

CENSUS 2011

# Profile of persons with disabilities in South Africa



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**Census 2011:  
Profile of persons with disabilities  
in South Africa**

Statistics South Africa

Report No. 03-01-59

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Statistician-General

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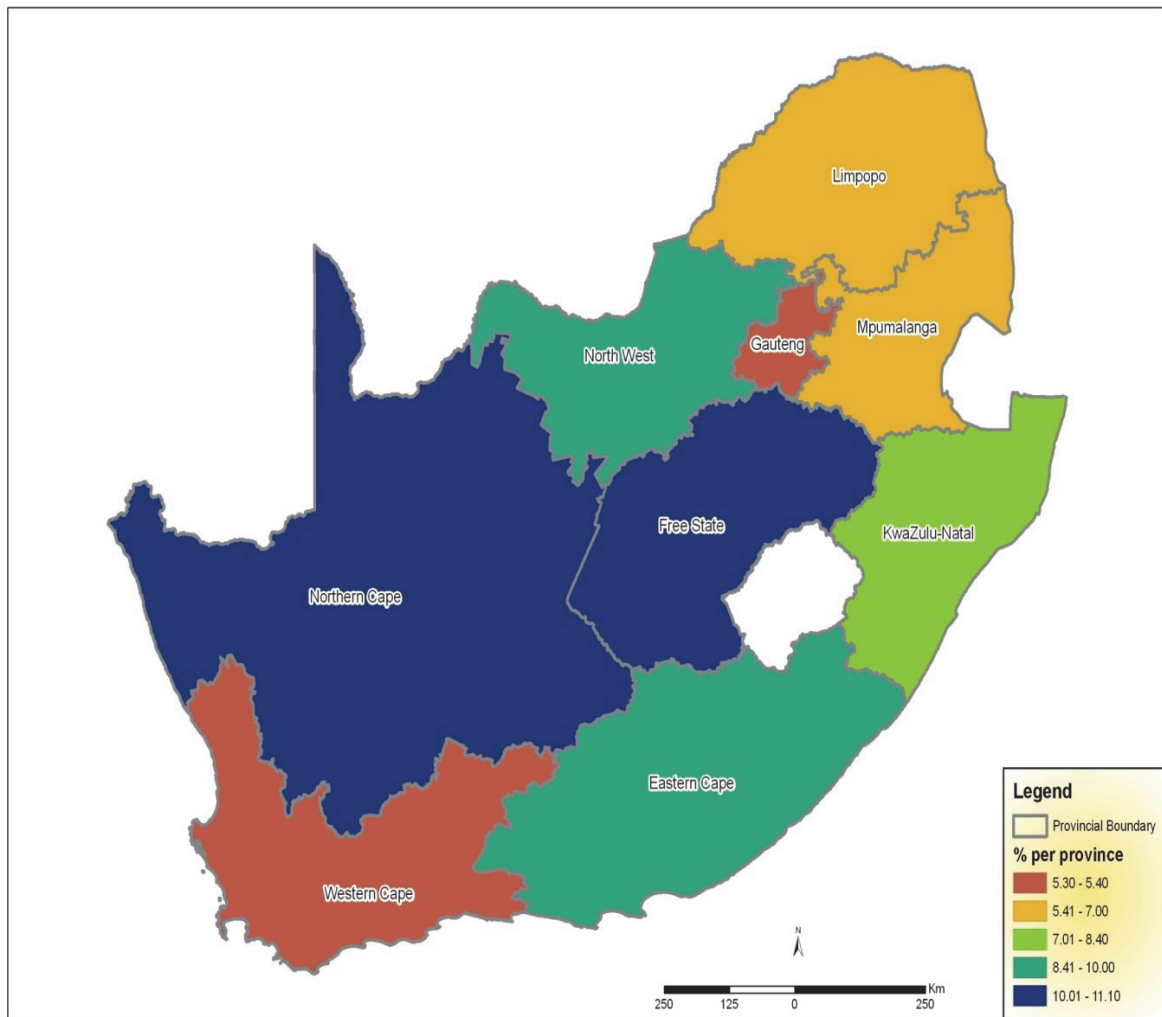
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## Preface

Evidence-based decision-making has become an indispensable practice universally because of its role in ensuring efficient management of population, economic and social affairs. It is in this regard that Statistics South Africa (Stats SA) is mandated to provide the state and other stakeholders with official statistics on the demographic, economic and social situation of the country to support planning, monitoring and evaluation of the implementation of programmes and other initiatives. In fulfilling its mandate prescribed in the Statistics Act (Act No. 6 of 1999), Stats SA has conducted three censuses (1996, 2001 and 2011) and various household-based surveys. Censuses remain one of the key data sources that provide government planners, policymakers and administrators with information on which to base their social and economic development plans and programmes at all levels of geography. Census information is also used in monitoring of national priorities and their achievement, and the universally adopted Millennium Development Goals (MDGs). This demand for evidence-based policymaking continues to create new pressures for the organisation to go beyond statistical releases that profile basic information and to embark on the production of in-depth analytical reports that reveal unique challenges and opportunities that the citizenry have at all levels of geography. This analytical work also enhances intellectual debates that are critical for policy review and interventions.

The above process is aimed at enabling the organisation to respond to and support evidence-based policymaking adequately, build analytical capacity and identify emerging population, socio-economic and social issues that require attention in terms of policy formulation and research. The monograph series represents the first phase of detailed analytical reports that are theme based and that address topics of education, disability, ageing, nuptiality, age structure, migration, fertility, and mortality, among others.

The disability monograph provides a comprehensive profile of persons with disabilities in South Africa, exploring key aspects pertaining to their demographics, socio-economic status as well as their health status in terms of functioning. The differentials and spatial distributions by sex, population group and geographical location profiled bring forth critical issues pertaining to the well-being of this vulnerable group.



**PJ Lehohla**  
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## EXECUTIVE SUMMARY

Mainstreaming disability in society has been well articulated at global, regional and national levels. It is widely recognised that such efforts can only be realised if statistics on disability prevalence, patterns and levels are available at all levels of society. Disability statistics provide the basis for measuring progress in realising the rights of persons with disabilities. In South Africa, current and future policies and interventions to ensure that persons with disabilities have equal access to education, employment and basic services require statistical evidence. This report provides statistical evidence relating to the prevalence of disability and characteristics of persons with disabilities at both individual and household levels, based on Census 2011 data. The results cannot be compared to the results of the previous censuses of 1996 and 2001 and the Community Survey of 2007, due to differences in the questions that were asked. The report also does not include statistics on children under the age of five or on persons with psychosocial and certain neurological disabilities due to data limitations, and should therefore not be used for purposes of describing the overall disability prevalence or profile of persons with disabilities in South Africa.

Two measures were employed to profile disability prevalence and patterns based on the six functional domains, namely seeing, hearing, communication, remembering/concentrating, walking and self-care. These two measures were the degree of difficulty in a specific functional domain, and the disability index. The first measure presents disability statistics based on moderate to severe thresholds in a specific functional domain, and the second model combines some thresholds to categorise a person as either being disabled or not. Both measures aim at providing an alternative but complementary understanding of the profile of persons with disabilities.

### Disability prevalence by province

- The findings show a national disability prevalence rate of 7,5%, subject to the limitations described above.
- Provincial variations show that Free State and Northern Cape provinces had the highest proportion of persons with disabilities (11%), followed by North West and Eastern Cape (10% and 9,6% respectively).
- Western Cape and Gauteng provinces showed the lowest percentage of persons with disabilities (5%).

Province	With disabilities		Without disabilities		Total	
	N	%	N	%	N	%
Western Cape	222 333	5,4	3 914 513	94,6	4 136 846	100,0
Eastern Cape	472 106	9,6	4 448 179	90,4	4 920 285	100,0
Northern Cape	92 731	11,0	747 310	89,0	840 041	100,0
Free State	234 738	11,1	1 888 869	89,0	2 123 607	100,0
KwaZulu-Natal	620 481	8,4	6 728 673	91,6	7 349 154	100,0
North West	254 333	10,0	2 285 298	90,0	2 539 631	100,0
Gauteng	485 331	5,3	8 627 419	94,7	9 112 750	100,0
Mpumalanga	205 280	7,0	2 727 519	93,0	2 932 799	100,0
Limpopo	282 797	6,9	3 846 966	93,2	4 129 763	100,0
<b>South Africa</b>	<b>2 870 130</b>	<b>7,5</b>	<b>35 214 746</b>	<b>92,5</b>	<b>38 084 876</b>	<b>100,0</b>

### Disability prevalence by sex

- Both measures of disability (disability index and degree of difficulty measures) show noticeable sex variations. The index shows that disability is more prevalent among females compared to males (8,3% and 6,5% respectively).

Sex	With disabilities		Without disabilities		Total	
	N	%	N	%	N	%
Male	1 188 059	6,5	16 998 903	93,5	18 186 962	100,0
Female	1 682 071	8,5	18 215 843	91,5	19 897 914	100,0
<b>Total</b>	<b>2 870 130</b>	<b>7,5</b>	<b>35 214 746</b>	<b>92,5</b>	<b>38 084 876</b>	<b>100,0</b>

- The degree of difficulty measure showed that females had the highest percentage of persons experiencing mild and severe difficulties across all types of difficulties except for communication, where both males and females had the same proportion of persons who had experienced mild difficulties.

### Disability prevalence by population group

- The population group profile shows that black Africans had the highest proportion of persons with disabilities (7,8%), followed by the white population group (6,5%). No variations were observed among the coloured and Indian/Asian population groups.

Population group	With disabilities		Without disabilities		Total
	N	%	N	%	N
Black African	2 381 668	7,8	27 978 293	92,2	30 359 961
Coloured	207 244	6,2	3 128 955	93,8	3 336 199
Indian	60 614	6,2	911 648	93,8	972 262
White	211 502	6,5	3 041 587	93,5	3 253 089
Other	9 102	5,6	154 263	94,4	163 365
<b>Total</b>	<b>2 870 130</b>	<b>7,5</b>	<b>35 214 746</b>	<b>92,5</b>	<b>38 084 876</b>

- However, disability types show noticeable differences across the four population groups. Among the Indian/Asian population, 12,3% reported mild disability in seeing compared to 10,3% of whites. The results show that hearing and walking disabilities were more prevalent in the white population group.



**Disability prevalence by age**

- The results show that disability is positively correlated with age. That is, the proportion of persons with disabilities increases with age. More than half (53,2%) of persons aged 85+ reported having a disability.

Age group	With disabilities		Without disabilities		Total	
	N	%	N	%	N	%
5-9	447 843	10,8	3 719 835	89,3	4 167 678	100,0
10-14	161 828	4,1	3 802 210	95,9	3 964 038	100,0
15-19	108 738	2,6	4 118 948	97,4	4 227 686	100,0
20-24	99 665	2,4	4 128 757	97,6	4 228 422	100,0
25-29	100 371	2,5	3 906 800	97,5	4 007 171	100,0
30-34	96 274	3,0	3 104 571	97,0	3 200 845	100,0
35-39	108 559	3,8	2 735 168	96,2	2 843 727	100,0
40-44	132 672	5,5	2 283 966	94,5	2 416 638	100,0
45-49	189 774	8,7	1 998 996	91,3	2 188 770	100,0
50-54	225 498	12,2	1 626 667	87,8	1 852 165	100,0
55-59	233 735	15,6	1 268 491	84,4	1 502 226	100,0
60-64	216 572	18,7	942 615	81,3	1 159 187	100,0
65-69	184 428	22,7	627 474	77,3	811 902	100,0
70-74	186 401	29,4	447 044	70,6	633 445	100,0
75-79	148 452	36,6	257 502	63,4	405 954	100,0
80-84	120 001	44,5	149 446	55,5	269 447	100,0
85+	109 319	53,2	96 256	46,8	205 575	100,0
<b>Total</b>	<b>2 870 130</b>	<b>7,5</b>	<b>35 214 746</b>	<b>92,5</b>	<b>38 084 876</b>	<b>100,0</b>

- The results further show slightly high rates in the 5-9-year-old age group. However, caution should be exercised in interpreting these results. It was noted that parents misreported on children by categorising them as either 'unable to do' and/or 'having a lot of difficulty to perform certain functions', when in reality this is an aspect that can be attributed to the child's level of development rather than an impairment.
- Comparison between persons with disabilities and those with no disabilities within each marital category shows that persons with disabilities constitute almost a third (28%) of widowed persons, and 24% of those who were separated/divorced. The high prevalence of widowed persons with disabilities may be attributed to the fact that disability is prevalent in old age, a group that is characterised by many women. The percentage share of persons with disabilities was 8,8% among the married persons, 5,5% cohabiting (living together like married partners), and 4,8% of the never married.
- Provincial profiles show that seven out of the nine provinces had more than a third of persons with disabilities widowed, with Northern Cape and North West having the highest proportions (35,8% and 35,3% respectively). The high prevalence of widowhood among persons with disabilities can be attributed to the fact that disability was highest in old age, a group characterised by many females with no partners. Another reason could be prejudice and discrimination against persons with disabilities, making it difficult for persons with disabilities to remarry in the event of losing a partner.

**Degree of difficulty in the six functional domains of seeing, hearing, communicating, walking, remembering, and self-care**

- Analysis on the prevalence of a specific type of disability shows that 11% had seeing difficulties, 4,2% had cognitive difficulties (remembering/concentrating), 3,6% had hearing difficulties, and about 2% had communication, self-care and walking difficulties. Therefore, seeing difficulties are the most prevalent difficulties, although the majority had mild difficulty (9,3%).

**Number and percentage distribution of persons aged 5 years and older by type and degree of difficulty and sex**

Type of difficulty	Sex and degree of difficulty (numbers and percentage)										
	Sex	None	Mild difficulty	Severe difficulty	Do not know	Total	None	Mild difficulty	Severe difficulty	Do not know	Total
Seeing	Male	19 293 437	1 604 318	279 553	11 460	21 188 768	91,1	7,6	1,3	0,1	100,0
	Female	19 771 350	2 481 581	458 526	11 912	22 723 368	87,0	10,9	2,0	0,1	100,0
	<b>Total</b>	<b>39 064 787</b>	<b>4 085 898</b>	<b>738 079</b>	<b>23 372</b>	<b>43 912 136</b>	<b>89,0</b>	<b>9,3</b>	<b>1,7</b>	<b>0,1</b>	<b>100,0</b>
Hearing	Male	20 461 507	545 433	127 271	10 179	21 144 389	96,8	2,6	0,6	0,0	100,0
	Female	21 796 259	706 475	161 098	10 613	22 674 444	96,1	3,1	0,7	0,0	100,0
	<b>Total</b>	<b>42 257 767</b>	<b>1 251 907</b>	<b>288 369</b>	<b>20 791</b>	<b>43 818 834</b>	<b>96,4</b>	<b>2,9</b>	<b>0,7</b>	<b>0,0</b>	<b>100,0</b>
Communication	Male	20 756 600	225 018	97 450	10 850	21 089 918	98,4	1,1	0,5	0,1	100,0
	Female	22 258 298	248 432	93 832	11 015	22 611 576	98,4	1,1	0,4	0,0	100,0
	<b>Total</b>	<b>43 014 898</b>	<b>473 450</b>	<b>191 282</b>	<b>21 864</b>	<b>43 701 494</b>	<b>98,4</b>	<b>1,1</b>	<b>0,4</b>	<b>0,1</b>	<b>100,0</b>
Walking/ climbing stairs	Male	20 559 261	426 317	172 044	7 836	21 165 458	97,1	2,0	0,8	0,0	100,0
	Female	21 759 194	673 818	251 135	8 504	22 692 651	95,9	3,0	1,1	0,0	100,0
	<b>Total</b>	<b>42 318 455</b>	<b>1 100 135</b>	<b>423 179</b>	<b>16 340</b>	<b>43 858 109</b>	<b>96,5</b>	<b>2,5</b>	<b>1,0</b>	<b>0,0</b>	<b>100,0</b>
Remembering/ concentrating	Male	20 343 787	570 561	187 095	18 470	21 119 914	96,3	2,7	0,9	0,1	100,0
	Female	21 522 772	834 537	269 084	17 224	22 643 617	95,1	3,7	1,2	0,1	100,0
	<b>Total</b>	<b>41 866 559</b>	<b>1 405 098</b>	<b>456 179</b>	<b>35 694</b>	<b>43 763 530</b>	<b>95,7</b>	<b>3,2</b>	<b>1,0</b>	<b>0,1</b>	<b>100,0</b>
Self-care	Male	19 877 403	389 097	288 597	31 756	20 586 852	96,6	1,9	1,4	0,2	100,0
	Female	21 326 855	448 266	300 273	31 408	22 106 801	96,5	2,0	1,4	0,1	100,0
	<b>Total</b>	<b>41 204 257</b>	<b>837 363</b>	<b>588 869</b>	<b>63 164</b>	<b>42 693 653</b>	<b>96,5</b>	<b>2,0</b>	<b>1,4</b>	<b>0,1</b>	<b>100,0</b>

**Difficulty in seeing (sight disability)**

- Noticeable age differences exist among those persons who experience difficulty in seeing, and those who do not. The proportion of persons who have no difficulty in seeing decreases as age increases (from 97% at age 5–9 years to 51% at age 85+ years), which is an indication that the ageing process has a profound negative impact on the prevalence of disability in seeing.
- The profile of persons who have difficulty in seeing among the different population groups shows that the Indian/Asian population group had the highest proportion of persons with mild difficulty (12,3%), followed by whites (10,3%) and black Africans (9,2%).
- Provincial variations show that Free State province had the highest proportion (13,8%) of persons who have difficulty in seeing, followed by Northern Cape (11,5%) and North West (11,3%). Limpopo had the lowest proportion of persons who experienced mild and severe difficulties.
- Analysis on the prevalence of seeing difficulties in the three geographical areas (urban, tribal/traditional and farm areas) shows slight variations in the proportion of persons who experienced mild and severe difficulty in seeing. However, mild difficulty in seeing was more prevalent among urban dwellers (9,7%) compared to farm and tribal/traditional dwellers (9,3% and 8,4% respectively). Among those persons who experienced severe difficulty in seeing, urban areas had the lowest proportions.

**Difficulty in hearing (hearing disability)**

- The national profile shows that about 3% of persons aged 5 years and older had mild difficulty in hearing, while those who experienced severe difficulty in hearing constituted less than 1%.
- Severe difficulty in hearing was more prevalent among the older ages. The proportion of persons with severe difficulty in hearing was highest among persons aged 85+ years (10%).
- The profile of persons with a hearing disability in the four population groups shows that the white population group had the highest proportion of persons who experienced difficulty in hearing (4,8%), followed by the black African population group (3,5%) and the Indian/Asian population group (3,3%).

**Difficulty in communicating (communication disability)**

- The proportion of persons who experienced severe difficulty in communication is less than one per cent, while approximately 1,5% experienced mild difficulty.
- All provinces show a prevalence of less than 1% of persons who experienced severe difficulties in communication. Tribal/traditional areas had the highest proportion (2%) of persons who had difficulty communicating, while urban areas had the lowest proportion (1,2%).

### **Difficulty in walking (physical disability)**

- About 2,5% of persons reported having mild difficulty in walking, while 1% reported having severe difficulty in walking a kilometre or climbing a flight of stairs.
- Provincial variations show that Eastern Cape and North West provinces had the highest proportion of persons who reported having mild difficulties, while Northern Cape recorded the highest proportion of persons who experienced severe difficulty in walking (1,5%).
- Difficulty in walking is more prevalent in old age (from the age of 55 years).
- Population group variations show that the white population group had the highest proportion of persons who experienced walking difficulty (4,4%), followed by the Indian/ Asian population group (3,7%) and black African population group (3,4%).

### **Difficulty in remembering or concentrating (mental disability)**

- The profile of persons who had difficulty remembering or concentrating shows that about 3,2% reported having mild difficulty and 1% having severe difficulty.
- Provincial variations show that Free State and Eastern Cape provinces had the highest proportion of persons who had difficulty remembering/concentrating (6,8% and 6,4% respectively), while Western Cape and Gauteng provinces had the lowest proportions of persons who reported having severe difficulty remembering or concentrating (2,4% and 2,7% respectively).
- Comparison of the different geographical types shows that persons in tribal/traditional areas had the highest proportion of persons who had difficulty remembering/concentrating (6,1%), while urban areas had the lowest proportion (3,4%).
- Difficulty in remembering or concentrating is a disability type that is more prevalent among the aged, particularly the very old (persons aged 85 years and older).
- The proportions of persons who had difficulty remembering or concentrating differ slightly by population group. Black Africans had the highest proportion of persons who experienced difficulty (4,6%) of which persons with mild difficulties were the majority (3,4%). The results show that there are no significant differences between the other population groups

### **Difficulty in self-care**

- The national profile shows that nine in ten persons (96,5%) had no difficulty in self-care. Persons with difficulty constituted 3,4%. The provincial profiles show that Northern Cape province had the highest proportion of persons with severe difficulties (2,7%), followed by Limpopo and North West provinces (2,1% each). Mild and severe difficulties in self-care were recorded among the oldest age groups. The high prevalence of an inability to care for oneself is a reflection of the frailty among those persons of an advanced age.
- Findings on the degree of difficulty in self-care show no differences between males and females amongst persons with severe difficulty.
- Population group variations show that the black African population group had the highest proportion of persons who reported having difficulty in caring for themselves (for example, being unable to dress). The proportions of persons with difficulty to care for themselves were lowest among the white population group.

## Disability and education

The Constitution of the Republic of South Africa guarantees all children the right to education and the government emphasizes the importance of children accessing Early Childhood Development (ECD) programmes. Education policies on ECD mandate all 5-year-olds to attend a formal Grade R programme. The South African Schools Act makes it compulsory for all 7–16-year-olds to be enrolled in a registered education programme.

### Early Childhood Development (ECD)

Results on school attendance among children aged 5–6 showed that:

- School attendance was highest among children with no difficulty and lowest among those that had severe difficulty in walking, communicating and hearing. More than a third (35,5%) of children with severe difficulty in walking were not attending school.
- Disparities in school attendance exist across population groups and disability types. The coloured population group had the highest proportion of children with severe difficulty in walking who were not attending school (45,2%), followed by the black African population group (35%), while the Indian/Asian and white population groups had the lowest proportions (24,6% and 29,1%). This pattern is also observed across all other types of disability.
- Spatial variations show that farm areas had the highest proportions (52,1%) of children aged 5–6 years with severe difficulty in functioning who were not attending school.
- The results show marginal sex variations in school attendance, with males depicting slightly higher proportions of attendance compared to females.

### Primary school level

- Access to primary education is universal for children with no difficulty and those with mild difficulty in the functional domains measured, regardless of population group. However, children with severe difficulties in functioning were the most marginalised.
- Non-attendance was prevalent among children with severe difficulty in functioning, particularly children with severe communication and walking difficulties; an indication that children with disabilities were the most disadvantaged in terms of access to primary education.
- Coloured children were the most marginalised in terms of access to primary education, while the white population group had the lowest proportions of children not attending. Such differences in accessing primary education among persons with severe difficulty could be attributed to challenges relating to limited access to resources, inaccessible transport, lack of access to ECD and early intervention, attitudes, inaccessibility of curriculum, lack of support staff in ordinary schools, and/or limited spaces in institutions providing high levels of support, etc.
- The results further show that school attendance varies among the different functional domains. Children with severe difficulty in walking and communicating had the lowest proportions attending school, while those with severe difficulty in seeing had the highest proportions. Such differences could be attributed to limited access to assistive devices such as glasses and material in Braille language and the availability of special schools.
- School attendance variations exist between the three geography areas (urban, tribal/traditional and farms). Generally, non-school attendance is prevalent in farm areas.

## Secondary school level

- Attendance at secondary level was lowest among persons with severe difficulties in the various functional domains and highest among those with no difficulty.
- Attendance at secondary school level was higher among males than females in all types of difficulty and degrees of difficulty.
- Children with severe difficulty in walking and communicating were the most marginalised in terms of access to secondary education.
- Population group variations show that coloured children had the lowest proportions attending secondary school across all disability types.

## Tertiary level

- The results show that the majority of persons aged 20–24 years with severe difficulties across all functional domains were not attending tertiary education. Tertiary level includes all persons with a post-school qualification. Only about one-fifth of persons with severe difficulties were attending tertiary education.
- Disparities in tertiary enrolment are evident among the different population groups. Attendance was highest among the white population group and lowest among black Africans.
- Slight variations in tertiary enrolment exist between males and females.
- Geographical location where one resides has a bearing on access to tertiary enrolment. Farm areas showed the lowest enrolment rates (less than 20%) compared to urban and traditional areas.

## Educational attainment

- The highest proportion of persons aged 20 years and older with no formal education was recorded in tribal/traditional communities regardless of the type of disability, while those in urban areas had a better profile.
- Gender disparities show that females were more disadvantaged compared to males particularly females with disabilities.
- Persons with severe difficulties had the worst educational outcomes (5,3% had attained higher education, 23,8% had no formal education and 24,6% had some primary education).
- The proportion of white persons with a higher level of education was almost four times higher compared with the proportions of the other population groups.

## Disability and employment

- There is low labour market absorption of persons with disabilities. The degree of difficulty is related to economic participation, with increased difficulty being associated with a decrease in labour market participation. In five of the six functional domains, employment levels were highest among persons with no difficulty and lowest among persons with severe difficulties across the provinces. Employment levels are higher for persons with sight disability compared with other disability types
- The severity of difficulty greatly impacts on economic outcomes pertaining to employment, and different population groups are affected differently. The white population group had the highest proportions employed persons, while the black African population group had the lowest proportions across all functional domains and degrees of difficulty.
- Females were more marginalised in terms of employment compared to males.
- The profile of not economically active persons shows that the black African population group had the highest prevalence, particularly amongst persons with disabilities (12,5% for those with disabilities and 10,7% for able-bodied persons).

- Provincial profiles show that Eastern Cape and KwaZulu-Natal had the highest proportions of not economically active persons with a disability (19,1% and 15,3%).
- Geographical location variations show that farm areas, followed by urban areas, had the highest proportion of persons employed, while traditional areas were characterised by very low levels of employment, making persons with disabilities in rural areas the most disadvantaged.

### **Disability and income**

- Linked to employment is income, which in turn determines the welfare of individuals and their households.
- Generally, persons without disabilities earn a higher income than persons with disabilities.
- Among persons with disabilities, disability severity and type of disability determines one's income. Persons with sight disabilities earn more income compared to persons with other types of disabilities.
- Sex variations in earnings show that male persons without disabilities earn a higher income compared to persons with disabilities. Among persons with disabilities, males earn double what females earn, regardless of the degree of difficulty.
- Massive earning disparities exist by geographical location. Persons with disabilities in urban areas generally have higher earnings compared to those in tribal/traditional areas; a pattern attributed to limited access to employment opportunities in rural areas as well as only having access to low-paying and unskilled jobs.

### **Disability and access to housing and basic services**

- The proportion of households in traditional dwellings headed by persons with disabilities is two times higher than that for households headed by persons without a disability (15,3% and 7% respectively).
- More than half (55,4%) of households headed by persons with disabilities lived in dwellings owned and fully paid off, about one in five (20,6%) lived in occupied rent-free dwellings, while about 12% lived in rented dwellings. Results show that households headed by persons with disabilities living in formal dwellings were about 3% lower than those headed by persons without disabilities. The proportion of households headed by persons with disabilities living in traditional dwellings was two times higher than that for households headed by persons without disabilities (15,3% and 7% respectively).
- About 13,4% of households headed by persons with disabilities had no access to piped water compared with 8,2% of those headed by persons without disabilities.
- Less than half (45,2%) of households headed by persons with disabilities had access to a flush toilet facility and more than a third (37,1%) used pit toilets.
- Households headed by persons with disabilities using wood for cooking were about 9% higher than households headed by persons without disabilities.
- Households headed by persons with disabilities had higher proportions using candles for lighting compared to households headed by persons without disabilities (14,6% and 11% respectively).
- More than a third (38,2%) of households headed by persons with disabilities had their own refuse dump; a figure that is 10% higher than that of households headed by persons with no disability.
- Households headed by persons without disabilities had higher proportions of goods owned compared to households headed by persons with disabilities.

