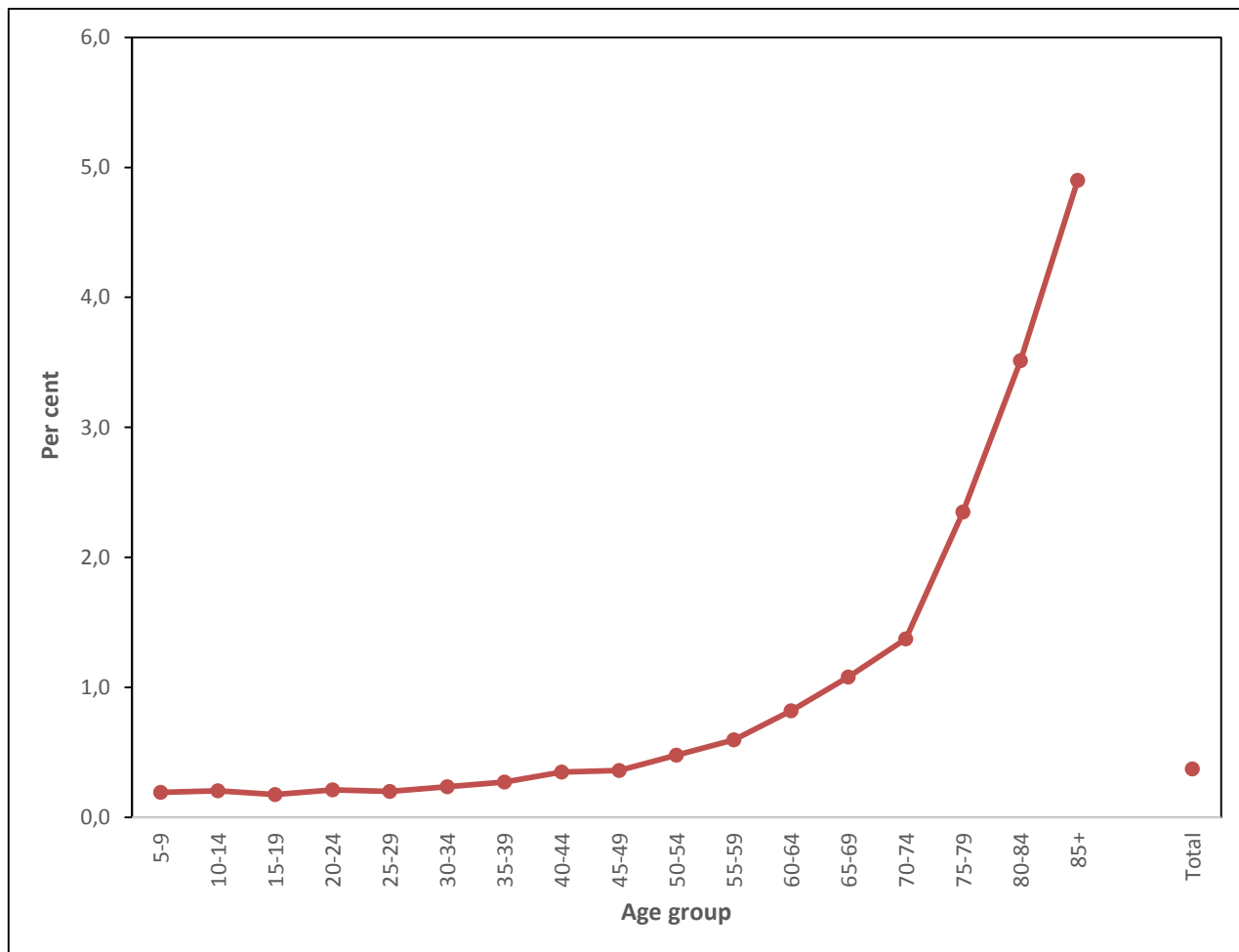
Figure 6.4: Percentage using wheelchair by province: CS 2016



Source: Statistics South Africa.

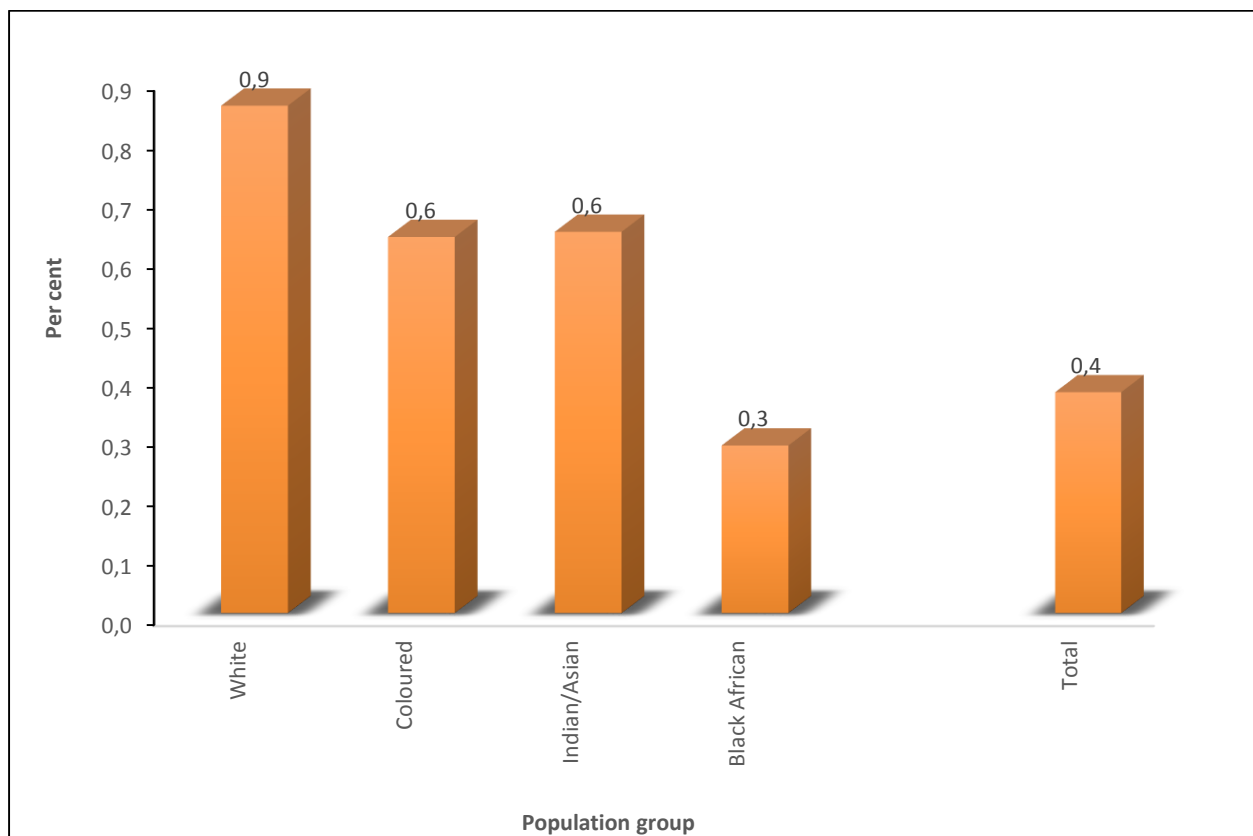
It is noted in Figure 6.5 that the use of wheelchair increases with age and a fairly high proportion of the elderly persons were using a wheelchair.

