



The Republic of the Union of Myanmar

The 2014 Myanmar Population and Housing Census

THEMATIC REPORT ON DISABILITY

Census Report Volume 4-K



**Department of Population
Ministry of Labour, Immigration and Population**

With technical assistance from UNFPA



AUGUST 2017



The 2014 Myanmar Population and Housing Census

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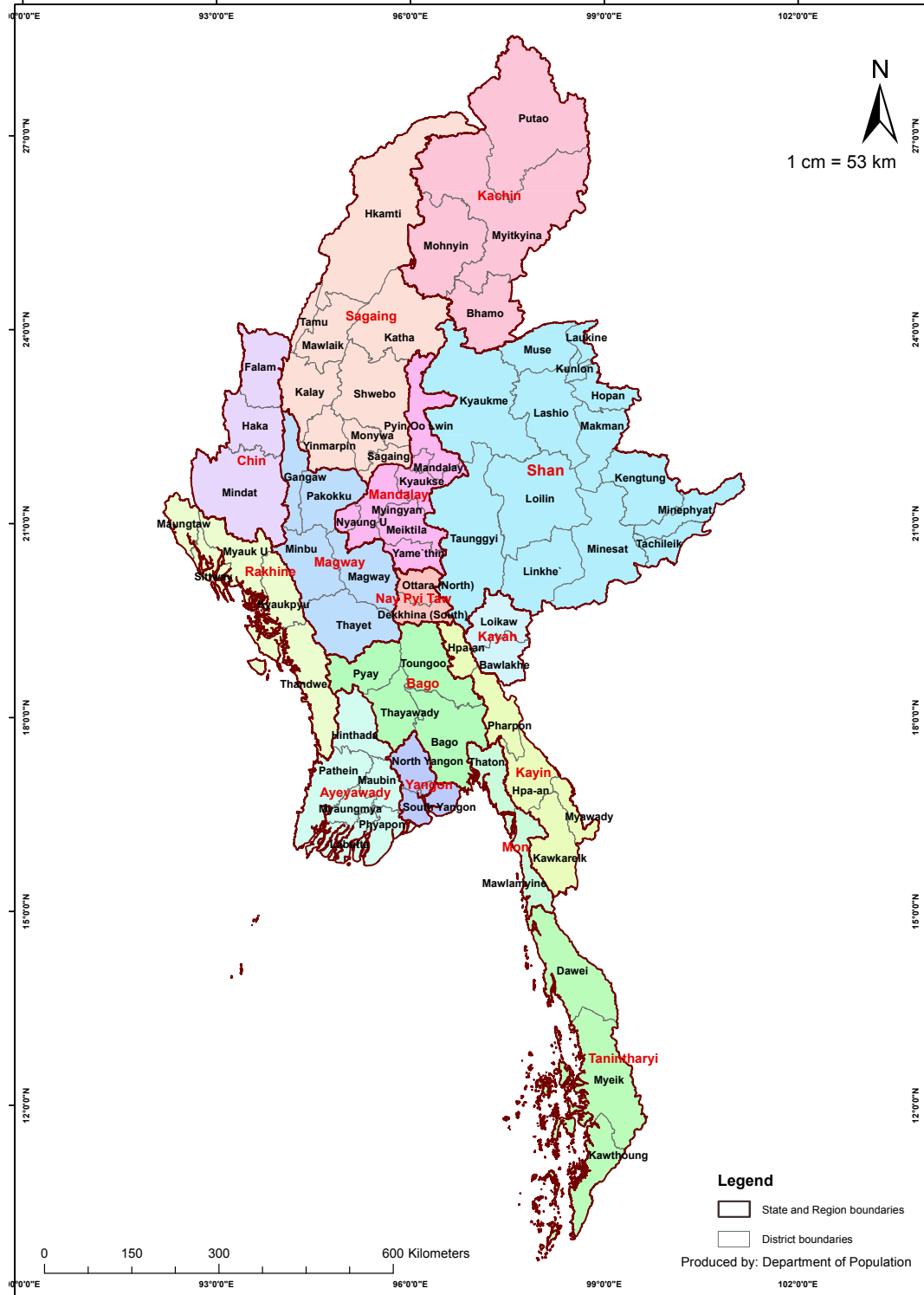
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Figure 1

Map of Myanmar by State/Region and District



Foreword

The 2014 Myanmar Population and Housing Census (2014 Census) was conducted with midnight of 29 March 2014 as the reference point. This is the first Census in 30 years; the last was conducted in 1983. Planning and execution of this Census was spearheaded by the former Ministry of Immigration and Population, now the Ministry of Labour, Immigration and Population, on behalf of the Government, in accordance with the Population and Housing Census Law, 2013. The main objective of the 2014 Census is to provide the Government and other stakeholders with essential information on the population, in regard to demographic, social and economic characteristics, and housing conditions and household amenities. By generating such information at all administrative levels, it is also intended to provide a sound basis for evidence-based decision-making, and to evaluate the impact of social and economic policies and programmes in the country.

The results of the 2014 Census have been published so far in a number of volumes. The first was the *Provisional Results* (Census Volume 1), released in August 2014. The Census Main Results were launched in May 2015. These included *The Union Report* (Census Report Volume 2), *Highlights of the Main Results* (Census Report Volume 2-A), and the reports for each of the 15 States and Regions (Census Report Volume 3[A-O]). The reports on *Occupation and Industry* (Census Report Volume 2-B), and *Religion* (Census Report Volume 2-C) were launched in March 2016 and July 2016, respectively.

The current set of the 2014 Census publications comprises 13 thematic reports and a Census Atlas. They address issues on Fertility and Nuptiality; Mortality; Maternal Mortality; Migration and Urbanization; Population Projections; Population Dynamics; the Older Population; Children and Youth; Education; Labour Force; Disability; Gender Dimensions; and Housing Conditions and Household Amenities. Their preparation involved collaborative efforts with both local and international experts as well as various Government Ministries, Departments and research institutions. The thematic reports published to date include: Fertility and Nuptiality; Mortality; Maternal Mortality; Migration and Urbanization; Population Dynamics; Population Projections; the Labour Force; Education; Household Conditions and Household Amenities; and Gender Dimensions.

Data capture of the Census was undertaken using scanning technology. The processes were highly integrated, with tight controls to guarantee accuracy of results. To achieve internal consistency and minimize errors, rigorous data editing and validation were carried out to facilitate further analysis of the results. The information presented in these reports is therefore based on more cleaned data sets, and the reader should be aware that there may be some small differences from the results published in the first set of volumes. In such instances, the data in the thematic reports should be preferred.

At a time when, globally, rapid population ageing is taking place and along with it, increases in chronic health conditions, the prevalence of disabilities is sharply on the rise. Globally, many of those living with a disability cannot access health services, education or employment opportunities. Their needs, in terms of disability-related services, are often unmet and as a result, an exclusion from everyday life activities is experienced by many. Myanmar is no exception to this scenario. In an effort to combat this situation, the Government of Myanmar has made substantial changes in its support to persons with disabilities; a commitment which

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is reflected at both the international and national levels. But to carry through such initiatives there is a vital need for underlying information. To some extent this need is met from the results of the 2014 Census presented in this report, although the information collected only relates to four of the six types of disability domains recommended by the Washington Group on Disability Statistics, namely: seeing, hearing, walking, and remembering or concentrating.

Out of a total of 50.3 million persons enumerated in the 2014 Census, there were 2.3 million persons (4.6 per cent of the total population) who reported some degree of difficulty with either one or more of the four functional domains. Of this number, over half a million (representing over 1 per cent of the population as a whole) reported having a lot of difficulty (referred to in this report as moderate disability) or could not do one or more of the four activities at all (referred to as severe disability). Among those with the severest degree of disability, 55 thousand were blind, 43 thousand were deaf, 99 thousand could not walk at all and 90 thousand did not have the capability to remember or concentrate.

The Census shows that disability is predominantly an old age phenomenon with its prevalence remaining low up to a certain age, after which rates increase substantially. Prevalence of disability is slightly higher among females than among males. Persons living in rural areas have higher levels of disability, both in absolute and relative terms, compared to their urban counterparts. Nearly one half of all persons with a disability live in households with extended families, showing that the traditional system in which the family takes care of an ailing or a relative with a disability is still largely in place in Myanmar.

Children who have a disability are less likely to attend primary or secondary school, and, as a consequence, with more limited or no education, their subsequent participation in the labour market presents a challenge. Moreover, persons with disabilities are further disadvantaged by having less access to certain amenities and facilities such as improved drinking water and improved sanitation.

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Detailed though some of the information collected in the Census is, the main purpose of collecting information on disability was to provide an initial overall picture of disability in Myanmar. More detailed information on this topic is required to allow, for example, total prevalence rates to be estimated more accurately in order to establish the socioeconomic cost of exclusion because of disability in society. While it will be important to collect more (and better) data in the next census, to acquire a fuller understanding of disability in Myanmar requires additional and more regular surveys to facilitate timely and better quality data to inform policy and action. Only with evidence-based policies and programmes, can the adherence to national and international commitments be guaranteed and the vicious cycle of poverty and disability broken.

On behalf of the Government of Myanmar, I wish to thank the teams at the Department of Population, the United Nations Population Fund (UNFPA) and the authors for their contribution towards the preparation of this thematic report. I would also like to thank our development partners, namely: Australia, Finland, Germany, Italy, Norway, Sweden, Switzerland, and the United Kingdom for their support to undertake the Census, as well as the technical support provided by the United States of America.



