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Who is disabled in Sub-Saharan Africa?

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Despite significant recent advances in research on people with disabilities in many developed countries, little is known about their counterparts living in the developing world. With the goal of helping to improve the state of knowledge on disability, the United Nations commissioned the Washington Group to develop a short set of questions to measure disability in official household surveys.

This note uses the resulting data from ten recent surveys in Sub-Saharan Africa (SSA) to profile the characteristics of people with disabilities, briefly describing their welfare, gender, age, geographic characteristics, educational attainment, and labor force participation. Five main findings emerge. First, disabilities involving vision, concentration, and mobility are most prevalent. Second, disability rates are higher for those in rural areas, among those with less education, and increase sharply with age. Third, disability affects poor and wealthier households at similar rates. Fourth, women report higher rates of disability, especially conditions related to mobility and vision. This could result from shortfalls in human capital investment, pregnancy and childbirth, or intimate partner violence. Finally, people with disabilities report low rates of labor force participation rates due to difficulties looking for jobs or finding a suitable employer, both of which are to varying degrees due to insufficient accommodations. These findings highlight the importance of providing high-quality education to children with disabilities, encouraging human capital investments in girls to reduce gender disparities in disability, and preparing health systems for an aging population with increasingly diverse and complex care requirements.

profits have helped to raise awareness of the unique issues people with disabilities experience. Comprehensive data about the prevalence of disabilities are critical to understanding these issues, as well as documenting spatial, temporal, and demographic trends to support policy efforts both domestically and internationally.

In 2001, the United Nations commissioned the Washington Group (WG) to standardize methods of gathering data and generating indicators on disabilities. The motivation behind the WG's work was to improve service provision, better monitor and document trends, and advance the goal of equality for people with disabilities.¹ This work led to the development of six questions, listed in Table 1, that aim to measure the level of functioning of the survey respondent. While there are several methods of categorizing respondents as disabled based on the response categories, the WG recommends that respondents who answer "Yes, a lot of difficulty" or "Cannot do it at all" to any one of the six questions be classified as disabled. This short set of questions are simple and can be interpreted subjectively, and survey respondents might answer incorrectly (or not at all) for other household members who themselves might report significant difficulty with a key function.² Additionally, social desirability bias could play a role in underreporting, as respondents might downplay disabilities due to stigma. They are therefore designed to complement other survey data, such as information about employment status and educational attainment, rather than serve as a stand-alone indicator of disability.

Background

Broadly defined, disability refers to any impairment, mental or physical, that hinders or prevents an individual from performing an activity. In recent decades, many international organizations and non-

Table 1: Survey Methodology for Measuring Disability

Washington Group Short Set (WG-SS) Questions	
1.	Do you have difficulty seeing, even if wearing glasses?
2.	Do you have difficulty hearing, even if using a hearing aid?
3.	Do you have difficulty walking or climbing steps?
4.	Do you have difficulty remembering or concentrating?
5.	Do you have difficulty (with self-care such as) washing all over or dressing?
6.	Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?
Response Categories	
1.	No, no difficulty
2.	Yes, some difficulty
3.	Yes, a lot of difficulty
4.	Cannot do it at all

The Washington Group’s disability questions will guide research and funding in addition to providing critical data to country-specific initiatives. The World Bank Group (WBG) has committed to “Scaling up disability data collection and use, guided by global standards and best practices, such as using the Washington Group’s Short Set of Questions (WG-SS) on Disability”. In addition to this, WBG has committed to including profiles of the people with disabilities in frequent publications, such as poverty assessments, therefore providing visibility to a group often neglected in socio-economic analysis.

Table 2: Number of Countries with the WG-SS of Disability Questions

2015 - 2020	
Total	49
EAP	4
ECA	2
LAC	10
MNA	7
SAR	4
SSA	22

Source: Survey Scored Card, 2019 & 2020.