Figure 6.5: Percentage using wheelchair by age: CS 2016



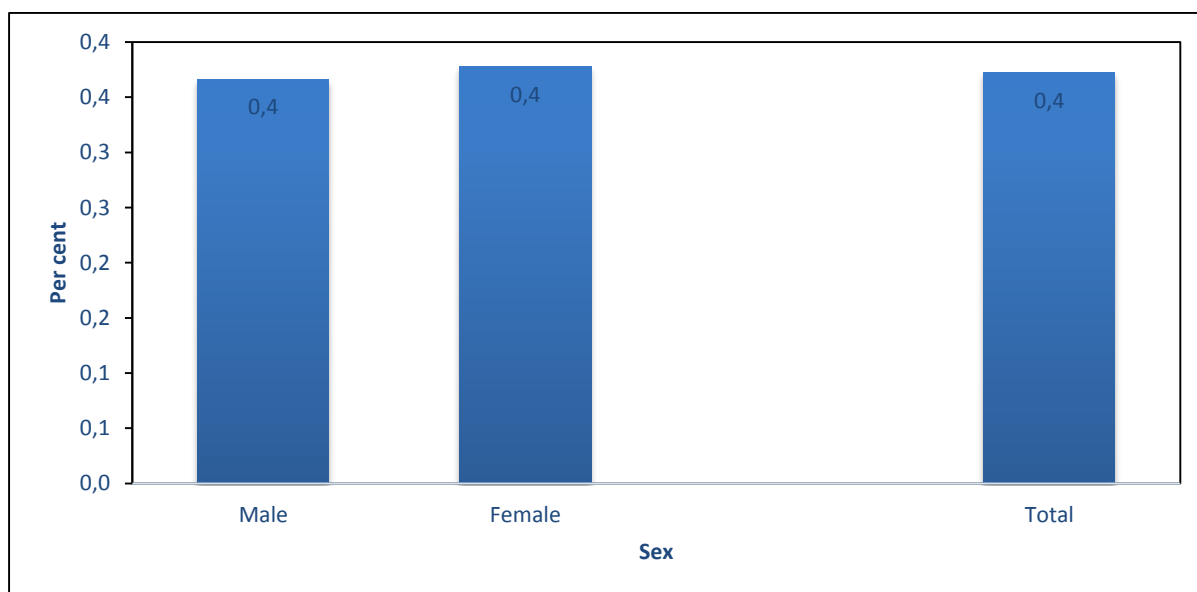
Source: Statistics South Africa.

Population group variations presented in Figure 6.6 showed that a higher proportion of white people use wheelchairs (4,9%). On the contrary black African population group had the lowest proportions using wheelchair (0,3%).

Figure 6.6: Percentage using wheelchair by population group: CS 2016

Source: Statistics South Africa.

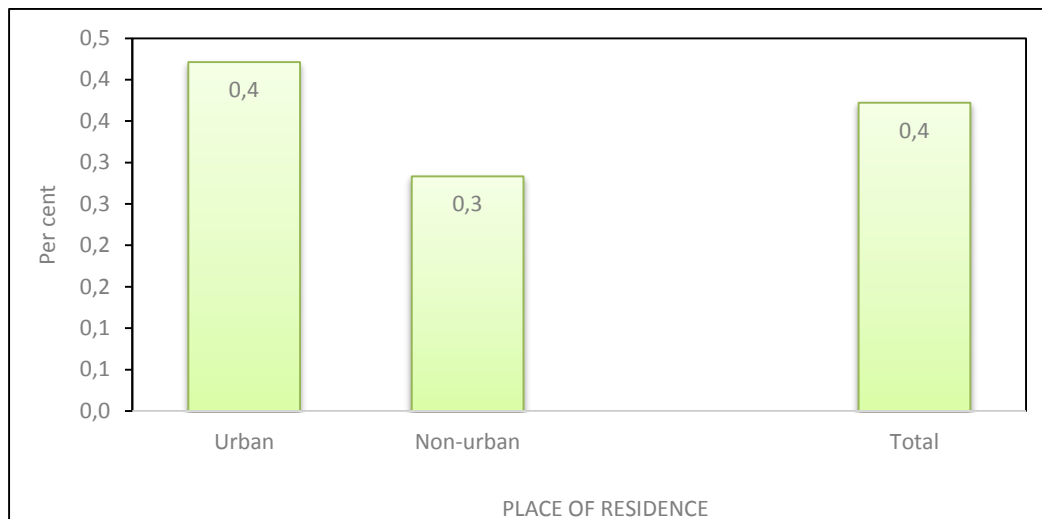
Results presented in Figure 6.7 show that generally, there are no sex variations in persons using wheelchair assistive device.

Figure 6.7: Percentage using wheelchair by sex: CS 2016

Source: Statistics South Africa.

Figure 6.8 shows results on wheelchair usage and place of residence. As expected, results showed that urban areas have higher proportions (0,4%) of usage.

Figure 6.8: Percentage using wheelchair by place of residence: CS 2016

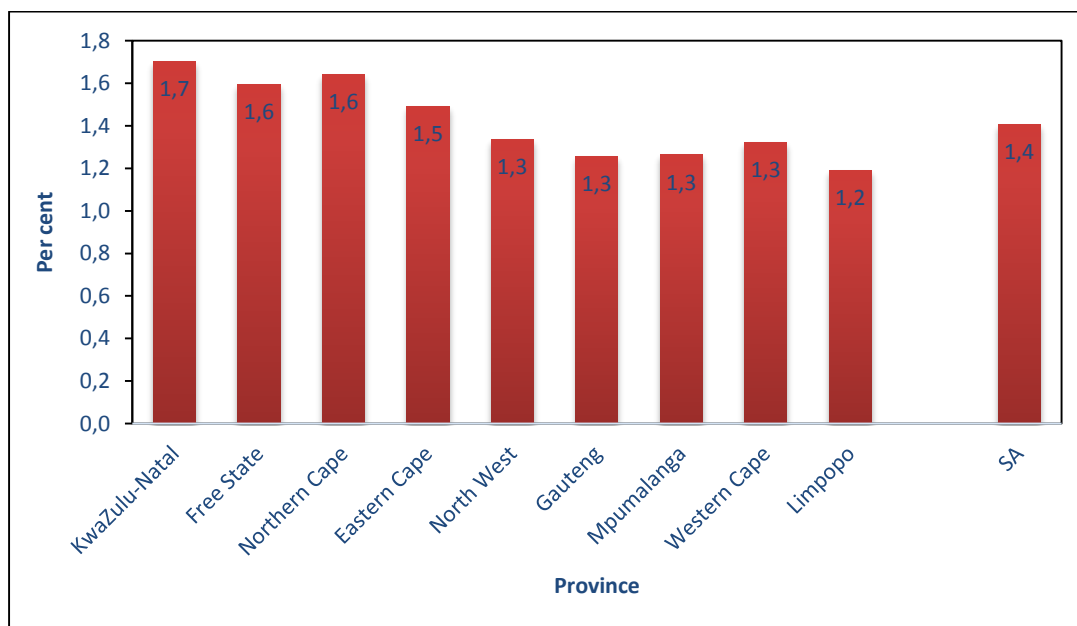


Source: Statistics South Africa.

The results in Figure 6.9 show about 1,5% (697 445) persons reported using a walking stick/frame or crutches. Looking at the provincial profile, Western Cape had the highest proportions of persons using walking stick/frame or crutches. (1,7%) while Limpopo had the lowest proportion (1,2%).