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## **Disability and access to assistive devices**

The use of assistive devices among persons with severe disabilities removes environmental barriers and increases their participation in a number of activities, including labour force participation, schooling, social life and sports. Census 2011 results show that:

- Eyeglasses were the most used type of assistive devices compared to hearing aids, wheelchairs and walking sticks/frames.
- The proportion of females using eyeglasses was higher than their male counterparts (15,5% and 12,5% respectively).
- Population group variations show that white persons had a higher proportion of persons who have access to assistive devices, while black Africans had the lowest proportions for all types of assistive devices.
- Urban dwellers had higher proportions of persons using assistive devices for all types of assistive devices compared to rural areas.



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## ACRONYMS AND KEY TERMS

CRPD	Convention on the Rights of Persons with Disabilities
DWCPD	Department of Women, Children and People with Disabilities
ECD	Early Childhood Development
EXCO	Executive Council
GHS	General Household Survey
INDS	Integrated National Disability Strategy
NDP	National Development Plan

## TERMS AND CONCEPTS

**None:** 'No difficulty' reported on any of the six activity domains.

**Mild difficulty:** 'Some difficulty' reported on one or more of the six activity domains.

**Severe difficulty:** 'A lot of difficulty' or 'unable to do at all' reported for one or more of the six activity domains.

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

**Disability index:** Measure of difficulty for an individual with at least two domains with 'some difficulty' or one domain with 'a lot of difficulty' or 'unable to do' in one or more basic domains of functioning.

**Disability prevalence:**

- When referring to individual domains (questions): The percentage or proportion of the specified population (of persons or households) having limitation in a specific functional domain during a given time period.
- When referring to disability index: The percentage or proportion of the specified population (of persons or households) experiencing difficulty in one or more domains of functioning.

# CHAPTER 1: CENSUS 2011 METHODOLOGY AND PROCEDURES

## 1.1 Background

It is estimated that approximately 15% of the world's population live with some form of disability<sup>1</sup>. Although having a disability is not an inherent reason to keep a person from participating in socio-economic and recreational activities such as attending school, finding a job, getting married, voting or religious ceremonies, the World Health Organisation (WHO) acknowledges that persons with disabilities are often marginalised and their lives characterised by prejudice, social isolation, poverty and discrimination in almost all societies. With the support from significant others, including communities and societies at large, persons with physical, psychological or intellectual impairments can live a fulfilled life. What limits most individuals with disabilities from participating as fully as possible in the lives of their families, communities and societies are the limitations and stigmas placed upon them by others<sup>2</sup>. The marginalisation of persons with disabilities infringes on their rights, making them vulnerable.

Recent developments, however, show combined efforts from world organisational bodies, non-government organisations and representative organisations of persons with disabilities in particular, in recognising the human rights of persons with disabilities. In addition, there are continued efforts in developing interventions relating to restoring the rights of persons with disabilities and addressing development challenges of this vulnerable group. The United Nations Convention on the Rights of Persons with Disabilities (CRPD), is an international treaty that came into force in May 2008, and places obligations on governments which have ratified the CRPD to take specific measures to promote and protect the rights of persons with disabilities. The CRPD, aimed at reinforcing societies' understanding of disability as a human right, and development priority has played a pivotal role in providing a legislative framework to planners and decision-makers to influence positively the plight of persons with disabilities. Fulfilment of obligations emanating from CRPD and other legislations aiming at improving the lives of persons with disabilities requires reliable statistics on disability prevalence and living circumstances of persons with disabilities. Article 31 of the CRPD mandates signatories to address gaps pertaining to disability statistics in their respective countries to facilitate the formulation and implementation of policies aimed at improving the lives of persons living with disabilities<sup>3</sup>. Research is essential for increasing public understanding about disability issues, informing formulation of disability policies and programmes, and promoting efficiency in resource allocation<sup>4</sup>.

Disability statistics play a crucial role in monitoring progress and evaluating programmes addressing the needs of persons with disabilities<sup>5 6 7</sup>. Lack of accurate statistics hinders effective planning and measuring the impact of programmes pertaining to mainstreaming disability. Disaggregated statistics on prevalence, types of disabilities, access to assistive devices and the socio-economic profile of persons with disabilities provide key indicators essential for addressing their needs and challenges. Persons with disabilities often require access to reasonable accommodation support such as assistive devices, personal assistants and

<sup>1</sup>World Health Organization and World Bank, (2011): World Report on Disability. WHO: Malta

<sup>2</sup>Nora Ellen Groce (1999): An Overview of Young People Living with Disabilities: Their needs and their rights; United Nations Children's Fund

<sup>3</sup>World Health Organization and World Bank, (2011): World Report on Disability. WHO: Malta

<sup>4</sup>Ibid

<sup>5</sup>Statistics South Africa, (2005): Prevalence of disability in South Africa Report No.03-02-44 (2001)

<sup>6</sup>Schneider M (2012): The social life of questions: Exploring respondents' understanding and interpretation of disability measures. Doctor of Philosophy, University of Witwatersrand

<sup>7</sup>Washington Group on Disability Statistics. *Final Report of the First Meeting of the Washington Group on Disability Statistics. Washington D.C., February 2002*, available from <http://www.cdc.gov/nchs/data/citygroup/WCGFinRep.pdf>; accessed 19 July 2013

accessible environments to enable them to participate freely and equally in all aspects of their lives. Providing for such needs requires profiling of persons with disabilities at all levels of geography and their involvement is of paramount importance.

This monograph presents the demographic, social and economic profile of the majority of persons with disabilities in South Africa. It should, however, be noted that persons with disabilities residing in institutions such as boarding schools, residential care facilities and orphanages were only asked basic questions on demographics during Census 2011, and no information on their disability status. The monograph also excludes disability profiling of children under the age of five, as well as prevalence and living conditions of persons with psychosocial and certain neurological disabilities.

The monograph aims at contributing to effective planning in terms of setting up disability related programmes, evaluating existing policies and programmes as well as identifying gaps that need to be addressed. Profiling the numbers of persons with disabilities and their living circumstances will improve country efforts to remove barriers and provide appropriate services for persons with disabilities. The National Development Plan 2030 focuses on the reduction of, among others, inequality, and it is therefore important to assess the extent to which apparent disparities between persons with disabilities and those without have been addressed in a democratic South Africa. Tracking of statistical trends is also required for purposes of reporting against the international human rights treaty and other instrumental obligations geared towards mainstreaming disability.

## **1.2 Purpose of the monograph**

This monograph aims at informing development and review of existing policies and programmes in addressing both human rights and development challenges as well as promoting inclusion of persons with disabilities. Currently, the census is the only data source for small-area statistics on disability. This in-depth report is thus aimed at highlighting the following:

1. To profile disability prevalence essential for evidence-based planning, policy formulation and resource allocation.
2. To profile the socio-economic status of persons with disabilities.

## **1.3 How the count was done**

Enumeration during Census 2011 was conducted from 9 to 31 October 2011. This section focuses on the various activities that were carried out prior to the finalisation of the results. They can be summarised as follows: Planning, Pre-enumeration, Enumeration, Processing and Editing.

### **1.3.1 Planning**

This process involved the development of the overall strategy, operational planning and budgeting for the project. These processes were started in 2003 and were subsequently reviewed after completing the 2007 Community Survey (CS). Methodologies and procedures were then developed and tested in the form of mini-tests and a pilot survey in 2008 and 2009, respectively. The findings from these tests helped to refine the plans and methods for the final test in 2010 called the 'Dress Rehearsal'. The test was expected to be a 'dry run' of how the actual count was to be conducted in 2011, and was therefore also conducted in the same month as the main Census, i.e. October.

### 1.3.2 Pre-enumeration

The pre-enumeration phase mainly involved the final preparatory work before the actual count. It started with the mass production of census instruments like questionnaires, manuals, field gear, etc. The phase also involved the acquisition of satellite offices required in the districts, recruitment of the first level of field management staff (130 District Census Coordinators (DCCs) and 6 000 Fieldwork Coordinators (FWCs). These groups of people were then given intense training based on their key performance areas. At the same time the country was sub-divided into small pockets called enumeration areas (EAs). Each EA was created so that in general a single Fieldworker (FW) assigned to that particular EA could adequately enumerate all households in that area within the allocated number of days. This process yielded 103 576 EAs. This sub-division also assists in planning the distribution of all materials required in each district. It also gives a better estimate of the number of field staff to recruit for the count. The pre-enumeration phase involved over 7 000 staff.

### 1.3.3 Enumeration

The enumeration phase started with the training of supervisors as listers. Each person had to list all dwellings within an EA and had a minimum of four EAs to cover. These areas were called supervisory units. As they were listing, they were also expected to publicise the activities of the census within their supervisory units. Upon completion of listing, final adjustments of workload and number of enumerators required were finalised. Training of enumerators started in earnest, and it mainly covered how to complete the questionnaire and to read a map. The latter was to aid them to identify the boundaries of their assigned areas. An enumerator was also given a few days before the start of the count to update their orientation book with any developments that might have happened since listing, as well as introduce themselves to the communities they were to work with, through posters bearing their photos and special identification cards. On the night of 9 October 2011, the actual count started with the homeless and special institutions given special attention. The enumeration phase was undertaken by an army of field staff in excess of 160 000, inclusive of management.

### 1.3.4 Data processing

The processing of over 15 million questionnaires commenced in January 2012, immediately after the completion of the reverse logistics in December 2011. The processing phase was sub-divided in the following processes:

Primary preparation – where all completed questionnaires were grouped into clusters of 25 and the spine of the questionnaires cut off.

Secondary preparation – where questionnaires were finally prepared for scanning.

Scanning – questionnaires were put through a scanner to create an electronic image.

Finally, tiling and completion – where any unrecognised reading/badly-read image by the scanner had to be verified by data capturers. Data processing was completed in eight months. Over 2 000 data processors working three shifts per day were employed for this phase to ensure this process was completed within the project timeframe.

### 1.3.5 Data editing and validation system

The execution of each phase of the census operations introduces some form of errors in census data. Despite quality assurance methodologies embedded in all the phases (data collection, data capturing (both manual and automated), coding, and editing), a number of errors might creep in and distort the collected information. To promote consistency and improve data quality, editing is a paramount phase in identifying and minimising errors such as invalid values, inconsistent entries or unknown/missing values. The editing process for Census 2011 was based on defined rules (specifications).

The editing of Census 2011 data involved a number of sequential processes: selection of members of the editing team, review of Census 2001 and 2007 Community Survey editing specifications, development of editing specifications for the Census 2011 pre-tests (2009 pilot and 2010 Dress Rehearsal), and finalisation of specifications for the main census.

### 1.3.6 Monitoring and evaluation of Census 2011 operations

Independent monitoring of the Census 2011 field activities was carried out by a team of 31 professionals and 381 Monitoring and Evaluation Monitors from the Monitoring and Evaluation division. These included field training, publicity, listing and enumeration. This was to make sure that the activities were implemented according to the plans and have independent reports on the same. They also conducted Census 2011 and the post-enumeration survey (PES) verification studies to identify the out-of-scope cases within census and the PES sample.

### 1.3.7 Post-enumeration survey (PES)

A post-enumeration survey (PES) is an independent sample survey that is conducted immediately after the completion of census enumeration in order to evaluate the coverage and content errors (errors relating to questionnaire completion) of the census. The PES for Census 2011 was undertaken shortly after the completion of census enumeration, from November to December 2011, in approximately 600 enumeration areas (EAs) (which later increased to 608 due to subdivision of large EAs). The main goal of the PES was to collect high quality data that would be compared with census data in order to determine how many people were missed in the census and how many were counted more than once.

A population census is a massive exercise, and while every effort is made to collect information on all individuals in the country, including the implementation of quality assurance measures, it is inevitable that some people will be missed and some will be counted more than once. A PES assists in identifying the following types of errors:

- Coverage errors: this includes both erroneous omissions (e.g. a household that was not enumerated) and erroneous inclusions (e.g. a household that moved into the enumeration area (EA) after census but that was still enumerated, or a household that was enumerated more than once).

Because of such errors, usually more people are missed during a census, so the census count of the population is lower than the true population. This difference is called net undercount. Rates of net undercount can vary significantly for different population groups depending on factors such as sex, age and geographic location. Stats SA obtains estimates of the net undercount, including the type and extent of content errors (reported characteristics of persons and households enumerated in the census) using information collected through the PES.

### 1.3.8 Undercount estimation

Coverage measures were calculated only for cases belonging to the PES universe and dual system estimation was used to arrive at the true population of the country. This means that two independent sources or 'systems' were used to arrive at the estimate of the true population: the census and the PES. Both estimates contribute to the dual-system estimate, which is more complete than either the census or the PES estimate alone. In the end, this true population is compared with the census-enumerated population and the difference is the net undercount (or overcount). The following table indicates the undercount rates as estimated by the PES.

**Table 1.1: Net census coverage error by province**

Province	Omission rate for persons	Omission rate for households
Western Cape	18,6	17,8
Eastern Cape	12,9	10,3
Northern Cape	13,4	14,8
Free State	10,1	9,4
KwaZulu-Natal	16,7	16,5
North West	14,9	17,0
Gauteng	14,7	15,2
Mpumalanga	15,5	14,4
Limpopo	10,0	9,6
<b>South Africa</b>	<b>14,6</b>	<b>14,3</b>

The adjustment procedure consisted of creating homogeneous adjustment classes with similar coverage rates and calculating a common undercount rate, adjustment factor and adjustment figure for each class separately. The adjusted figure for the total population was obtained by summing across the adjustment classes. In addition, only the population of households received adjustment classes. The totals for the balance of the population, namely people living in collective quarters and the homeless on the streets, were not adjusted.

### 1.3.9 Conclusion

The 2011 Census project had its own challenges and successes, like any other massive project. Be that as it may, the following are worth acknowledging: the census fieldworkers who traversed the country to collect information from households and those that we lost in the process. The respondents who opened their doors and locked their dogs to aid the field staff to do their work, the processors who worked 24 hours, 7 days a week to ensure that the data can be released within a year of enumeration. The census management team who met daily for two years to steer the project forward, the Stats SA Exco for the leadership they provided, the Statistics Council and in particular the sub-committee on population and social statistics for their continued guidance and support and finally, the Minister in the Presidency responsible for the National Planning Commission for the robust interrogation of the plans and guidance on this project. It is through such concerted efforts that as a country we can and will continuously improve on our endeavours.

### **1.3.10 Overview of chapters**

The monograph constitutes nine chapters. Chapter 1 provides a summary of Census 2011 methodologies and procedures. It also highlights how chapters are presented in the report. Chapter 2 outlines the disability framework in South Africa and Chapter 3 highlights how disability has been measured in South African censuses. Data methods and quality assessment of disability variables are presented in Chapter 4. Chapter 5 discusses disability prevalence and patterns based on two measures (level of difficulty in a specific functional domain and disability index). Chapter 6 profiles disability differentials by education, employment and income. Chapter 7 presents the profile of households by disability status of the heads of households in terms of access housing and basic services. Chapter 8 discusses access to assistive devices, whilst Chapter 9 highlights conclusions and recommendations.



## CHAPTER 2: DISABILITY POLICY FRAMEWORK IN SOUTH AFRICA

### 2.1 Introduction

The last two decades have been characterised by efforts to recognise the rights of persons with disabilities at international, regional and country levels and mainstream disability into the development agenda. As a result, many countries have begun to reform their laws and structures to promote the participation of persons with disabilities as full members of society. This process has led to the recognition of the rights of persons with disabilities, and necessary steps are being devised to afford them opportunities and equal rights. The inclusion of persons with disabilities in mainstream society promotes equality and restores dignity and independence, and above all, improves their well-being<sup>8 9</sup>.

South Africa is a signatory to the CRPD and its Optional Protocol, which obliges governments to remove all potential barriers by investing sufficient funds and expertise to unlock the potential of persons with disabilities. Another obligation emanating from this international treaty is submission of a comprehensive baseline country report at least every four years on the status of persons with disabilities. Fulfilling this obligation requires accurate, relevant and accessible data pertaining to disability prevalence, accessibility and other indicators relating to life circumstances of persons with disabilities at all levels of society.

To fulfil the obligation of mainstreaming disability, the government has adopted a number of legislative frameworks and established permanent structures, including the establishment of the Department of Women, Children and Persons with Disabilities (DWCPD) responsible for the promotion, facilitation, coordination, monitoring and realisation of the rights of women, children and persons with disabilities. With these reforms, South Africa has made progress as far as fulfilling its mandate of mainstreaming disability across the service delivery value chain of government. The existence of these structures has enabled alignment of national priorities (poverty reduction, education, employment, health, safety and security among others) to ensure equal access to opportunities and services.

### 2.2 Policy mandates

South Africa has adopted a number of policies to guide successful inclusion of persons with disabilities in mainstream society. Attempts to correct past discriminatory practices against persons with disabilities have led to the conceptualisation of the issue of disability as a human right and a development issue, an approach that ushered in a legal framework to protect the human rights of persons with disabilities in all spheres of governance. A number of national policies have thus been re-aligned to redress inequalities and empower persons with disabilities. The adopted legislative framework and guidelines include:

- White Paper on the Transformation of the Public Service, 1995;
- White Paper on Affirmative Action in the Public Service, 1997;
- White Paper on Integrated National Disability Strategy, 1997;
- White Paper 6 on Special Needs Education, 2001;
- South African International Relations and Cooperation Framework;

<sup>8</sup>The Presidency, RSA (1997): White Paper on Integrated National Disability Strategy (INDS)

<sup>9</sup>Mark Priestley and Anna Lawson (2009): Indicators of Disability Equality in Europe (IDEE). Academic Network of European Disability experts; ANED working group September, 2009 (ANED) – VT/2007/005, University of LEEDS

- White Paper on Special Needs Education;
- Employment Equity Act (Act 55 of 1996);
- Promotion of Equality and Prevention of Unfair Discrimination Act (Act 39 of 1996);
- Basic Conditions of Employment Act (Act 75 of 1997);
- Skills Development Act (Act 97 of 1998);
- Broad Based Black Economic Empowerment Act (Act 53 of 2003);
- UN Convention on the Rights of Persons with Disabilities (CRPD); and
- The Constitution of South Africa (Act 106 of 1996).

The Constitution of South Africa spells out the principles of non-discrimination based on disability, gender or age; equality between men and women; equality of opportunity; accessibility; respect for diversity and full inclusion in society. The National Development Plan (NDP) which outlines South Africa's development agenda for the period 2010–2030, stipulates the need to create an inclusive social protection system that addresses vulnerability and responds to the needs of those at risk; persons with disabilities, the elderly, orphans and children<sup>10</sup>.

The White Paper on Integrated National Disability Strategy (INDS) of 1997 represents a paradigm shift in the conceptualisation of disability from the medical or welfare model (which views persons with disabilities as unable to be productive and in need of care) to a social model that recognises the fact that disability is a human rights and developmental issue<sup>11</sup>. The Policy is currently being updated and the National Disability Rights Policy, once approved by Cabinet, will constitute the first transversal step towards domesticating the CRPD by developing disability specific legislation.

The existence of these structures has and will continue to enable review and alignment of national priorities (poverty reduction, education, employment, health, safety and security among others) to ensure equal access to opportunities and services. Effective implementation of these policies will ensure the rights of persons with disabilities and that their interests are promoted on an equal basis.

## 2.3 Education policy framework for persons with disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) is one of the legally binding instruments to address the rights of persons with disabilities to inclusive education. Article 24 of the CRPD focuses on access of persons with disabilities to the general education system with the aim of eliminating disability-based discrimination in educational settings, as well as the provision of inclusive education at all levels<sup>12</sup>. Signatories of the CRPD have a legal obligation to provide education for all to correct past imbalances pertaining to persons with disabilities. Countries are mandated to have national plans, policies and legislations on education for persons with disabilities. To fulfil this obligation, the number of children with disabilities and their specific needs for access to the curriculum should be identified and capacity pertaining to their support services should be increased, through various channels<sup>13</sup>. Implementation and evaluation of policies pertaining to accessibility to educational space, support services as well as measuring of progress in removing barriers to the inclusion of persons with disabilities in

<sup>10</sup>The Presidency, RSA (2012): National Development Plan 2030. National Planning Commission. Republic of South Africa

<sup>11</sup>The Presidency, RSA (1997): White Paper on Integrated National Disability Strategy (INDS)

<sup>12</sup>The Presidency, RSA (1997): White Paper on Integrated National Disability Strategy (INDS)

<sup>13</sup>Ibid

mainstream education settings requires statistics on school attendance, level of educational attainment, literacy rates and skills persons with disabilities possess.

As noted earlier, national policies on the education of persons with disabilities are essential for the development of more equitable education systems<sup>14</sup>. The Bill of Rights in South Africa's Constitution contains several rights, although applicable to everyone, which are especially important for persons with disabilities. With regard to the rights of persons with impairments pertaining to their educational needs, the South African higher education policy framework also has a strong equity agenda. The following is worth mentioning:

- Education White Paper 3: Transformation of Higher Education System recognises both the need to prevent unfair discrimination and to implement strategies and practices that are designed to overcome inequalities generated in the past. This is important as it sets the framework for how the needs of students with disabilities must be responded to by the system as a whole and by individual institutions;
- The National Plan for Higher Education, which identifies students (including those with disabilities) as a target group for inclusion into the higher education system;
- Education White Paper 6: Special needs education covering inclusive education, but which has only limited reference to the higher education system. The White Paper makes provision for regional collaboration between institutions in providing services to address special needs of persons with disabilities.

Despite the fact that inter-departmental collaboration has been openly encouraged in policy, there is insufficient evidence of significant achievement of this goal. Many children with disabilities, especially from under-resourced communities, are still facing challenges to access the education system. Barriers to school enrolments include:

- Lack of access due to infrastructure relating to transport and built environment such as physical layout of schools.
- Negative attitudes and lack of support services in mainstream schools.
- Emphasis on special schools which in most cases are full, with exhaustive waiting lists, and which often do not provide the required levels of support required to facilitate access to the curriculum.
- Inadequate training of mainstream teachers on educational needs of persons with disabilities.

Many children with moderate and severe disabilities still fall through the cracks of the South African education system. There is a strong chance that their career options and pathways are limited not by themselves but rather by the inability of the system to provide the necessary support for them to reach their full potential.

## 2.4 Employment policy framework for persons with disabilities

Article 27 of the CRPD places specific obligations on governments to promote equal access to employment for persons with disabilities. Many countries, including South Africa, have adopted laws and policies that promote the employment of persons with disabilities in regular jobs, including quotas or targets, anti-discrimination measures, positive employment measures, job retention or return-to-work measures and alternative employment policies<sup>15</sup>. The CRPD mandates all signatories to recognise the right of persons with disabilities to work on an equal basis with others, and to safeguard and promote the realisation of the

<sup>14</sup>WHO AND WORLD BANK (2011): World Disability Report; WHO Malta

<sup>15</sup>World Health Organization 2010; Community-Based Rehabilitation Guidelines

right to work, including those who acquire a disability during the course of employment, by taking appropriate steps to ensure that they are not discriminated against. All states are obliged to develop and implement policies and legislation that promote inclusive labour market practices. Key measures pertaining to employment of persons with disabilities outlined in Article 27 include:

- Prohibiting discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
- Protecting the rights of persons with disabilities, on an equal basis with others;
- Enabling persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
- Ensuring that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
- Promoting employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
- Promoting opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
- Employing persons with disabilities in the public sector;
- Promoting the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
- Ensuring that reasonable accommodation is provided to persons with disabilities in the workplace;
- Promoting the acquisition by persons with disabilities of work experience in the open labour market; and
- Promoting vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

The Department of Labour is mandated to coordinate and monitor commitment to inclusive employment practices stipulated in a number of legislations and policies, namely the Employment Equity Act (1999), Black Economic Empowerment Act (2003), Labour Relations Act 66 of 1995 (LRA), NDP, 2012 and Public Service Act of 1996, which, among other things, aim for the attainment of 2% target for persons with disabilities in the public service.

For employment purposes, 'disability' is defined as 'people who have a long-term or recurring physical or mental impairment which substantially limits their prospects of entry into, or advancement in, employment'. The legislations stipulate that employers must develop and submit annual employment equity plans and reports reflecting self-determined targets for employment of persons with disabilities.

Some indicators measuring access to employment show little progress in this regard<sup>16</sup>. The Employment Equity Report (2011) for instance showed that persons with disabilities only constitute 1,4% in top management with white males dominating (63%), 1,2% in senior management, while white males (44,2%) and white females (19,4%) constituted the skilled workforce.

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<sup>16</sup>South Africa's Baseline Country Report on the implementation of CRPD, 2013

This low representation of persons with disabilities in the work place leaves a number of questions unanswered: is it non-compliance, prejudice or insufficient skills, or a combination of factors including environmental obstacles, Misconceptions and prejudice about capabilities of persons with disabilities to perform certain jobs remain one of the major obstacles to employment opportunities and their exclusion from opportunities for promotion in their careers<sup>17</sup>. The exclusion of persons with disabilities from work imposes a financial burden on their families, and often translates into impoverishment of individuals and households of persons with disabilities, particularly those in under-resourced communities.

Despite the existence of legislations, barriers such as inadequate education skills prevent many persons with disabilities from accessing wage employment opportunities in the formal economy. As an alternative, persons with disabilities earn their livelihood through self-employment in the informal economy. One challenge that comes with this type of employment is lack of financial security. Many persons with disabilities have few assets to secure loans, and may have lived in poverty for years, suggesting that only few benefit from financial schemes such as microfinance<sup>18</sup>. Secondly, such employment may not cater for future needs relating to retirement. Lack of financial security in the form of pension and retirement annuities in old age exposes people to limited income to cater for their well-being.

The Integrated National Disability Strategy (INDS) (1997) has highlighted the following factors that contribute to the exclusion of persons with disabilities:

- Low skills levels due to inadequate education;
- Discriminatory attitudes and practices by employers;
- Past discriminatory and ineffective labour legislation;
- Lack of enabling mechanisms to promote employment opportunities;
- Inaccessible and unsupportive work environments;
- Inadequate and inaccessible provision for vocational rehabilitation and training; and
- Lack of access to financial resources.

There are also negative societal perceptions concerning persons with disabilities. Van Staden (2011) has noted that society thinks that a person with a disability is unable to work because the person is viewed as sick. In addition, employers lack confidence in the abilities of a person with disabilities even though the person is qualified. These perceptions lead to persons with disabilities losing confidence in themselves. The Department of Labour also reinforces that a person with a disability develops into a well-adjusted, productive worker in an atmosphere of acceptance, cooperation and goodwill. Census 2001 revealed that only about 19% of persons with impairments were employed compared to 35% of persons without disabilities<sup>19</sup>.

## 2.5 Sexuality and marriage framework for persons with disabilities

Article 23 of the CRPD<sup>20</sup> states that parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure:

- The right of all persons with disabilities who are of marriageable age to marry and to establish a family on the basis of free

<sup>17</sup>WHO and World Bank (2011): World Disability Report; WHO Malta

<sup>18</sup>WHO and World Bank (2011): World Disability Report; WHO Malta

<sup>19</sup>Statistics South Africa (2005): Prevalence of Disability in South Africa Report No. 03-02-44 (2001)

<sup>20</sup>United Nations Convention on the Rights of Person with Disabilities, 2006

- and full consent of the intending spouses is recognised;
- The rights and responsibilities of persons with disabilities, with regard to guardianship or adoption of children are adhered to; and
  - Appropriate assistance is rendered to persons with disabilities in the performance of their child-rearing responsibilities.