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List of Acronyms

ASEAN	Association of Southeast Asian Nations
CRPD	Convention on the Rights of Persons with Disabilities
ECOSOC	United Nations Economic and Social Council
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GPI	Gender Parity Index
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communications Technology
ILO	International Labour Organization
ITU	United Nations Specialized Agency for Information and Communication Technologies (formerly the International Telegraph Union)
KILM	Key Indicators of the Labour Market
Lao PDR	Lao People's Democratic Republic
MDGs	Millennium Development Goals
MMK	Myanmar Kyat (currency unit)
MOLIP	Ministry of Labour, Immigration and Population
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NER	Net Enrolment Ratio
OECD	Organisation for Economic Co-operation and Development
PWDs	Persons with Disabilities
SDGs	Sustainable Development Goals
TLMI	The Leprosy Mission International (Myanmar)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSD	United Nations Statistical Division
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WG	The Washington Group on Disability Statistics
WHO	World Health Organization
WHS	World Health Survey

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In an era where rapid population ageing is taking place, along with an increase in chronic non-communicable health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders, the prevalence of disabilities is sharply on the rise. Many of those living with a disability cannot access health services, education or employment opportunities. Their needs, in terms of disability-related services, are often unmet and as a result, exclusion from everyday life activities is experienced by many.

Myanmar is no exception to this. The Government of Myanmar has promoted substantial changes in its support of persons with disabilities; a commitment which is reflected at both the international and national levels. The 2008 Constitution of the Republic of the Union of Myanmar states that, ‘... the Union shall care for mothers and children, orphans, fallen Defence Services personnel’s children, the aged and the disabled.’ On 7 December 2011, the Government, in an important step forward in its international commitment to persons living with disabilities, ratified the 2006 United Nations Convention on the Rights of Persons with Disabilities (CRPD), though not its optional Protocol. The CRPD is the most internationally recognized human rights treaty aiming to promote and protect the rights of persons with disabilities. On 5 June 2015, the Government enacted the Law of the Rights of Persons with Disabilities, which is the legal framework to enact the CRPD. Another significant step forward occurred when the Government launched the National Social Protection Strategic Plan in 2014. The plan covers a multitude of efforts towards social protection. Other commitments to fulfilling the rights of persons with disabilities are also exhibited in the Sustainable Development Goals, the Asian and Pacific Decade of Persons with Disabilities 2013-2022, and the 2012 Incheon Strategy to ‘Make the Right Real’ for Persons with Disabilities in Asia and the Pacific.

In light of these national and international commitments by the Government of Myanmar, it is important to have a clear understanding of the disability situation in the country and to monitor progress. Therefore, in 2014 the Census included a set of four standardized and internationally comparable questions based on self-reported difficulties caused by a health problem to perform basic activities, developed by the Washington Group (WG) on Disability Statistics. The activities chosen were: seeing, hearing, walking and remembering or concentrating. The WG proposed a set of six questions to measure the prevalence of disability. However, the Myanmar Census questionnaire only included the four essential domains, which is acceptable according to the recommendations by the United Nations.

Out of a total of 50.3 million persons enumerated in conventional households and institutions in the 2014 Census, there were 2.3 million persons who reported having at least some difficulty in either one or more of the four functional domains. This amounted to 4.6 per cent of the total population. Among all persons, 559.9 thousand individuals (or 1.11 per cent of the population) reported having a lot of difficulty or could not do one or more of the four activities at all. Among those with a severe disability, 55 thousand individuals were blind; 43 thousand people were deaf; 99 thousand could not walk at all; and 90 thousand did not have the capability to remember or concentrate. Disability appears to be a predominantly old age phenomenon with its prevalence remaining low up to a certain age, after which rates increase substantially. In this report, a person was considered as living with a disability if he/she indicated having a mild difficulty (some degree), a lot of difficulty (moderate degree) or

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could not do at all (severe degree) in at least one of the four functional domains.

There is no doubt that the observed prevalence of 4.6 per cent seriously under-estimates the true prevalence level of disability in Myanmar. A comparison with international indicators for the South-East Asia region, which estimates the prevalence rate at 3.0 per cent for severe and 16.4 per cent for moderate disabilities, shows that the Census figures are too low. This low rate is common in several countries where disability data are collected through a population census. However, the Census remains an important source to describe the characteristics of persons with disabilities.

The main purpose of this report is to describe the living conditions of persons with a disability in Myanmar. Analysis was also presented by degree of disability in order to differentiate the characteristics of people with different degrees of disability.

The Census reported 1.06 million males with disabilities and 1.25 million females. The overall sex ratio of the total population was 93.0 males per 100 females, but among persons with disabilities it was 84.2, which shows that the prevalence of disability was slightly higher among females than males. Both males and females with a disability had much lower probabilities of being in a marital union at all ages. For example, between the ages of 35-39, four-fifths of males without disabilities were married compared to just two-thirds of males with disabilities. For females, the differences were similar, with 78 per cent of females without disabilities being married compared to 67 per cent of females with disabilities.

Persons living in rural areas have higher levels of disability, both in absolute and relative terms, compared to their urban counterparts. Among the 2.3 million persons who reported having a disability in at least one of the four domains, 1.8 million live in rural areas and 532 thousand live in urban areas, amounting to a rural share of persons with a disability of 77 per cent. Considerable regional disparities are noticeable: Ayeyawady Region and Chin State recorded the highest prevalence rates. Variations of disability prevalence within States/Regions and within Districts are also evident. The three States/Regions with the largest urban centres (Yangon, Mandalay and Nay Pyi Taw) are the most populated, but they have the lowest prevalence of disabilities, together with Sagaing. At the same time, however, most of the amenities to assist persons with disabilities are present in large, urban settings, thus leaving those living in rural areas increasingly vulnerable.

Nearly one half of all persons with a disability live in extended households. This shows that the traditional system in which the family takes care of an ailing or a relative with a disability is still largely in place.

When it comes to education, both boys and girls who have a disability are less likely to attend primary school. School attendance for boys and girls with a disability in lower secondary (middle) school, shows the same patterns as for primary education - with very little difference between boys and girls and much higher non-attendance for children with higher degrees of disability. It is therefore unsurprising that illiteracy for persons aged 15 and over is quite different: 6.8 per cent of men without a disability and 11.9 per cent of women without a disability are illiterate. Among persons with a disability, the illiteracy rates are much higher:

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16.9 per cent for men and 31.7 per cent for women. Likewise, educational attainment is much lower for persons with a disability: 26.8 per cent of males with a disability have no education and a further 23.9 per cent have only completed grades 6 to 11 (for grades 1 to 5, those with a disability have a slightly higher percentage of completion compared to those without a disability, but still a minimal difference of less than 3 percentage points). The position of females with a disability is even worse, 38.5 per cent do not have any education, 42.6 per cent have completed grades 1 to 5, and only 12.9 per cent have completed grades 6 to 11.

With limited or no education, it should come as no surprise that participation in the labour market is challenging for many persons with a disability. In each State/Region, participation in the labour force is considerably higher for those with a mild disability compared to those who have a moderate or severe degree of disability in at least one of the four domains. Consistent with the previous patterns, males without a disability in each State/Region record the highest participation rates. Individuals who are least likely to participate in the labour force have a disability related to walking, followed by those with remembering or concentrating difficulties. Females' chances of working are nearly seven times lower than males' chances. In addition, for almost all the domains, individuals with a disability have a lower representation in high-skilled jobs. The exceptions are males with a moderate or severe walking disability, who have a higher percentage in high-skilled labour (6.4 per cent) than those without a disability (5.0 per cent).

Results from the 2014 Census further show that persons with disabilities have less access to certain amenities and facilities. More than a third (35.5 per cent) of persons with disabilities get drinking water from unimproved water sources compared with 30.3 per cent of those without a disability. Among persons without a disability, 33.6 per cent use electricity as a source for lighting, but only 26.6 per cent of persons with disabilities do so. In contrast, persons with disabilities more often use candles (22.0 per cent) compared with 19.3 per cent of persons without a disability. Nearly 4 per cent of persons without a disability live in a household with access to a car or truck; twice the proportion of those with a disability.

Whilst the Census was able to shed light on the situation of persons with disabilities in Myanmar, the report makes it clear that it could not make an accurate estimate of the disability prevalence rate or the absolute number of persons with disabilities living in Myanmar. The methodology used under-estimates the problem for several main reasons: 1) information was only collected on four of the six domains recommended by the Washington Group; 2) certain social and cultural factors prevented enumerators from asking the disability questions and from respondents giving accurate answers; and 3) the methodology for collecting information on disabilities adopted in the Census was not appropriate for children, as levels of difficulty in some of the domains, such as hearing and walking, are difficult to recognize for young children. Nevertheless, the results do provide some interesting policy implications:

- Services for persons living with disabilities should be included in the mandate of local authorities and relevant stakeholders in all States/Regions, Districts and Townships.
- A higher priority should be placed on supporting populations with disabilities in certain areas with a higher prevalence of disabilities, especially in rural areas.

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- The current distribution of service provision for persons with disabilities may serve a larger number of persons with disabilities, but it may further increase regional disparities resulting in persons with disabilities in hard-to-reach areas lagging further behind. Outreach activities would be a solution, but these often come with significant financial costs.
- The Government should pay special attention to those persons with a disability who live on their own and assess whether they have the adequate support and services that they require.
- The lower percentages of persons with disabilities in marriage, and the higher marriage dissolution rates of persons with disabilities, are indicators of potential isolation, stress, and social and economic hardship. The Government and other stakeholders should therefore target their efforts toward alleviating these hardships.
- Educating children and young people in an inclusive environment of the general school system will pose serious challenges for the Myanmar Government. The information from the Census showed that the country still has a long way to go to reach the Incheon goal of halving the gap in enrolment rates for primary and secondary education between children with and without disabilities.
- The findings indicate that on top of the low participation of persons with disabilities in the labour force, a gender gap is also present which is placing women in a more disadvantageous position. Fulfilling the rights of persons with disabilities to employment and to create a more inclusive labour market will require a multitude of efforts, ranging from more inclusive laws and policies, to specialized services and the improvement of physical access to facilities in and outside of the workplace.