6.4.2 Persons using walking sticks/frames

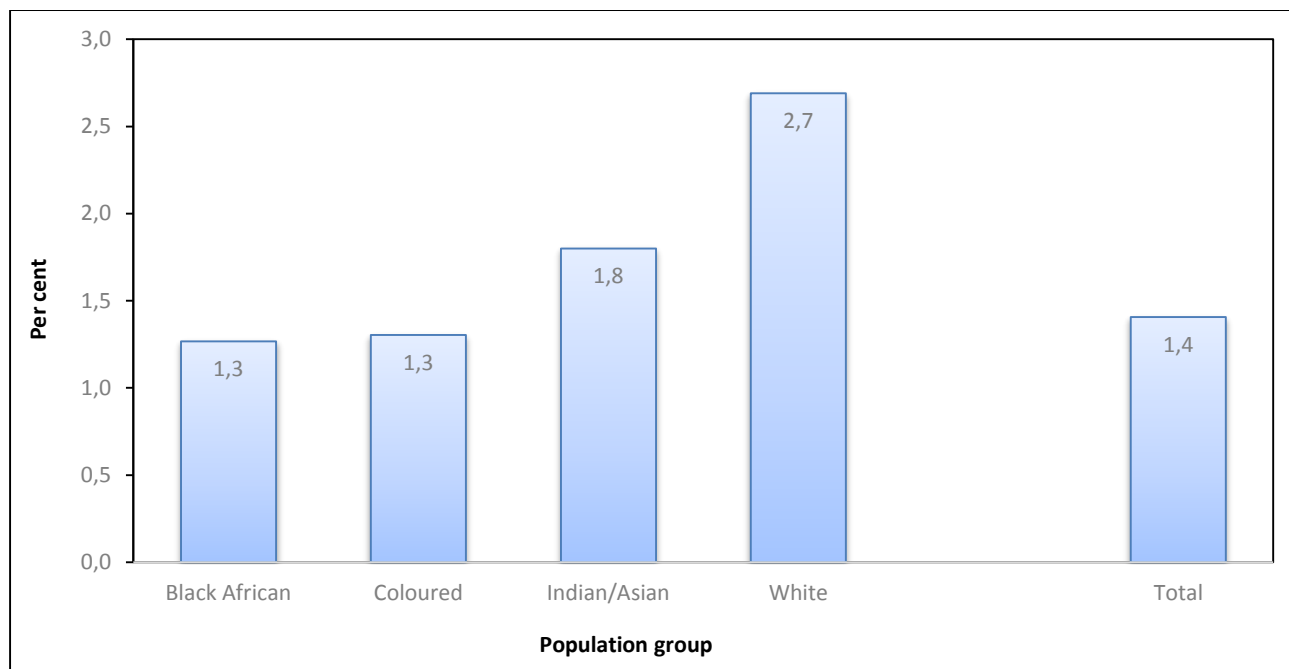
Figure 6.9: Percentage using walking sticks/frames/crutches by province



Source: Statistics South Africa.

The results in Figure 6.10 show the profile of persons using walking stick/ frame by population group. While the white population group had the highest proportion of persons using a walking stick/frame, black African population group had the lowest proportions (2,7% and 1,3% respectively).

Figure 6.10: Percentage using walking stick/frame by population group: CS 2016



Source: Statistics South Africa.

Results presented in Figure 6.11 showed expected age patterns on use of walking stick/frame. Usage increases with age (from about 1% among persons aged 45–49 to more than a quarter (25,5%) among elderly aged 80–84 years).

Figure 6.11: Percentage using walking stick/frame by age: CS 2016

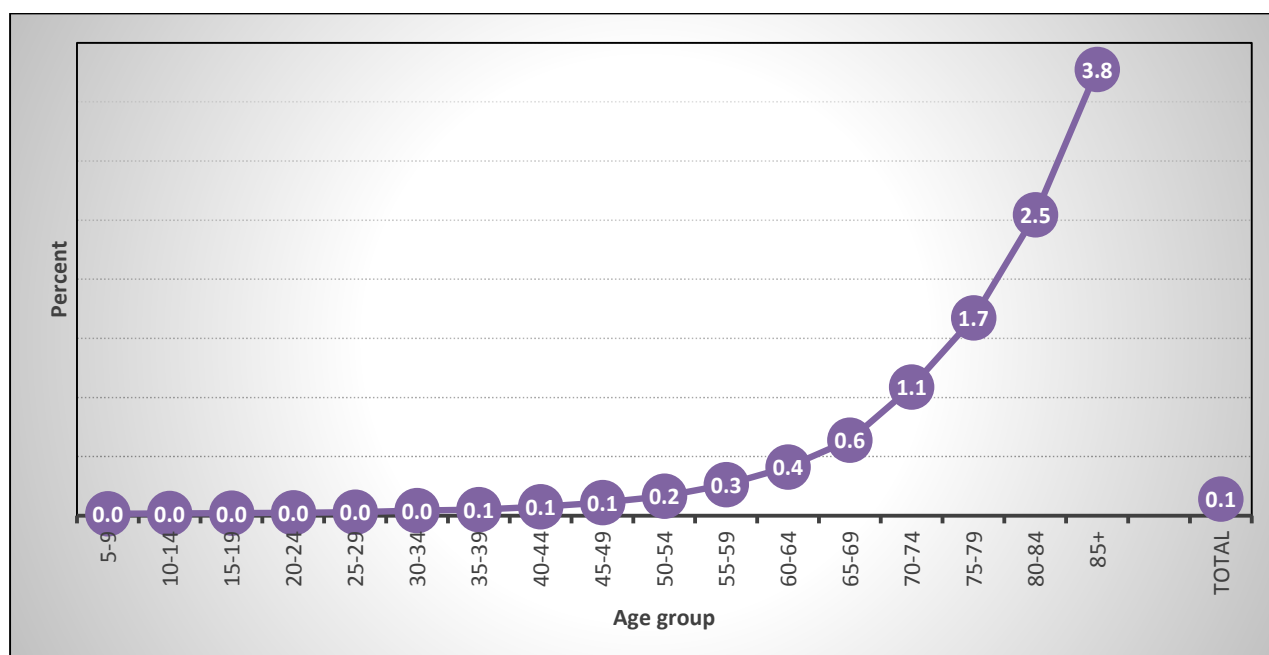
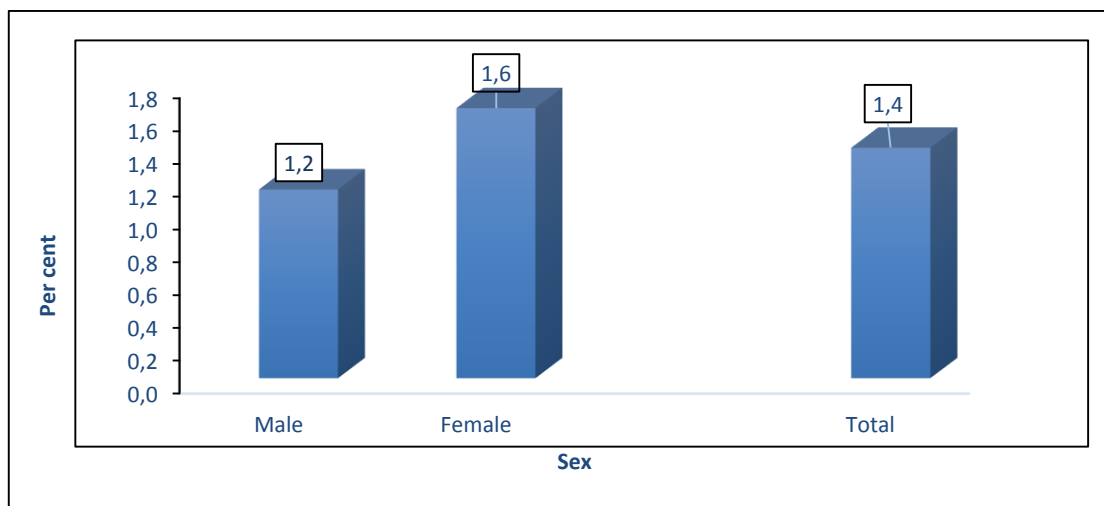


Figure 6.12 shows results on sex variations among persons that reported using walking stick or frame or crutches. It is noted that females had higher proportions (1,6%) using these.

Figure 6.12: Percentage using walking stick/frame by sex: CS 2016



Source: Statistics South Africa.

6.5 Multivariate logistic regression for assistive technology

6.5.1 Eye glasses

Table 6.1 shows the results related to factors associated with the use of eye glasses among persons aged 5 years and older in South Africa. The binary logistic regression shows a significant relationship between the use of eye-glasses and all variables included in the study with the p-value of less than 0.001. The odds ratios among demographic variables indicate that:

- older persons are more likely to use eye-glasses as compared to the reference category (5–9 year olds);
- Females were 1,3 times more likely to use eye-glasses than their male counterparts.
- The odds of using eye glasses vary with population group. Whites are twice more likely to use eye glasses as compared to black Africans. All population groups showed higher likelihood of using eye-glasses than black African population.
- Results on living arrangements showed that persons that live alone, nuclear households and non-related households were more likely to use eye-glasses as compared to those from multi-generational households.
- Both the level of education and household wealth index play a significant role in determining the use of eye-glasses. The odds ratios showed that persons with tertiary, secondary and primary education have the highest probability of using eye-glasses than those with no schooling.
- Wealth index, a derived variable based on household assets revealed that persons from poorest households were less likely to use eye-glasses as compared to those from poorer to richest households. Odd ratios revealed that persons from the upper quintile representing the 20% wealthiest households were four times likely to use eye-glasses than the reference category.
- Odds ratios for place of residence, as expected show that persons residing in urban and farm areas were more likely to use eye-glasses than the reference category (rural areas).