This legislative framework recognises that relationships are as important for persons with disabilities as for everyone else. However, research has shown that persons with disabilities may be denied the right to establish relationships and could also be forced into unwanted marriages, where they may be treated more as housekeepers or objects of abuse than as a member of the family<sup>21</sup>. In many societies, social discrimination and stigma make it hard for young persons with disabilities to marry, particularly girls. Considered in some societies as less eligible marriage partners, women with disabilities are more likely to live in a series of unstable relationships, and thus have fewer legal, social and economic options should these relationships not work out<sup>22</sup>.

Without socialisation which translates into relationship establishment amongst peers, persons with disabilities may not be accepted as full adult members of their communities<sup>23</sup>.

## 2.6 Accessibility policy framework

Articles 19 and 28 of the CRPD stipulate 'the right to live independently and be included in the community'<sup>24</sup>, making provision of assistive devices mandatory to ensure mobility and independence for persons with disabilities. This requires planners and decision-makers to devise measures relating to accessibility guidelines and standards, and the identification of obstacles and barriers to accessibility. Promotion of accessibility services include, amongst others:

- (a) Provision of appropriate infrastructure in terms of buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
- (b) Provision of information, communications and other services, including electronic services and emergency services;
- (c) Monitoring and implementation of minimum standards and guidelines for the accessibility of facilities and services;
- (d) Training of stakeholders on accessibility issues facing persons with disabilities; and
- (e) Provision of forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public.

In South Africa, the provision of mobility devices is an integral part of health care, provided by the Department of Health through the national health-care system. Despite the existence of numerous legislations pertaining to access, many persons with disabilities still have unmet needs for assistive devices, limiting their inclusion in many activities. This is especially prevalent in communities that are under-resourced.

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<sup>21</sup>World Health Organization 2010: Community-Based Rehabilitation Guidelines

<sup>22</sup>Ibid

<sup>23</sup>Nora Ellen Groce (1999): An Overview of Young People Living with Disabilities: Their needs and their rights; United Nations Children's Fund

<sup>24</sup>WHO and World Bank (2011): World Disability Report; WHO Malta

## CHAPTER 3: MEASURING DISABILITY IN CENSUSES

### 3.1 Introduction

Traditionally, disability has always been viewed from a medical and welfare perspective; identifying persons with disabilities as ill, different from their peers with disabilities, and in need of care<sup>25</sup>. Based on this approach, persons with disabilities were grossly underestimated, their social needs neglected and human rights violated for decades.

Harmonisation of methodologies relating to disability measurement is one of the key steps being taken at both international and country levels to improve statistics on disability and provide for the needs of persons with disabilities. Various meetings of experts and representatives of persons with disabilities have re-looked at how disability should be measured. Methods applied, including census questions on disability, have been reviewed to improve disability statistics<sup>26 27</sup>. The recent conceptual developments in terms of disability indices and definitions will continue to enhance quality and comparability of disability measurement statistics. The latest round of censuses (2010 Round of Censuses) has used the psycho-biological social model of disability, advocated for by the UN Convention on the Rights of Persons with Disabilities, and the International Classification of Functioning<sup>28 29</sup>. This model of disability moves away from an individual-impairment-based view of disability and focuses on removing barriers in society to ensure persons with disabilities are given the same opportunity to exercise their rights on an equal basis with all others<sup>30 31</sup>.

South Africa uses the definition of disability adapted from in the CRPD, namely 'the loss or elimination of opportunities to take part in the life of the community, equitably with others that is encountered by persons having physical, sensory, psychological, developmental, learning, neurological or other impairments, which may be permanent, temporary or episodic in nature, thereby causing activity limitations and participation restriction with the mainstream society'.

The 2010 Round of Housing and Population Censuses adopted a set of disability questions developed by the Washington Group (WG) as a new and improved approach of measuring disability, based on activity limitations and restrictions in social participation, with the aim of producing prevalence measures that are internationally comparable. The Washington Group on Disability Statistics (WG) under the auspices of the UN Statistics Division was mandated to guide the development of a small set(s) of general disability measures suitable for use in censuses and sample-based national surveys<sup>32 33</sup>.

<sup>25</sup>WHO and World Bank (2011): World Disability Report; WHO Malta

<sup>26</sup>Eide A and Loeb M. (2005): Data and statistics on disability in developing countries. Department of international development Knowledge and Research Programme (DfID) KaR, UK

<sup>27</sup>Schneider M (2012): The social life of questionnaires: Exploring respondents' understanding and interpretation of disability measures

<sup>28</sup>World Health Organization (2001): International Classification Of Functioning, Disability and Health

<sup>29</sup>Schmid K et al (2008): 'Disability in the Caribbean. A study of four countries: A socio-demographic analysis of the disabled.' Statistics and Social Development Unit, Port of Spain, June 2008 ISSN online version: 1728-5445, UN

<sup>30</sup>World Health Organization (2010): Community-Based Rehabilitation Guidelines

<sup>31</sup>Schneider M (2010): Measuring Disability in Surveys: In EPIDEMIOLOGY, A Research manual for South Africa. Oxford University Press Southern Africa (Pty)Ltd

<sup>32</sup>Stats SA, 2007: Testing a disability schedule for Census 2011

<sup>33</sup>Eide A and Loeb M. (2005): Data and statistics on disability in developing countries. Department of International Development Knowledge and Research Programme (DfID) KaR, UK

Many countries that adopted the WG questions believe that this approach of measuring disability provides reliable estimates compared to the traditional approach where only severe disabilities are measured, leading to the underestimation of persons with disabilities<sup>34</sup>.

### 3.2 Evolution of disability questions in South African censuses

During the censuses of 1996 and 2001 and Community Survey 2007, Statistics South Africa adopted the definition from the 1980 WHO International Classification of Impairments, Disabilities and Handicaps (ICIDH) and defined disability as a physical or mental handicap which has lasted for six months or more, or is expected to last at least six months, which prevents the person from carrying out daily activities independently, or from participating fully in educational, economic or social activities.

#### 3.2.1 Disability questions in the censuses of 1996 and 2001 and Community Survey 2007

Census questions on disability in South Africa have evolved with the changing conceptualisation of disability. These changes have partly influenced disability prevalence estimates over the period 1996–2011.

##### Census 1996 question

Question	Response categories
<p><b>Does this person have a serious sight, hearing, physical or mental disability?</b></p> <p>(If 'Yes') Circle all the applicable disabilities for this person.</p>	<p>1 = Sight (serious eye defects)                      2 = Hearing/speech                      3 = Physical disability (e.g. paralysis)                      4 = Mental disability                      5 = No disabilities</p>

\*A 'person with disabilities' is defined as a person with a visual, hearing, physical or mental handicap that may hinder him or her from performing certain activities of daily living efficiently.

##### Census 2001 question

Question	Response categories
<p><b>Does (the person) have any serious disability that prevents his/her full participation in life activities (such as education, work, social life)?</b></p> <p><b>Mark any that apply.</b></p>	<p>0 = None                      1 = Sight (blind/severe visual limitation)                      2 = Hearing (deaf, profoundly hard of hearing)                      3 = Communication (speech impairment)                      4 = Physical disability (needs wheelchair, crutches or prosthesis; limb, hand usage limitations)                      5 = Intellectual (serious difficulties in learning)                      6 = Emotional (behavioural, psychological)</p>

Note: Disability was defined as a physical or mental handicap that has lasted for six months or more, or is expected to last at least six months, which prevents the person from carrying out daily activities independently, or from participating fully in educational, economic or social activities<sup>35</sup>.

The question used in 2001 had been changed, and the response categories were refined considerably. The percentage of persons with disabilities to the total population dropped from 6,5% in 1996 to 5,0% in 2001<sup>36</sup>. This dramatic drop was questioned by data users, but can largely be explained by the change in the wording of the introductory phrase<sup>37</sup>. In 2001, the

<sup>34</sup>Mont, 2007: Measuring disability prevalence. In: World Bank (2007). Social Protection Discussion Paper No. 0706. Washington DC: World Bank

<sup>35</sup> Statistics South Africa (2004): Concepts and definitions; Report No. 03-02-26 (2004) Version 2

<sup>36</sup>Statistics South Africa (2005): Prevalence of disability in South Africa. Report No. 03-02-44 (2004)

<sup>37</sup>Schneider M (2012): The social life of questionnaires: Exploring respondents' understanding and interpretation of disability measures



addition of the introductory phrase, 'a serious disability that prevents his/her full participation in life activities' seems to have affected how people responded. In the focus groups run as part of the census content development <sup>38</sup>, a number of persons that had sight or physical disabilities responded to the question with 'No', explaining that they participate fully in life activities. Such responses would have been recorded as 'None' (code 0). The assumption can be made that this would have occurred in the actual census in 2001 as well as in the focus groups.

**Community Survey (CS) 2007**

Census 2006 was replaced by a large scale community survey that also asked a question on disability slightly differently.

Question	Response
<p><b>DISABILITY</b></p> <p>Does (<i>the person</i>) have any kind of disability?</p> <p><i>Mark appropriate box with an X</i>  <i>If 2 'No' or 3 'Do not know' Go to P-24.</i></p>	<p>1 = Yes                      2 = No</p>
<p><b>DISABILITY TYPE</b></p> <p>What type(s) of disability does (<i>the person</i>) have?</p> <p><i>Mark any that apply with an X.</i>  <i>Multiple disability is indicated by marking more than one selection.</i></p>	<p><i>READ OUT:</i></p> <p>1 Sight (blind/severe visual limitation)                      2 Hearing (deaf, profoundly hard of hearing)                      3 Communication (speech impairment)                      4 Physical (needs wheelchair, crutches, etc.)                      5 Intellectual (serious difficulties in learning)                      6 Emotional (behavioural, psychological)</p>
<p><b>DISABILITY INTENSITY</b></p> <p>Does the disability seriously prevent (<i>the person</i>) from full participation in life activities (such as education, work, social life, etc.)?</p> <p><i>Mark appropriate box with an X.</i></p>	<p>1 = Yes                      2 = No</p>

The question in the Community Survey was the same as that in 2001 but had been sub-divided to elicit detailed information. If the response in the first filter question was 'No' or 'Do not know', the interviewer would skip the questions on disability, given that people who do not see themselves as disabled (even if they have a sight, hearing, communication, physical, intellectual or emotional difficulty) would have responded 'No' to the initial question and hence would not be asked any further more detailed information. As a result, the percentage distribution of persons with disabilities further dropped to 4,0% in CS 2007<sup>39</sup>. There was no further probing.

**Census 2011**

Research was conducted, and the following Washington group (WG) short set of questions for use in censuses was recommended. These questions were subjected to further testing before the main census. The WG recommended using a battery of questions on general health and functioning to determine the disability status of an individual. Therefore, the section title in the questionnaire was changed from 'Disability' to 'General Health and Functioning'.

<sup>37</sup>Statistics South Africa (2007): Testing a disability schedule for Census 2011

<sup>39</sup>Community Survey 2007: Methodology, Processes and Highlights of Key Results / Statistics South Africa. Pretoria: Statistics South Africa, 2007. Report No. 03-01-20 (2007)

**Census 2011 question on health and functioning**

Question	Response
Does ( <i>name</i> ) have difficulty in the following: <b>A = Seeing even when using eyeglasses?</b> <b>B = Hearing even when using a hearing aid?</b> <b>C = Communicating in his/her language (i.e. understanding others or being understood by others)?</b> <b>D = Walking or climbing stairs?</b> <b>E = Remembering or concentrating?</b> <b>F = With self-care such as washing all over, dressing or feeding?</b>	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know 6 = Cannot yet be determined  <i>Write the appropriate code in the box</i>

**3.2.2 Testing disability schedule for Census 2011**

To test applicability of the WG disability questions in South Africa, two studies were conducted: A qualitative research study was conducted where 26 focus group discussions were held nationwide<sup>40</sup>. Key findings from the study indicated that the WG questions seemed to be easier to respond to, especially in the mild and moderate categories of difficulty. This was confirmed by the positive comments made in the group discussions about 'Difficulties' and the endorsement of these types of questions.

The study also recommended further testing of the WG questions using a sample survey to determine whether trends noted in this study would be replicated for the whole population before their inclusion in the census questionnaire<sup>41</sup>. Based on the recommendations from the qualitative study, the Census Research and Methodology component in Stats SA conducted a survey with a sample size of 6 000 households.

Results from both studies showed that use of the WG questions led to much higher disability estimates compared to the traditional questions of 'Do you have any serious disability that prevents your full participation in life activities?' In both studies, the term 'difficulty' instead of 'disabled' seemed to be more acceptable among persons with impairments who did not identify themselves as being disabled. Furthermore, the use of the response options that allow for more nuanced responses rather than a stark 'Yes/No' response allowed people with mild or moderate difficulties to report these. If they were required to choose between 'Yes' and 'No' they may have responded 'No'. Both studies recommended use of the WG questions for Census 2011<sup>42</sup>.

One of the outcomes of the two studies was the adaptation of the concept 'General Health and Functioning' to reflect measurement of a profile of difficulties in functioning, independent of a person's identity as disabled or not disabled. This is one of the main differences between the 2001 and 2011 disability questions. The questions used in the 1996 and 2001 censuses conflated the notion of functioning and identity, and did not provide a clear measure of either, and were categorical measures that identified a category of disability (sight, hearing, etc.) without describing the person's profile of functioning (with strengths and weaknesses)<sup>43</sup>.

<sup>40</sup>Statistics South Africa, 2007: Testing a disability schedule for Census 2011

<sup>41</sup>Ibid

<sup>42</sup>Statistics South Africa, 2007: Testing a disability schedule for Census 2011

<sup>43</sup>Schneider M ( 2012 ); The social life of questionnaires: Exploring respondents' understanding and interpretation of disability measures

## CHAPTER 4: DATA METHODS AND QUALITY ASSESSMENT

### 4.1 Introduction

Census 2011 data on degree of difficulty were compared with the General Household Survey (GHS) 2011, a household-based survey that is conducted annually and has a similar set of questions measuring the level of difficulty in the six functional domains of seeing, walking, communicating, hearing, remembering/concentrating and self-care. The comparison of census data and GHS data was done to determine the extent to which the data differed. The section also profiles the level of imputation rates during the editing phase.

### 4.2 Census 2011 questions

The census question on general health and functioning required each person living in conventional households to rate their difficulty with activities such as seeing, hearing, remembering and concentrating, walking or climbing steps, communicating in his/her most commonly used language (including sign language), and self-care, based on a scale of: 'No difficulty', 'Some difficulty', 'A lot of difficulty', 'Cannot do at all', 'Cannot yet be determined' and 'Do not know'. The 'Do not know' response category was introduced due to the fact that in de facto censuses, proxy responses (one household member responding on behalf of other members) are allowed and at times, the person responding may not know the functional status of person(s) he/she is providing information for.

This monograph focuses on Census 2011 results. No comparative analysis between censuses has been undertaken due to the change in the disability questions asked in the censuses of 1996 and 2001 and the Community Survey 2007, as highlighted in the preceding section.

### 4.3 Data editing

The execution of each phase of census operations introduces some form of error in census data. Despite quality assurance methodologies embedded in all the phases, viz. data collection, data capturing (both manual and automated), coding, and editing, a number of errors creep in and distort the collected information. To promote consistency and improve on census data quality, editing is a paramount phase in identifying and minimising errors such as inconsistent responses and unknown/missing values. The editing process for Census 2011 data on disability was based on defined rules (specifications). It was limited to logical editing to resolve out-of-range values and inconsistencies between age and degree of difficulty.

Table 4.1 below shows the number and percentage of cases that were affected by editing for the different types of disabilities.

**Table 4.1: Imputation rates: General health and functioning**

Type of difficulty and error correction	Frequency	Editing/imputation rate
<b>SEEING</b>		
No editing	48 289 264	93,3
Logical editing from blank (non-response)	1 585 743	3,0
Logical editing from non-blank (inconsistent responses)	1 895 553	3,7
Total	51 770 560	100,0
<b>HEARING</b>		
No editing	48 288 906	93,2
Logical editing from blank (non-response)	1 688 144	3,3
Logical editing from non-blank (inconsistent responses)	1 793 510	3,5
Total	51 770 560	100,0
<b>COMMUNICATING</b>		
No editing	48 732 190	94,1
Logical editing from blank (non-response)	1 801 410	3,5
Logical editing from non-blank (inconsistent responses)	1 236 960	2,4
Total	51 770 560	100,0
<b>WALKING/CLIMBING</b>		
No editing	48 780 972	94,2
Logical editing from blank (non-response)	1 644 798	3,2
Logical editing from non-blank (inconsistent responses)	1 344 790	2,6
Total	51 770 560	100,0
<b>REMEMBERING/CONCENTRATING</b>		
No editing	48 902 421	94,5
Logical editing from blank (non-response)	1 710 500	3,3
Logical editing from non-blank (inconsistent responses)	1 157 639	2,2
Total	51 770 560	100,0
<b>SELF-CARE</b>		
No editing	45 689 652	88,3
Logical editing from blank (non-response)	1 885 322	3,6
Logical editing from non-blank (inconsistent responses)	4 195 586	8,1
Total	51 770 560	100,0

\*Imputations were applied on data before adjustment for undercount.

**Assistive devices and medication**

All persons in households were asked the question on assistive devices. Valid responses were 1 = 'Yes', 2 = 'No', 3 = 'Do not Know' and 9 = 'Unspecified'. For all assistive devices, inconsistencies were edited, based on the following rules:

- Persons with no response to this question were interpreted as 'Unspecified' (9).
- Persons with out-of-range responses to this question were interpreted as 'Unspecified' (9).

Table 4.2 below shows the number and percentage of cases that were affected by editing for the different assistive devices.

**Table 4.2: Imputation rates: Assistive devices and chronic medication**

Assistive device and type of error correction	Frequency	Editing/imputation rate
<b>EYEGLASSES</b>		
No editing	49 997 942	96,6
Logical editing from blank (non-response)	1 686 575	3,3
Logical editing from non-blank (inconsistent responses)	86 044	0,2
<b>Total</b>	<b>51 770 560</b>	<b>100,0</b>
<b>HEARING AID</b>		
No editing	49 881 153	96,4
Logical editing from blank (non-response)	1 811 277	3,5
Logical editing from non-blank (inconsistent responses)	78 131	0,2
<b>Total</b>	<b>51 770 560</b>	<b>100,0</b>
<b>WALKING STICK</b>		
No editing	49 886 896	96,4
Logical editing from blank (non-response)	1 811 596	3,5
Logical editing from non-blank (inconsistent responses)	72 069	0,1
<b>Total</b>	<b>51 770 560</b>	<b>100,0</b>
<b>WHEELCHAIR</b>		
No editing	49 765 157	96,1
Logical editing from blank (non-response)	1 875 742	3,6
Logical editing from non-blank (inconsistent responses)	129661	0,3
<b>Total</b>	<b>51770560</b>	<b>100,0</b>
<b>CHRONIC MEDICATION</b>		
No editing	49 910 888	96,4
Logical editing from blank (non-response)	1 824 249	3,5
Logical editing from non-blank (inconsistent responses)	35 423	,1
<b>Total</b>	<b>51 770 560</b>	<b>100,0</b>

\*Imputations were applied on data before adjustment for undercount.

Both Tables 4.1 and 4.2 show that the majority of responses (over 90% ) for the two variables of general health and functioning and assistive devices were not subjected to any correction during data processing. In instances where there was no response given (unspecified cases) no imputations were made.

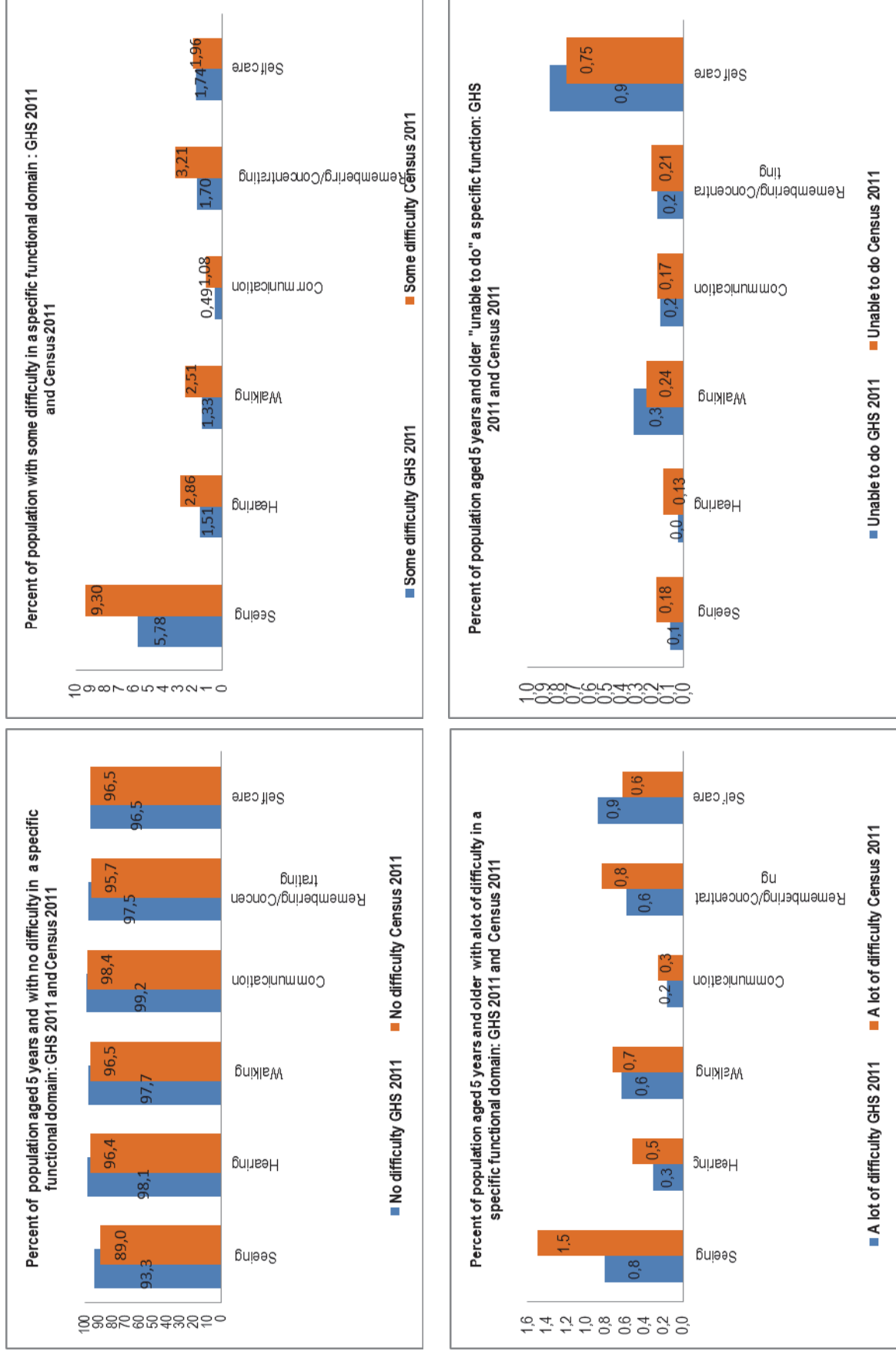
## 4.4 Census 2011 and General Household Survey (GHS) 2011 data comparison

Both censuses and the General Household Survey (GHS) provide disability statistics. The Washington Group set of disability questions has been asked in GHS since 2009 and was introduced in Census 2011. Census 2011 and GHS 2011 had similar thresholds for all six functional domains. The actual questions are highlighted in the Census 2011 Metadata document available on the Stats SA website. The two data sources provide independent estimates of the prevalence of disability in the country.

Figure 4.1 shows the degree of consistency between Census 2011 and GHS responses. Both Census 2011 and General Household Survey results show that over 90% of the population aged five years and older had no difficulty in functioning. Generally, among persons that reported 'some degree of difficulty', 'a lot of difficulty' or 'unable to do' in a specific functional domain, the census results showed higher proportions compared to those of the GHS.

However, results show slight differences when 'some difficulty' and 'a lot of difficulty' response categories are compared. In all the six functional domains, Census 2011 showed higher proportions

**Figure 4.1: Comparison of Census 2011 and General Household Survey (GHS) 2011**



## 4.5 Data analysis

The Washington Group proposes four prevalence measures of analysing disability prevalence<sup>44</sup>:

**Broad measure:** Includes everyone with at least one activity domain coded according to any degree of difficulty reported. This is the most inclusive measure.

**Second measure:** Includes everyone with at least one activity domain coded as a lot of difficulty or unable to do. This measure excludes responses of only 'some difficulty'.

**Third measure:** Includes everyone with at least one activity domain coded as 'unable to do at all'. This measure excludes those with only 'some difficulty' or 'a lot of difficulty'.

**Multiple basic action difficulties:** Includes everyone with two or more activity domains coded as 'some difficulty' or one activity domain coded as 'a lot of difficulty' or 'unable to do at all'.

The analysis for this report is based on two measures (broad measure and multiple basic action difficulties) as prescribed above.

### 1) Broad measure analysis

This was applied based on the degree of difficulty in the six activity domains of seeing, hearing, communication, walking/climbing, remembering or concentrating, and self-care. This measure was employed to analyse different levels of difficulty and patterns at national, provincial and district levels. During analysis, persons that had 'no difficulty' were categorised as '**none**', 'some difficulty' as '**mild difficulty**', and 'a lot of difficulty' and 'Cannot do at all' as '**severe difficulty**'. The derived variable on disability severity was cross-tabulated against demographic and socio-economic variables to establish disability patterns and levels in order to identify populations with different needs.

It should be noted that 'Do not know' responses were included in the analysis because in a census, use of proxy to answer on behalf of all household members influences responses, particularly with regard to questions that are subjective.

### 2) Multiple basic action difficulties (disability status index)

A second measure was computed to derive the general disability rate. Persons who indicated that they had some difficulty with two or more of the functions or had a lot of difficulty or unable to perform any one functional domain at all, were computed as persons with disabilities. The disability status index was computed as a binary variable with response categories 'Yes' and 'No'. The index was used to assess the socio-economic status and living circumstances of persons with disabilities compared to those without disabilities at person and household levels. This model is based on WG measurement which classifies a person with disability as a person who experiences difficulties in one or more of the six core domains, such as walking or hearing, even if the difficulties they experienced were alleviated by the use of assistive devices, living in a supportive environment or having plentiful resources<sup>45</sup>.

<sup>44</sup>UN, 2010: Strategic Action towards Inclusive Development: Disability, Human Rights and Statistics

<sup>45</sup>[http://www.cdc.gov/nchs/washington\\_group.htm](http://www.cdc.gov/nchs/washington_group.htm)



The first model uses different severity thresholds for the individual activity domains separately. These are functional limitations in the different activity domains. The second model describes the proportion of the population who reported difficulties for one or more of the six activity domains, i.e. the proportion of the population with functional limitations and defined as disabled in the census analysis.

An additional question was included in the Census 2011 questionnaire to measure the extent of assistive devices usage among persons with disabilities.

## 4.6 Data limitations

Census 2011 data are not comparable with previous censuses due to the change in approach of asking disability questions.

Although the Washington Group (WG) type questions recommended for censuses identify more persons with a disability, some types of disabilities are not measured. In Census 2011, psychological limitations as well as questions on socialisation of persons with disabilities were excluded.

The question on 'self-care' was also shortened (examples of what is meant by self-care excluded due to limited space) and this may have compromised the responses given by respondents.