Whilst the Census has served its purpose in producing an initial overall picture of disability in Myanmar, detailed information on this topic is still lacking. For example, being able to calculate the total prevalence rate of disability in Myanmar, would allow for more accurate projections to be made as well as establishing the socioeconomic cost of exclusion because of disability in society. Whilst it would be important to include additional components in the next census in order to collect more information, creating a deeper understanding of disability in Myanmar will require additional and more regular surveys to facilitate timely and better quality data to inform concrete action. Only with evidence-based policies and programmes, will adherence to national and international commitments be guaranteed and the vicious cycle of poverty and disability broken.

Chapter 1. Introduction

Rapid population ageing combined with the higher risk of disability in older people, together with a global rise in chronic non-communicable health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders, is resulting in an increasing prevalence of persons with disabilities. Wars and conflicts in many parts of the world have contributed to higher levels of disability through physical and mental trauma. Often the consequences of human conflict continue many years after hostilities have ended, for example, the devastating effect of landmines on innocent civilians. Many of those living with a disability cannot access health services, education or employment opportunities. Their needs, in terms of disability-related services, are unmet and, as a result, an exclusion from everyday life activities is experienced by many.

Over the years, a transition in the perception of disability from an individual, medical phenomenon to a structural, social model has taken place, wherein persons with disabilities are labelled this way by society rather than by their physical or mental condition. Disability is, therefore, not purely a health problem, but rather an interplay between a person's physical and mental condition and their social environment. As such, interventions require a balanced approach addressing the various aspects of disability, where both the problems arising from their health condition and contextual barriers should be addressed.

Over the last decade, there has been a global push for disability-inclusive development, with significant action to protect the rights of persons with disabilities. The international community is moving from a more theoretical to a practical approach, and from merely identifying the rights of persons with disabilities to monitoring the implementation of protecting such rights. The past decade has also witnessed a substantial effort to develop international frameworks on disabilities. The results are not only the introduction and ratification of important international programmes and guidelines, but also the presence of disability-inclusion in the Post-2015 agenda; the Sustainable Development Goals (SDGs).

There has been a growing recognition that persons with disabilities should not be strictly referred to as a vulnerable population group, and that disability should be considered as a cross-cutting theme in any emerging goals on sustainable development (United Nations, 2013a). The United Nations Convention on the Rights of Persons with Disabilities (CRPD) came into force in 2006 to treat disability as a human rights issue. Under this Convention, signatories are legally required to: "Promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity."¹ Implementing the Convention's standards and practices is crucial in addressing the more difficult socioeconomic outcomes and poverty that persons with disabilities often face, and is a requirement for tackling this increasingly challenging development issue.

¹ **Source:** United Nations Human Rights Office of the High Commissioner. Retrieved from: <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#1>

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Box 1.1

Final list of proposed Sustainable Development Goal indicators (*)

Sustainable Development Goal indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics (General Assembly resolution 68/261).	
Goals and Targets (from the 2030 Agenda)	Indicators
Goal 1. End poverty in all its forms everywhere	
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
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 on this list that can be disaggregated
4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	
8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value	8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities
	8.5.2 Unemployment rate, by sex, age and persons with disabilities
Goal 10. Reduce inequality within and among countries	
10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	
11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons	11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities
11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities
	11.7.2 Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months

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Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels	16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions
	16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	
Finance	
17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics
	17.18.2 Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics
* As contained in Annex IV of the Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (E/CN.3/2016/2/Rev.1) and agreed upon, as a practical starting point at the 47th session of the United Nations Statistical Commission held in March 2016.	
[a] An open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction established by the General Assembly (resolution 69/284) is developing a set of indicators to measure global progress in the implementation of the Sendai Framework. These indicators will eventually reflect the agreements on the Sendai Framework indicators.	
[b] Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.	

The close relationship between disability and socioeconomic development has been increasingly recognized, and it has been explicitly conveyed that persons with disabilities were not included in any of the Millennium Development Goals (MDGs) (WHO/World Bank, 2011 and United Nations, 2011a) but that the MDGs could not be achieved without addressing disability (United Nations, 2011a). To remedy this shortcoming, great efforts have been made to ensure that disability is included as a cross-cutting issue in the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) (United Nations, 2011a, 2011b, 2013a). The Agenda is inclusive and designed to leave no one behind. This means that without adequately addressing disability during the implementation and monitoring of the agenda, it simply cannot reach the goals it has laid out. Various segments of the SDGs specifically mention disability. Particular reference is made to education; inequality; growth and employment; human settlements; accessibility; collecting the needed data and disaggregating these by disability status to monitor the SDGs (United Nations, 2015). Box 1.1 provides specific detail on what is mentioned in the monitoring framework of the SDGs.

According to the 2011 World Report on Disability (WHO and the World Bank, 2011), over one billion persons live with some form of disability. Approximately 200 million of these persons have significant difficulties in functioning. With the ageing of the population, the prevalence of disability is expected to further rise in the coming years. In the Asia and Pacific region, approximately 650 million persons live with a disability (United Nations ESCAP, 2012a). To

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improve the quality of life of these persons and at the same time track progress to achieving the SDGs, governments within the Asia and Pacific region, as well as other stakeholders, joined forces to chart a new course for 2013-2022. As a result, the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities 2013-2022 and the Incheon Strategy to 'Make the Right Real' for Persons with Disabilities in Asia and the Pacific were developed. The agenda is named after the South Korean city, Incheon, where the ESCAP Intergovernmental Meeting was held from 29 October to 2 November 2012. The Incheon Strategy is the first to have disability-inclusive development goals, which are regionally agreed upon, comprising 10 goals which aim to accelerate: "The achievement of the regional vision of an inclusive society that ensures, promotes and upholds the rights of all persons with disabilities in Asia and the Pacific" (United Nations ESCAP, 2012a, p 8). The Incheon Strategy includes 10 interrelated goals, 27 targets and 62 indicators. Specific goals stipulated in the Incheon Strategy are:

- (1) Reduce poverty and enhance work and employment prospects
- (2) Promote participation in political processes and decision-making
- (3) Enhance access to the physical environment, public transportation, knowledge, information and communication
- (4) Strengthen social protection
- (5) Expand early intervention and education of children with disabilities
- (6) Ensure gender equality and women's empowerment
- (7) Ensure disability-inclusive disaster risk reduction and management
- (8) Improve the reliability and comparability of disability data
- (9) Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and the harmonization of national legislation with the Convention
- (10) Advance sub-regional, regional and interregional cooperation.

Box 1.2

Disability data

CRPD: Article 31 – Statistics and data collection

- 'States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention.'
- 'The information collected .. shall be disaggregated ..and used to help assess the implementation of States Parties' obligations .. and to identify and address the barriers faced by persons with disabilities in exercising their rights.'

Incheon Strategy: Goal 8 – Improve the reliability and comparability of disability data

- Persons with disabilities tend to be 'unseen, unheard and uncounted'.
- The adequacy of disability statistics would enable policy making to be evidence-based to support the realization of the rights of persons with disabilities.
- The Declaration is an opportunity to enhance data collection aimed at generating comparable disability statistics over time and across borders.

Goal 8 of the strategy includes two important targets:

- **Target 8A:** Produce and disseminate reliable and internationally comparable disability statistics in formats that are accessible by persons with disabilities
- **Target 8B:** Establish reliable disability statistics by the midpoint of the Decade, 2017, as the source for tracking progress towards the achievement of the goals and targets in the Incheon Strategy

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An important recognition in the Incheon strategy is that despite the magnitude of disabilities in the region, there is a serious lack of reliable data. This information deficiency contributes to the invisibility of the group of persons with disabilities. Wide disparities in both definitions and methodology across countries present major challenges for the monitoring of programmes for persons with disabilities. Consequently, internationally comparable disability statistics and data collection have received special attention in most of the current international frameworks on disability, including the CRPD and the Incheon Strategy. Box 1.2 shows the article in the CRPD that addresses data collection on disability as well as the target of the Incheon Strategy to improve reliability and comparability of disability data. The Government of the Union of Myanmar (hereafter referred to as the Government) has made significant efforts and shown commitment over the past decade to support persons with disabilities. The inclusion of a disability module in the 2014 Myanmar Population and Housing Census (2014 Census) served the need to gather information for policy development for persons with disabilities. In addition to the Census, several surveys were undertaken to gather information about the living conditions of persons with disabilities. Notable recent studies include: the Disability Survey 2008-2009; UNICEF's Situation Analysis of Children with Disabilities in the Republic of the Union of Myanmar; and the Labour Force, Child Labour and School To Work Transition Survey 2015 conducted by the Ministry of Labour, Employment and Social Security and Central Statistical Organization, under the auspices of the International Labour Organization.

The Census data, in addition to these other studies, provide an internationally comparable and locally contextualized picture of disability in the country. Despite some shortcomings, the 2014 Census gives an insight into the first nationally representative situation of disability, as well as baseline information for monitoring progress in the implementation of national and international development frameworks on disability.