Table 6.1: Binary logistic analysis for persons aged 5 years and older who reported use of eye-glasses by background characteristics: CS 2016

Characteristics	Odds ratio	Standard error	P-value	95% Confidence interval	
				Lower	Upper
Age group					
05–09 [®]	1				
10–19	1,951	0,0048	0,00	1,93	1,97
20–29	2,326	0,0048	0,00	2,30	2,35
30–39	3,376	0,0048	0,00	3,35	3,41
40–49	6,941	0,0047	0,00	6,88	7,01
50–59	18,242	0,0046	0,00	18,08	18,41
60–69	30,030	0,0046	0,00	29,76	30,30
70–79	39,420	0,0049	0,00	39,05	39,80
80–89	46,395	0,0059	0,00	45,86	46,93
90+	42,962	0,0106	0,00	42,08	43,87
Sex					
Male [®]	1				
Female	1,341	0,0012	0,00	1,34	1,34
Population group					
Black African [®]	1				
Coloured	1,499	0,0019	0,00	1,49	1,51
Indian/Asian	1,891	0,0028	0,00	1,88	1,90
White	2,167	0,0017	0,00	2,16	2,18
Family formation					
Nuclear family	1,030	0,0032	0,00	1,02	1,04
Extended family	0,908	0,0041	0,00	0,90	0,92
Multi-generational [®]	1				
Non-related households	1,163	0,0063	0,00	1,15	1,18
Single member household	1,118	0,0036	0,00	1,11	1,13
Level of education					
No schooling [®]	1				
Primary	1,551	0,0029	0,00	1,54	1,56
Secondary	2,128	0,0028	0,00	2,12	2,14
Tertiary	3,660	0,0032	0,00	3,64	3,68
Household wealth					
Poorest [®]	1				
Poorer	1,380	0,0032	0,00	1,37	1,39
Middle	1,914	0,0030	0,00	1,90	1,93
Richer	2,968	0,0029	0,00	2,95	2,99
Richest	4,528	0,0030	0,00	4,50	4,56
Geography type					
Farm areas	1,048	0,0035	0,00	1,04	1,06
Tribal/traditional areas [®]	1				
Urban areas	1,355	0,0020	0,00	1,35	1,36

Source: Statistics South Africa.

Note: [®] =Reference category

6. 5.2 Hearing aid

The results presented Table 6.2 show factors associated with the use of hearing aids. Almost all variables in the model are significant with regard to the use of hearing aids with the p-value of less than 0.001:

- The use of hearing aids is closely associated with the aged. The odd ratios show that as persons grows older, they have higher chances of using hearing aids than those aged 5–9 years old.
- use of hearing aids is more prevalent among males as compared to females.
- Population group variation showed that the use of hearing aids is lower among black Africans as compared to all other population groups. Whites were three times more likely to use hearing aids than black Africans.
- In terms of household composition, persons from multi-generational households were less likely to use hearing aids as compared to other household types.
- Odd ratios for level of education showed that persons with primary, secondary and tertiary education are more likely to use hearing aids than those with no schooling.
- Persons from wealthy households were 1,3 times more likely to use hearing aids than those coming from poorest households.
- Persons urban areas were more likely to use hearing aids compared to persons residing in rural areas.

Table 6.2: Binary logistic analysis for persons aged 5 years and older who reported use of a hearing aid by background characteristics: CS2016

Characteristics	Odds ratio	Standard error	P-value	95% Confidence interval	
				Lower	Upper
Age group					
05–09 [®]	1				
10–19	1,130	0,0110	0,00	1,11	1,16
20–29	1,111	0,0118	0,00	1,09	1,14
30–39	1,246	0,0118	0,00	1,22	1,28
40–49	1,601	0,0116	0,00	1,57	1,64
50–59	2,575	0,0111	0,00	2,52	2,63
60–69	4,380	0,0109	0,00	4,29	4,48
70–79	9,169	0,0109	0,00	8,97	9,37
80–89	17,991	0,0120	0,00	17,57	18,42
90+	24,290	0,0189	0,00	23,41	25,21
Sex					
Male [®]	1				
Female	0,917	0,0038	0,00	0,91	0,92
Population group					
Black African [®]	1				
Coloured	1,312	0,0077	0,00	1,29	1,33
Indian/Asian	1,898	0,0102	0,00	1,86	1,94
White	3,225	0,0063	0,00	3,19	3,27
Family formation					
Nuclear family	1,169	0,0107	0,00	1,15	1,19
Extended family	1,213	0,0135	0,00	1,18	1,25
Multi-generational [®]	1				
Non-related households	1,135	0,0220	0,00	1,09	1,19
Single member household	1,398	0,0117	0,00	1,37	1,43
Level of education					
No schooling [®]	1				
Primary	1,067	0,0086	0,00	1,05	1,09
Secondary	1,073	0,0082	0,00	1,06	1,09
Tertiary	1,261	0,0097	0,00	1,24	1,29
Household wealth					
Poorest [®]	1				
Poorer	1,037	0,0087	0,00	1,02	1,06
Middle	1,104	0,0086	0,00	1,09	1,12
Richer	1,160	0,0087	0,00	1,14	1,18
Richest	1,330	0,0091	0,00	1,31	1,35
Geography type					
Farm areas	1,003	0,0109	0,76	0,98	1,03
Tribal/traditional areas [®]	1				
Urban areas	1,185	0,0068	0,00	1,17	1,20

Source: Statistics South Africa.

Note: [®] =Reference category

6.5.3 Wheelchair usage

Table 6.3 presents results on logistic regression depicting factors associated with the use of a wheelchair in South Africa. The results show significant a relationship between all factors and the use of a wheelchair, with p-value of less than 0.001 across almost all variables in the model. Results showed that:

- Age odd ratios showed that the oldest old were more likely to use a wheelchair compared to those aged 5–9 years old.
- The results on sex variable showed that males were more likely to use a wheelchair as compared to females.
- Looking at population group variations, whites were two times more likely to use a wheelchair than the reference category (black Africans).
- In terms of education, persons with disabilities that had no formal education were more likely to use a wheelchair compared to those with formal education.
- Wealth status showed persons with disabilities from the poor of the poorest households were less likely to use a wheelchair compared with those from wealthy households.
- Lastly persons using wheelchair are more likely to be found in urban and farms areas compared to persons that are in tribal/ traditional areas.

Table 6.3: Binary logistic analysis for persons aged 5 years and older who reported use of a wheel-chair by background characteristics: CS 2016

Characteristics	Odds ratio	Standard error	P-value	95% Confidence interval	
				Lower	Upper
Age group					
05–09 [®]	1				
10–19	1,263	0,0123	0,00	1,23	1,29
20–29	1,580	0,0132	0,00	1,54	1,62
30–39	1,816	0,0131	0,00	1,77	1,86
40–49	2,213	0,0128	0,00	2,16	2,27
50–59	2,828	0,0124	0,00	2,76	2,90
60–69	4,343	0,0122	0,00	4,24	4,45
70–79	7,407	0,0126	0,00	7,23	7,59
80–89	15,527	0,0137	0,00	15,12	15,95
90+	23,912	0,0194	0,00	23,02	24,84
Sex					
Male [®]	1				
Female	0,872	0,0048	0,00	0,86	0,88
Population group					
Black African [®]	1				
Coloured	1,869	0,0079	0,00	1,84	1,90
Indian/Asian	1,744	0,0131	0,00	1,70	1,79
White	2,262	0,0084	0,00	2,23	2,30
Family formation					
Nuclear family	1,115	0,0112	0,00	1,09	1,14
Extended family	1,398	0,0142	0,00	1,36	1,44
Multi-generational [®]	1				
Non-related households	1,553	0,0232	0,00	1,48	1,63
Single member household	0,928	0,0134	0,00	0,90	0,95
Level of education					
No schooling [®]	1				
Primary	0,406	0,0078	0,00	0,40	0,41
Secondary	0,262	0,0075	0,00	0,26	0,27
Tertiary	0,217	0,0116	0,00	0,21	0,22
Household wealth					
Poorest [®]	1				
Poorer	1,159	0,0094	0,00	1,14	1,18
Middle	1,333	0,0094	0,00	1,31	1,36
Richer	1,404	0,0096	0,00	1,38	1,43
Richest	1,396	0,0104	0,00	1,37	1,43
Geography type					
Farm areas	1,028	0,0132	0,04	1,00	1,05
Tribal/traditional areas [®]	1				
Urban areas	1,195	0,0076	0,00	1,18	1,21

Source: Statistics South Africa.