Globally, forty-nine country surveys fully or partially include the WG short set of disability questions; twenty-two of them, in SSA. Among Sub-Saharan African countries, we obtained and processed data from ten countries including: Botswana (BWA), Lesotho (LSO), Gabon (GAB), Namibia (NAM), Rwanda (RWA), Tanzania (TZA), Sierra Leone (SLE), Swaziland (SWZ), South Africa

(ZAF), and Zimbabwe (ZWE). Figure 1 shows that GAB, LSO and SWZ have the highest rate of reported people with disabilities (percentage of people 15 years of age or older³ who are classified as disabled).

Table 3: Surveys Used

Country	Year	Survey
BWA	2015	BMTHS
GAB	2017	EGEP
LSO	2017	CMSHBS
NAM	2015	NHIES
RWA	2016	EICV-V
SLE	2018	SLIHS
SWZ	2016	HIES
TZA	2018	HBS
ZAF	2014	LCS
ZWE	2017	PICES

Figure 1: Percentage of Population (15 years or older) Classified as Disabled



The most prevalent disabilities are impairments to mobility, concentration, and vision. On average across the countries included in this sample, 3.2 percent of the population report at least one disability while 1.1 percent report two or more disabilities. Visual impairments are the most commonly reported disability type at 1.8 percent of the population over 15 years of age, followed closely by mobility-related disabilities at 1.6 percent, then concentration and memory impairments at 1.2 percent. Below that are communication, self-care, and hearing, where prevalence ranges from 0.4 to 0.7 percent of those aged 15 years and older.

There is no clear pattern linking welfare level and disability, but the prevalence of disability is higher in rural areas. The prevalence of disability is also higher in rural areas due to the distance required to travel in order to find a health care provider and fewer financial resources to travel and pay for treatment.⁴

Figure 2a: Distribution of Disabled People per Quintile

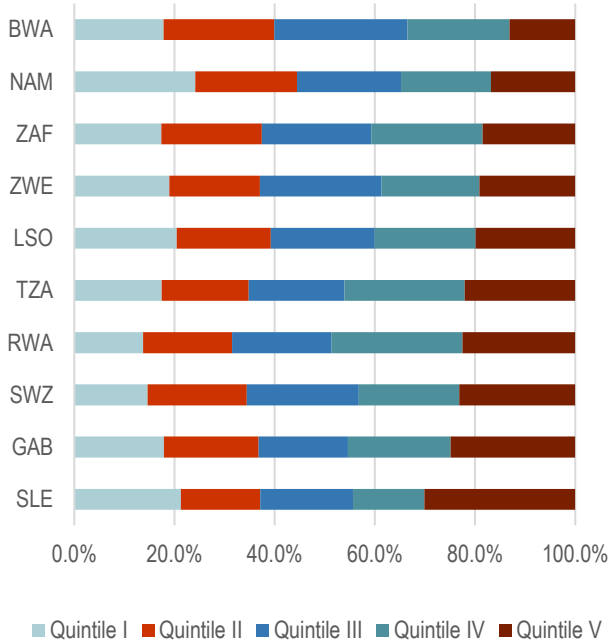
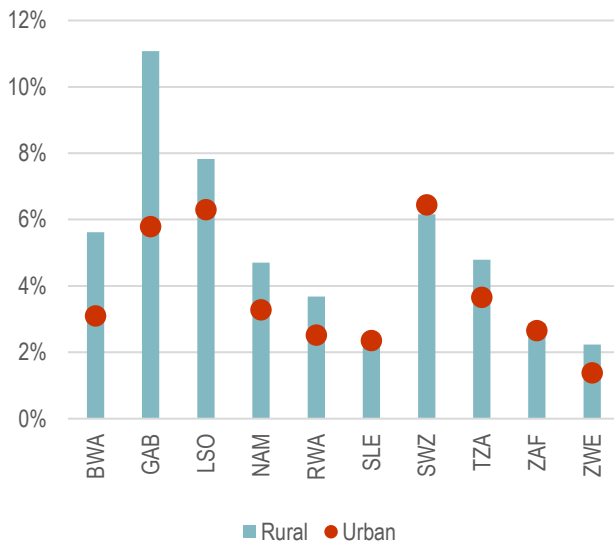