Chapter 2. Methodology, concepts and definitions

2.1 The 2014 Census data

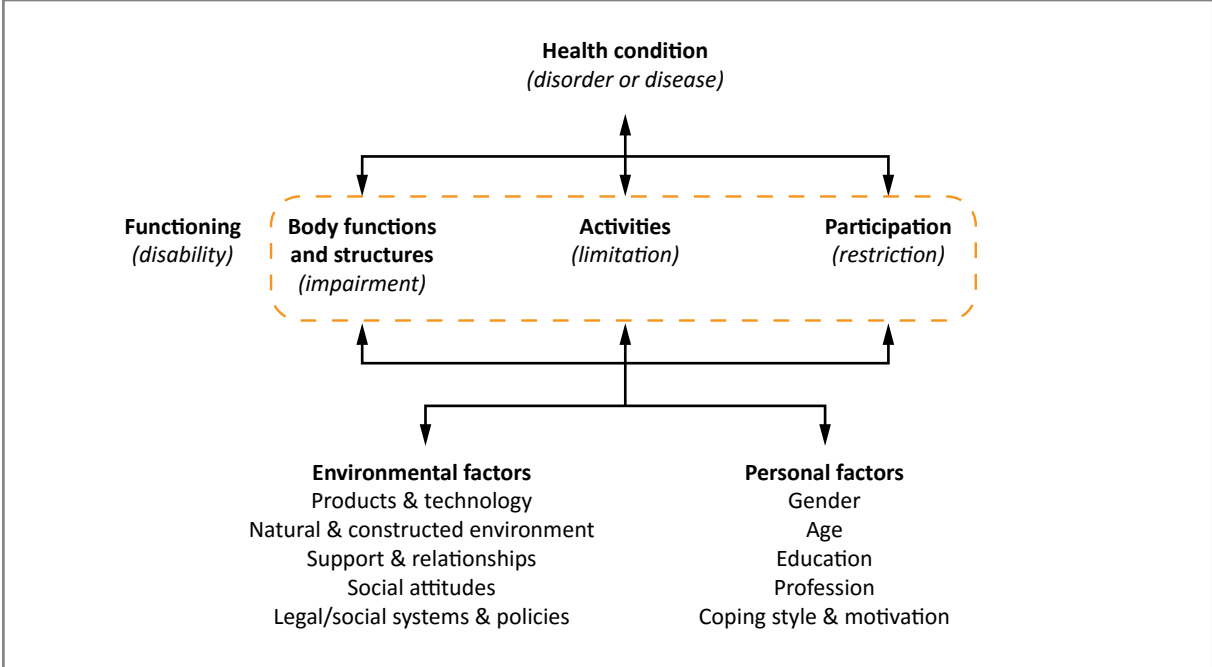
The 2014 Census adopted a *de facto* methodology where, with some exceptions, individuals were enumerated at the place where they were present on March 29, 2014 (Census Night). The field operation was completed in almost all areas within 12 days after the start of the fieldwork. The total enumerated population stood at 50,279,900. Some populations in three areas of the country were not enumerated. These included an estimated 1,090,000 persons in Rakhine State, 69,753 persons in Kayin State and 46,600 persons in Kachin State (see Department of Population, 2015 for the reasons that these populations were not enumerated). In total, therefore, it is estimated that 1,206,400 persons were not enumerated in the 2014 Census. The total estimated population of Myanmar on Census Night, both enumerated and non-enumerated, was 51,486,253.

The analysis in this report covers only the enumerated population. It is worth noting that in Rakhine State an estimated 34 per cent of the population were not enumerated as members of some communities were not counted because they were not allowed to self-identify using a name that was not recognized by the Government. The Government made the decision in the interest of security and to avoid the possibility of violence occurring due to inter-communal tension. Consequently, data for Rakhine State, as well as for several Districts and Townships within it, are incomplete, and only represent about two-thirds of the estimated population.

2.2 Definition of disability within an international context

To ensure international comparison, and due to the importance of the Incheon Strategy for policy development for persons with disabilities in Myanmar (see Chapter 1), the concepts and definitions presented in the ESCAP guidelines on disability indicators for the Incheon Strategy will be closely followed in this report. The definition of disability used in the Incheon Strategy was adopted from the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD definition states that: “Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations ESCAP, 2014). The definition of disability of the CRPD, which is used in this report, comes close to the definition set by the International Classification of Functioning, Disability and Health (ICF), developed by the WHO as the conceptual framework for analysis of disability (WHO, 2001). Under the ICF, functioning and disability are multi-dimensional concepts, relating to the body functions and structures; activities of people; participation in all areas of life and participation restrictions they experience; as well as environmental factors. Under the ICF disability is “the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (WHO, 2011). Figure 2.1 depicts the components of the ICF and the way in which they interact.

Figure 2.1
The ICF components and their interactions



Source: (WHO, 2001) with modifications.

For the Myanmar National Plan of Action for persons with Disabilities 2010-2012, the Government used a definition which comes close to the international definitions: “Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” The Department of Social Welfare currently classifies disability into four different types: a) persons with visual impairments; b) persons with hearing impairments; c) persons with physical (mobility) impairments; and d) persons with intellectual impairments (The Leprosy Mission, undated). These four components were used in the 2014 Census for classifying disabilities.

2.3 Disability measurement, working concepts and data analysis

To appropriately define and understand disability, it should be seen against the backdrop of overall physical and social functioning. It should be treated as a continuum and less as a strict categorization with a firm line between ‘disabled’ and ‘abled’ persons (WHO, 2011). Therefore, disability status is not a discrete variable, that is to say, it is not a case of ‘yes’ or ‘no’, but of ‘more’ or ‘less’. It is also a complex phenomenon determined by differing biological, psychological, social, cultural and environmental factors. Because of this complexity and its non-discrete boundaries, it poses some serious challenges for measurement, particularly in a population census.

For a number of years the Washington Group on Disability Statistics (WG), under the auspices of the United Nations Statistical Division, has worked on the improvement of the

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measurement of disability to guarantee consistent quality assessments and international comparability within the ICF framework that would fulfil the requirement to monitor the CRPD (Madans, Loeb and Altman, 2011; Loeb, 2012; and Madans and Loeb, 2013). Equity in opportunities was chosen as the guiding principle in the development of the WG approach to measure disability (Madans and Loeb, 2013, p 8). Specifically, the WG questions were developed to address the issue of whether persons with disabilities participate to the same extent in general activities, such as education, employment, housing or family life as persons without disabilities. A major reason for this choice, compared to other methods of determining disability status, is the pivotal importance attached to social participation and equal rights or equitable access to opportunities from a policy perspective as mandated in the CRPD (Madans, Loeb, and Altman, 2011, pp 2, 5). This also means that the WG measurement would not suit other purposes nor would it provide a comprehensive assessment of disability (Madans and Loeb, 2013, p 9).

A set of six questions based on self-reported difficulties caused by a health problem to perform basic activities was developed by the Washington Group. The activities (more commonly referred to as 'domains') chosen were: seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care and communicating. The United Nations Principles and Recommendations for Population Censuses considered four of these domains essential to determine disability status in a way that can be reasonably measured when undertaking a census: a) seeing; b) hearing; c) walking; and d) remembering and concentrating (United Nations Statistics Division, 2007, p 213). The 2014 Myanmar Census adopted this principle and the four standard WG domains were included in the questionnaire, as presented in Figure 2.2. The question was asked to all people, living in both conventional and institutional households.

The answer categories for each of the four domains were: 'No - no difficulty'; 'Yes - some difficulty'; 'Yes - a lot of difficulty'; and 'Cannot do at all'. These four degrees of difficulty are used to capture the full spectrum of functioning. The four levels of degree of difficulty to describe the disability continuum used in this report are:

- None: the person indicated 'No - no difficulty' in all four domains.
- Mild functional limitation: the person indicated that with one or more domains he/she had some difficulty, but reported no domain where he/she experienced a lot of difficulty or could not do at all.
- Moderate functional limitation: the person indicated that he/she had a lot of difficulty with one or more domains, but there was no domain that he/she could not do at all.
- Severe functional limitation: the person indicated that he/she could not do one or more domains at all.

Figure 2.2
Disability questions in the 2014 Myanmar Census

DISABILITY			
9. Does (Name) have any difficulty...?			
i. Seeing, even if wearing glasses		Codes	
ii. Hearing, even if using hearing aid		No - no difficulty = 1	
iii. Walking, climbing steps, carrying items		Yes - some difficulty = 2	
iv. Remembering or concentrating		Yes a lot of difficulty = 3	
		Cannot do at all = 4	
Seeing	Hearing	Walking	Remembering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special efforts were made to train the interviewers to ask the questions on disability correctly. Interviewers were explicitly instructed when they were entering a dwelling, not to ask whether any persons with a disability were living in the household, but to ask each individual in the household about their ability to execute the four WG-functions stated in the questionnaire. A two-page instruction sheet was distributed to each interviewer on how to ask the questions on disability; DVDs containing instructions on how to ask the disability-related questions were also distributed to interviewers.

In this current report, at various points the four discrete levels of functional limitations (none, mild, moderate, severe) are used in the description of the general characteristics of disability. This is done to give a more detailed view of the group of persons with disabilities.

However, it should be kept in mind that the use of the WG-questions to establish the prevalence rate of disabilities in population censuses is not without its problems. The following limitations should be considered:

- The six WG-questions on disability do not address all aspects of disability comprehensively. The questions do not completely cover social or psychological disabilities and disabilities connected to upper body movement. Unless these problems are serious enough to have an impact on a person’s communication or self-care, or any of the other activities, they go undetected.
- The ESCAP Guide on Disability Indicators for the Incheon Strategy cautions that the WG-questions in censuses may not be appropriate to identify disability among children younger than 10 years of age. It notes: “Childhood functioning is more varied than functioning in adults and identifying functional difficulties is confounded by underlying variation in typical childhood development. For that reason, special procedures are needed for identifying childhood disability” (United Nations ESCAP, 2014, p 8).
- The fact that - following the United Nations Principles and Recommendations for Censuses - only four out of six possible WG-domains are generally included in censuses, is bound to lead to an under-estimation of the disability prevalence rate. As no questions on self-care and communicating were asked in the 2014 Census, the number of persons with disabilities will clearly be under-estimated as it leaves persons with these particular disabilities out of the equation.
- The collection of disability data in censuses is often hampered by the negative

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connotations related to disability and the cultural hesitation by both respondent and interviewers to discuss and probe into this sensitive subject. It is generally accepted that dedicated surveys, with professional and well trained interviewers are a much better instrument to assess the prevalence of disability than censuses, in which households are often visited hurriedly, without any serious, personal interaction.