Note: [®] =Reference category

6.6 Conclusion

The findings based on bivariate analysis on assistive device usage showed that in CS 2016, less than a tenth of the population aged five years and older use eye glasses/contact lenses, less than 1% use hearing aid, about 0,4% were using wheelchairs and about 1,5% persons reported using a walking stick/frame or crutches.

Looking at differentials in assistive device usage, usage generally increases with age. Among persons using eye glasses, females had higher percentage compared to males. Usage varied by population group black African and white population groups depicting higher usage compared to other population groups. Provincial variations showed that in all four assistive devices, urban provinces (Gauteng and Western Cape provinces) had the highest proportion using assistive devices while non-urban provinces recorded low usage.

Multivariate analysis was undertaken to determine factors associated with assistive device usage. Results revealed that usage is associated with age, sex, population group, level of education, place of residence, living arrangements, and socioeconomic status. In terms of age, older persons were more likely to use assistive devices compared to those age 5–9 years. It was noticed that with exception of wheelchair assistive device, females more likely to use them than their male counterparts. Usage of assistive devices varied across population groups. Findings showed that whites were more likely to use assistive compared to black Africans. Results on living arrangements showed that persons that live alone or nuclear households were more likely to use an assistive device compared to those from multi-generational households. The findings also showed that there is a relationship between level of education and use of assistive devices, and that persons with formal education were more likely to use assistive devices compared to those with no schooling. Use of assistive devices was more prevalent among persons with disabilities from wealthy households. Lastly, persons residing in urban and farm areas were more likely to use assistive devices compared to those in tribal/traditional (rural) areas. The results suggest that assistive device usage in South Africa is explained by economics and affordability.

Chapter 7: Conclusion and recommendations

7.1 Summary

For full, effective participation and inclusion in society, persons with disabilities require suitable support mechanisms, aids and assistive technologies. The findings on use of assistive technology revealed that cost and affordability seems to remain a critical factor, as reflected in the section on logistic regression. It was noticed that persons from poorest households were less likely to use assistive devices of eye glasses, wheelchairs and hearing aids compared to persons from wealthy households. Looking at socioeconomic status of persons using eye glasses, persons with disabilities from well-off households were four times likely to use eye glasses than those from poorest households. Amongst persons using hearing aids, those from wealthy households were 1,3 times more likely to use hearing aids than those coming from poorest households and a similar pattern was observed among those using wheelchair. The findings show some linkage between socioeconomic status, access to assistive technology and some indicators in education.

7.2 Conclusion

The findings presented in this report are based on various models of deriving disability status and implications on disability prevalence once a specific degree of difficulty threshold is applied. The findings showed that various models of deriving disability status based on a specific degree of difficulty threshold will always give different disability prevalence in a given society. The current WG set of short questions measuring general health and functioning allows us to compute disability status differently, allowing for disaggregation of disability prevalence depending on choice and purpose. As expected, the inclusion of persons with mild difficulties in deriving disability status results in high disability prevalence (16%) and limiting persons with disabilities only to those with severe disabilities leads to a low disability rate (4%). Profiling different disability rates will thus allow different users to select out the preferred disability prevalence statistics to cater for a specific targeted group.

This report highlighted the importance of the inextricability of the association between poverty and disability. The truth facing policy makers at present is that poverty can never be eradicated until persons with disabilities begin to enjoy equal rights with persons without disabilities. It would appear that those living in chronic poverty, among whom persons with disabilities are disproportionately represented, may become even further excluded.

The findings on socioeconomic status of persons with disabilities revealed the impact of disability-based discrimination in the past decades, particularly in the field of education. The results are a reflection of the past discriminatory practices in form of neglect, prejudice and exclusion of persons with disabilities that prevented this group from exercising their social rights in terms of education on an equal basis with persons without disabilities.

The indicators on socioeconomic status of persons with disabilities show that there is slow progress in realising the right of persons with disabilities to participate fully in their societies and to enjoy equal living conditions. In terms of education, we see that challenges pertaining to education attainment and progression from one level

to another still exist. The findings revealed that although there is upward trend in persons with disabilities attaining higher education, the numbers of persons with disabilities progressing to this level of education are still very low. This has direct implications on the human resources development of persons with disabilities and labour market outcomes.

Although policies on promotion of human resource development of persons with disabilities through education and training exist, there seems to be still challenges in implementation of such policies, hence the low percentage completing secondary and higher levels of education. Improving skills for persons with disabilities remains critical if equalization of opportunities is to be realised in this country.

Lastly, the inequalities and exclusions identified need to be addressed

7.3 Recommendations

The findings in this report revealed that despite the strides made in addressing challenges relating to development of persons with disabilities, gaps continue to exist in terms of access to education. More efforts to narrow such gaps are required from all key stakeholders. Stats SA as an official statistics producer needs to augment data collected from household based surveys with administrative data in order to provide for an extensive list of indicators as we move towards providing progress on SDGs targets. It is envisaged this report will be used as a resource in exploring the status of persons with disabilities in South Africa, and most importantly it should contribute towards accelerated efforts in disability mainstreaming into all facets of planning and service delivery.

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Appendices

Appendix 1: Tables on broad definition of disability

Table 1: Disability prevalence by age, Census 2011 and Community Survey 2016

Age group	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
5–9	3 831 282	893 086	4 724 368	5 106 775	508 990	5 615 765
10–14	4 050 016	446 967	4 496 983	4 771 991	414 726	5 186 718
15–19	4 473 022	358 671	4 831 693	4 729 963	370 878	5 100 842
20–24	4 770 855	380 906	5 151 761	4 925 368	373 588	5 298 956
25–29	4 494 226	401 622	4 895 848	4 869 889	407 355	5 277 245
30–34	3 528 720	383 610	3 912 331	4 036 269	416 012	4 452 281
35–39	2 973 890	402 984	3 376 874	3 423 065	422 039	3 845 104
40–44	2 395 440	474 289	2 869 729	2 768 676	489 950	3 258 626
45–49	1 910 275	640 653	2 550 928	2 146 059	634 833	2 780 893
50–54	1 461 273	700 815	2 162 088	1 602 820	730 275	2 333 095
55–59	1 102 890	650 744	1 753 634	1 232 501	740 264	1 972 765
60–64	804 978	548 144	1 353 123	871 166	700 470	1 571 636
65–69	516 732	415 485	932 217	573 161	605 055	1 178 216
70–74	355 320	370 790	726 110	334 060	490 073	824 134
75–79	199 313	263 545	462 858	163 574	322 460	486 034
80–84	112 001	192 547	304 548	63 191	187 652	250 843
85+	74 268	155 860	230 128	37 567	173 311	210 878
Total	37 054 504	7 680 717	44 735 221	41 656 096	7 987 932	49 644 027

Table 2: Disability prevalence by sex, Census 2011 and Community Survey 2016

Sex	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
Male	18 314 662	3 267 864	21 582 526	20 808 628	3 406 131	24 214 759
Female	18 739 842	4 412 853	23 152 695	20 847 468	4 581 801	25 429 269
Total	37 054 504	7 680 717	44 735 221	41 656 096	7 987 932	49 644 027

Table 3: Prevalence of disability by population group [WG broad disability model]