Intellectual disability was not measured directly, but it is possible (but not as yet adequately investigated) that a person with a moderate to severe intellectual disability would show difficulties in at least three domains, namely remembering/concentrating, communication and self-care.

Statistics on children with disabilities aged 0–4 were not profiled. It is crucial for children with disabilities to get support, and to access services and interventions which can help them reach their full potential. One of the shortcomings of the Washington Group (WG) type questions recommended for censuses is that they are not suitable for measuring disability among children aged 0–4. Both Census 2011 data and the General Household Survey (GHS) 2011 show a large number of children that have been categorised as 'Cannot do at all', and therefore implying severe disability, when the child is unable to do the activity because of being too young (e.g. a 6-month-old child cannot walk, talk or take care of herself/himself). From both sources of data, statistics pertaining to children with disabilities under the age of five are therefore not reliable. The analysis thus profiles the population aged 5 years and older. Lack of reliable statistics for children younger than five years remains a challenge that needs to be addressed. Data quality analysis in this report suggests that particular attention needs to be paid to measuring disability among children aged 5 years and younger with a different set of questions to improve on their statistics.

Statistics for 5-year-olds reporting 'Unable to do at all' for the self-care type of functional domain are high, which reflects misreporting (as was the case for under-five-year-olds) and therefore caution should be taken when making conclusions on impairments relating to self-care.

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Responses to the degree of difficulty for all functional domains were based on self-assessment rather than scientific methods of testing for presence or absence of the condition. Estimates should therefore be evaluated with caution.

The question on general health and function was asked in households only. Therefore, persons with disabilities could have been underestimated, since a number of persons with severe disabilities tend to be institutionalised. It should also be noted that due to limited questions on disability in Census 2011, the profile of persons with psychosocial disabilities could not be ascertained.

## CHAPTER 5: PREVALENCE OF DISABILITY: LEVELS AND PATTERNS

### 5.1 Introduction

This chapter focuses on the prevalence of disability by age, sex, population group and geographical area. It also profiles the type and degree of impairment.

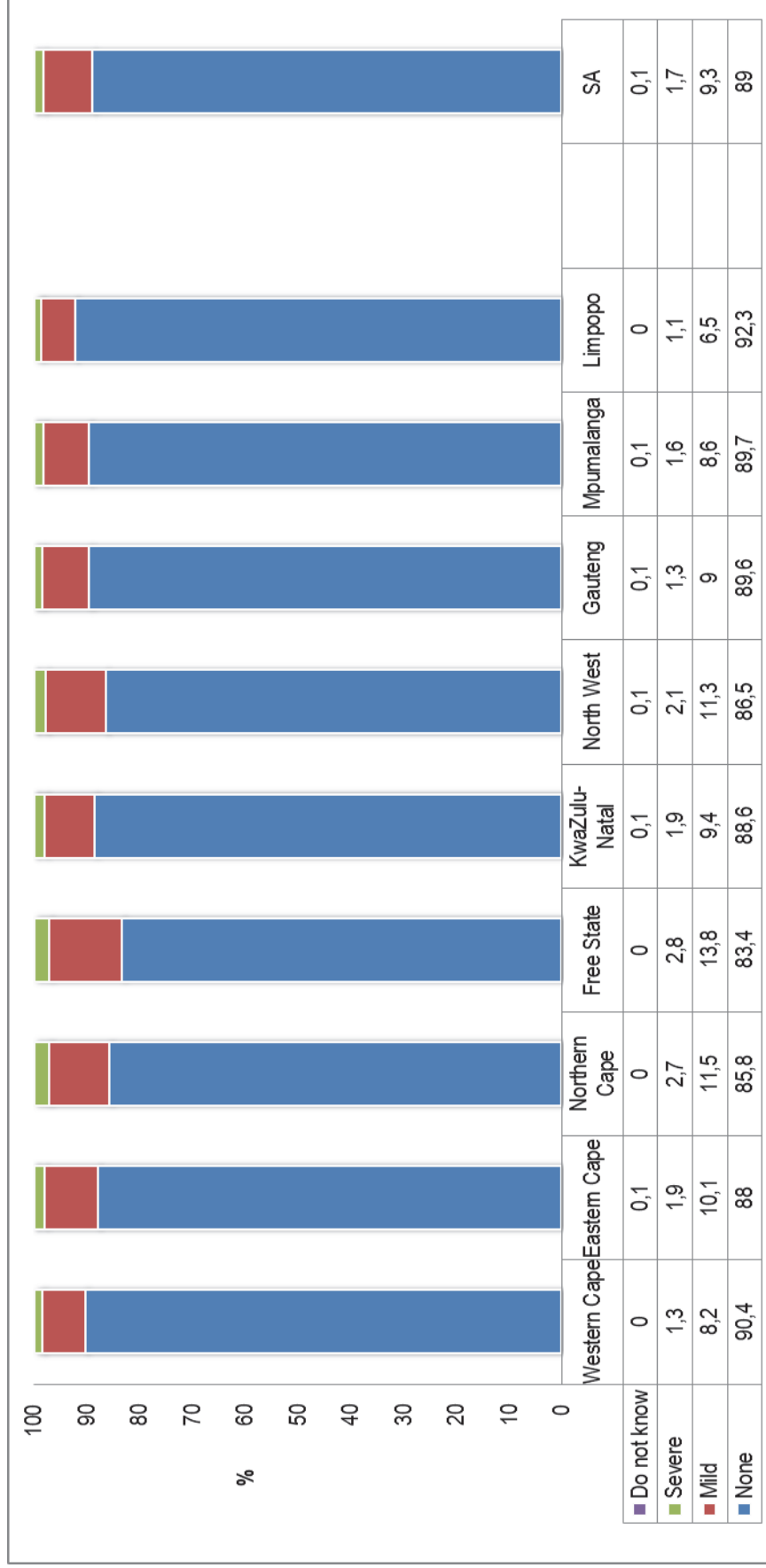
- I. Prevalence based on the broad measure (degree of difficulty in functioning in the six activity domains); and
- II. Disability index.

### 5.2 Disability prevalence based on degree of difficulty in the six activity domains

#### 5.2.1 Degree of difficulty in seeing

Figure 5.1 shows the percentage distribution of persons aged 5 years and older per province by degree of difficulty. The results show that eight in ten (89%) of persons aged 5 years and older in the country had no difficulty in seeing. Provincial variations show that Free State had the highest proportion of persons with mild difficulty in seeing (13,8%), followed by Northern Cape and North West (11,5% and 11,3% respectively). It further shows that in general, fewer people had severe difficulty as compared to those who had mild difficulty in seeing. Free State had the highest proportion (2,8%) of persons with severe difficulty in seeing, followed by Northern Cape (2,7%) and North West (2,1%). Limpopo had the lowest proportion of people with mild and severe difficulties in seeing.

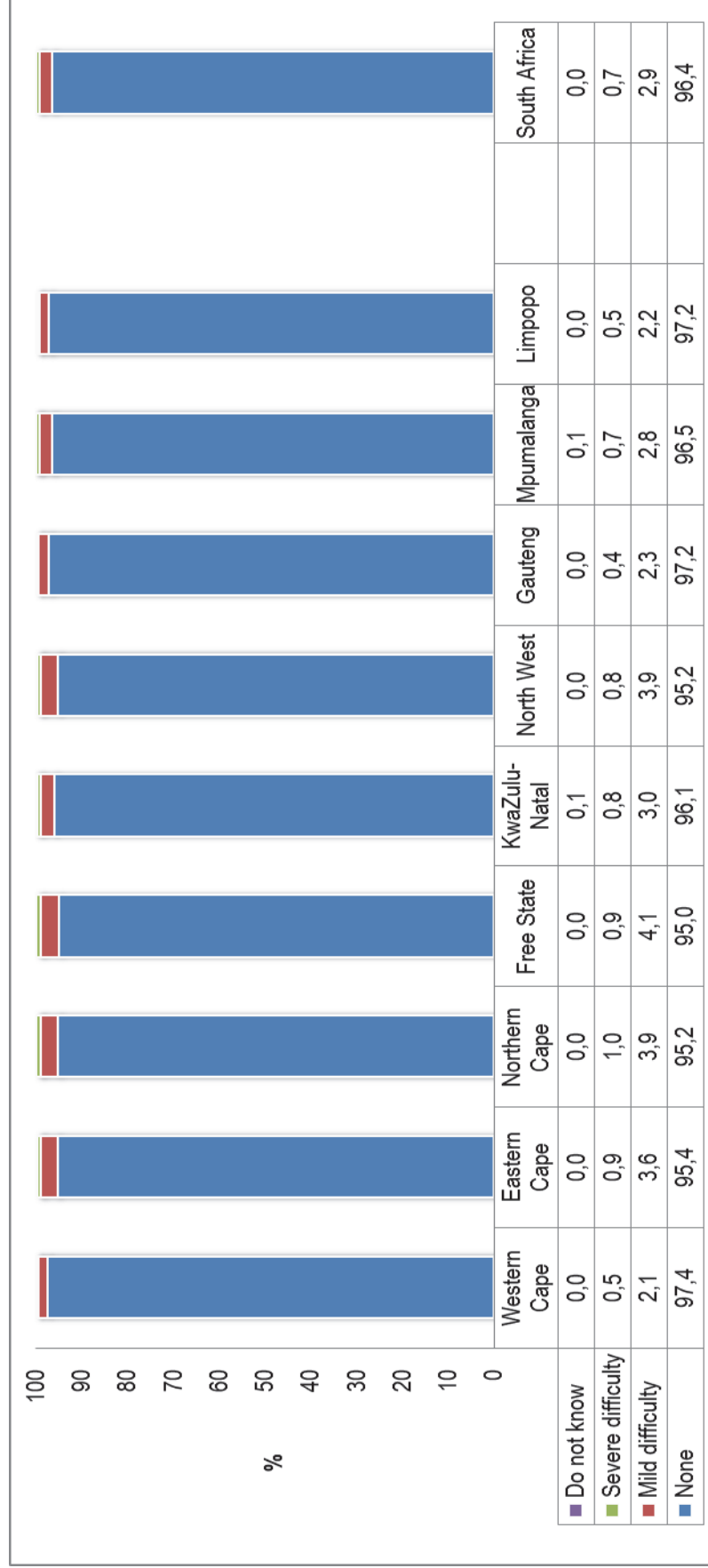
**Figure 5.1: Percentage distribution of persons aged 5 years and older by degree of difficulty in seeing per province**



### 5.2.2 Degree of difficulty in hearing

Figure 5.2 below shows that 96,4% of the population aged 5 years and older had no difficulty in hearing. Provincial variations show that Western Cape, Gauteng and Limpopo had the highest proportions (97%), whereas Eastern Cape, Northern Cape, Free State and North West had the lowest proportions (95%). The figure also shows that 2,9% of persons in South Africa had mild difficulty in hearing and 0,7% had severe difficulty. The provinces with the highest proportion of persons with mild difficulty in hearing were Free State (4,1%), followed by Northern Cape and North West with 3,9% each. Western Cape had the lowest proportion (2,1%), followed by Limpopo (2,2%) and Gauteng (2,3%). The provinces with the highest proportion of persons with severe difficulty in hearing were Eastern Cape and Free State (0,9% each).

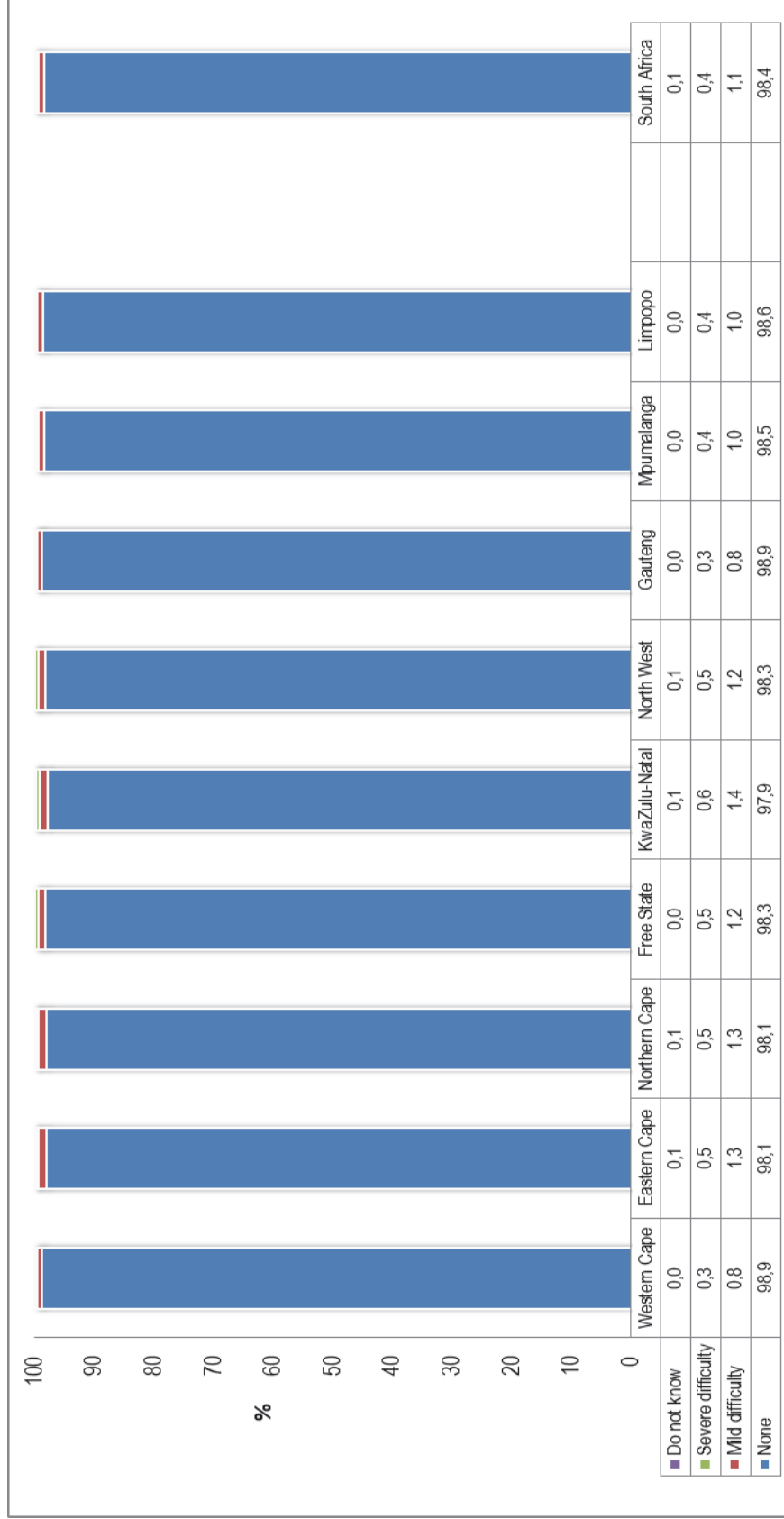
**Figure 5.2: Percentage distribution of persons aged 5 years and older by degree of difficulty in hearing per province**



### 5.2.3 Degree of difficulty in communicating

Results in Figure 5.3 shows that nine in ten (98,4%) persons aged five years and older had no difficulty in communicating in their own language or being understood, and about 1,1% reported having mild difficulties. The proportion of persons with severe difficulties was less than 1%. The provincial profile generally shows a similar pattern. KwaZulu-Natal had the highest proportion with mild difficulties, followed by Eastern Cape and Northern Cape (1,4% and 1,3% respectively). Western Cape and Gauteng had the lowest proportion of persons with mild difficulties (0,8% each). All provinces show a prevalence of less than 1% of persons with severe difficulties in communication.

**Figure 5.3: Percentage distribution of persons aged 5 years and older by degree of difficulty in communicating per province**





The results depicted in Figure 5.4 show that generally, the majority of persons (96,5%) had no difficulty in walking or climbing a flight of stairs, while about 3% reported having mild difficulty and about 1% had severe difficulty. Provincial variations show that Eastern Cape and North West provinces had the highest proportion of persons who reported having mild difficulties (3,1%), while Northern Cape had the highest proportion of persons with severe difficulties (1,5%).

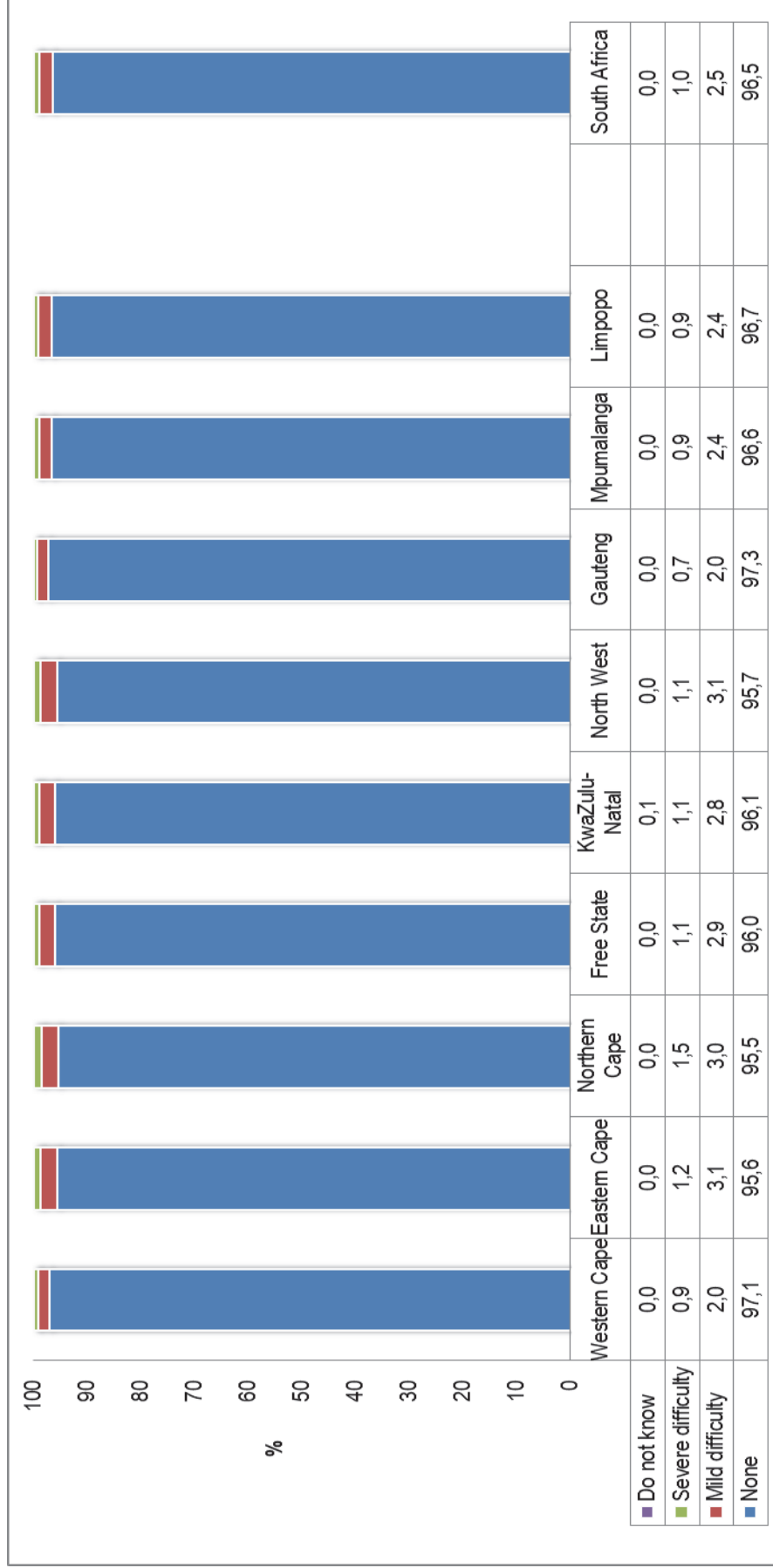
#### **5.2.4 Degree of difficulty in walking or climbing stairs**

The number of reported difficulties in walking is lower than expected, as it was one of activity domains with the highest reported difficulties in the survey testing the disability measures in 2006<sup>46</sup>. This could be an effect of proxy reporting, where the household head may not be aware of mild difficulties people may have in walking or climbing stairs, for example, experiencing pain when walking.

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<sup>46</sup>Statistics South Africa, 2007: Testing a disability schedule for Census 2011

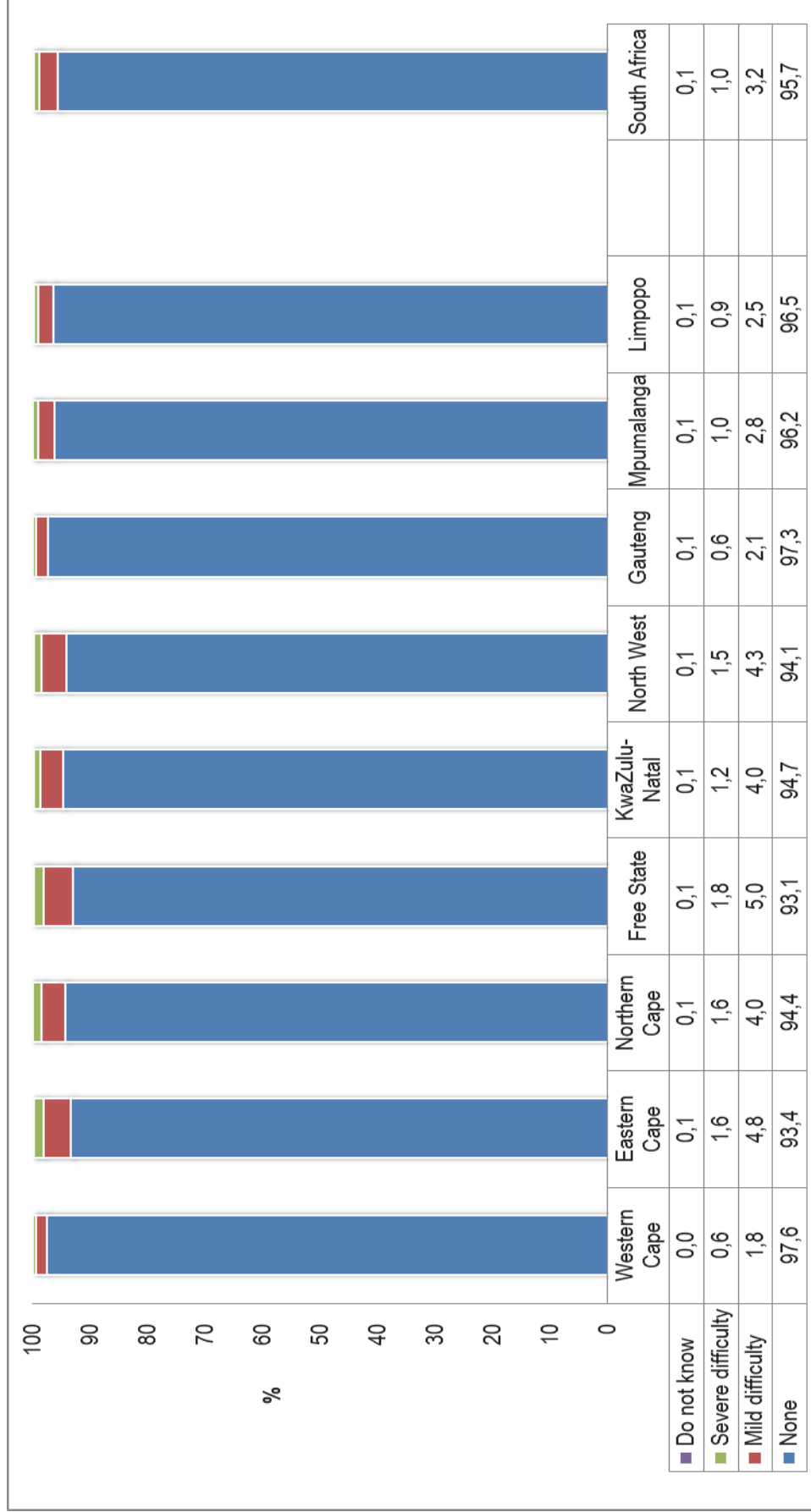
**Figure 5.4: Percentage distribution of persons aged 5 years and older by degree of difficulty in walking or climbing stairs per province**



### 5.2.5 Degree of difficulty in remembering/concentrating

Figure 5.5 shows that 95,7% of persons aged 5 years and older reported having no difficulty in remembering or concentrating, while 3,2% reported having mild difficulties at national level. Provincial variations show that Free State province had the highest proportion of persons with mild and severe difficulties in remembering/concentrating (5,0% and 1,8% respectively), followed by Eastern Cape (4,8 and 1,6% respectively). The results also show that Gauteng and Western Cape provinces had the lowest proportions of persons with severe difficulties in remembering or concentrating (0,6% each).

**Figure 5.5: Percentage distribution of persons aged 5 years and older by degree of difficulty in remembering/concentrating per province**

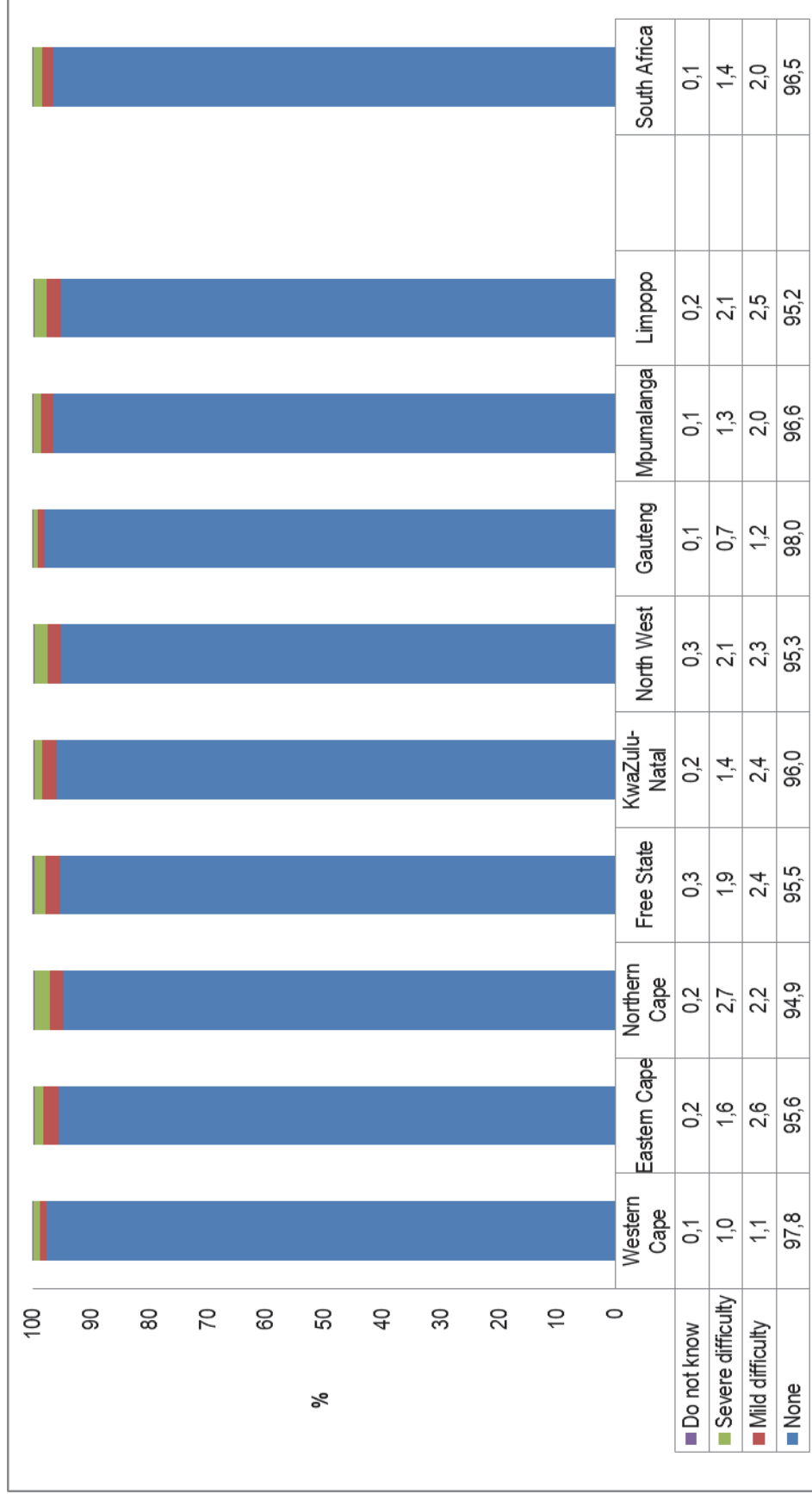


### 5.2.6 Degree of difficulty in self-care

The results presented in Figure 5.6 show the distribution of the population aged 5 years and older by degree of difficulty in self-care. National figures show that nine in ten persons had no difficulty with self-care (96,5%), while 1,4% and 2% had mild and severe difficulties in self-care respectively.