However, even if disability is under-reported and no prevalence rate is obtained from the Census that is acceptable to all users, the Census remains a very valuable source to consider the living conditions of persons with a disability. The power of the Census lays more in the fact that information on disability can be related to a person's demographic, social, economic and household characteristics than in its ability to calculate absolute prevalence rates.

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3.1 The Government's commitment

The past decade has witnessed substantial changes in the Government's support to persons with disabilities; a commitment which is reflected at both the international and national levels. The 2008 Constitution of the Republic of the Union of Myanmar states that: "The Union shall care for mothers and children, orphans, fallen Defence Services personnel's children, the aged and the disabled" (Ministry of Information, 2008, Article 32).

On 7 December 2011, the Government took an important step forward in its international commitment for persons with disabilities by ratifying the 2006 United Nations Convention on the Rights of Persons with Disabilities (CRPD), though not its optional Protocol. The CRPD is the most internationally recognized human rights treaty aiming to promote and protect the rights of persons with disabilities (United Nations, 2006). On 5 June 2015, the Government enacted the Law of the Rights of Persons with Disabilities (Government of Myanmar, 2015) which is the legal framework to enact the CRPD. In the Law, it is stated that a National Committee for the Rights of Persons with Disabilities would be formed to monitor the implementation of the convention. The Committee would include representatives from multiple stakeholders in both Government and non-governmental sectors. The Law covers the rights of persons with disabilities to share: equal basic rights; rights to education, health and transportation; participation in politics and public affairs; rehabilitation; employment; registration and formation of associations; and the establishment of private institutions (schools, vocational training and rehabilitation centres). Some key points of the Law are highlighted and presented in Box 3.1.

The Government also committed to an important regional framework for persons with disabilities known as the, 'Bali Declaration on the enhancement of the Role and Participation of the Persons with Disabilities in ASEAN Community and Mobilisation Framework of the ASEAN Decade of Persons with Disabilities (2011-2020)' (ASEAN Secretariat, 2013). The objective of this framework is to promote disability-inclusive development in South-East Asian countries.

As a member state of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Myanmar is, as noted in Chapter 1, also party to the Asian and Pacific Decade of Persons with Disabilities, 2013-2022 and the 2012 Incheon Strategy, for implementation this decade. This is an important document for disability-inclusive development as it "provides the Asian and Pacific region, and the world, with the first set of regionally agreed disability-inclusive development goals" and its adaptation and implementation "can help to ensure a disability-inclusive post-2015 development agenda" (United Nations, ESCAP, 2012a). The fundamental priority areas for the decade are set out in Box 3.2.

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Box 3.1

Highlights of the Myanmar Law on the Rights of Persons with Disabilities (Government of Myanmar, 2015)

- A person with disabilities is a person who is suffering long term from one or more than one of the defects of physical, vision, speech, hearing, psychological, mental, intelligence, and sensation whether it is innate or not.
- The aims of this Law include giving more care to persons with disabilities in accordance with the Constitution; implementing the CRPD; protecting human rights and the freedom of persons with disabilities; enabling equal participation of persons with disabilities in social, economic, cultural, and political activities; improving public recognition of the dignity, ability and capacities of persons with disabilities; reducing discrimination towards persons with disabilities; and giving special care to orphans, the homeless and persons with disabilities who suffer from more than one disability.
- The National Committee for the Rights of Persons with Disabilities is formed and responsibilities of its members and stakeholders are set.
- Basic rights to education, health, participating in politics and public affairs, job opportunities and employment are protected.
- Registration of persons with disabilities is emphasized so that they can receive medical check-ups, and probably receive other benefits from the Government, as well as improve statistics on disability.
- Formations of associations of persons with disabilities are allowed and they should be registered.
- Private schools, private vocational training centres and private rehabilitation centres can be opened and registered with the Department of Social Welfare of the Ministry of Social Welfare, Relief and Resettlement.

Box 3.2

Fundamental priority areas of the decade

Decade priority areas	
1	Realization and protection of fundamental rights and freedom of Persons with Disabilities (PWDs)
2	Development and effective implementation of disability discrimination laws and mainstreaming disability issues in policy and planning
3	Employment and decent work
4	Adequate and appropriate education
5	Health care and rehabilitation, including community-based rehabilitation
6	Political participation and access to justice for PWDs
7	Livelihood, poverty alleviation, and social services
8	Independent living and community inclusion
9	Children with disabilities
10	Women with disabilities
11	Older persons with disabilities
12	Participation in cultural life, recreation, leisure and sport
13	Accessibility (e.g. ICTs, ATs, information, facility, transportation, services)
14	Capacity building of government, Self-Help DPOs, and CSOs
15	PWDs in Emergencies

Source: ASEAN (2013).

Another significant step forward to ensure that the needs and rights of persons with disabilities are met, occurred when the Government launched the National Social Protection Strategic Plan in 2014. This Plan identified that persons with disabilities “are among the most vulnerable and marginalized groups, and they face specific risks and vulnerabilities” (Government of Myanmar, 2014a, p 52). The plan defines social protection as including ‘policies, legal instruments and programmes for individuals and households that prevent and alleviate economic and social vulnerabilities; promote access to essential services and infrastructure and economic opportunity; and facilitate the ability to better manage and cope with shocks that arise from humanitarian emergencies and/or sudden loss of income.’

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Specifically, the plan covers four key components.

1. Social protection

This component offers vulnerable groups relief from economic and social deprivation, with the goal of decreasing the risk of poverty as well as vulnerability. Programmes within this component aim to provide opportunities for public employment, access to basic social services and social insurance and assistance.

2. Preventive social protection

The plan recognizes the need to prevent risks and shock, particularly in the sphere of health and income security, creating employment opportunities and access to basic social services.

3. Promotive social protection

Central to this plan is promoting the development of human capital and ensuring there is sufficient adaptive capacity.

4. Transformative social protection

This component focuses on creating equity in society as well as social cohesion, and advancing socioeconomic development. Other important features of the National Social Protection Strategic Plan are highlighted and presented in Box 3.3.

Box 3.3

Highlights of the Myanmar National Social Protection Strategic Plan (Government of Myanmar, 2014a)

- Persons with disabilities, 'are among the most vulnerable and marginalized groups, and they face specific risks and vulnerabilities.'
- Persons with disabilities, together with children and the elderly, are one of the five vulnerable and marginalized groups.
- The objective of social protection for persons with disabilities is, 'to ensure that their needs are adequately met and to facilitate their social inclusion and access to services.'
- Children with disabilities from birth to 18 years, like other children, shall have the right to enjoy all the benefits of other groups.
- Families of children with disabilities should be supported until age 18.
- Centres will be established to take care of adults/elderly persons with disabilities for life.
- Job facilities will be established for those who complete vocational training and are capable of working.
- There will be an allowance of MMK 16,000 per child per month and an allowance of MMK 30,000 per month for adults (to age 64), which will account for 0.24 per cent of the gross domestic product in 2016. *(At the time of the compilation of this report, these allowances had not been implemented).*
- Other social protection benefits for persons with disabilities:
 - Labour market: Training for persons with disabilities.
 - Social insurance: Work disability benefits for those in formal sector.
 - Health coverage: Universal health coverage.
 - Integrated Social Protection Systems: Social welfare services for persons with disabilities.
 - Disaster Risk Management (DRM) and Social Protection: DRM. services targeting persons with disabilities.

In 2016, the Department of Social Welfare of the Ministry of Social Welfare, Relief and Resettlement launched a new ten-year strategy to further improve the position of persons with disabilities in Myanmar. This strategy follows and implements international policies such as the Bali Declaration and the Incheon Strategy. The new strategy aims to develop a disability-inclusive infrastructure to ensure full participation of persons with disabilities in all sectors of society; to improve the living conditions of persons with disabilities; and to

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promote the strategy as a priority for government organizations, NGOs, and other local and international organizations (Department of Social Welfare, 2016).

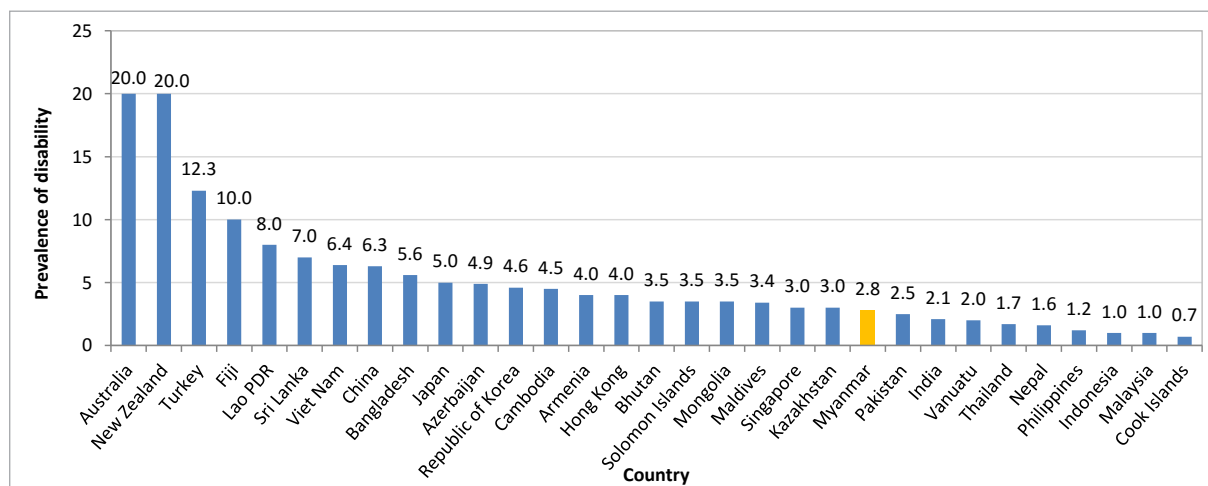
3.2 Earlier studies on disability in Myanmar

Over the past decade, efforts have been made to estimate the prevalence of disability in Myanmar. The World Health Organization's World Report on Disability used findings from the 2002-2004 World Health Survey (WHS) with 16 domains of functioning to record disability prevalence for Myanmar at 6.4 per cent (WHO and the World Bank, 2011 p 274). While this prevalence can be used for comparisons with other countries at a global level, the level is debateable, and its interpretation is not straightforward. For instance, the WHS only included respondents older than 18 years living in conventional households; its sample was not always nationally representative; the prevalence is constructed through composite and average scoring; and the threshold used to identify prevalence is controversial. UNESCAP's report on the disability profile of 36 countries and areas in Asia and the Pacific in 2010 indicated that disability prevalence in Myanmar, as found in the 2006 UNESCAP survey, was 2.8 per cent (United Nations ESCAP, 2012b). This level of disability is relatively low compared with other countries in the region (see Figure 3.1). This low prevalence is based on a narrow definition which defines disability as "a restriction or lack of ability because of impairment."