Population group	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
Black African	29 080 349	6 145 946	35 226 295	33 504 761	6 168 111	39 672 872
Coloured	3 415 757	605 147	4 020 904	3 688 535	750 255	4 438 791
Indian/Asian	951 817	204 222	1 156 039	1 051 683	223 298	1 274 981
White	3 395 593	693 749	4 089 342	3 411 116	846 268	4 257 383
Other	210 988	31 653	242 641	-	-	-
Total	37 054 504	7 680 717	44 735 221	41 656 096	7 987 932	49 644 027

Table 3.4: Prevalence of disability by province [WG broad disability model]

Province	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
Western Cape	4 334 687	699 960	5 034 648	4 854 964	847 625	5 702 589
Eastern Cape	4 517 629	1 120 256	5 637 886	5 111 584	1 067 477	6 179 061
Northern Cape	770 819	227 132	997 951	831 035	244 598	1 075 633
Free State	1 783 252	582 089	2 365 341	1 979 222	580 970	2 560 192
KwaZulu-Natal	7 249 611	1 578 115	8 827 726	8 216 255	1 502 019	9 718 273
North West	2 375 978	651 630	3 027 609	2 704 321	634 641	3 338 963
Gauteng	9 151 464	1 559 572	10 711 036	10 322 678	1 825 032	12 147 710
Mpumalanga	2 933 990	570 660	3 504 650	3 252 750	586 922	3 839 671
Limpopo	3 937 073	691 302	4 628 374	4 383 287	698 649	5 081 936
South Africa	37 054 504	7 680 717	44 735 221	41 656 096	7 987 932	49 644 027

Table 3.5: Prevalence of disability by province [WG broad disability model]

Geography type	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
Urban	23 670 775	4 606 078	28 276 853	26 900 812	5 108 203	32 009 016
Non-Urban	13 383 729	3 074 639	16 458 368	14 755 283	2 879 728	17 635 011
Total	37 054 504	7 680 717	44 735 221	41 656 096	7 987 932	49 644 027

Table 3.6: Population aged 5 years and older with disabilities, by household wealth status and sex

Sex	Poorest	Poorer	Average	Richer	Richest	Total
Male	610 599	608 474	638 883	706 478	841 697	3 406 131
Female	805 726	826 402	882 506	1 007 825	1 059 342	4 581 801
Total	1 416 325	1 434 876	1 521 389	1 714 303	1 901 039	7 987 932

Table 3.7: Population aged 5 years and older with disabilities by household wealth status and Population group

Population group	Poorest	Poorer	Average	Richer	Richest	Total
Black African	1 382 564	1 373 701	1 368 354	1 304 504	738 988	6 168 111
Coloured	30 299	51 655	128 042	273 183	267 076	750 255
Indian/Asian	1 758	3 191	9 906	47 963	160 479	223 298
White	1 703	6 329	15 086	88 652	734 497	846 268
Total	1 416 325	1 434 876	1 521 389	1 714 303	1 901 039	7 987 932

Table 3.8: Population aged 5 years and older with disabilities by household wealth status and Population group

Province	Poorest	Poorer	Average	Richer	Richest	Total
Western Cape	25 515	55 529	123 123	260 605	382 853	847 625
Eastern Cape	360 367	231 336	181 142	159 651	134 982	1 067 477
Northern Cape	33 019	42 580	50 711	67 918	50 370	244 598
Free State	46 945	105 153	156 186	160 063	112 623	580 970
KwaZulu-Natal	398 388	334 169	252 829	225 583	291 050	1 502 019
North West	115 079	163 659	157 272	115 628	83 003	634 641
Gauteng	137 558	140 720	332 380	525 080	689 294	1 825 032
Mpumalanga	106 234	135 926	133 122	115 716	95 923	586 922
Limpopo	193 220	225 804	134 624	84 059	60 942	698 649
Total	1 416 325	1 434 876	1 521 389	1 714 303	1 901 039	7 987 932

Table 3.9: Population with disabilities by wealth status and place of residence

Geography type	Poorest	Poorer	Average	Richer	Richest	Total
Urban areas	341 477	521 297	1 015 215	1 458 325	1 771 890	5 108 203
Traditional areas	942 949	861 726	471 507	217 529	58 722	2 552 432
Farm areas	131 899	51 853	34 666	38 450	70 428	327 296
Total	1 416 325	1 434 876	1 521 389	1 714 303	1 901 039	7 987 932

Appendix 2: Tables on disability based on UN recommended definition**Table 3.10: Disability prevalence by age**

Age group	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
5–9	4 225 110	500 025	4 725 135	5 380 622	235 143	5 615 765
10–14	4 313 115	183 869	4 496 983	5 033 227	153 491	5 186 718
15–19	4 708 294	123 400	4 831 693	4 970 658	130 184	5 100 842
20–24	5 029 916	121 844	5 151 761	5 171 063	127 893	5 298 956
25–29	4 772 460	123 388	4 895 848	5 133 840	143 404	5 277 245
30–34	3 794 949	117 381	3 912 331	4 303 079	149 201	4 452 281
35–39	3 249 378	127 496	3 376 874	3 696 540	148 564	3 845 104
40–44	2 715 143	154 586	2 869 729	3 073 382	185 244	3 258 626
45–49	2 329 964	220 964	2 550 928	2 529 644	251 249	2 780 893
50–54	1 899 436	262 652	2 162 088	2 013 810	319 285	2 333 095
55–59	1 480 241	273 393	1 753 634	1 611 838	360 927	1 972 765
60–64	1 100 708	252 415	1 353 123	1 190 966	380 671	1 571 636
65–69	719 841	212 376	932 217	807 666	370 550	1 178 216
70–74	513 087	213 023	726 110	487 064	337 070	824 134
75–79	294 659	168 199	462 858	243 587	242 447	486 034
80–84	169 662	134 886	304 548	97 543	153 300	250 843
85+	108 033	122 095	230 128	56 714	154 164	210 878
Total	41 423 996	3 311 992	44 735 988	45 801 241	3 842 786	49 644 027

Table 3.11: Disability prevalence by sex

sex	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
Male	20 195 362	1 387 605	21 582 967	22 641 777	1 572 982	24 214 759
Female	21 228 635	1 924 386	23 153 021	23 159 464	2 269 805	25 429 269
Total	41 423 996	3 311 992	44 735 988	45 801 241	3 842 786	49 644 027

Table 3.12: Disability prevalence by sex

Population group	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
Black African	32 515 428	2 711 509	35 226 937	36 659 718	3 013 154	39 672 872
Coloured	3 770 512	250 473	4 020 985	4 108 028	330 763	4 438 791
Indian/ Asian	1 084 119	71 941	1 156 060	1 167 477	107 504	1 274 981
White	3 824 902	264 463	4 089 365	3 866 018	391 366	4 257 383
Other	229 036	13 605	242 641	-	-	-
Total	41 423 996	3 311 992	44 735 988	45 801 241	3 842 786	49 644 027

Table 3.13: Disability prevalence by place of residence

Geography type	Census 2011			CS 2016		
	Without disability	With disability	Total	Without disability	With disability	Total
Urban	26 492 806	1 784 500	28 277 306	29 706 780	2 302 236	32 009 016
Non-Urban	14 931 190	1 527 491	16 458 682	16 094 461	1 540 550	17 635 011
Total	41 423 996	3 311 992	44 735 988	45 801 241	3 842 786	49 644 027

Table 3.14: Persons with disabilities by socioeconomic status and sex

Sex	Poorest	Poorer	Middle	Richer	Richest	Total
Male	321 363	300 171	299 514	318 760	333 173	1 572 982
Female	459 973	447 629	447 655	474 131	440 417	2 269 805
Total	781 336	747 800	747 169	792 891	773 590	3 842 786
%						
Male	20,4	19,1	19,0	20,3	21,2	100,0
Female	20,3	19,7	19,7	20,9	19,4	100,0
Total	20,3	19,5	19,4	20,6	20,1	100,0

Table 3.15: Distribution of population by living arrangements, population group and disability status