Figure 2b: Percentage of Population (15 years or older) Classified as Disabled, by area



In large part due to the preexisting lack of equal protections and rights, women experience higher rates of disability than men. Women experience higher rates of disability because a household with multiple children of both genders and limited financial resources might choose to invest in the earning potential of male children, which could lead them to prioritize the health care needs of males. Leaving the needs of girls unattended, such as trouble seeing or hearing, could compound over time to the point of impairment.⁵

Pregnancy and childbirth are another potential contributor to the higher prevalence of disabilities among women. The risks associated with childbearing are exacerbated in developing countries, as many pregnant women are unable to access adequate perinatal care due to insufficient supply of medical personnel and costs associated with accessing this care, including travel and geographic concentrations of providers.⁶ Absence of care, due to lack of labor opportunities can easily lead to maternal death or disability.⁷

Figure 3a: Percentage of Population (15 years or older) Classified as Disabled, by gender

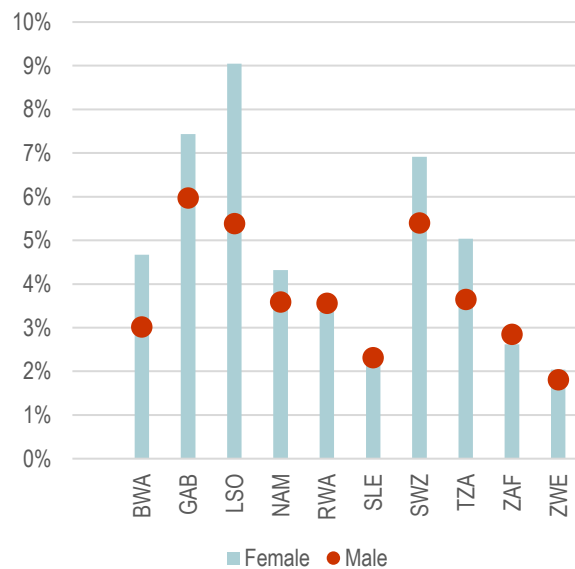
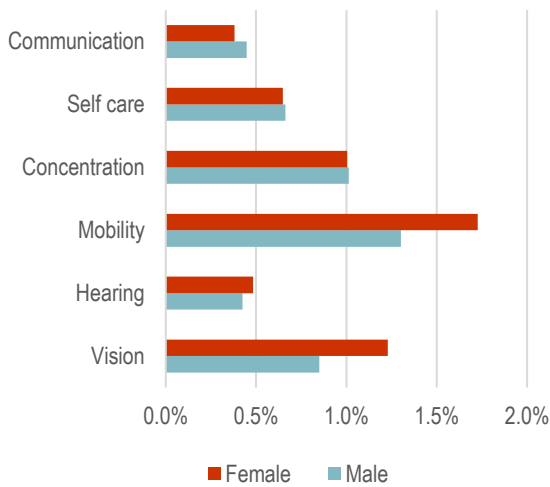


Figure 3b: Type of Disability by Gender (15 years or older)



Intimate partner violence (IPV) can also contribute to disabilities among women. IPV has also been linked to disability status, with evidence supporting the notion that women with disabilities are at a higher risk of being the victim of IPV.^{8 9 10} This violence is triggered by controlling behaviors in the couple such as jealousy and denying contact with friends, or for unwanted pregnancies.^{11 12} The violence produced by IPV might actually lead to injuries severe enough to be classified as disabilities.^{13 14 15} This highlights the potential need for IPV preventions to avoid disability.