The provincial profile shows that Northern Cape province had the highest proportion of persons with severe difficulties (2,7%). Eastern Cape had the highest proportion with mild difficulties, followed by Limpopo (2,6% and 2,5% respectively). Western Cape and Gauteng had the lowest proportion of persons with mild difficulties (1,0% and 1,2% respectively).

**Figure 5.6: Percentage distribution of persons aged 5 years and older by degree of difficulty in self-care per province**



Overall, results show that in five of the six functional domains, the majority of the population had no difficulty in functioning, and less than five 5% reported mild and severe difficulties. The seeing domain showed the highest proportions of persons with mild and severe difficulties (9,3% and 1,7% respectively).

### 5.2.7 Prevalence by sex

Table 5.1 below profiles persons aged 5 years and older by type and degree of difficulty and sex. The results show that males had the highest proportion of persons who reported not having difficulty in seeing, walking/climbing stairs and remembering/concentrating. Females had the highest proportion of persons with mild and severe difficulties in all types of difficulties except for communication, where they both had the same proportion of persons who had mild difficulties. Some studies have shown that type of disability questions yield different prevalence rates for men and women. When activity-limitations type of questions are used, rates tend to be similar for both sexes, and when impairment questions are used, prevalence is higher for men.

The results are a reflection of how disease and disabilities affect the two sexes differently, females being the most affected. The sex variations could also be attributed to the high proportions of elderly females compared to elderly males as a result of the higher life expectancy of females. The latest statistics on life expectancy at birth shows that females live up to 60 years while their male counterparts live up to 56 years.

**Table 5.1: Number and percentage distribution of persons aged 5 years and older by type and degree of difficulty and sex**

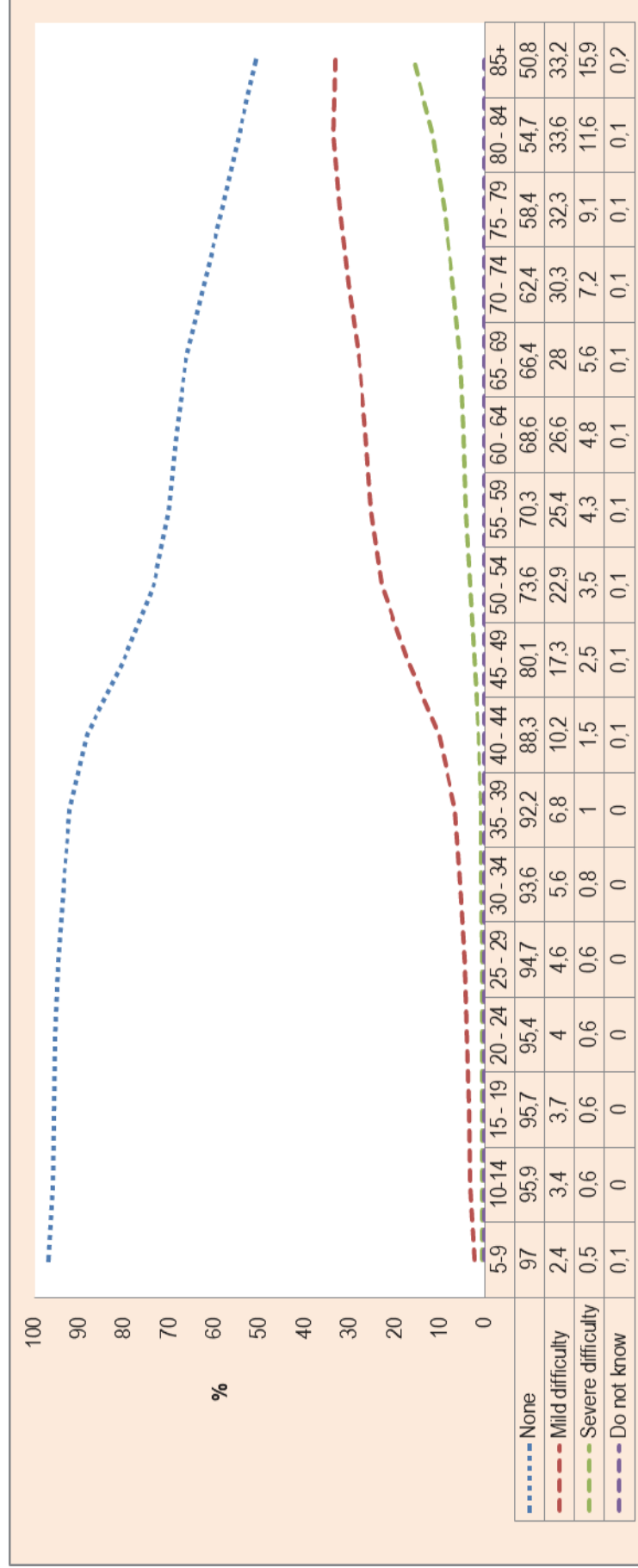
Type of difficulty	Sex and degree of difficulty (numbers and percentage)										
	Sex	None	Mild difficulty	Severe difficulty	Do not know	Total	None	Mild difficulty	Severe difficulty	Do not know	Total
Seeing	Male	19 293 437	1 604 318	279 553	11 460	21 188 768	91,1	7,6	1,3	0,1	100,0
	Female	19 771 350	2 481 581	458 526	11 912	22 723 368	87,0	10,9	2,0	0,1	100,0
	<b>Total</b>	<b>39 064 787</b>	<b>4 085 898</b>	<b>738 079</b>	<b>23 372</b>	<b>43 912 136</b>	<b>89,0</b>	<b>9,3</b>	<b>1,7</b>	<b>0,1</b>	<b>100,0</b>
Hearing	Male	20 461 507	545 433	127 271	10 179	21 144 389	96,8	2,6	0,6	0,0	100,0
	Female	21 796 259	706 475	161 098	10 613	22 674 444	96,1	3,1	0,7	0,0	100,0
	<b>Total</b>	<b>42 257 767</b>	<b>1 251 907</b>	<b>288 369</b>	<b>20 791</b>	<b>43 818 834</b>	<b>96,4</b>	<b>2,9</b>	<b>0,7</b>	<b>0,0</b>	<b>100,0</b>
Communication	Male	20 756 600	225 018	97 450	10 850	21 089 918	98,4	1,1	0,5	0,1	100,0
	Female	22 258 298	248 432	93 832	11 015	22 611 576	98,4	1,1	0,4	0,0	100,0
	<b>Total</b>	<b>43 014 898</b>	<b>473 450</b>	<b>191 282</b>	<b>21 864</b>	<b>43 701 494</b>	<b>98,4</b>	<b>1,1</b>	<b>0,4</b>	<b>0,1</b>	<b>100,0</b>
Walking/climbing stairs	Male	20 559 261	426 317	172 044	7 836	21 165 458	97,1	2,0	0,8	0,0	100,0
	Female	21 759 194	673 818	251 135	8 504	22 692 651	95,9	3,0	1,1	0,0	100,0
	<b>Total</b>	<b>42 318 455</b>	<b>1 100 135</b>	<b>423 179</b>	<b>16 340</b>	<b>43 858 109</b>	<b>96,5</b>	<b>2,5</b>	<b>1,0</b>	<b>0,0</b>	<b>100,0</b>
Remembering/ concentrating	Male	20 343 787	570 561	187 095	18 470	21 119 914	96,3	2,7	0,9	0,1	100,0
	Female	21 522 772	834 537	269 084	17 224	22 643 617	95,1	3,7	1,2	0,1	100,0
	<b>Total</b>	<b>41 866 559</b>	<b>1 405 098</b>	<b>456 179</b>	<b>35 694</b>	<b>43 763 530</b>	<b>95,7</b>	<b>3,2</b>	<b>1,0</b>	<b>0,1</b>	<b>100,0</b>
Self-care	Male	19 877 403	389 097	288 597	31 756	20 586 852	96,6	1,9	1,4	0,2	100,0
	Female	21 326 855	448 266	300 273	31 408	22 106 801	96,5	2,0	1,4	0,1	100,0
	<b>Total</b>	<b>41 204 257</b>	<b>837 363</b>	<b>588 869</b>	<b>63 164</b>	<b>42 693 653</b>	<b>96,5</b>	<b>2,0</b>	<b>1,4</b>	<b>0,1</b>	<b>100,0</b>



### 5.2.8 Seeing disability and age

The age and disability profile presented in Figure 5.7 below shows that the proportion of persons who had no difficulty in seeing decreases as age increases (from 97% at age 5–9 years to 51% at age 85+ years). From the 40–44 age group, the rate of difficulty in seeing increases at a steeper rate than at younger ages. In addition, severe difficulties have the highest rate at the oldest age groups. This profile shows that the ageing process has a profound negative impact on the prevalence of disability in seeing.

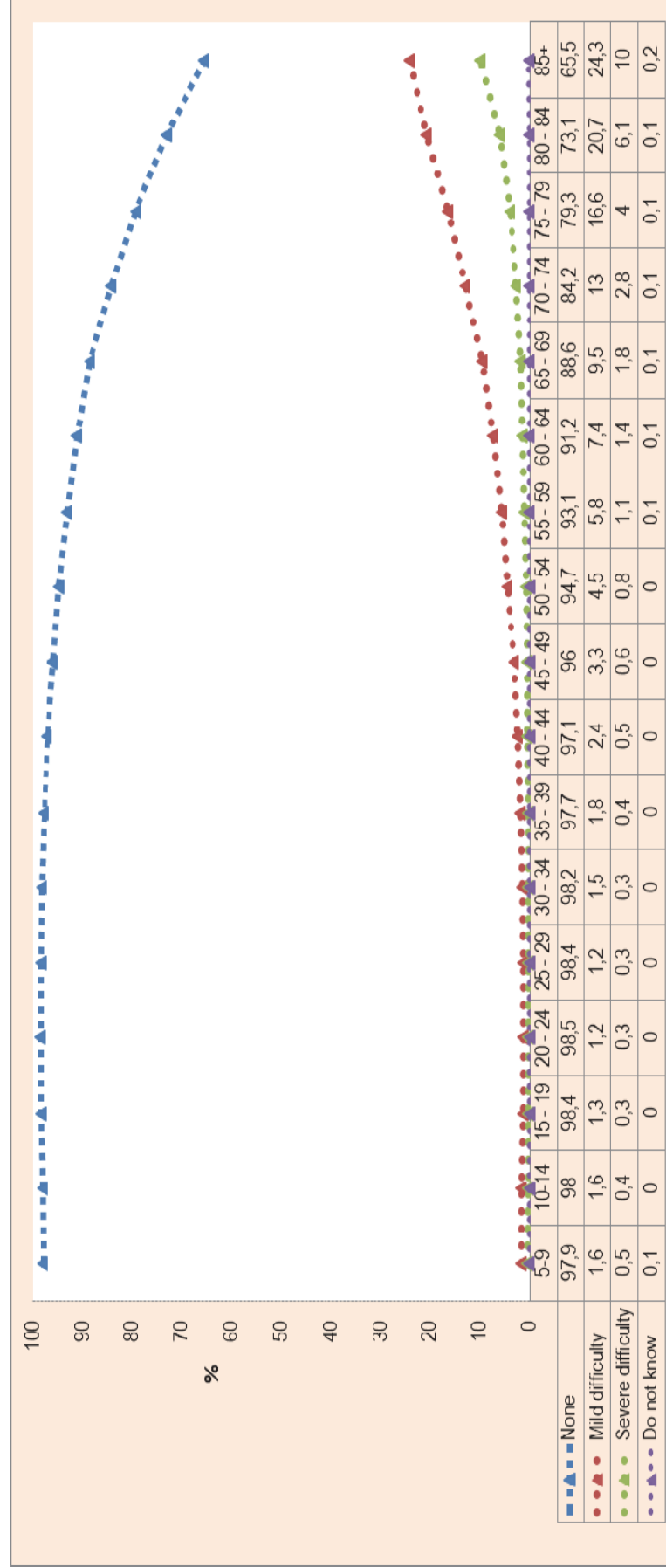
**Figure 5.7: Percentage distribution of persons aged 5 years and older (in five-year age groups) by degree of difficulty in seeing**



### 5.2.9 Hearing disability and age

The age profile of persons shown in Figure 5.8 below indicates that nine in ten (97,9%) of persons aged 5–9 years had no difficulty in hearing. This proportion starts to decrease from age 35–39 years onwards. The figure also shows that the proportion of persons with mild difficulties increases from age 40–44 years. The proportion of persons with severe difficulties is highest for persons aged 85+ years (10%). The results also confirm the health problem of loss of hearing in old age<sup>47</sup>.

**Figure 5.8: Percentage distribution of persons aged 5 years and older (in five-year age groups) by degree of difficulty hearing**

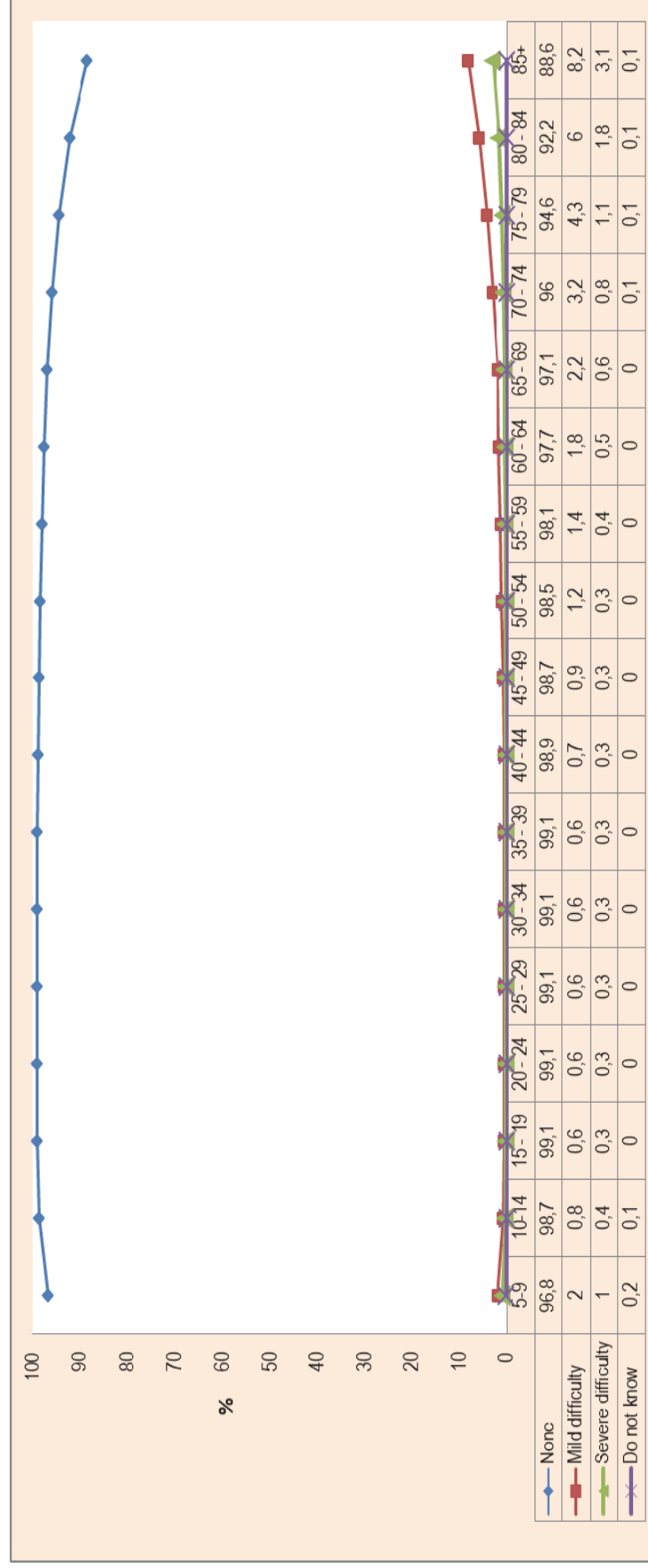


<sup>47</sup>WHO and WORLD BANK (2011): World disability Report; WHO Malta

### 5.2.10 Communication/speech disability and age

The figure below shows that the majority of persons had no difficulty in communicating. However, in the older age categories, the problem becomes prevalent from age 70 years onwards (e.g. from cerebro-vascular strokes or hearing impairments). Persons aged 85 years and older recorded the highest proportion (3,1%) of persons that reported severe difficulty in communicating.

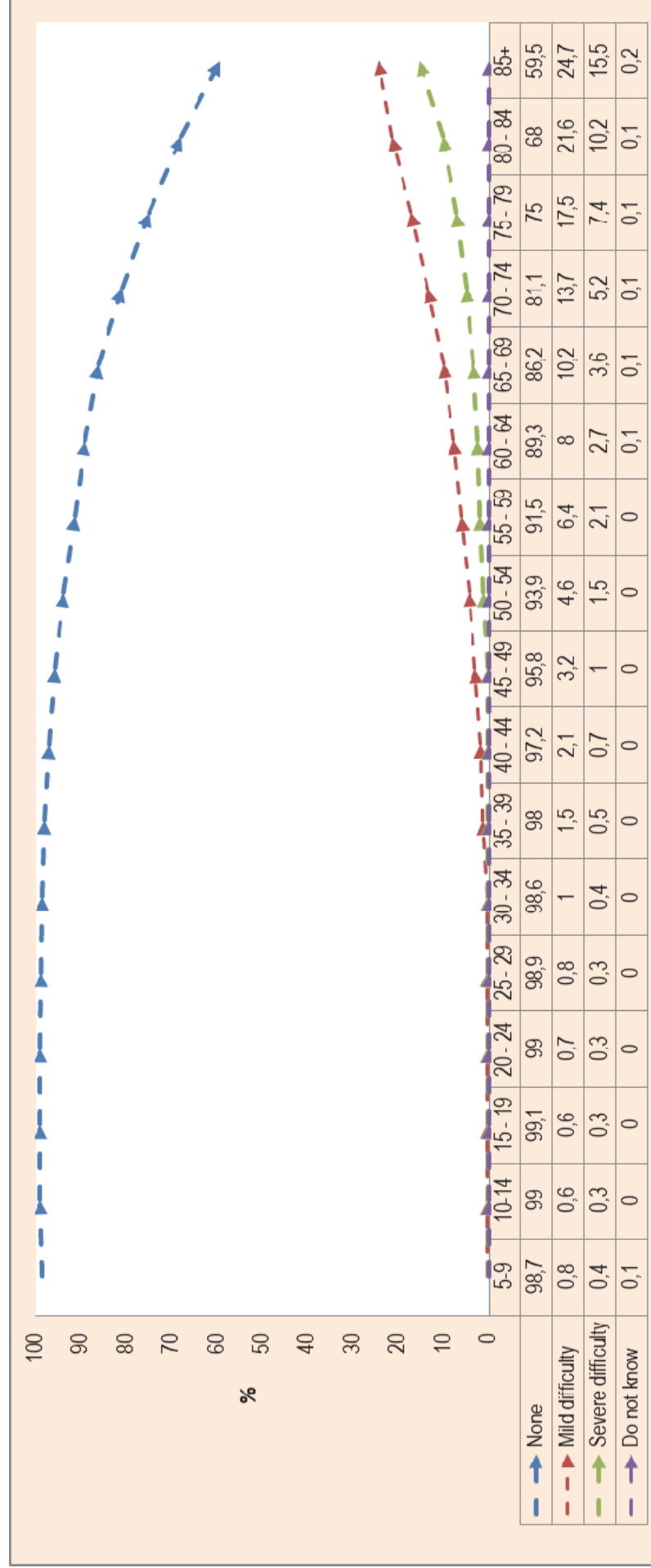
**Figure 5.9: Percentage distribution of persons aged 5 years and older (in five-year age groups) by degree of difficulty in communicating**



### 5.2.11 Physical disability and age

Figure 5.10 shows the age profile of persons aged 5 years and above by walking/climbing stairs and degree of difficulty. The figure indicates that almost nine in ten persons aged 5–59 years had no difficulty in walking/climbing stairs. This proportion decreases to 59,9% at age 85+ years. The proportion of persons that had mild difficulty starts to increase at a higher rate from age 55–59 years. A similar trend is seen across age groups for severe difficulty.

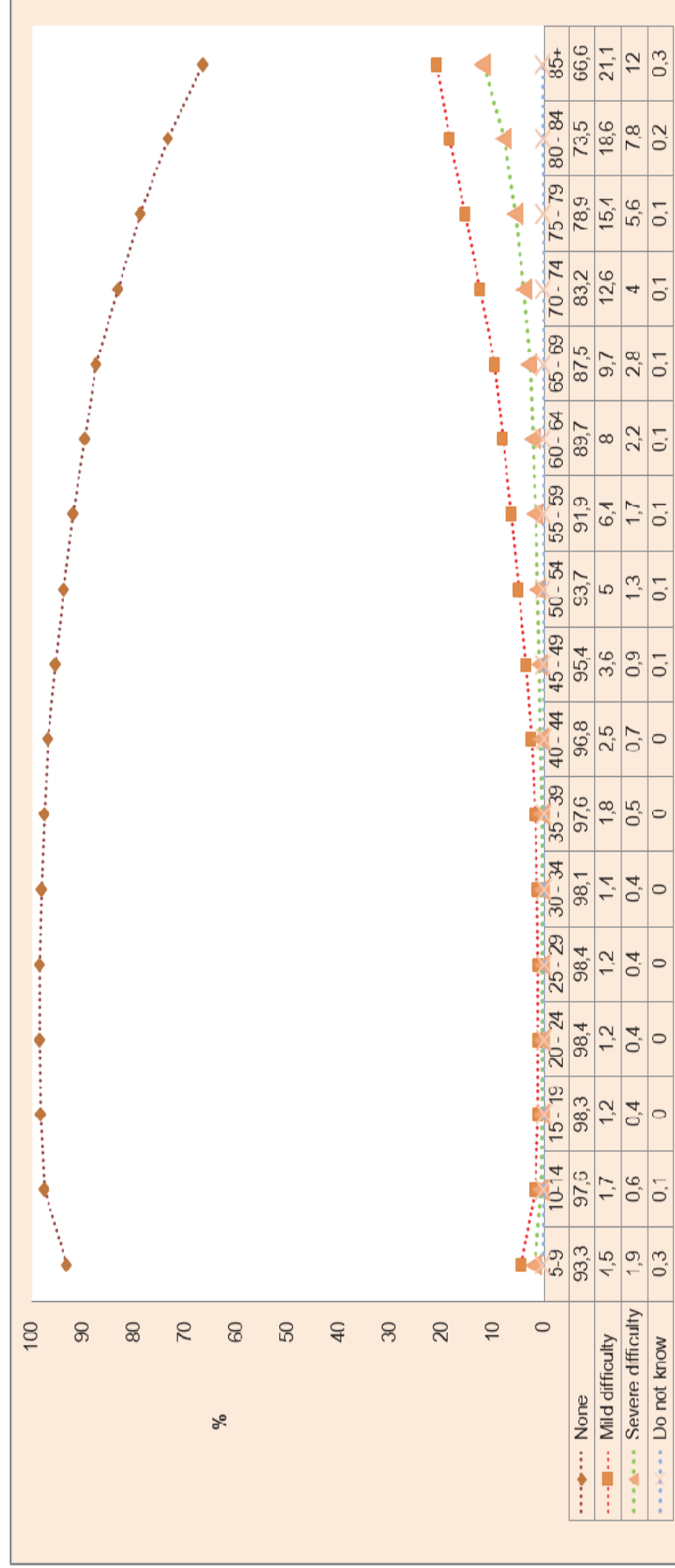
**Figure 5.10: Percentage distribution of persons aged 5 years and older (in five-year age groups) by degree of difficulty in walking/climbing stairs**



### 5.2.12 Cognitive disabilities and age

The figure below shows that the highest proportion (98%) of persons with no difficulty of remembering/concentrating were aged 15–34 years. The proportion with mild difficulties increases rapidly from age 45 years and reaches its highest level of 21% at age 85+ years. For severe difficulty, the proportion increases steadily among those aged between 15 and 49 years, and thereafter increases at a faster among the older age groups.

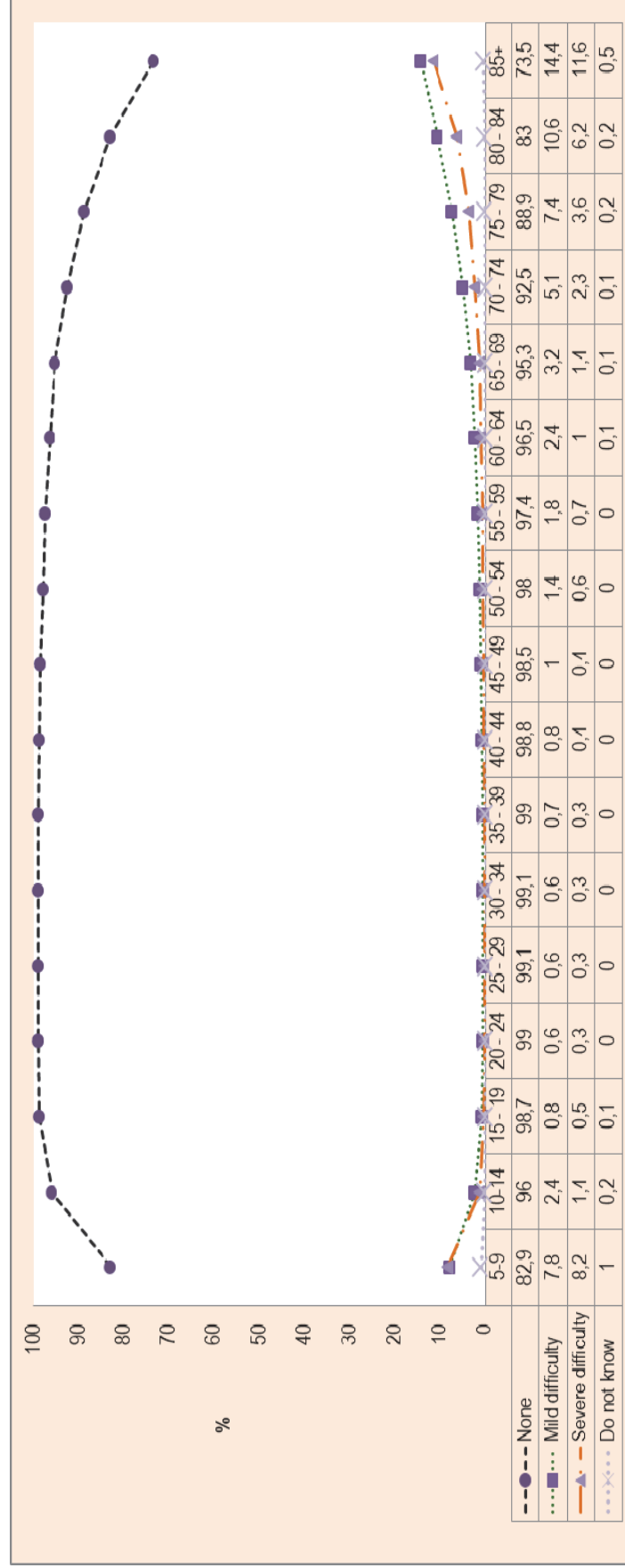
**Figure 5.11: Percentage distribution of persons aged 5 years and older (in five-year age groups) by degree of difficulty in remembering/concentrating**



### 5.2.13 Self-care disability and age

Figure 5.12 shows that the highest proportion (approximately 99%) of persons with no difficulty of self-care was aged 20–39 years. This percentage decreases steadily from age 50 years onwards. The highest proportion of persons with mild difficulties is recorded for those aged 85+ years (14,4%). The same age group also has the highest proportion of persons that experienced severe difficulties (11,6%).