	Nuclear family	Extended Family	Multi-Generational	Non-related households	Single member household	Un-specified	Total
Black African							
Without disability	28 725 391	2 645 327	1 885 217	367 532	3 014 238	22 013	36 659 718
With disability	2 247 225	156 732	280 966	18 891	307 676	1 665	3 013 154
Total	30 972 616	2 802 059	2 166 183	386 423	3 321 914	23 677	39 672 872
Coloured							
Without disability	3 666 614	146 790	89 579	40 506	160 282	4 258	4 108 028
With disability	273 686	15 248	14 603	3 984	23 030	212	330 763
Total	3 940 301	162 038	104 181	44 490	183 312	4 469	4 438 791
Indian/ Asian							
Without disability	1 012 366	50 538	14 247	9 081	80 345	900	1 167 477
With disability	85 522	6 153	2 548	776	12 482	23	107 504
Total	1 097 888	56 691	16 796	9 858	92 827	922	1 274 981
White							
Without disability	3 281 353	109 944	20 238	53 360	398 456	2 666	3 866 018
With disability	284 664	16 137	3 438	5 938	80 772	415	391 366
Total	3 566 017	126 081	23 677	59 298	479 228	3 082	4 257 383
Grand total							
Without disability	36 685 724	2 952 599	2 009 282	470 479	3 653 321	29 836	45 801 241
With disability	2 891 097	194 270	301 555	29 590	423 960	2 314	3 842 786
Total	39 576 822	3 146 869	2 310 837	500 069	4 077 281	32 150	49 644 027

Appendix 3: Tables on disability prevalence at district based on the three measures of disability**Table 3.16: Disability prevalence by district and sex: CS 2016 (Broad measure)**

District odes	District Names	Male	Female	Total	Male	Female	Total
BUF	Buffalo City	52 415	74 053	126 469	7,0	9,9	17,0
CPT	City of Cape Town	225 233	299 929	525 162	6,2	8,3	14,5
DC1	West Coast	30 143	37 509	67 651	7,6	9,5	17,1
DC10	Cacadu	36 827	46 665	83 491	8,5	10,8	19,3
DC12	Amathole	54 193	89 739	143 932	6,9	11,4	18,3
DC13	Chris Hani	48 796	73 800	122 597	6,6	10,1	16,7
DC14	Joe Gqabi	21 506	32 411	53 917	6,6	9,9	16,4
DC15	O.R.Tambo	73 378	124 850	198 227	5,8	9,9	15,7
DC16	Xhariep	12 138	14 751	26 889	10,6	12,9	23,5
DC18	Lejweleputswa	65 076	79 074	144 150	11,1	13,5	24,6
DC19	Thabo Mofutsanyane	61 422	93 887	155 309	8,8	13,4	22,1
DC2	Cape Winelands	50 703	59 439	110 142	6,4	7,6	14,0
DC20	Fezile Dabi	40 120	52 628	92 747	8,9	11,7	20,6
DC21	Ugu	48 257	74 627	122 884	7,4	11,4	18,7
DC22	UMgungundlovu	53 745	78 057	131 803	5,5	8,1	13,6
DC23	Uthukela	42 450	64 208	106 657	6,9	10,4	17,4
DC24	Umzinyathi	27 244	46 558	73 802	5,6	9,6	15,3
DC25	Amajuba	28 507	39 819	68 326	6,1	8,5	14,6
DC26	Zululand	49 818	75 222	125 040	6,5	9,8	16,3
DC27	Umkhanyakude	28 716	43 655	72 371	4,9	7,4	12,3
DC28	Uthungulu	50 179	76 452	126 631	6,0	9,2	15,2
DC29	iLembe	37 810	57 209	95 019	6,5	9,8	16,3
DC3	Overberg	18 204	22 552	40 755	7,0	8,7	15,6
DC30	Gert Sibande	78 973	101 043	180 016	7,8	10,0	17,7
DC31	Nkangala	94 754	117 749	212 503	7,3	9,1	16,3
DC32	Ehlanzeni	80 211	114 193	194 403	5,3	7,5	12,8
DC33	Mopani	53 649	77 080	130 729	5,2	7,5	12,8
DC34	Vhembe	56 105	85 750	141 855	4,6	7,1	11,7
DC35	Capricorn	65 595	98 166	163 761	5,6	8,4	14,0
DC36	Waterberg	49 356	56 943	106 299	7,6	8,8	16,4
DC37	Bojanala	115 333	126 309	241 641	7,9	8,6	16,5
DC38	Ngaka Modiri Molema	69 591	86 931	156 522	8,7	10,8	19,5
DC39	Dr Ruth Segomotsi Mompati	41 284	55 134	96 418	10,2	13,6	23,9
DC4	Eden	39 905	50 308	90 213	7,1	9,0	16,1
DC40	Dr Kenneth Kaunda	65 811	74 250	140 061	9,9	11,2	21,1
DC42	Sedibeng	68 732	83 803	152 535	7,9	9,6	17,5
DC43	Sisonke	25 759	42 967	68 725	5,9	9,8	15,7
DC44	Alfred Nzo	50 620	87 378	137 997	6,7	11,6	18,4
DC45	John Taolo Gaetsewe	23 709	28 534	52 244	11,2	13,4	24,6
DC47	Greater Sekhukhune	62 520	93 485	156 005	6,1	9,1	15,1
DC48	West Rand	65 844	71 848	137 692	8,6	9,4	18,0
DC5	Central Karoo	6 593	7 109	13 701	9,7	10,5	20,2
DC6	Namakwa	14 133	16 216	30 350	13,2	15,2	28,4
DC7	Pixley ka Seme	18 747	21 416	40 163	10,5	12,0	22,6
DC8	Z F Mgcawu	24 509	26 404	50 914	10,7	11,5	22,2

DC9	Frances Baard	30 443	40 485	70 928	8,7	11,6	20,3
EKU	Ekurhuleni	211 818	253 673	465 490	6,9	8,2	15,1
ETH	eThekweni	210 796	299 963	510 759	6,4	9,1	15,4
JHB	City of Johannesburg	279 087	366 549	645 636	6,3	8,2	14,5
MAN	Mangaung	68 208	93 666	161 875	9,6	13,2	22,9
NMA	Nelson Mandela Bay	86 720	114 126	200 846	7,6	10,0	17,7
TSH	City of Tshwane	190 445	233 234	423 679	6,4	7,9	14,3
RSA	South Africa	3 406 131	4 581 801	7 987 932	6,9	9,2	16,1

Map 3.17: Disability prevalence by district and sex: CS 2016 (UN disability index)