Age and Disability

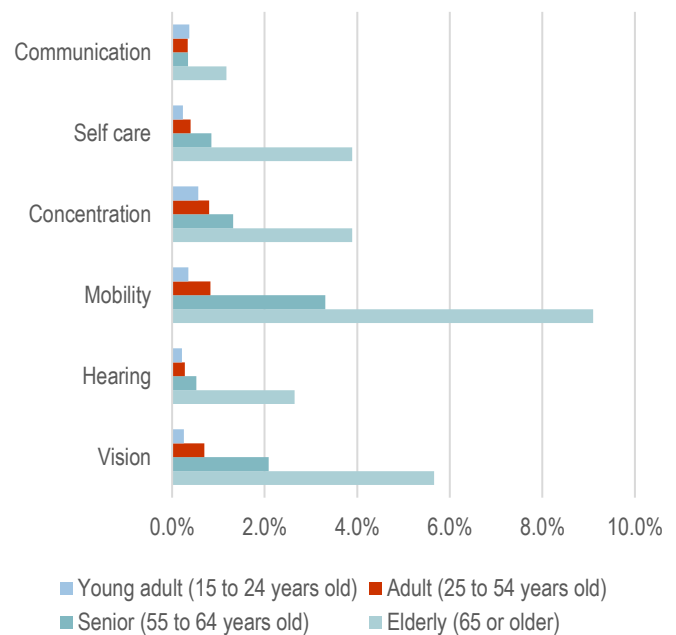
The likelihood that someone reports an impairment generally increases as people age. According to the United Nations, close to half of all individuals over the age of 60 have some type of disability. This trend can partially be attributed to the natural process of aging, as many individuals experience limitations in mobility, reductions in eyesight and hearing capacity, and difficulty with concentration as they age. Lack of access to sufficient health care services (due to cost, distance, lack of information, etc.) can compound over the course of years. An untreated condition that may not have been a disability, if someone could have gone to the doctor, can worsen to the point of impairing function.

The demographic shift towards living longer will put pressure on the already limited availability and accessibility of health care services and providers, as demand for medical care could quickly outpace supply. SSA countries have very young populations, the average age in the selected countries are between 23 and 28 years old. More than half of the population have not reached 25 years of age. The region faces the challenge of preparing for the needs of this cohort, which in 25 to 35 years will likely require assistance with vision and mobility.

Table 4: Average Age and Distribution

	Average	Age groups	
	Age	0 to 24	25 or older
BWA	27	52%	48%
GAB	25	55%	45%
LSO	27	53%	47%
NAM	25	58%	42%
RWA	23	60%	40%
SLE	23	61%	39%
SWZ	24	60%	40%
TZA	24	61%	39%
ZAF	28	49%	51%
ZWE	24	60%	40%

Figure 4: Type of Disability by Age Group (15 years or older), all countries



Educational Attainment and Disability

Compared to those without impairments, people with disabilities have a lower level of educational attainment. Schools frequently have insufficient resources to accommodate children with disabilities, leading higher numbers of disabled children to leave the formal education system earlier than their non-disabled classmates, thus never finishing primary school. If a school-age child has problems seeing but their family is not able to afford or will not acquire eyeglasses for the child, he or she may drop out of school earlier and suffer worsening eyesight to the point of impairment later in life. Additionally, disabled children might be bullied or excluded from activities at school, yet again increasing the risk of truncated educational attainment. The lack of accommodation by schools also presents a major challenge to children with disabilities. These students might need different sized or shaped desks to sit at and ramps or lower stairs to access raised buildings. Children with difficulties hearing or seeing might need sign-language interpreters or assistance with visual learning.