**Figure 5.12: Percentage distribution of persons aged 5 years and older (in five-year age groups) by degree of difficulty in self-care**



All the six functional domains depict a similar pattern of disability prevalence increasing with age. Results thus confirm that older persons in South Africa are disproportionately represented in persons with disabilities. The higher disability rates among older persons reflect an accumulation of health risks across a lifespan of disease, injury, and chronic illness<sup>48</sup>. A number of studies at global and regional levels on prevalence of disability have shown a similar pattern<sup>49 50 51</sup>. The results are a reflection of the consequences of morbidities on elderly persons and in the absence of health care services, a common characteristic of developing countries, disabilities become more prevalent and severe in old age.

### 5.2.2.1 Seeing disability and population group

Different population groups often have different health outcomes in form of health, morbidities, disability and mortality.

The results in Figure 5.13 show that 88,9% of the population overall in the different population groups had no difficulties in seeing. However, the Indian/Asian population group had the highest proportion (12,3%) of persons with mild difficulty, followed by whites (10,3%) and black Africans (9,2%). Results further show that whites have a substantially lower severe difficulty in seeing than other race groups. Conversely, the proportion of the population having severe difficulty in seeing was highest among black Africans.

Other studies based on race have shown a similar pattern that disabilities are highest among black Africans and lowest among whites<sup>52</sup>. These results can be explained in part by the wording of the question, which asks for difficulty seeing when wearing glasses (or contact lenses). Given the inequalities in the South African population, whites remain the population group most likely to access services for testing vision and provision of glasses. Further analyses of the use of glasses by population group would indicate whether this in fact the case.

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<sup>48</sup>WHO and WORLD BANK (2011): World disability Report; WHO Malta

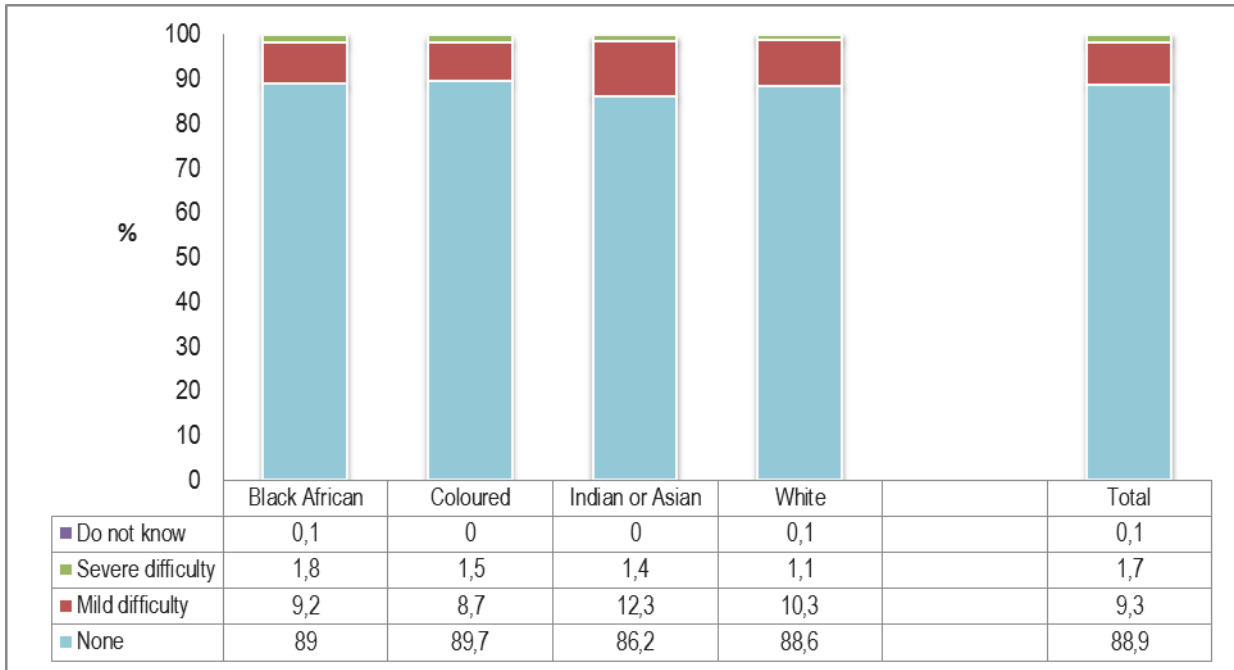
<sup>49</sup>Schmid K et al (2008): 'Disability in the Caribbean. A study of four countries: A socio-demographic analysis of the disabled.' Statistics and Social Development Unit Port of Spain, June 2008 ISSN online version: 1728-5445,UN

<sup>50</sup>People with disabilities in Indonesia; Empirical facts and Implications for social protection policies, 2013

<sup>51</sup>Schmid K et al (2008): 'Disability in the Caribbean. A study of four countries: A socio-demographic analysis of the disabled.' Statistics and Social Development Unit Port of Spain, June 2008 ISSN online version: 1728-5445,UN

<sup>52</sup>Brault. M. W (2012): Americans with Disabilities: 2010; Health & Disability Statistics Branch

**Figure 5.13: Percentage distribution of persons aged 5 years and older by degree of difficulty in seeing and population group**

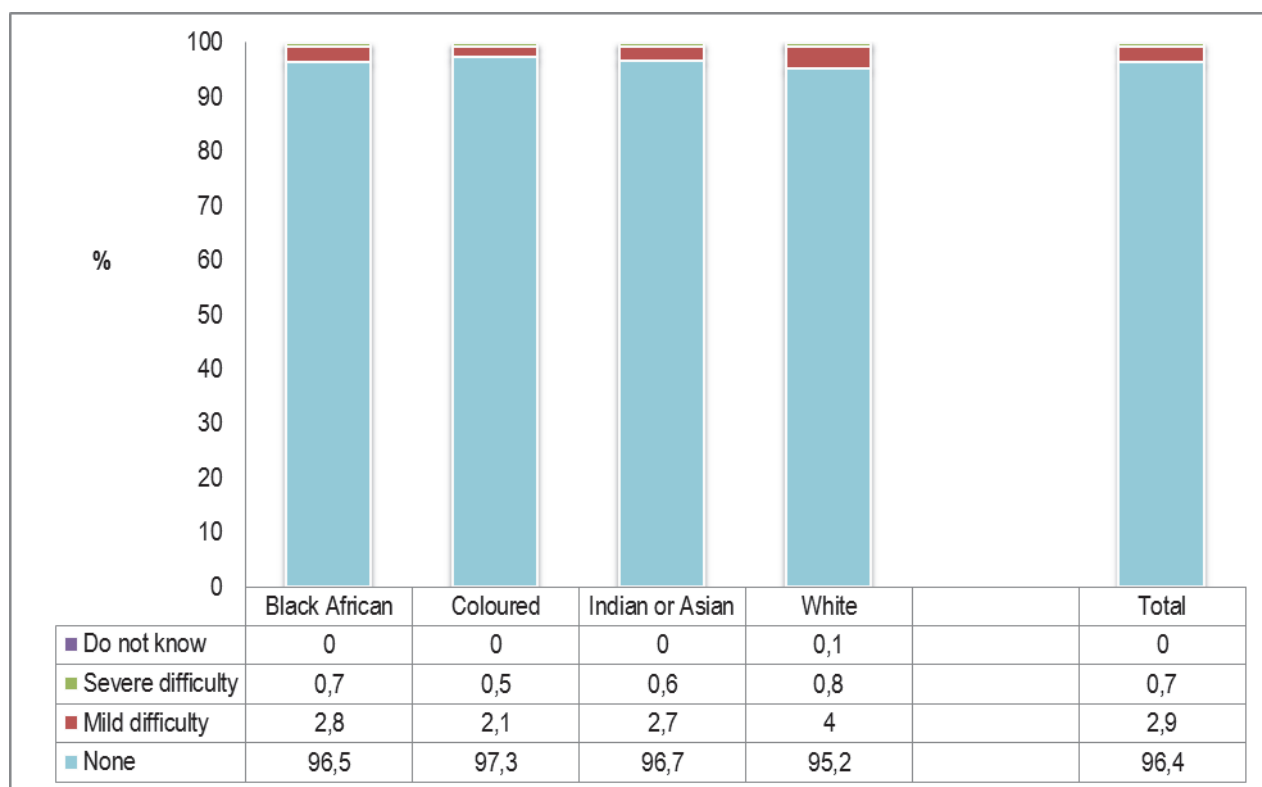


### 5.2.2.2 Hearing disability and population group

Figure 5.14 below shows that the white population group had the highest proportion of persons with mild and severe difficulties in hearing (4% and 0,8% respectively), followed by the black African population group (2,8% and 0,7% respectively) and the Indian/Asian population group (2,7% and 0,6% respectively). The reason for the higher proportions of the white population reporting hearing difficulties could be explained by better access to hearing tests and hence a higher identification of hearing loss.



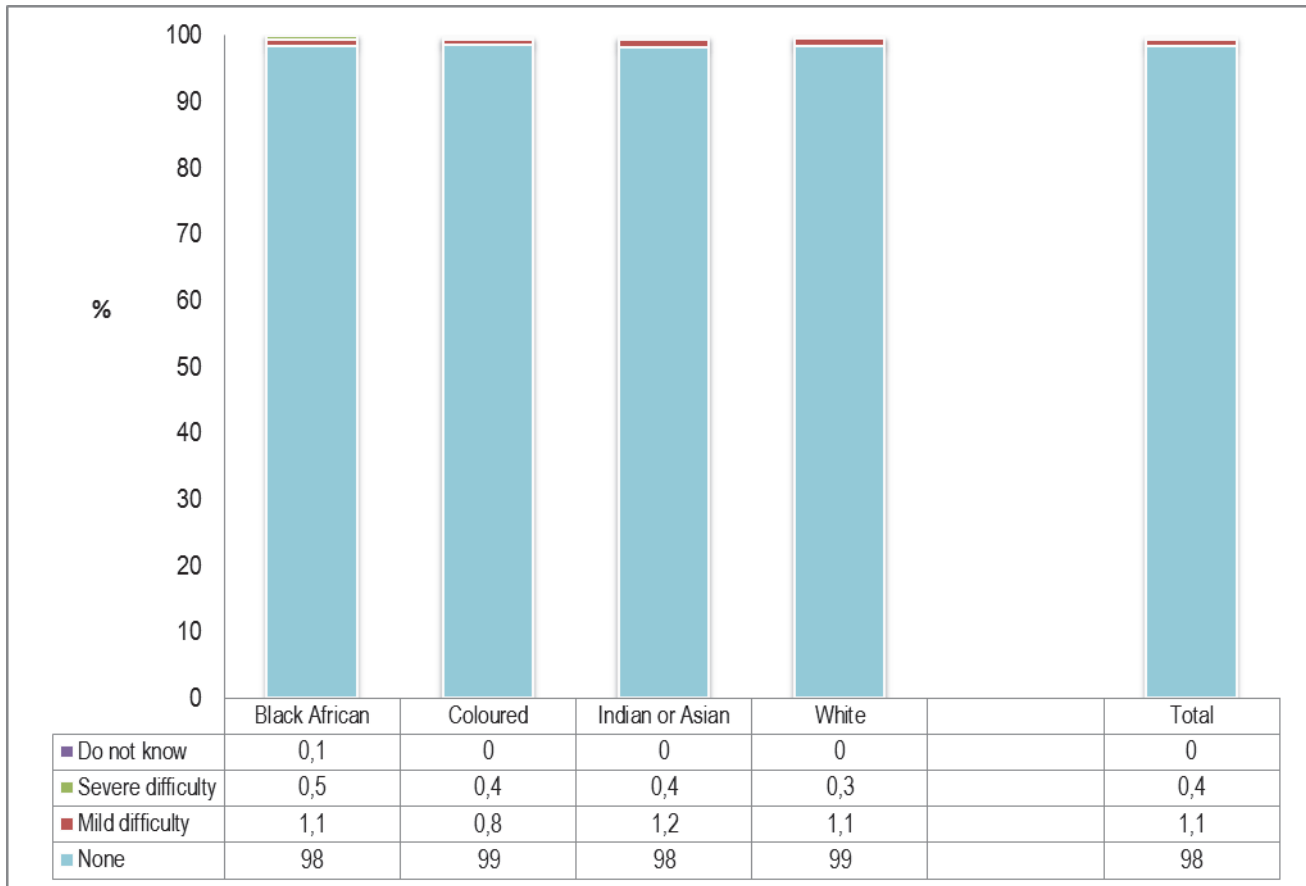
**Figure 5.14: Percentage distribution of persons aged 5 years and older by degree of difficulty in hearing and population group**



### 5.2.2.3 Communication/speech disability and population group

The results in Figure 5.15 show that 98% of persons aged 5 years and older across different population groups had no difficulty communicating. It further indicates that 1,2% of the Indian/Asian population group had mild difficulty, whereas the black African and white population groups had only 1,1%. The proportion having severe difficulty is relatively the same for all population groups.

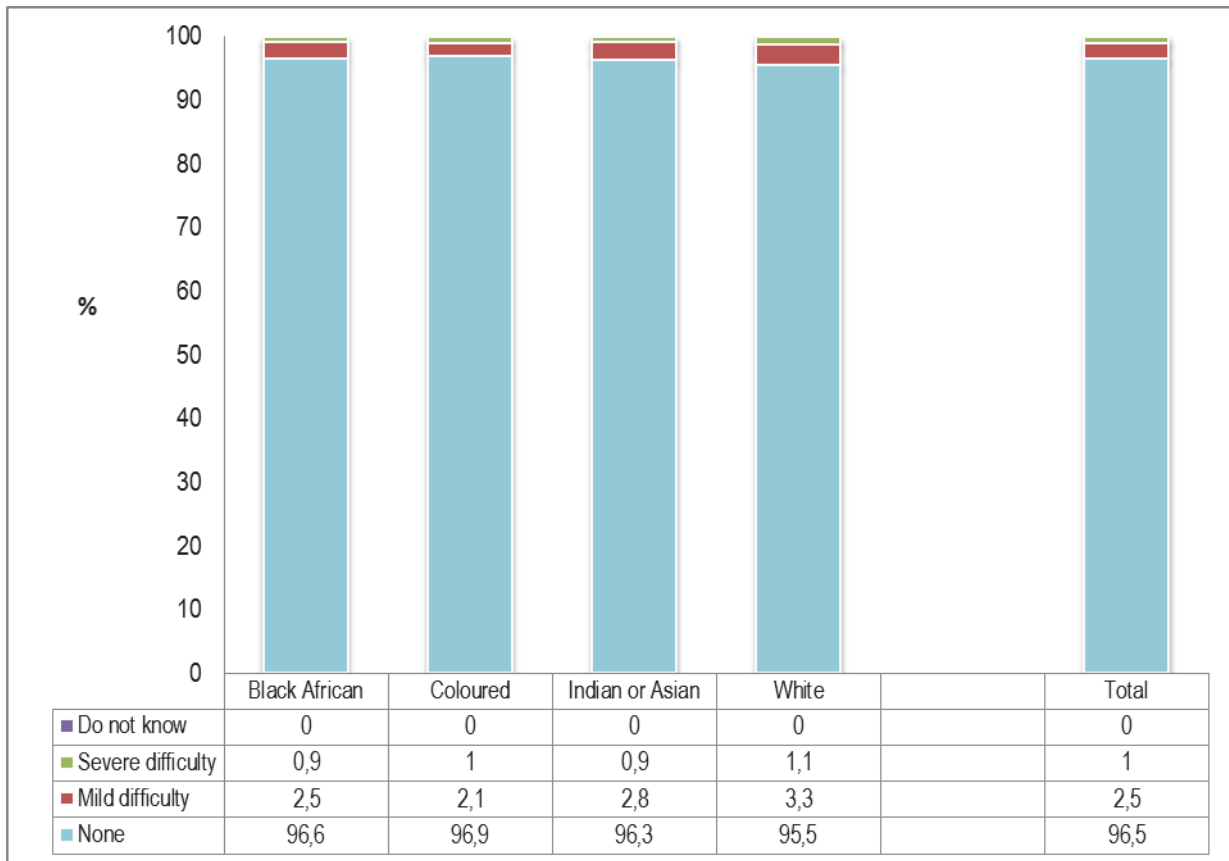
**Figure 5.15: Percentage distribution of persons aged 5 years and older by degree of difficulty in communicating and population group**



### 5.2.2.4 Physical disabilities and population group

Figure 5.16 shows that the majority of persons across different population groups had no difficulty of walking or climbing stairs (over 95%). However, it further shows that the white population group had the highest proportion of persons with mild and severe difficulties (3,3% and 1,1% respectively), followed by the Indian/Asian population group (2,8% and 0,9% respectively) and black African population group (2,5% and 0,9% respectively).

**Figure 5.16: Percentage distribution of persons aged 5 years and older by degree of difficulty in walking/climbing stairs and population group**

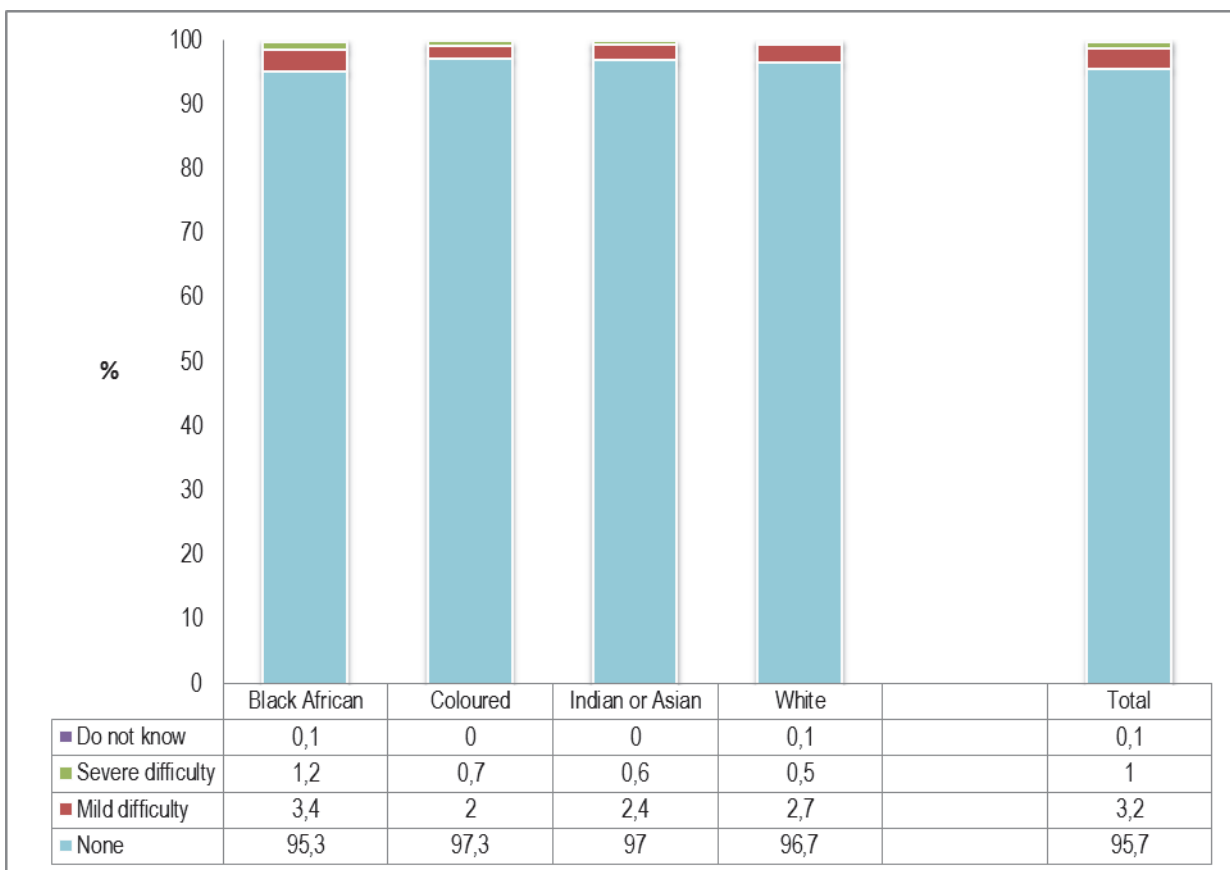


### 5.2.2.5 Cognitive disabilities and population group

The results in Figure 5.17 show that over 95% of the people across different population groups had no difficulty remembering/concentrating. The proportion having mild difficulties differed by population group: black Africans had the highest proportion of persons with mild difficulties (3,4%), followed by the white and Indian/Asian population groups (2,7% and 2,4% respectively). The black African population group also had the highest proportion of persons who had severe difficulties (1,2%). The higher rate for black Africans can be explained in part by a possible misinterpretation of the question and reporting 'difficulties with memories' rather than 'difficulty remembering' as shown in research conducted in rural Mpumalanga on how this question was understood<sup>53</sup>.

It is important to note that the prevalence of persons with intellectual as well as psychosocial disabilities is not determined by measuring only difficulties in remembering/concentrating, and that the prevalence figures for this group should therefore be treated with caution.

**Figure 5.17: Percentage distribution of persons aged 5 years and older by degree of difficulty in remembering/concentrating and population group**

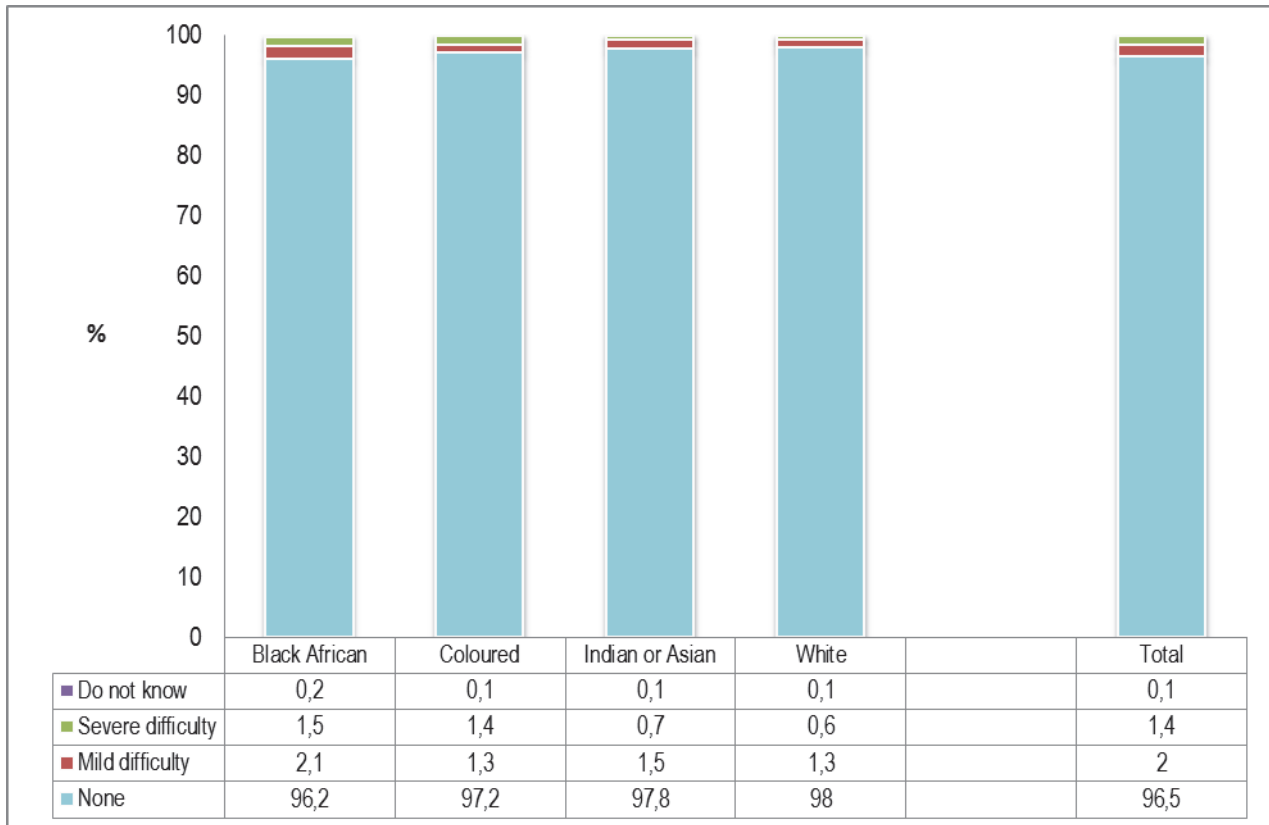


<sup>53</sup>Schneider M ( 2012 ): The social life of questionnaires: Exploring respondents' understanding and interpretation of disability measures

### 5.2.2.6 Self-care disabilities and population group

The figure below shows that the majority of persons across different population groups had no difficulty with self-care (above 95%). However, it indicates that 2,1% of the black African group had mild difficulty, followed by the Indian/Asian group with 1,5%. The black African population group had the highest proportion (1,5%) of persons with severe difficulty, followed by the coloured (1,4%) and Indian/Asian (0,7%) population groups.