District codes	District Names	Male	Female	Total	Male	Female	Total
BUF	Buffalo City	21 275	30 081	51 356	2,9	4,0	6,9
CPT	City of Cape Town	94 454	122 875	217 329	2,6	3,4	6,0
DC1	West Coast	13 632	17 265	30 898	3,5	4,4	7,8
DC10	Cacadu	17 280	21 855	39 135	4,0	5,1	9,1
DC12	Amathole	27 018	48 972	75 991	3,4	6,2	9,7
DC13	Chris Hani	23 645	39 256	62 901	3,2	5,3	8,6
DC14	Joe Gqabi	9 890	16 562	26 452	3,0	5,0	8,1
DC15	O.R.Tambo	39 871	72 455	112 326	3,1	5,7	8,9
DC16	Xhariep	6 155	7 890	14 045	5,4	6,9	12,3
DC18	Lejweleputswa	28 250	38 789	67 040	4,8	6,6	11,4
DC19	Thabo Mofutsanyane	28 094	47 642	75 737	4,0	6,8	10,8
DC2	Cape Winelands	21 157	23 535	44 691	2,7	3,0	5,7
DC20	Fezile Dabi	19 229	26 869	46 099	4,3	6,0	10,2
DC21	Ugu	25 610	42 750	68 360	3,9	6,5	10,4
DC22	UMgungundlovu	27 070	40 668	67 738	2,8	4,2	7,0
DC23	Uthukela	22 135	35 035	57 170	3,6	5,7	9,3
DC24	Umzinyathi	14 790	27 870	42 660	3,1	5,8	8,8
DC25	Amajuba	13 820	20 622	34 442	3,0	4,4	7,4
DC26	Zululand	30 928	49 731	80 659	4,0	6,5	10,5
DC27	Umkhanyakude	17 994	29 388	47 382	3,0	5,0	8,0
DC28	Uthungulu	27 769	46 352	74 120	3,3	5,6	8,9
DC29	iLembe	19 573	33 281	52 854	3,4	5,7	9,1
DC3	Overberg	8 192	10 148	18 340	3,1	3,9	7,0
DC30	Gert Sibande	38 502	54 225	92 727	3,8	5,3	9,1
DC31	Nkangala	39 625	53 855	93 480	3,0	4,1	7,2
DC32	Ehlanzeni	41 160	62 537	103 697	2,7	4,1	6,8
DC33	Mopani	24 454	36 805	61 259	2,4	3,6	6,0
DC34	Vhembe	23 259	39 259	62 518	1,9	3,2	5,1
DC35	Capricorn	28 510	46 264	74 774	2,4	4,0	6,4
DC36	Waterberg	21 801	26 568	48 370	3,4	4,1	7,5
DC37	Bojanala	47 894	56 190	104 083	3,3	3,8	7,1
DC38	Ngaka Modiri Molema	31 970	43 116	75 086	4,0	5,4	9,4
DC39	Dr Ruth Segomotsi Mompati	21 627	29 533	51 160	5,4	7,3	12,7
DC4	Eden	19 656	23 958	43 615	3,5	4,3	7,8
DC40	Dr Kenneth Kaunda	28 340	33 696	62 036	4,3	5,1	9,3
DC42	Sedibeng	29 852	38 827	68 679	3,4	4,5	7,9

DC43	Sisonke	12 971	24 781	37 752	3,0	5,7	8,6
DC44	Alfred Nzo	27 620	51 432	79 053	3,7	6,9	10,5
DC45	John Taolo Gaetsewe	11 744	15 337	27 081	5,5	7,2	12,7
DC47	Greater Sekhukhune	29 985	48 583	78 569	2,9	4,7	7,6
DC48	West Rand	28 918	33 262	62 179	3,8	4,3	8,1
DC5	Central Karoo	3 177	3 552	6 729	4,7	5,2	9,9
DC6	Namakwa	6 797	7 947	14 744	6,4	7,4	13,8
DC7	Pixley ka Seme	8 321	10 353	18 674	4,7	5,8	10,5
DC8	Z F Mgcawu	10 398	12 008	22 406	4,5	5,2	9,8
DC9	Frances Baard	13 007	19 444	32 451	3,7	5,6	9,3
EKU	Ekurhuleni	95 336	123 320	218 656	3,1	4,0	7,1
ETH	eThekweni	110 181	163 588	273 769	3,3	4,9	8,3
JHB	City of Johannesburg	114 329	162 266	276 595	2,6	3,6	6,2
MAN	Mangaung	31 443	47 305	78 748	4,4	6,7	11,1
NMA	Nelson Mandela Bay	35 320	46 418	81 738	3,1	4,1	7,2
TSH	City of Tshwane	78 949	105 485	184 434	2,7	3,6	6,2
RSA	South Africa	1 572 982	2 269 805	3 842 786	3,2	4,6	7,7

Map 3.18: Disability prevalence by district and sex: CS 2016 (Severe disability)

District codes	District Names	Male	Female	Total	Male	Female	Total
BUF	Buffalo City	12 384	15 129	27 513	1,7	2,0	3,7
CPT	City of Cape Town	53 530	70 262	123 792	1,5	1,9	3,4
DC1	West Coast	9 000	10 145	19 145	2,3	2,6	4,9
DC10	Cacadu	11 423	12 929	24 351	2,6	3,0	5,6
DC12	Amathole	16 524	27 051	43 575	2,1	3,4	5,5
DC13	Chris Hani	14 184	21 524	35 709	1,9	2,9	4,9
DC14	Joe Gqabi	5 045	7 571	12 616	1,5	2,3	3,8
DC15	O.R.Tambo	25 929	41 894	67 823	2,0	3,3	5,4
DC16	Xhariep	3 706	4 499	8 205	3,2	3,9	7,2
DC18	Lejweleputswa	17 516	22 148	39 663	3,0	3,8	6,8
DC19	Thabo Mofutsanyane	17 245	27 325	44 569	2,5	3,9	6,4
DC2	Cape Winelands	12 991	13 815	26 806	1,7	1,8	3,4
DC20	Fezile Dabi	11 961	16 097	28 058	2,7	3,6	6,2
DC21	Ugu	16 701	24 534	41 235	2,5	3,7	6,3
DC22	UMgungundlovu	15 266	21 306	36 572	1,6	2,2	3,8
DC23	Uthukela	12 795	18 774	31 569	2,1	3,1	5,1
DC24	Umzinyathi	8 433	14 848	23 282	1,7	3,1	4,8
DC25	Amajuba	7 726	11 030	18 757	1,6	2,4	4,0
DC26	Zululand	22 189	33 160	55 348	2,9	4,3	7,2
DC27	Umkhanyakude	12 292	17 757	30 049	2,1	3,0	5,1
DC28	Uthungulu	16 665	25 661	42 326	2,0	3,1	5,1
DC29	iLembe	11 162	18 194	29 357	1,9	3,1	5,0
DC3	Overberg	5 054	5 980	11 035	1,9	2,3	4,2
DC30	Gert Sibande	21 701	28 648	50 349	2,1	2,8	5,0
DC31	Nkangala	24 399	29 531	53 930	1,9	2,3	4,1
DC32	Ehlanzeni	24 076	34 127	58 203	1,6	2,2	3,8
DC33	Mopani	15 944	20 820	36 763	1,6	2,0	3,6

DC34	Vhembe	15 769	23 221	38 990	1,3	1,9	3,2
DC35	Capricorn	15 985	23 996	39 981	1,4	2,1	3,4
DC36	Waterberg	13 171	15 171	28 342	2,0	2,3	4,4
DC37	Bojanala	28 295	29 727	58 022	1,9	2,0	4,0
DC38	Ngaka Modiri Molema	17 646	21 593	39 239	2,2	2,7	4,9
DC39	Dr Ruth Segomotsi Mompati	11 935	15 514	27 450	3,0	3,8	6,8
DC4	Eden	11 713	14 139	25 852	2,1	2,5	4,6
DC40	Dr Kenneth Kaunda	16 169	18 190	34 360	2,4	2,7	5,2
DC42	Sedibeng	16 966	21 624	38 590	1,9	2,5	4,4
DC43	Sisonke	7 103	12 052	19 155	1,6	2,7	4,4
DC44	Alfred Nzo	16 346	28 537	44 882	2,2	3,8	6,0
DC45	John Taolo Gaetsewe	7 236	8 368	15 603	3,4	3,9	7,3
DC47	Greater Sekhukhune	18 145	25 367	43 512	1,8	2,5	4,2
DC48	West Rand	14 691	17 686	32 376	1,9	2,3	4,2
DC5	Central Karoo	2 153	2 250	4 403	3,2	3,3	6,5
DC6	Namakwa	3 784	4 393	8 177	3,5	4,1	7,7
DC7	Pixley ka Seme	5 346	6 046	11 392	3,0	3,4	6,4
DC8	Z F Mgcawu	5 816	6 548	12 363	2,5	2,9	5,4
DC9	Frances Baard	6 989	10 000	16 989	2,0	2,9	4,9
EKU	Ekurhuleni	52 840	69 572	122 413	1,7	2,3	4,0
ETH	eThekweni	59 863	87 158	147 021	1,8	2,6	4,4
JHB	City of Johannesburg	63 288	87 456	150 744	1,4	2,0	3,4
MAN	Mangaung	18 106	26 682	44 789	2,6	3,8	6,3
NMA	Nelson Mandela Bay	20 707	25 731	46 438	1,8	2,3	4,1
TSH	City of Tshwane	45 377	58 509	103 886	1,5	2,0	3,5
RSA	South Africa	921 282	1 254 290	2 175 572	1,9	2,5	4,4



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