Figure 5a: Distribution of Level of Education (15 years or older)

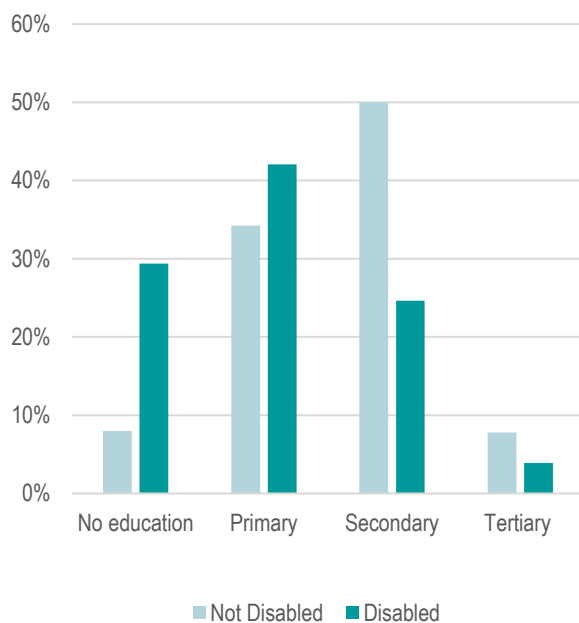
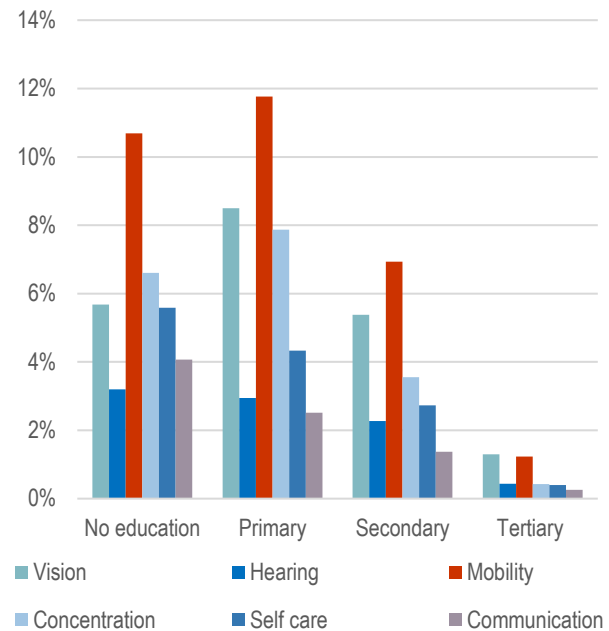


Figure 5b: Distribution of Disabled People by Level of Education and Type of Disability (15 years or older)



Educational attainment remains low throughout the SSA region and much of the developing world, as does economic opportunity within the formal labor market.

While there are clear discrepancies in educational attainment between people with disabilities and those without disabilities, a comprehensive solution will focus on providing more opportunities to all individuals and communities in the developing world. A key component of that will include increasing accessibility options for students with disabilities so that they are able to attend school and succeed in educational settings.

Employment and Disability

A major challenge for people with disabilities is participation in the labor market. Labor force participation differs between people with and without disabilities, with much higher rates of non-participation among people with disabilities compared to people without disabilities, but the differences in unemployment rates are smaller. Some research suggests that non-participation in the labor market is not due to choice and that many people with disabilities would prefer to work.

The primary barriers to employment include discrimination and lack of accommodation on the part of the employer. Even in countries with robust antidiscrimination laws in place, people with disabilities are far more likely to be out of the labor market. Those who are able to find work, often part-time jobs, are paid less than their non-disabled counterparts, and less likely to be promoted. Unstable employment and insufficient financial resources can lead to many people with disabilities being reliant on their families and/or social programs for survival. This reliance can put them at risk for being the target of abuse at the hands of caretakers.

Policies can address these disparities by either facilitating participation in the labor market or caring for those unable to do so. For those with disabilities who prefer to work, policy and aid proposals can be directed at strengthening antidiscrimination laws and enforcement mechanisms while providing financial incentives to firms to hire workers with disabilities. Work training programs might also assist those with disabilities in building skills for the workforce. For those with disabilities who are unable to work, aid can be targeted directly to the individuals.