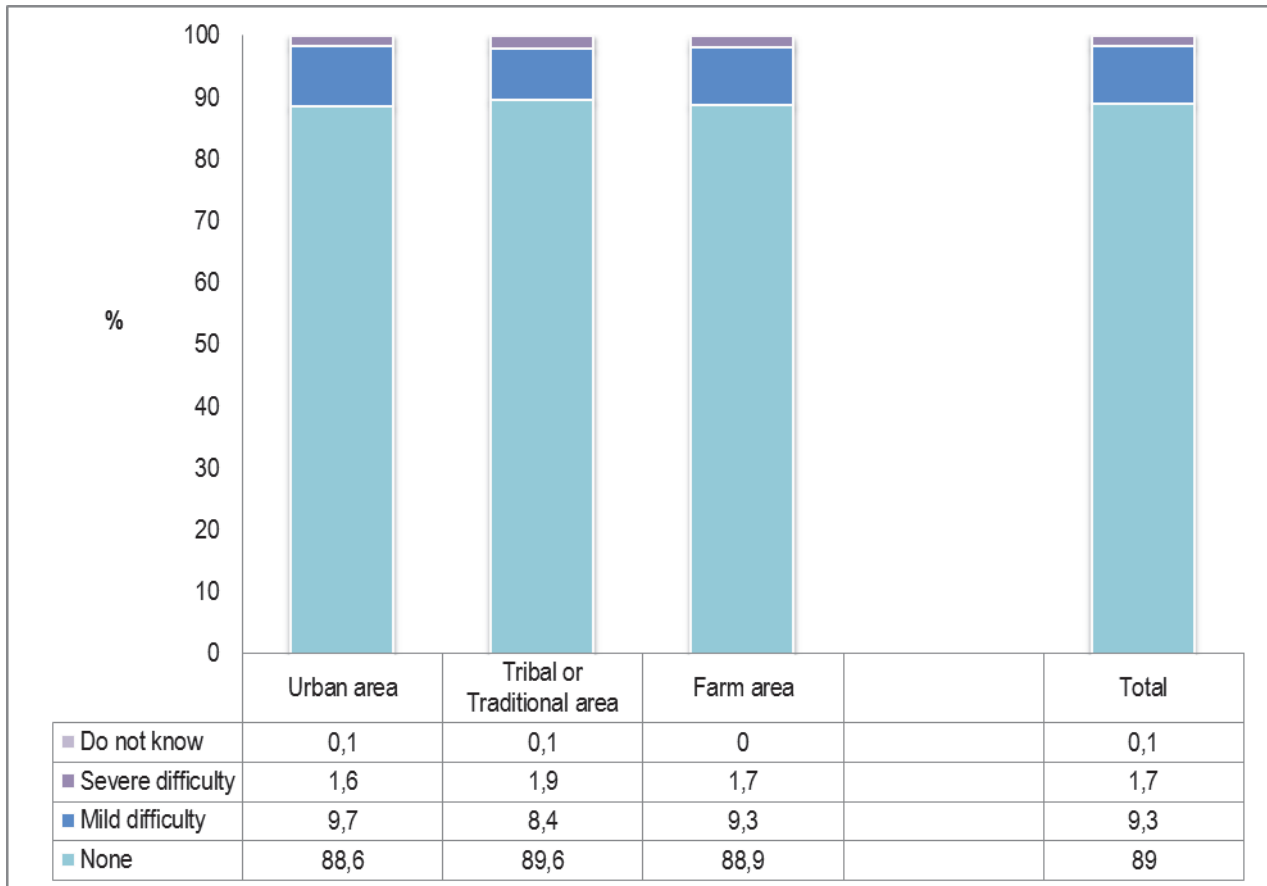
**Figure 5.18: Percentage distribution of persons aged 5 years and older by degree of difficulty in self-care and population group**



### 5.2.3.1 Seeing disability and geographical location

The results in Figure 5.19 indicate that 89% of persons across different geography types had no difficulties in seeing. The figure also shows that 9,7% of persons in urban areas, followed by 9,3% in farm areas and 8,4% in tribal/traditional areas had mild difficulties. The tribal or traditional areas had the highest proportion of persons with severe difficulty in seeing (1,9%). The urban areas had the lowest proportion of persons who had severe difficulty in seeing (1,6%).

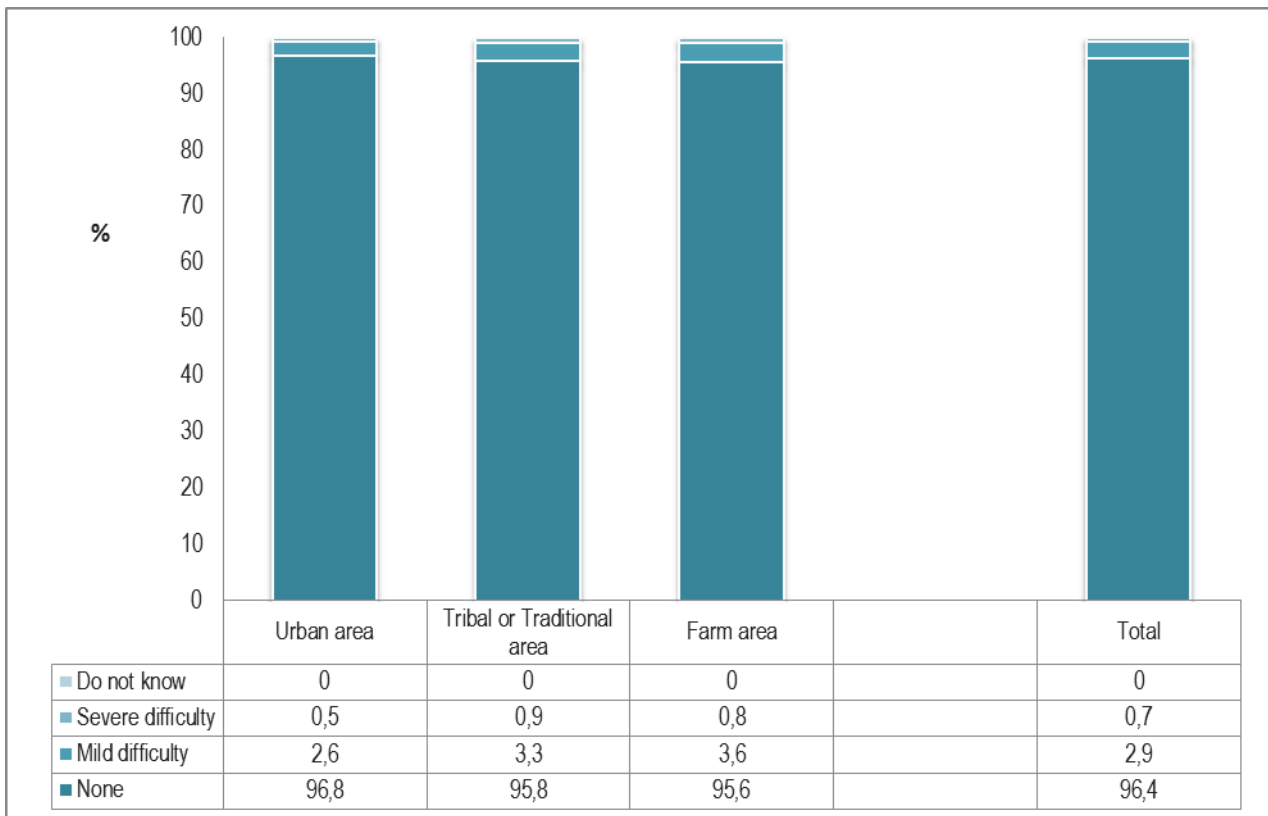
**Figure 5.19: Percentage distribution of persons aged 5 years and older by degree of difficulty in seeing and geography type**



### 5.2.3.2 Hearing disability and geographical location

Figure 5.20 shows that the majority of the population across different geography types had no difficulties in hearing (ranging from 95,6% in farm areas to 96,8% in urban areas). It shows that the farm areas had the highest proportion of persons who had mild difficulties (3,6%), followed by tribal or traditional areas (3,3%) and urban areas (2,6%).

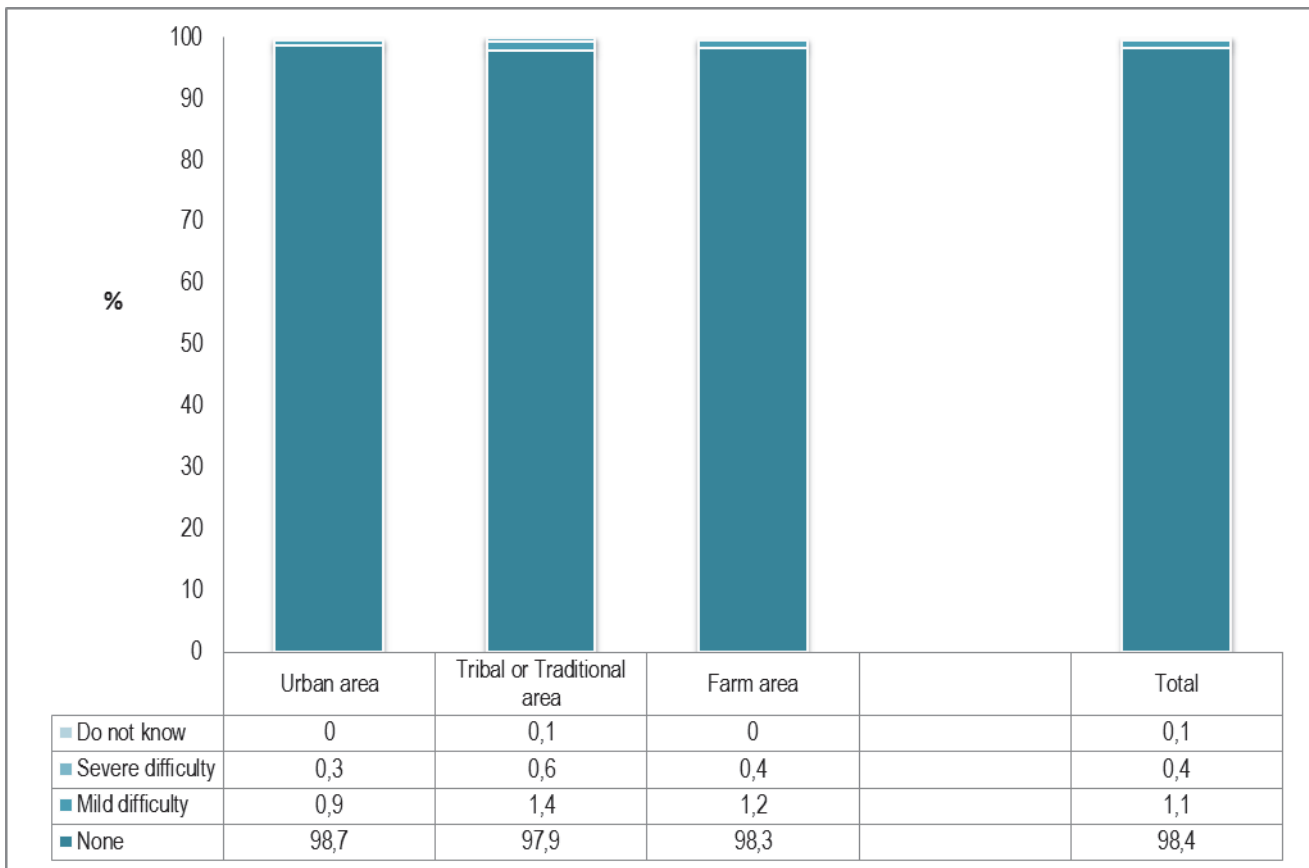
**Figure 5.20: Percentage distribution of persons aged 5 years and older by degree of difficulty in hearing and geography type**



### 5.2.3.3 Communication/speech disabilities and geographical location

Figure 5.21 indicates that 98% of the population across the different geography types had no difficulties in communicating. Persons in tribal or traditional areas had the highest proportion (1,4% and 0,6% respectively) of persons with mild and severe difficulties, followed by those living in farm areas (1,2% and 0,4% respectively). The urban areas had the lowest proportions (0,9% and 0,3% respectively).

**Figure 5.21: Percentage distribution of persons aged 5 years and older by degree of difficulty in communication and geography type**

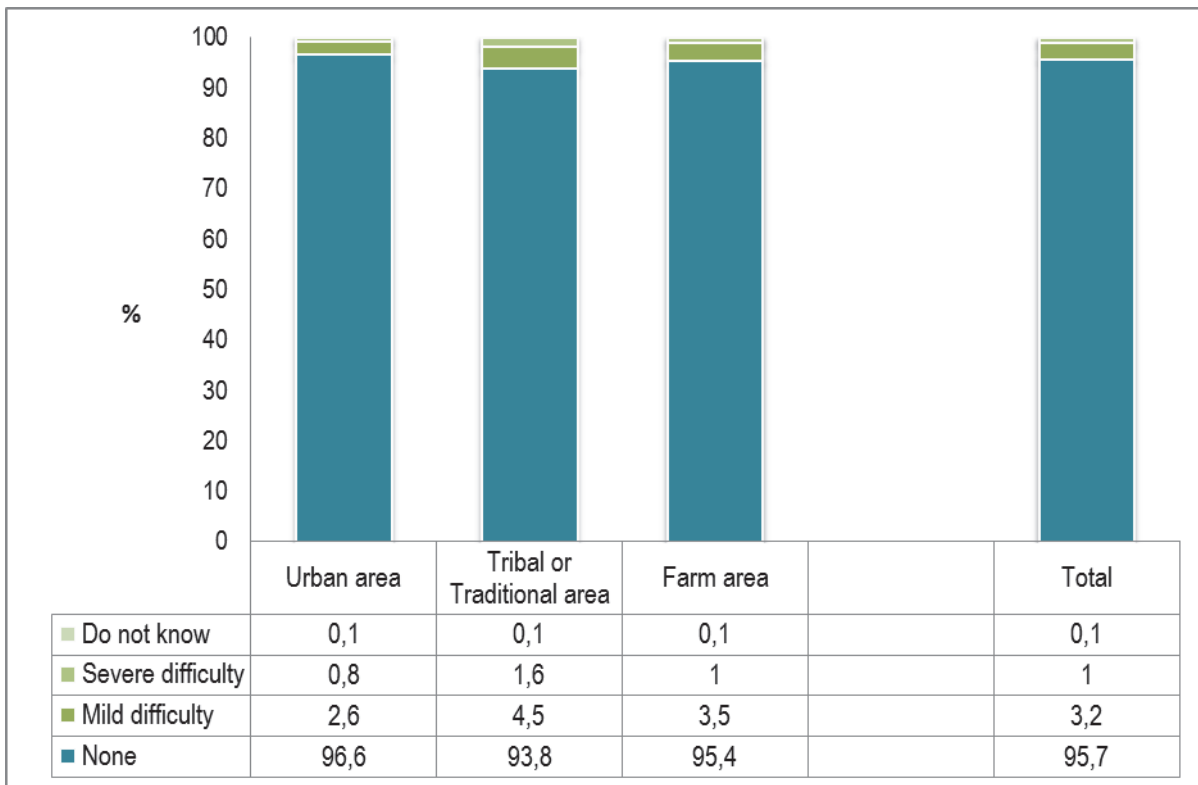




### 5.2.3.4 Cognitive disabilities and geographical location

The results in Figure 5.22 show that almost 94% of the persons across different geography types had no difficulties with remembering/concentrating. Persons in tribal or traditional areas had the highest proportion of persons with mild and severe difficulties (4,5% and 1,6% respectively), followed by those living in farm areas (3,5% and 1,0% respectively). Persons in urban areas had the lowest proportions (2,6% and 0,8% respectively).

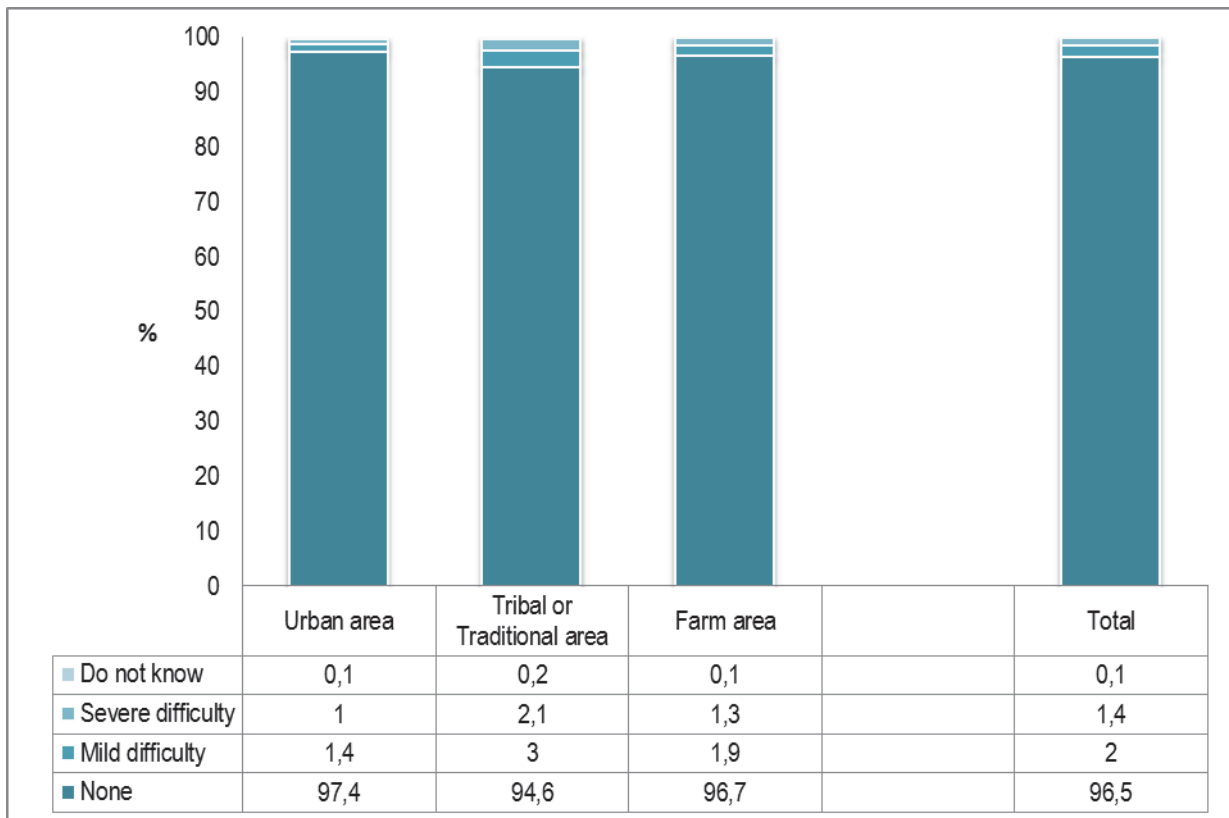
**Figure 5.22: Percentage distribution of persons aged 5 years and older by degree of difficulty in remembering/concentrating and geography type**



### 5.2.3.5 Self-care disability and geographical location

The results in Figure 5.23 indicate that 96,5% of the population across different geography types had no difficulties with self-care. Persons in tribal or traditional areas had the highest proportion of person who suffered from mild and severe difficulties (3% and 2,1% respectively), followed by those living in farm areas (1,9% and 1,3% respectively). Those living in urban areas had the lowest percentage of 1,4% and 1,0% respectively.

**Figure 5.23: Percentage distribution of persons aged 5 years and older by degree of difficulty in self-care and geography type**



### 5.3 Disability prevalence based on multiple basic activity difficulties measure<sup>54</sup> (disability index)

#### 5.3.1 Prevalence at provincial and national levels

Table 5.2 and Figure 5.24 show the number and percentage distribution of the population with and without disabilities by province. The results show a national disability prevalence rate of 7,5% (2 870 130). This figure is based on the household population aged 5 years and older only. As indicated in the previous chapter, the question on general health and functioning was only asked in households and not institutions.

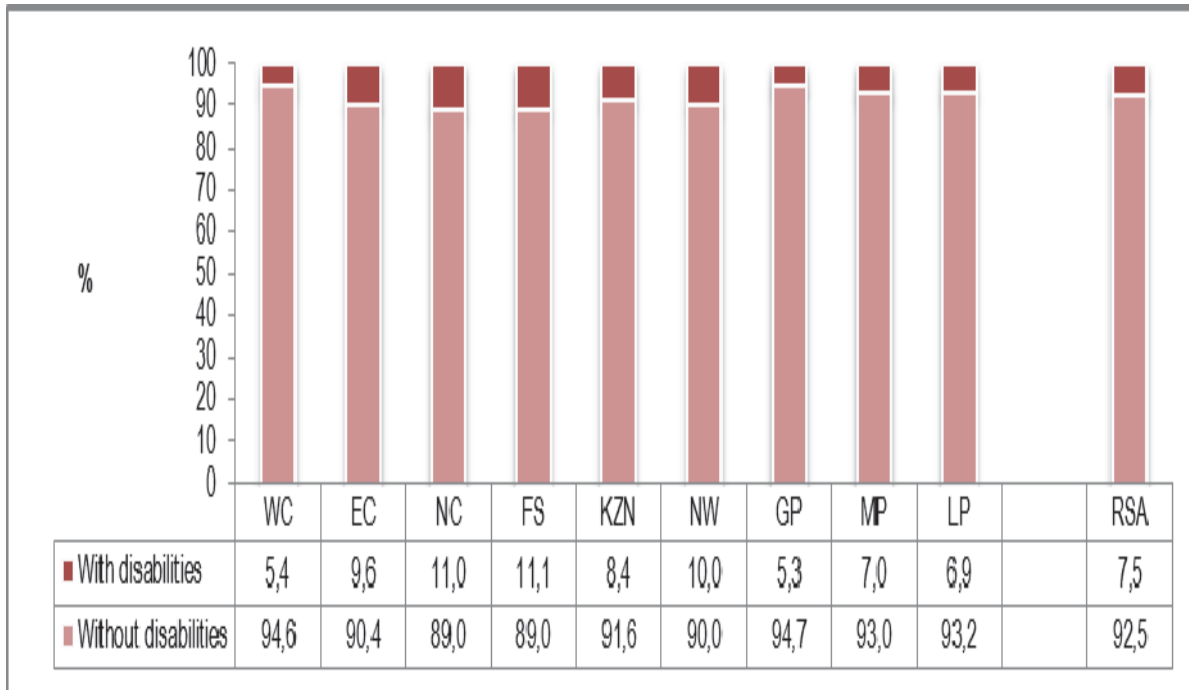
Provincial variations show that Free State and Northern Cape provinces had the highest proportion of persons with disabilities (11%), followed by North West and Eastern Cape (10% and 9,6% respectively). Provinces with the lowest percentage of persons with disabilities were Western Cape and Gauteng (5,4% and 5,3% respectively).

**Table 5.2: Number and percentage distribution of persons aged 5 and older with and without disabilities by province**

Province	Persons with disabilities		Persons without disabilities		Total	
	N	%	N	%	N	%
Western Cape	222 333	5,4	3 914 513	94,6	4 136 846	100,0
Eastern Cape	472 106	9,6	4 448 179	90,4	4 920 285	100,0
Northern Cape	92 731	11,0	747 310	89,0	840 041	100,0
Free State	234 738	11,1	1 888 869	89,0	2 123 607	100,0
KwaZulu-Natal	620 481	8,4	6 728 673	91,6	7 349 154	100,0
North West	254 333	10,0	2 285 298	90,0	2 539 631	100,0
Gauteng	485 331	5,3	8 627 419	94,7	9 112 750	100,0
Mpumalanga	205 280	7,0	2 727 519	93,0	2 932 799	100,0
Limpopo	282 797	6,9	3 846 966	93,2	4 129 763	100,0
<b>South Africa</b>	<b>2 870 130</b>	<b>7,5</b>	<b>35 214 746</b>	<b>92,5</b>	<b>38 084 876</b>	<b>100,0</b>

<sup>54</sup> The Disability Index measure reflects the proportion of the population with at least 2 activity domains with 'some difficulty' or one domain with 'a lot of difficulty' or 'unable to do at all'. A person with these levels of difficulty was classified as 'disabled' in the census.

**Figure 5.24: Percentage distribution of persons aged 5 and older with and without disabilities by province**



### 5.3.2 Disability prevalence by sex

Article 6 of the CRPD highlights the compounded discrimination experienced by women with disabilities and calls on all States Parties to take appropriate measures to ensure the full development, advancement and empowerment of women with disabilities<sup>55</sup>. In addition, families and communities often do not prioritise education for girls and women with disabilities, who therefore experience double discrimination<sup>56</sup>. While many issues faced by persons with disabilities apply equally to both men and women, some issues are gender specific; citing women with disabilities to be doubly marginalised<sup>57</sup>.

It has been noted that prevalence rates of disability differ for men and women depending on the questions used to assess their conditions. For example, when impairment questions are used to screen for disabilities, resulting rates for men are generally higher. When activity-limitation questions are used, the disability prevalence rates are either similar for both sexes or occasionally higher for women<sup>58</sup>. Higher rates of disability for males than for females have been attributed to work-related injuries and greater risk-taking behaviour among males<sup>59</sup>. It has also been noted that causes of disability vary between sexes. Women are less likely to become disabled as a consequence of injury, but are more likely to become disabled as a result of chronic illnesses. As a result of increased longevity and increasingly unhealthy lifestyle choices, middle-aged and elderly women tend to be seriously affected by such diseases. The gender difference is at least in part due to the fact that women live longer, since disability is strongly correlated with age<sup>60</sup>. Excess female disability rates have also been reported at adolescent ages.

<sup>55</sup>Convention on the Rights of Persons with Disabilities: Its implementation and relevance for the World Bank

<sup>56</sup>World Health Organization 2010: Community-Based Rehabilitation Guidelines

<sup>57</sup>Schmid K et al (2008): 'Disability in the Caribbean. A study of four countries: A socio-demographic analysis of the disabled.' Statistics and Social Development Unit Port of Spain, June 2008 ISSN online version: 1728-5445,UN

<sup>58</sup>Heston Phillips and Amadou Noubissi: Disability in South Africa

<sup>59</sup>Nora Ellen Groce (1999): An Overview of Young People Living with Disabilities: Their needs and their rights; United Nations Children's Fund

<sup>60</sup>WHO and WORLD BANK (2011): World disability Report; WHO Malta

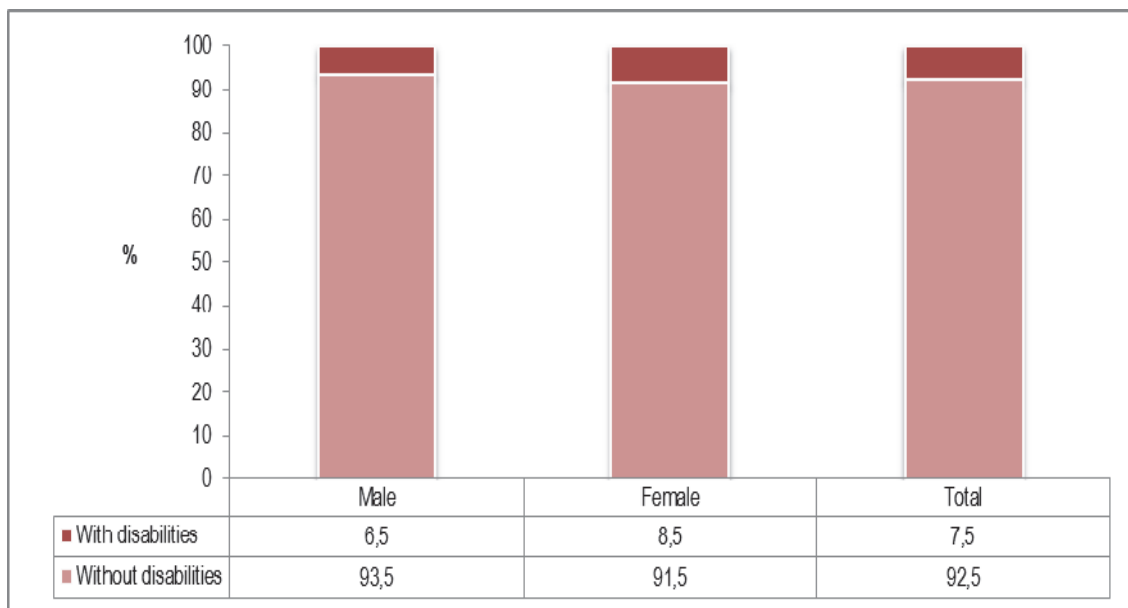
A study in Nicaragua showed that males have higher rates of disability as they enter adulthood, but during middle and older ages, women's prevalence rates exceed those of men<sup>61</sup>. The statistics on disability in South Africa depict a similar pattern of more females affected when compared to males<sup>62 63</sup>. Analysis of Census 1996 showed that women have higher disability rates than men at adolescent ages and at the oldest ages, and conversely, men at younger and adult ages have higher disability rates than women<sup>64</sup>.

The Table 5.3 and Figure 5.25 below show the number and percentage distribution of persons with and without disabilities aged 5 years older by sex in Census 2011. Overall, females recorded a higher prevalence rate compared to males (8,5% and 6,5% respectively).