The first ever survey of persons with disabilities in Myanmar was carried out in 2008 and 2009 with a large sample size of 108,000 households in 120 Townships across the 15 States/Regions of the country. Results indicated a disability prevalence of 2.3 per cent, 'according to the inclusion criteria' (MSWRR and TLMI, 2015). This study used, 'the Myanmar perspective' and the definition of persons with disabilities was based on a pre-survey as, 'an individual who is limited in function and/or ability to conduct activities in daily living and to participate in society due to physical, seeing, hearing and intellectual or learning impairment' (MSWRR and TLMI, 2015: 9). This definition and classification of disability were highly localized and developed through a survey of just 200 persons; hence, its capability for international comparison is limited. Besides, while the second and third stage of the sampling strategy was based on random sampling, sampling in the first stage does not seem to have been so; consequently, representativeness of the study sample remains uncertain.

Figure 3.1

Proportion of persons with disabilities in the total population, selected countries, 2010



Source: (United Nations ESCAP, 2012b, p11).

A common finding across all available disability studies in Myanmar, at least those discovered during the preparation of this report, is that a comparison to persons without disabilities was not made, thus not allowing a deeper understanding of the close association between disability and development. While this information was available in the 2008/2009 Disability Survey, the subsequent report did not include this comparison. The 2006 UNESCAP survey completely ignored this issue as it only gathered aggregated data on disability prevalence. The 2002-2004 WHS included this comparison in its global report, but a country report for Myanmar is not available.

In 2010, UNICEF, in collaboration with the Department of Social Welfare, carried out a situation analysis on the living conditions of children with a disability in Myanmar. The aim of the study was to identify 'the barriers created by society and the physical environment that prevent a child with disabilities from enjoying its human rights' (UNICEF, 2014). The study was based on a survey of 2,547 households in 28 Townships. In the survey, 1,271 were households with children with disabilities and 1,276 were households with children without disabilities. Case studies on the prevalence of disability were undertaken in five Townships; three in Mon State (1,096 households), one in Yangon (one Township) and one in Rakhine State (one Township). Estimates of prevalence were based on Mon State, while the Townships in Rakhine State and Yangon Region were kept as control groups. The study used the six Washington Group domains, and prevalence rates were separately calculated for each of these domains. Later in this report, the results from the survey will be compared to the findings of the 2014 Census. However, as the prevalence rates in the UNICEF study were based on a case study, they cannot be considered to be representative of the whole country.

Chapter 4. General characteristics of persons with disabilities

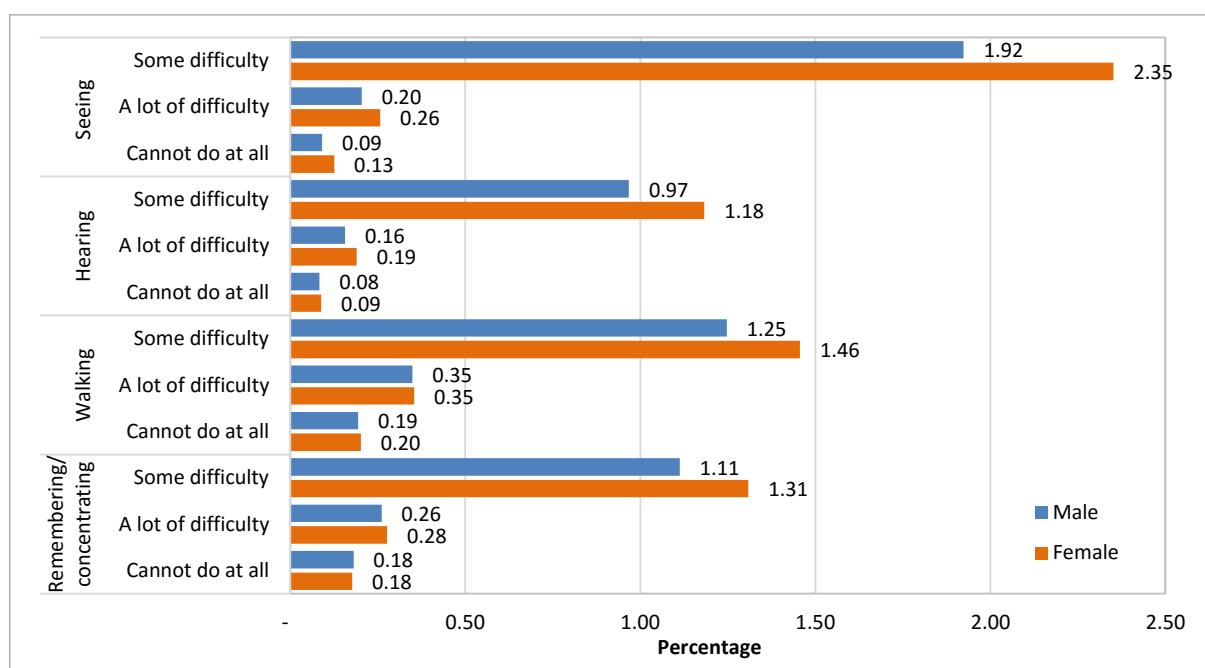
4.1 Prevalence of disability by level and domain

The 2014 Census reported that there were around 55 thousand individuals who were blind, 43 thousand who were deaf, almost 100 thousand who were unable to walk and 90 thousand who did not have the capability to remember or concentrate at all (severe disability) (Table 4.1).

A total of about 116 thousand persons reported that they had a lot of difficulties seeing (moderate disability), 87 thousand a lot of difficulties hearing, and 177 thousand and 135 thousand reported a lot of difficulties with walking and remembering or concentrating, respectively. The percentage distributions are illustrated more clearly in Figure 4.1. The bar chart generally shows very low reported levels of difficulty in each of the four functional domains: less than 0.1 per cent of males and only 0.13 per cent of females reported severe levels of disability in seeing; only 0.20 per cent of males and 0.26 per cent of females reported a moderate level of disability; and just 1.92 per cent of males and 2.35 per cent of females reported mild levels of disability seeing. Similar levels of prevalence were reported for the other three functional domains. A second observation is that, although the absolute number of women who have problems performing each one of the functional domains is higher than for men, because of the greater number of women (26 million) in the country than men (24 million) their percentages are only slightly higher. For example, 52 thousand women and 47 thousand men cannot walk at all, translating into percentages of only 0.19 and 0.20, respectively.

Figure 4.1

Percentages of persons with disability by domain by degree by sex, 2014 Census



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Table 4.1

Prevalence of disabilities by domain by degree by sex, 2014 Census

		Absolute numbers			Sex ratio	Percentages			Percentage male/female
		Male	Female	Both sexes		Male	Female	Both sexes	
Seeing	No difficulty	23,691,259	25,338,904	49,030,163	93.5	97.78	97.27	97.51	100.5
	Some difficulty	466,065	612,667	1,078,732	76.1	1.92	2.35	2.15	81.8
	A lot of difficulty	49,397	66,944	116,341	73.8	0.20	0.26	0.23	79.3
	Cannot do at all	21,993	32,671	54,664	67.3	0.09	0.13	0.11	72.4
	Total	24,228,714	26,051,186	50,279,900	93.0	100.00	100.00	100.00	
Hearing	No difficulty	23,936,229	25,670,545	49,606,774	93.2	98.79	98.54	98.66	100.3
	Some difficulty	234,420	308,176	542,596	76.1	0.97	1.18	1.08	81.8
	A lot of difficulty	37,916	49,423	87,339	76.7	0.16	0.19	0.17	82.5
	Cannot do at all	20,149	23,042	43,191	87.4	0.08	0.09	0.09	94.0
	Total	24,228,714	26,051,186	50,279,900	93.0	100.00	100.00	100.00	
Walking	No difficulty	23,794,911	25,527,253	49,322,164	93.2	98.21	97.99	98.10	100.2
	Some difficulty	302,159	379,344	681,503	79.7	1.25	1.46	1.36	85.6
	A lot of difficulty	84,620	92,126	176,746	91.9	0.35	0.35	0.35	98.8
	Cannot do at all	47,024	52,463	99,487	89.6	0.19	0.20	0.20	96.4
	Total	24,228,714	26,051,186	50,279,900	93.0	100.00	100.00	100.00	
Remembering/ concentrating	No difficulty	23,852,126	25,592,176	49,444,302	93.2	98.45	98.24	98.34	100.2
	Some difficulty	269,559	340,858	610,417	79.1	1.11	1.31	1.21	85.0
	A lot of difficulty	63,237	72,094	135,331	87.7	0.26	0.28	0.27	94.3
	Cannot do at all	43,792	46,058	89,850	95.1	0.18	0.18	0.18	102.2
	Total	24,228,714	26,051,186	50,279,900	93.0	100.00	100.00	100.00	

Walking is the activity for which the highest number of people reported moderate and severe levels of difficulty, 176,746 and 99,487, respectively. The sex ratio (defined as the number of males for every 100 females) and the ratio of males to females for the percentages of people reporting a specific difficulty, show the greater propensity, proportionately, for women to report a disability than men for all domains and levels, except among those with severe levels of remembering or concentrating.