Figure 6a: Distribution of Level of Employment

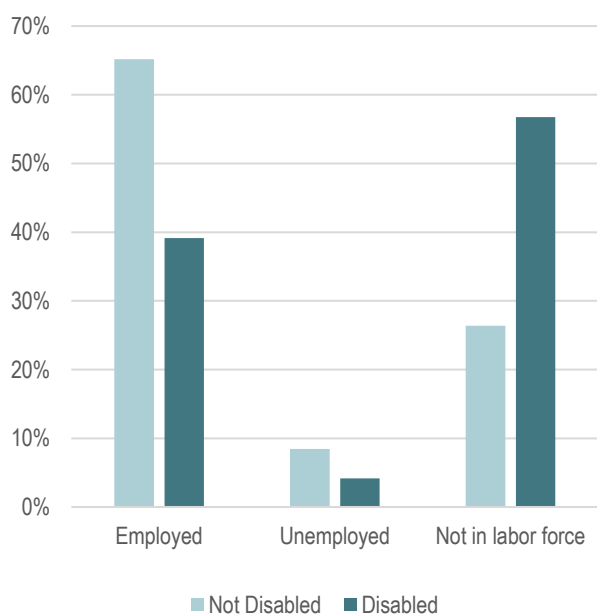


Figure 6b: Type of Disability by Level of Employment (15 years or older)

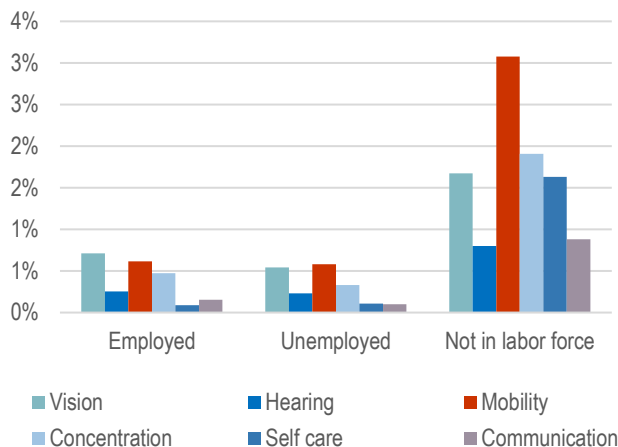
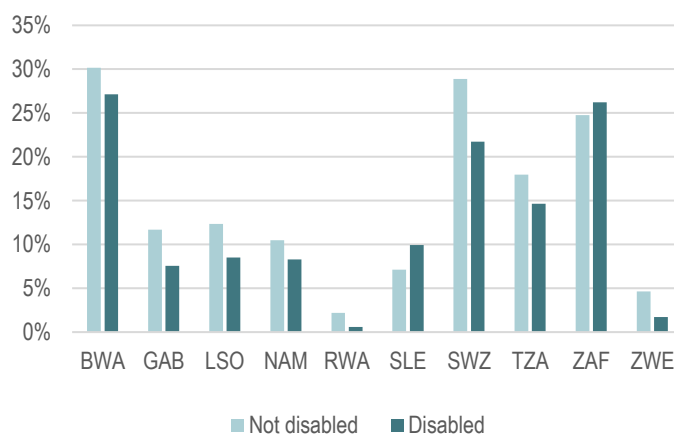


Figure 6c: Unemployment Rate, per country (15 years or older)



Looking Forward

Many organizations and non-profits are actively engaging in initiatives to promote the full social and economic participation of people with disabilities. In coordination with roughly half a dozen other disability rights organizations, Disability Rights International (DRI) is currently working towards creating an interactive dashboard to monitor and measure the impacts of the novel coronavirus pandemic on disabled communities.¹⁶ Reducing the number of children with disabilities in institutional settings, such as prisons and psychiatric hospitals, is a key objective of the DRI. Another organization, Sightsavers, advocates for disability rights

while providing resources like eye exams, medications, and job training to people with site-associated disabilities. The World Health Organization (WHO) selected Sightsavers to lead the implementation of the WHO program (“SAFE”) in several SSA countries from 2014-2019.

Documenting trends, such as the higher rates of disabling impairments for women and girls, allows policy makers and organizations to tailor funding and social programs to those most in need.

As more countries incorporate the short set of questions into their household surveys, policy makers and researchers will be better prepared to assist international efforts focused promoting the full inclusion of those with disabilities in society; therefore, it is a challenge to promote the incorporation of the WG-SS of questions in any poverty measure survey to have proper estimation of socio-economic characteristics of disable people on each country.

¹ Madans, J. H., et. al. “Washington Group Position Paper: Proposed Purpose of an Internationally Comparable General Disability Measure.” 2004. The Washington Group.

² A longer, extended set of question has been published by the Washington Group in addition to the short set.

<https://www.washingtongroup-disability.com/question-sets/wg-extended-set-on-functioning-wg-es/>

³ A person is considered disabled in this document if they answer “Yes, a lot of difficulty” or “Cannot do it at all” to any of the WG-SS of questions.

⁴ Tanser, F., Gijsbertsen, B., & Herbst, K. “Modelling and Understanding Primary Health Care Accessibility and Utilization in Rural South Africa: An Exploration Using a Geographical Information System.” *Social science & medicine* (2006), 63(3), 691–705. <https://doi.org/10.1016/j.socscimed.2006.01.015>

⁵ Pokhrel, S. et. Al., “Gender role and health care utilization in Nepal.” *Health Policy*, Volume 74, Issue 1 (2005): 10-109, <https://doi.org/10.1016/j.healthpol.2004.12.013>.

⁶ *Maternal mortality* (2010). Public Health at a Glance; HNP notes Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/811421468338684590/Maternal-mortality>

⁷ J. P. Neilson et al., “Obstructed Labour: Reducing Maternal Death And Disability During Pregnancy,” *British Medical Bulletin* 67, no. 1 (2003): 191–204, <https://doi.org/10.1093/bmb/ldg018>.

⁸ Smith, D. “Disability, Gender And Intimate Partner Violence: Relationships From The Behavioral Risk Factor Surveillance System,” *Sexuality and Disability* 26, no. 1 (2008): 15–28, <https://doi.org/10.1007/s11195-007-9064-6>.

⁹ Barrett, K. A., et al., “Intimate Partner Violence, Health Status, and Health Care Access Among Women with Disabilities,” *Women’s Health Issues* 19, no. 2 (2009): 94–100, <https://doi.org/10.1016/j.whi.2008.10.005>.

¹⁰ Ballan, M.S., et al., “Looking Beyond Prevalence: A Demographic Profile of Survivors of Intimate Partner Violence with Disabilities,” *Journal of Interpersonal Violence*. (2014). <http://journals.sagepub.com/doi/10.1177/0886260514534776>.

¹¹ Hindin, M., Kishor, S., and Ansara, D.L., (2008). “Intimate Partner Violence Among Couples In 10 DHS Countries: Predictors and Health Outcomes.” USAID. DHS Analytical Studies 18. (2008).

¹² Kishor, S. and Johnson, K. “Profiling Domestic Violence. A Multi-Country Study”. Measure DHS+ project. (2004).

¹³ Gibbs, A., et al., “Prevalence and Factors Associated with Recent Intimate Partner Violence and Relationships between Disability and Depression in Post-Partum Women in One Clinic in EThekweni Municipality, South Africa,” *PLOS ONE* 12, no. 7 (2017): e0181236, <https://doi.org/10.1371/journal.pone.0181236>.

¹⁴ T. Vos et al., “Measuring the Impact of Intimate Partner Violence on the Health of Women in Victoria, Australia,” *Bulletin of the World Health Organization* 84, no. 9 (September 2006): 739–44.

¹⁵ “WHO Multi-Country Study on Women’s Health and Domestic Violence against Women.” World Health Organization. (2005). <http://www.who.int/reproductivehealth/publications/violence/9241593512/en/>

¹⁶ <https://www.driadvocacy.org/covid19-drm-dashboard-launch/>

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