4.2 Establishing meaningful measures of prevalence

Table 4.2 summarizes the numbers by level of disability given at Table 4.1 and shows that there were 2.3 million persons who reported that they had at least some difficulty in either one or more of the four functional domains, and were thus recorded as having a 'mild' disability or higher. Of these, over half a million (559.9 thousand) reported that they suffered moderate or severe difficulties. And of these there were more females (295 thousand) than males (264 thousand). A total of 216 thousand persons stated that they could not perform one or more of the four functions at all (severe disability). The overall sex ratio of the total population is 93.0, indicating that for every 93 males in the country, 100 females are present. Among persons with disabilities the sex ratio is 84.2, which shows, as noted above, that the prevalence of disability is slightly higher among females than among males.

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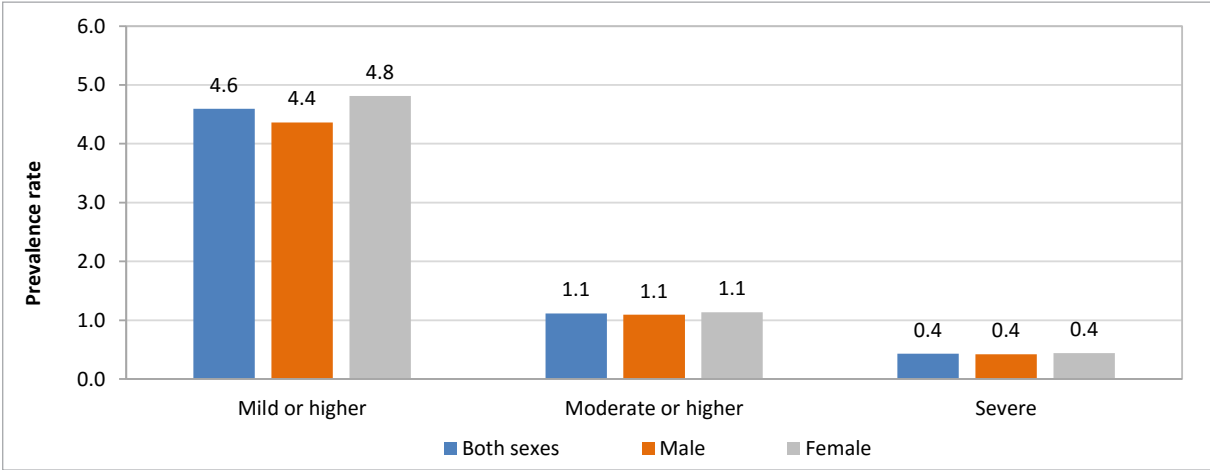
Table 4.2
Number of persons by degree of disability by sex, 2014 Census

Sex	Total population	No disability	Mild disability or higher	Moderate disability or severe	Severe disability
Male	24,228,714	23,171,959	1,056,755	264,475	101,683
Female	26,051,186	24,796,691	1,254,495	295,405	114,379
Both sexes	50,279,900	47,968,650	2,311,250	559,880	216,062

Figure 4.2 shows the prevalence rates for males and females by degree of disability. The ‘mild or higher’ prevalence rate, which encompasses people with all three categories of functional difficulties, was 4.6 per cent. Note that this is the prevalence rate presented in the 2014 Census Main Report (Department of Population, 2015) and in some of the other thematic reports. The ‘mild or higher’ prevalence rate is slightly higher for females (4.8 per cent) than for males (4.4 per cent).

If a more conservative cut-off point is applied, so that only people with moderate or severe levels for at least one of the four domains are included, the prevalence rate is reduced more than four-fold to 1.1 per cent, with almost no difference between sexes. Finally, the ‘severe’ prevalence rate, based only on people who could not do at least one of the four activities at all, proves to be very small: just 0.4 per cent for both males and females. Although more than 200 thousand such people were reported in the Census, in relative terms the numbers are quite small. The reported prevalence would mean that in Myanmar only 1 in 250 people would not be able to see, hear, walk or remember or concentrate.

Figure 4.2
Disability prevalence rates by degree by sex, 2014 Census



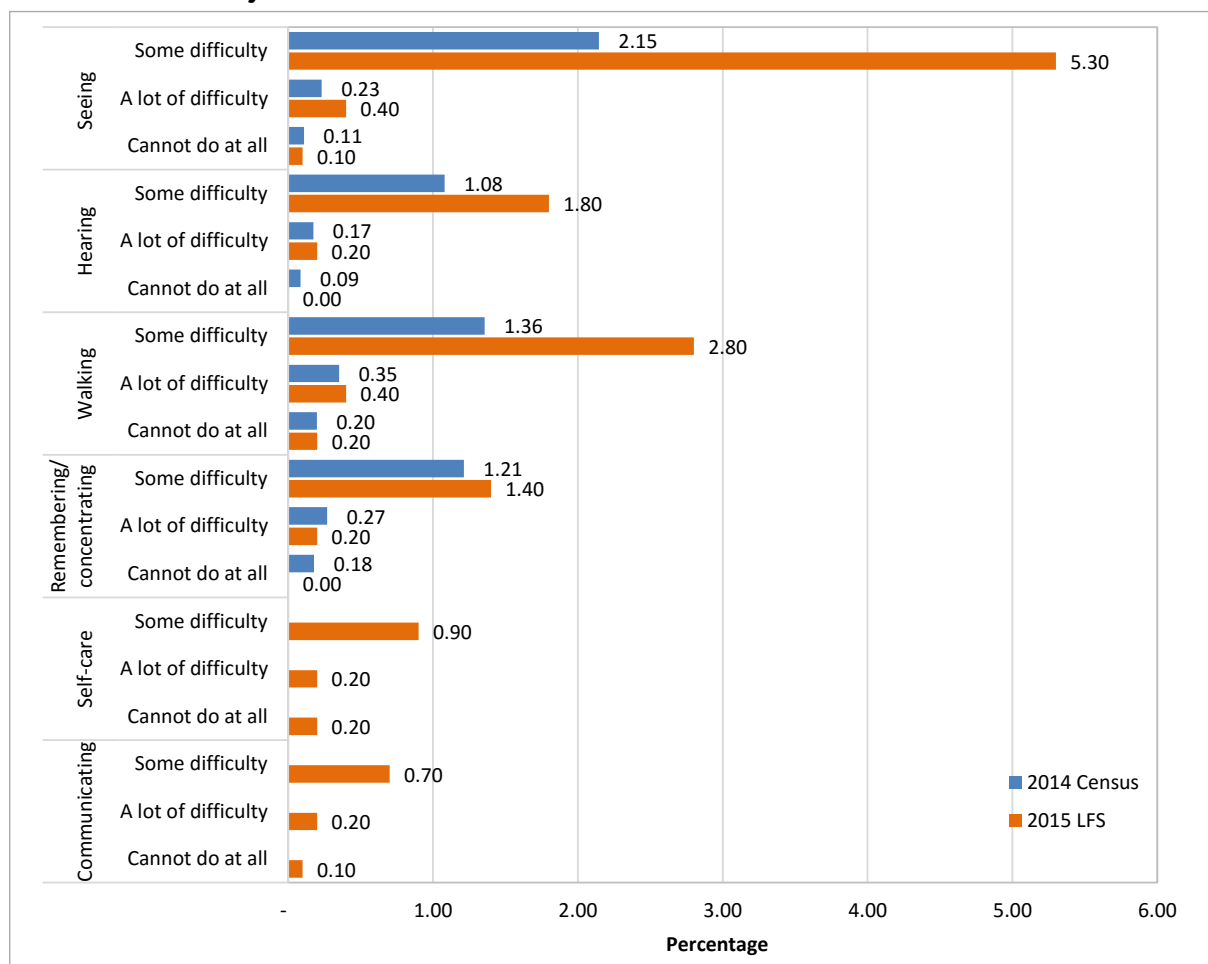
In fact, all three of the indicators presented are valid prevalence rates, reflecting the flexibility of the measurement to serve different purposes. “When it comes to constructing Incheon Strategy Indicators, people should be considered to have a disability if they answer ‘a lot of difficulty’, or ‘cannot do at all’, to at least one of the WG questions. This is the measure of disability used in the World Report on Disability” (United Nations ESCAP, 2012a p 14).

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In the case of Myanmar, it is hard to assess the accuracy of the disability information, mainly because very few nationwide studies have covered the topic, thus preventing comparison. The UNICEF situation analysis (UNICEF 2016) concentrated solely on children, while the National Disability Survey (Ministry of Social Welfare, Relief and Resettlement and The Leprosy Mission International, 2010) used its own definition of disability, derived from the pre-survey. The 2015 Labour Force, Child Labour and School to Work Transition Survey (Ministry of Labour, Employment and Social Security and Central Statistical Organization, 2016) included the six WG-questions for all persons aged five and over. The ‘mild or higher’ disability prevalence rate calculated from this survey was 7.7 per cent (6.9 per cent for males and 8.4 per cent for females). This is significantly higher than the ‘mild or higher’ prevalence rate recorded in the Census (4.6 per cent), which may be partly due to the fact that information was collected for all six functional domains compared with only four in the Census. Figure 4.3 presents the percentages of people with ‘a mild’ (some), ‘a lot of difficulty’ (moderate) or ‘cannot do at all’ (severe) by activity domain in both studies. From the graph, it is clear that little difference exists between the studies in the ‘moderate or higher’ disability prevalence rate and that the differences are in the category ‘some difficulty’ as well as the inclusion of the functions of self-care and communicating.

Figure 4.3

Percentage of persons with a disability by domain and degree of disability, 2014 Census and 2015 Labour Force Survey

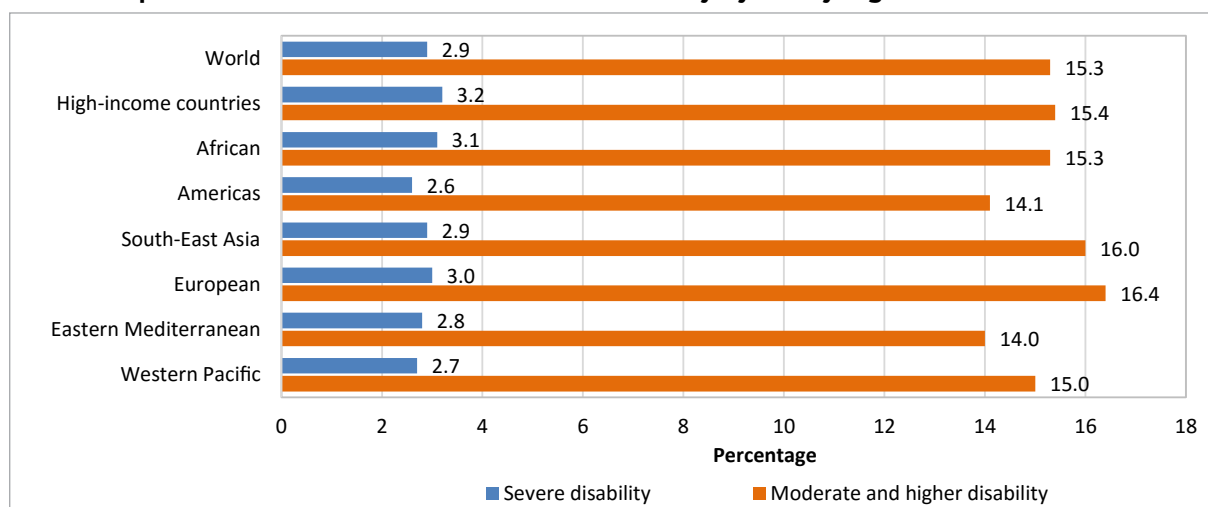


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In 2011, the World Health Organization and the World Bank Group joined forces to produce the first and, for the time being, the last World Report on Disability (WHO and The World Bank, 2011). This report presented worldwide estimates of the prevalence of disability based on a variety of sources. Although the data mostly refer to the first years of the new millennium, their validity remains as the prevalence of disability in countries does not change rapidly on a year-to-year basis. The report brings together information from many parts of the world, gathered using different data collection systems and methodologies and definitions. As such, the figures are not definitive estimates and should be seen as purely indicative of existing levels and trends. According to this report more than one billion people globally live with one or more disabilities, which corresponds to about 15 per cent of the world's population. Prevalence was found to be higher among women, older people and children and adults who are poor. Among all WHO regions in the world, South-East Asia has the second highest prevalence rate of 'moderate or higher' disability (16 per cent) and the third highest prevalence rate of 'severe' disability (see Figure 4.4) (WHO, 2013). For 'moderate' disability, South-East Asia is only surpassed by Europe which, it should be noted, has a much larger older population.

Figure 4.4

Estimated prevalence of 'moderate' and 'severe' disability by sex by region



Source: Global Burden of Disease estimates for 2004, World Report on Disability, 2011.

If the prevalence rates of the World Report on Disability for the South-East Asia region are compared with the results of the 2014 Myanmar Census, some very large differences are observed. The moderate/severe disability prevalence of 1.1 per cent in Myanmar is almost fifteen times lower than the WHO estimates at the regional level. The magnitude of these differences is such that it cannot be simply attributable to intra-regional variability. Given Myanmar's level of economic development and health system, compared to many of the other countries in the region, it would be expected that the prevalence of moderate/severe disability would be higher than the regional average, not lower. Therefore, it must be concluded that the prevalence rates based on the 2014 Myanmar Census greatly underestimate the true level. However, based on the existing information, it is impossible to assert the level of this under-estimation.

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The problem of under-estimating the prevalence of disability in the Census is not unique to Myanmar and can be found in many countries around the world. Within the South-East Asia region, for example, the Laos Census used the 'mild' definition of disability based on the six WG questions and found an overall prevalence of 2.8 per cent (Lao Statistics Bureau, 2015). The 2008 Census in Cambodia did not use the Washington Group questions, and instead simply asked whether the person had a disability (National Institute of Statistics Cambodia, 2009). Five categories were discerned: seeing, speech, hearing, movement and mental health issues. If the person had more than one disability, only one was reported, depending on the choice of the respondent. The Census found that 1.44 per cent of the population had a disability. The 2010 Census in Timor-Leste used a variation of the WG question, asking: 'How much difficulty does (NAME) have in?' (National Statistics Directorate and UNFPA, 2012). The four functional domains and answer categories used were broadly consistent with the WG recommendations, and the only difference was that one common question was asked instead of four specific enquiries. Because of this, for instance, the qualifications "... even if wearing glasses" or "... even if using a hearing aid" were omitted. Using the categories 'has a lot of difficulties' or 'cannot do at all', a disability prevalence of 4.6 per cent was reported.

In other thematic reports, comparisons have been made between the situation in Myanmar and those observed in other South-East Asia countries. In the case of disability, this cannot be done as the definitions and methodologies used for measuring disability are so different among countries. As such, no comparative graphs between Myanmar and its regional neighbours are included in this report.

The fact that disability is under-reported in the Myanmar Census does not mean that the data cannot be used to describe the group of persons with disabilities in the country. As previously noted, 2.3 million persons were reported to have a disability. If it is assumed that this group has the same characteristics as the group who were not identified as living with a disability, then the characteristics of the enumerated persons with a disability will be representative of the total group. This assumption is probably not that far from the truth, and means that the strength of the Census will be more in its ability to provide a clear description of the living conditions of the group of persons with disabilities, than to accurately quantify its size. The remainder of this report will describe the characteristics of the population with disabilities using this general assumption.

4.3 Multiple disabilities

An especially vulnerable group comprises persons who have multiple disabilities. A total of 842 thousand persons with reported multiple disabilities were identified in the Census. This constituted 1.7 per cent of the total population and 36.4 per cent of the population with a disability. Among persons with multiple disabilities, 360 thousand were males (representing 34.0 per cent of all males with a disability) and 482 thousand were females (38.4 per cent of all females with a disability).

For policy planning it is important to have information about the occurrence of the various types of multiple disabilities. Given the four functional domains in the Census, a number of combinations of two or more disabilities are possible. Table 4.3 shows the number of

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persons with a disability by combination of disability. Note that the group of persons with a double disability (such as seeing and hearing for example) also includes those who have a triple or quadruple disability (that is, seeing + hearing + other(s)). This was done to avoid understating the number of people who had (using the sample example) a visual and hearing disability regardless of whether or not they also had another disability. The biggest group among all of those who reported having multiple disabilities consists of persons who had a disability related to both walking and remembering or concentrating: a total of 462 thousand people reported such a combination, representing a fifth of all persons with at least one disability. Again, note that this number includes those that may have had, in addition, a third or even fourth disability. It should not come as a surprise that it is this group that comes out on top, as both these disabilities are strongly related to old age.

Table 4.3
Persons with more than one disability by combination of disability by sex, 2014 Census

Combination of disability	Number			Percentage of those with at least one disability		
	Male	Female	Both sexes	Male	Female	Both sexes
Seeing/hearing	142,233	206,436	348,669	13.5	16.5	15.1
Seeing/walking	160,171	243,970	404,141	15.2	19.4	17.5
Seeing/remembering/concentrating	148,977	223,454	372,431	14.1	17.8	16.1
Hearing/walking	112,925	166,175	279,100	10.7	13.2	12.1
Hearing/remembering	122,674	174,795	297,469	11.6	13.9	12.9
Walking/remembering	197,123	264,494	461,617	18.7	21.1	20.0
Seeing/hearing/walking	88,984	136,717	225,701	8.4	10.9	9.8
Seeing/hearing/remembering/concentrating	90,900	136,021	226,921	8.6	10.8	9.8
Seeing/walking/remembering/concentrating	107,408	167,191	274,599	10.2	13.3	11.9
Hearing/walking/remembering/concentrating	89,771	136,633	226,404	8.5	10.9	9.8
All four domains	76,536	118,609	195,145	7.2	9.5	8.4
Total with a multiple disability	359,585	482,027	841,612			
Total with at least one disability	1,056,755	1,254,495	2,311,250			

Note that not an inconsiderable number of persons reported having three disabilities: more than 225 thousand for each of the four triple combinations. The most serious cases are those who have all four disabilities, of whom 195 thousand individuals were reported, representing over 8 per cent of all of those with a disability.

4.4 Age pattern of disability

People can have a disability at any point in their life, though global figures show that the prevalence of disability increases with age. It should be recognized that disability is part of life and that most people have to face the fact that their physical or mental condition may be either temporarily or permanently impaired at some stage in their life. This holds more so for those living longer lives.

Figure 4.5 shows the different age profiles for the various degrees of disability (mild, moderate, and severe functional limitation). The graph shows that the percentage of persons with a ‘mild’ disability increases slowly until age 30, then increases rapidly after that. Similarly,