**Table 5.3: Number and percentage distribution of persons aged 5 years and older with and without disabilities by sex**

Sex	With disabilities		Without disabilities		Total	
	N	%	N	%	N	%
Male	1 188 059	6,5	16 998 903	93,5	18 186 962	100,0
Female	1 682 071	8,5	18 215 843	91,5	19 897 914	100,0
Total	2 870 130	7,5	35 214 746	92,5	38 084 876	100,0

**Figure 5.25: Percentage distribution of persons aged 5 years and older with and without disabilities by sex**



<sup>61</sup>Daniel Mont, 2007: Measuring Disability Prevalence

<sup>62</sup>Statistics South Africa, 2005

<sup>63</sup>General Household Survey 2011

<sup>64</sup>Heston Phillips and Amadou Noubbissi: Disability in South Africa

### 5.3.3 Disability prevalence by population group

The results in Table 5.4 and Figure 5.26 below indicate that the black African population group had the highest proportion of persons with disabilities (7,8%), followed by the white population group (6,5%), while coloureds and Indians had the lowest percentage (6,2%). This profile is indicative of the poor health status amongst black Africans, and better access to health care (and hence higher life expectancies) among the white population group.

**Table 5.4: Number and percentage distribution of persons aged 5 years and older with and without disabilities by population group**

Population group	Persons with disabilities		Persons without disabilities		Total
	N	%	N	%	N
Black African	2 381 668	7,8	27 978 293	92,2	30 359 961
Coloured	207 244	6,2	3 128 955	93,8	3 336 199
Indian	60 614	6,2	911 648	93,8	972 262
White	211 502	6,5	3 041 587	93,5	3 253 089
Other	9 102	5,6	154 263	94,4	163 365
<b>Total</b>	<b>2 870 130</b>	<b>7,5</b>	<b>35 214 746</b>	<b>92,5</b>	<b>38 084 876</b>

**Figure 5.26: Percentage distribution of persons aged 5 years and older with and without disabilities by population group**

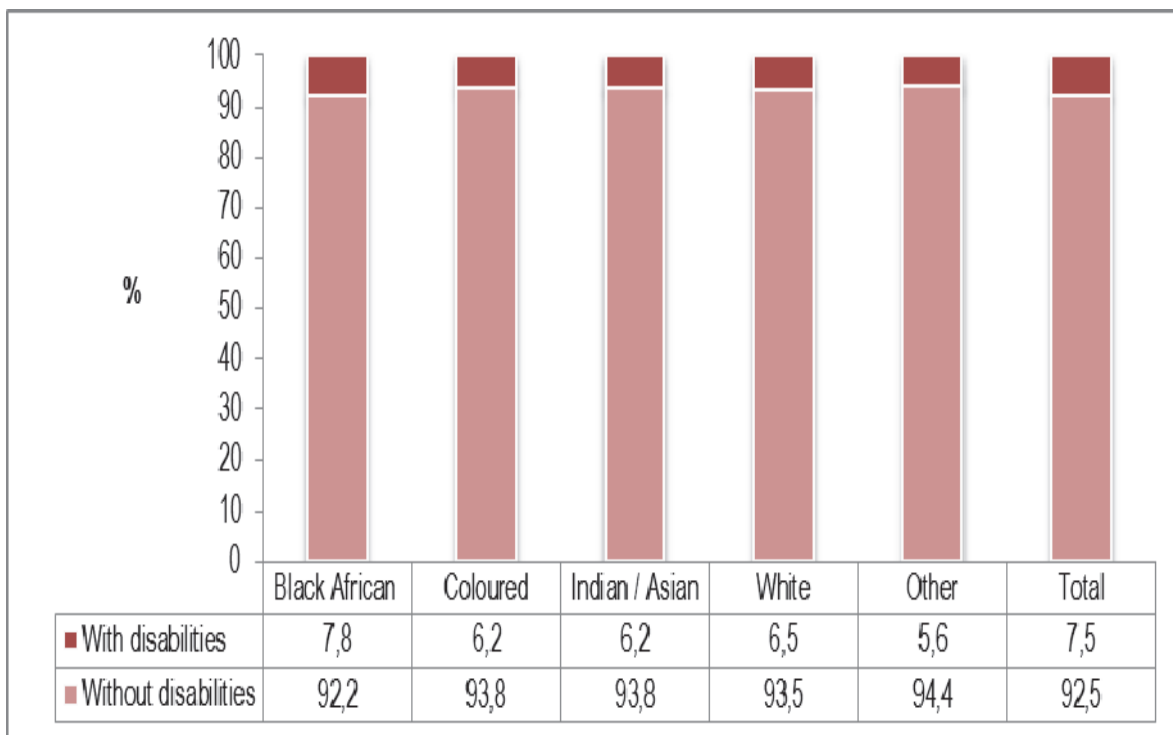


Table 5.5 shows the number and percentage of persons with and without disabilities by sex and population group. The results show that disability is more prevalent amongst females compared to males across all population groups. The black African and white male population groups had the highest rates for all males. The black African population group also had the highest disability prevalence (4,7%) among females compared to the rest of the population groups.

**Table 5.5: Number and percentage distribution of persons aged 5 years and older with and without disabilities by population group and sex**

Population group	Persons with disabilities			Persons without disabilities			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Black African	962 082	1 419 586	2 381 668	13 475 398	14 502 895	27 978 293	14 437 480	15 922 481	30 359 961
Coloured	92 225	115 019	207 244	1 494 051	1 634 904	3 128 955	1 586 276	1 749 923	3 336 199
Indian	26 915	33 699	60 614	458 251	453 397	911 648	485 166	487 096	972 262
White	101 903	109 599	211 502	1 474 480	1 567 107	3 041 587	1 576 383	1 676 706	3 253 089
Other	4 934	4 168	9 102	96 723	57 540	154 263	101 657	61 708	163 365
<b>Total</b>	<b>1 188 059</b>	<b>1 682 071</b>	<b>2 870 130</b>	<b>16 998 903</b>	<b>18 215 843</b>	<b>35 214 746</b>	<b>18 186 962</b>	<b>19 897 914</b>	<b>38 084 876</b>
	%								
Black African	3,2	4,7	7,8	44,4	47,8	92,2	47,6	52,5	100,0
Coloured	2,8	3,5	6,2	44,8	49,0	93,8	47,6	52,5	100,0
Indian	2,8	3,5	6,2	47,1	46,6	93,8	49,9	50,1	100,0
White	3,1	3,4	6,5	45,3	48,2	93,5	48,5	51,5	100,0
Other	3,0	2,6	5,6	59,2	35,2	94,4	62,2	37,8	100,0
<b>Total</b>	<b>3,1</b>	<b>4,4</b>	<b>7,5</b>	<b>44,6</b>	<b>47,8</b>	<b>92,5</b>	<b>47,8</b>	<b>52,3</b>	<b>100,0</b>

### 5.3.4 Disability prevalence by age

Disability affects persons of all ages. However, as indicated in an earlier section, globally, older people are disproportionately represented in disability populations, of whom most are women. This may be attributed to the feminisation of ageing globally, (women live longer than their male counterparts).

Article 7 of the CRPD mandates signatories of this treaty to take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. Though policy exists to protect and cater for the needs of all persons with disabilities irrespective of age, specific policies have been articulated to mandate the rights and freedoms of children and elderly persons with disabilities. However, due to data quality issues, this report does not provide analysis on children less than five years old.

Table 5.6 and Figure 5.27 profile prevalence by age. The results show that activity limitations are positively correlated with age. That is, the proportion of persons with disabilities increase with age with more than half of the persons aged 85+ reported having a disability. The results further show slightly high rates in the 5–9 age group. However, caution should be exercised in interpreting these results. It was noted in the Census 2011 Main Release report that there was misreporting on this variable for children (children categorised either as 'unable to do' and or 'having a lot of difficulty to perform certain functions'), an aspect that can be attributed to the level of development rather than disability<sup>65</sup>.

The high prevalence of chronic diseases in old age remains one of the main causes of disability among older persons<sup>66 67</sup>.

<sup>65</sup> Statistics South Africa, (2012): Census 2011 Statistical Release P0318, Pretoria

<sup>66</sup> Schmid K et al (2008): 'Disability in the Caribbean. A study of four countries: A socio-demographic analysis of the disabled.' Statistics and Social Development Unit Port of Spain, June 2008 ISSN online version: 1728-5445, UN

<sup>67</sup> WHO and WORLD BANK (2011): World disability Report; WHO Malta



**Table 5.6: Number and percentage distribution of persons aged 5 years and older with and without disabilities by age group**

Age group	Persons with disabilities		Persons without disabilities		Total	
	N	%	N	%	N	%
5-9	447 843	10,8	3 719 835	89,3	4 167 678	100,0
10-14	161 828	4,1	3 802 210	95,9	3 964 038	100,0
15-19	108 738	2,6	4 118 948	97,4	4 227 686	100,0
20-24	99 665	2,4	4 128 757	97,6	4 228 422	100,0
25-29	100 371	2,5	3 906 800	97,5	4 007 171	100,0
30-34	96 274	3,0	3 104 571	97,0	3 200 845	100,0
35-39	108 559	3,8	2 735 168	96,2	2 843 727	100,0
40-44	132 672	5,5	2 283 966	94,5	2 416 638	100,0
45-49	189 774	8,7	1 998 996	91,3	2 188 770	100,0
50-54	225 498	12,2	1 626 667	87,8	1 852 165	100,0
55-59	233 735	15,6	1 268 491	84,4	1 502 226	100,0
60-64	216 572	18,7	942 615	81,3	1 159 187	100,0
65-69	184 428	22,7	627 474	77,3	811 902	100,0
70-74	186 401	29,4	447 044	70,6	633 445	100,0
75-79	148 452	36,6	257 502	63,4	405 954	100,0
80-84	120 001	44,5	149 446	55,5	269 447	100,0
85+	109 319	53,2	96 256	46,8	205 575	100,0
<b>Total</b>	<b>2 870 130</b>	<b>7,5</b>	<b>35 214 746</b>	<b>92,5</b>	<b>38 084 876</b>	<b>100,0</b>

**Figure 5.27: Percentage distribution of persons aged 5 years and older with and without disabilities by age group**

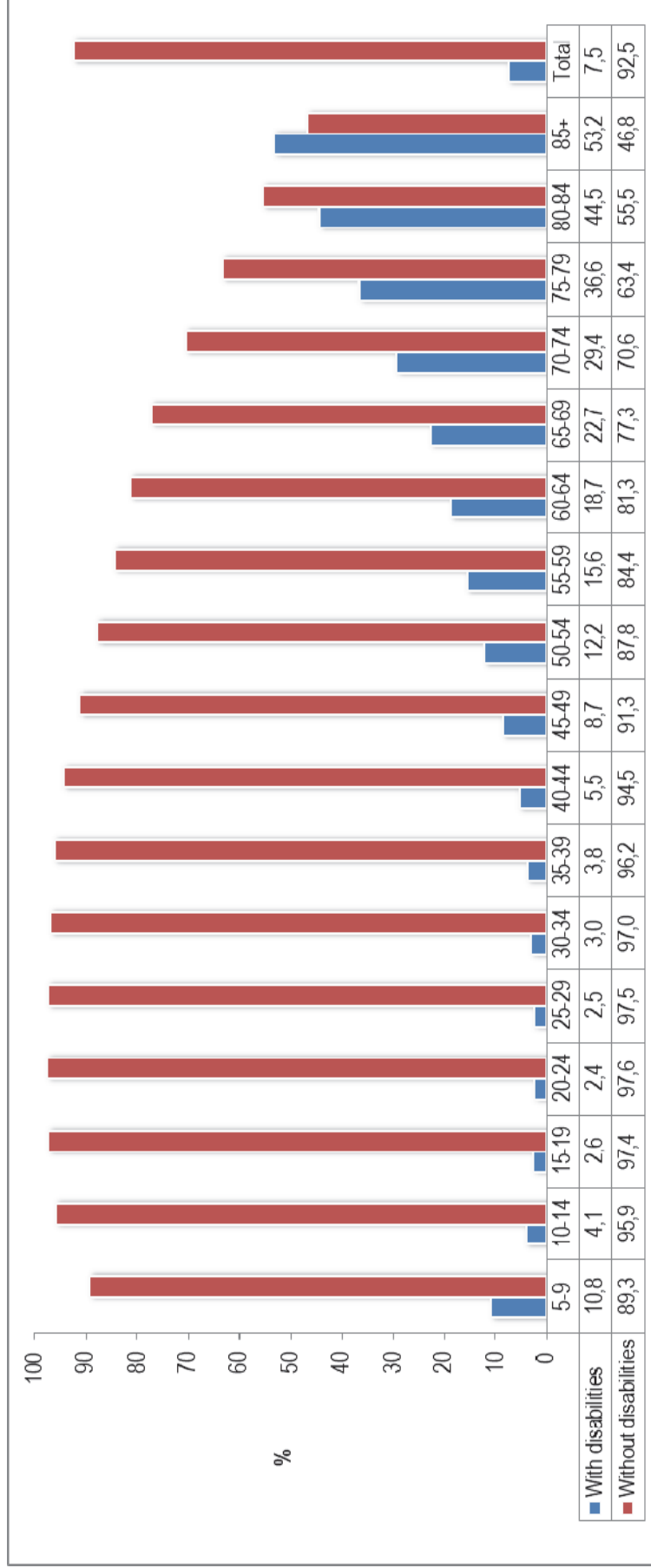


Table 5.7 and Figure 5.28 show the number and percentage of persons with disabilities and those with no disabilities by age and sex. Results show higher disability prevalence among females than males, particularly in older ages. This pattern can be partly attributed to women living longer compared to men<sup>68</sup> <sup>69</sup>. It can be observed among the oldest old (80 years and older) females with disabilities were three times higher than their male counterparts. However, in younger ages (5–14), male with disabilities are higher as compared to females. The high prevalence of disability in young age groups compared to other age groups is reflective of misreporting for children. That is, children were generally reported as 'unable to do' in specific functional domain because of their level of development rather than an inherent functional inability.

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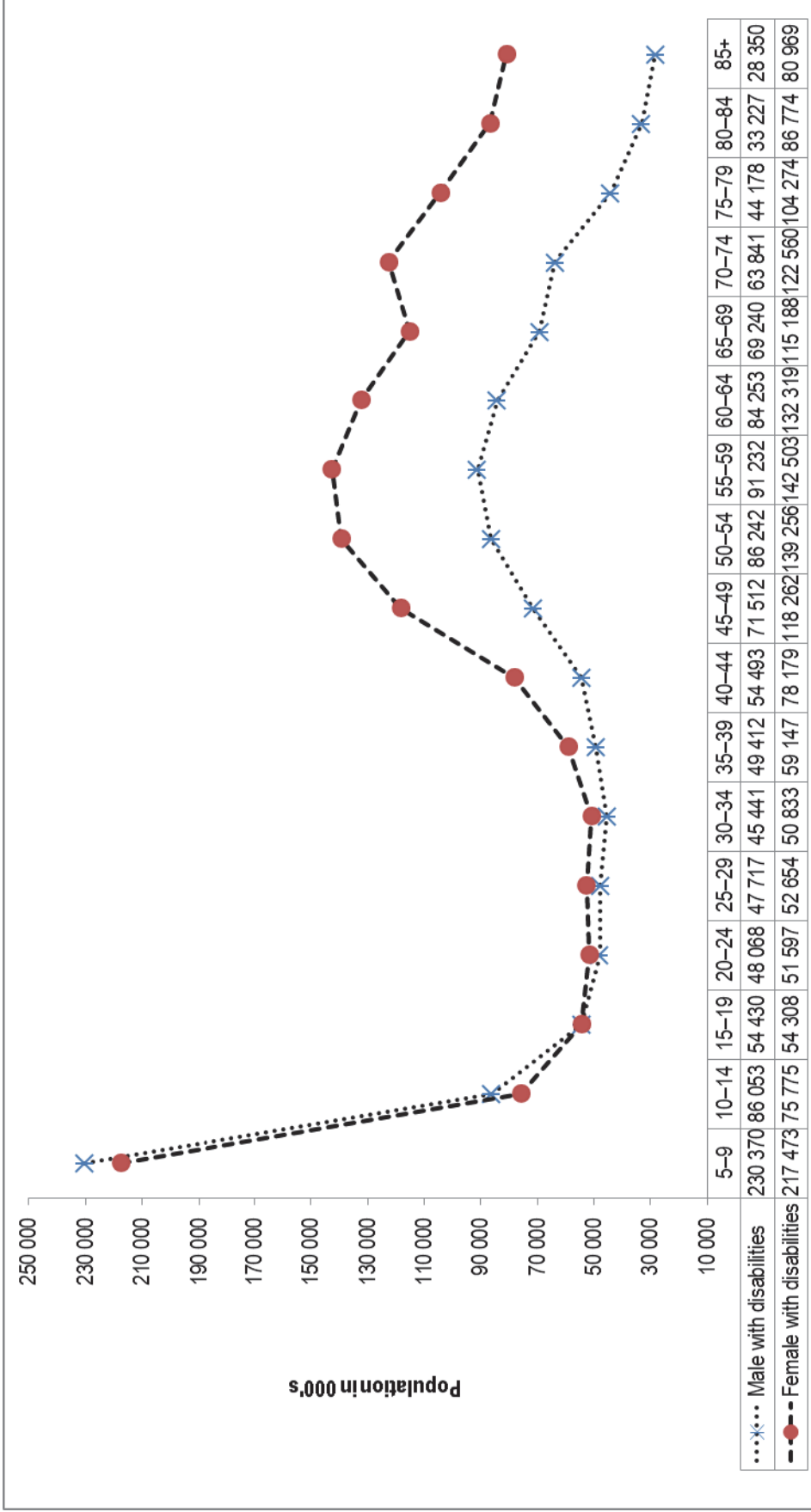
<sup>68</sup> Statistics (2005): Prevalence of disability in South Africa

<sup>69</sup> People with disabilities in Indonesia; Empirical facts and Implications for social protection policies, 2013, Demographic Institute Faculty of Economics, University of Indonesia

**Table 5.7: Population distribution by disability status, age group and sex**

Age group	Persons with disabilities			Persons without disabilities			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
5 - 9	230 370	217 473	447 843	1 863 273	1 856 562	3 719 835	2 128 664	2 108 599	4 237 263
10 - 14	86 053	75 775	161 828	1 934 051	1 868 159	3 802 210	2 048 762	1 972 215	4 020 977
15 - 19	54 430	54 308	108 738	2 052 092	2 066 856	4 118 948	2 139 777	2 154 436	4 294 213
20 - 24	48 068	51 597	99 665	2 030 529	2 098 228	4 128 757	2 108 609	2 180 481	4 289 090
25 - 29	47 717	52 654	100 371	1 919 596	1 997 204	3 906 800	1 992 759	2 066 064	4 058 823
30 - 34	45 441	50 833	96 274	1 535 258	1 569 313	3 104 571	1 599 596	1 640 267	3 239 863
35 - 39	49 412	59 147	108 559	1 323 053	1 412 115	2 735 168	1 388 400	1 488 566	2 876 966
40 - 44	54 493	78 179	132 672	1 070 554	1 213 412	2 283 966	1 138 067	1 306 492	2 444 559
45 - 49	71 512	118 262	189 774	910 060	1 088 936	1 998 996	992 521	1 220 375	2 212 896
50 - 54	86 242	139 256	225 498	743 894	882 773	1 626 667	839 527	1 033 114	1 872 641
55 - 59	91 232	142 503	233 735	576 455	692 036	1 268 491	675 275	843 496	1 518 771
60 - 64	84 253	132 319	216 572	420 789	521 826	942 615	510 928	661 359	1 172 287
65 - 69	69 240	115 188	184 428	265 242	362 232	627 474	338 532	482 726	821 258
70 - 74	63 841	122 560	186 401	180 095	266 949	447 044	247 081	393 893	640 974
75 - 79	44 178	104 274	148 452	92 525	164 977	257 502	138 497	272 226	410 723
80-84	33 227	86 774	120 001	49 519	99 927	149 446	83 823	188 730	272 553
85+	28 350	80 969	109 319	31 918	64 338	96 256	61 234	147 136	208 370
<b>Total</b>	<b>1 188 059</b>	<b>1 682 071</b>	<b>2 870 130</b>	<b>16 988 903</b>	<b>18 215 843</b>	<b>35 214 746</b>	<b>18 432 052</b>	<b>20 160 175</b>	<b>38 592 227</b>

Figure 5.28: Distribution of persons with disabilities by age group and sex



### 5.3.5 Disability prevalence and nuptial patterns

The profile of persons by disability status and marital status provides insights into some demographics and socio-cultural factors that contribute to diverse prevalence rates. Nuptial patterns among persons with and without disabilities are explored in this section and profiled by gender and population group. In Table 5.8, comparison between persons with disabilities and those with no disabilities within each marital category. The profile of widowed persons shows that persons with disabilities constituted almost a third (28%) compared to 72% of those without disabilities. The high prevalence of widowed persons with disabilities can be attributed to the fact that disability is prevalent in old age, a group characterised by many females with no partners. Findings show that among the separated, persons with disabilities constituted 12,9% and 11,1% among the divorced.

Sex variations show slightly higher proportions of females with disabilities that were widowed (28,6%) compared to males (24,7%). The profile of persons with disabilities also showed higher proportion of females that were separated (13,6%) compared to males (11,9%).

**Table 5.8: Percentage distribution of persons aged 15 years and older by sex, disability status and marital status**

Sex and disability status		Marital status					
		Married	Living together	Never married	Widower/ widow	Separated	Divorced
Male	With disabilities	8,7	5,6	4,0	24,7	11,9	10,5
	Without disabilities	91,3	94,4	96,0	75,3	88,1	89,5
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>
Female	With disabilities	8,9	5,4	5,7	28,6	13,6	11,4
	Without disabilities	91,1	94,6	94,3	71,4	86,4	88,6
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>
Total	With disabilities	8,8	5,5	4,8	28,0	12,9	11,1
	Without disabilities	91,2	94,5	95,2	72,0	87,1	88,9
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>

Table 5.9 shows the distribution of persons aged 15 years and older by population group, disability status and marital status. Population group variations show that the black African population had the highest proportion of persons with disabilities across all marital categories, while white persons had the lowest proportions among the married, never married and living together.

**Table 5.9: Percentage distribution of persons aged 15 years and older by disability status, population group and marital status**

Population group and disability status		Marital status					
		Married	Living together	Never married	Widower/ widow	Separated	Divorced
Black African	With disabilities	10,0	5,7	5,0	29,4	13,8	14,1
	Without disabilities	90,0	94,3	95,0	70,6	86,2	85,9
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>
Coloured	With disabilities	6,4	5,1	4,0	23,6	9,1	8,2
	Without disabilities	93,6	94,9	96,0	76,4	90,9	91,8
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>
Indian	With disabilities	6,2	5,3	4,0	23,0	8,5	7,9
	Without disabilities	93,8	94,7	96,0	77,0	91,5	92,1
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>
White	With disabilities	6,7	4,2	3,5	23,4	8,8	8,9
	Without disabilities	93,3	95,8	96,5	76,6	91,2	91,1
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>
Total	<b>With disabilities</b>	<b>8,8</b>	<b>5,5</b>	<b>4,8</b>	<b>28,0</b>	<b>12,9</b>	<b>11,1</b>
	<b>Without disabilities</b>	<b>91,2</b>	<b>94,5</b>	<b>95,2</b>	<b>72,0</b>	<b>87,1</b>	<b>88,9</b>
	<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>

## **CHAPTER 6: SOCIO-ECONOMIC PROFILE OF PERSONS WITH DISABILITIES: DISABILITY AND EDUCATION**

### **6.1 Introduction**

Universal access to education opportunities is a human right that is embedded in various international agreements and country specific policies. It plays a major role in human capital formation and it is a key determinant of personal well-being and welfare. The economies of the countries with good education systems grow faster as well as the living standard of their inhabitants. However, in most cases, it is more common that persons living with disabilities are more marginalised when coming to the issues pertaining to access to education.

This chapter compares the education profiles of persons with disabilities against those without disabilities. The education variables looked at in this chapter include school attendance, type of educational institutions attended and level of education. The results are presented using tables and graphs with summarised narratives.

### **6.2 Attendance at an educational institution and activity domain measure**

#### **6.2.1 Access to early childhood education**

Early childhood development (ECD) is paramount in providing children with an educational foundation in cognitive, physical, communication and social aspects. The South African government emphasises the importance of children accessing ECD programmes and participating in Grade R. Education policies on ECD mandate all 5-year-olds to attend formal Grade R programmes, regardless of disability status. This report does not include access to ECD for children under five years of age. Census 2011 questions were only asked of persons aged 5 years and older.



Table 6.1 shows that generally, most children aged five to six years were attending school. However, school attendance was highest among children with no difficulty and lowest among those that had severe difficulty. Comparison of the different disability types shows that children with severe difficulty in walking (35,5%), communication (25%) and hearing (22,6%) were the most disadvantaged. There are no significant disparities by sex across all types and levels of disability.

**Table 6.1: Percentage distribution of children aged 5–6 years attending and not attending school by type and degree of difficulty and sex, Census 2011**

Type and degree of difficulty		Male			Female			Total		
		Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total
Seeing	None	86,7	13,3	100,0	87,2	12,8	100,0	87,0	13,0	100,0
	Mild	87,5	12,5	100,0	87,5	12,5	100,0	87,5	12,5	100,0
	Severe	81,0	19,0	100,0	81,7	18,3	100,0	81,3	18,7	100,0
Hearing	None	86,8	13,2	100,0	87,3	12,7	100,0	87,0	13,0	100,0
	Mild	84,3	15,7	100,0	85,0	15,0	100,0	84,7	15,3	100,0
	Severe	76,5	23,5	100,0	78,4	21,6	100,0	77,4	22,6	100,0
Communication	None	87,1	12,9	100,0	87,5	12,5	100,0	87,3	12,7	100,0
	Mild	82,7	17,3	100,0	83,5	16,5	100,0	83,1	16,9	100,0
	Severe	73,5	26,5	100,0	76,7	23,3	100,0	75,0	25,0	100,0
Walking	None	86,9	13,1	100,0	87,4	12,6	100,0	87,2	12,8	100,0
	Mild	80,6	19,4	100,0	82,1	17,9	100,0	81,3	18,7	100,0
	Severe	63,0	37,0	100,0	66,2	33,8	100,0	64,5	35,5	100,0
Remembering	None	87,2	12,8	100,0	87,6	12,4	100,0	87,4	12,6	100,0
	Mild	85,1	14,9	100,0	86,0	14,0	100,0	85,6	14,4	100,0
	Severe	80,7	19,3	100,0	81,9	18,1	100,0	81,3	18,7	100,0
Self-care	None	92,6	7,4	100,0	92,9	7,1	100,0	92,8	7,2	100,0
	Mild	93,2	6,8	100,0	93,7	6,3	100,0	93,4	6,6	100,0
	Severe	85,0	15,0	100,0	86,2	13,8	100,0	85,6	14,4	100,0

Results exclude unspecified cases.

The results in Table 6.2 below show that disparities in school attendance of persons aged 5–6 years exist across population groups and disability types. Generally, school attendance was highest for children with no difficulty in the listed activity domains and among the white population group. The results further show that school attendance is lowest among children with severe difficulty in walking, hearing and communication.

The results also show that the coloured population had the highest proportion of children with severe difficulty in walking not attending school (45,2%), followed by black Africans (35%), while the Indian/Asian and white population groups had the lowest proportions (24,6% and 29,1%). This pattern is also observed across all other types of disability.

**Table 6.2: Percentage distribution of children aged 5–6 years attending and not attending school by type and degree of difficulty and population group**

Type and degree of difficulty	Black African		Coloured		Indian/Asian		White		Total							
	Attending	Not attending	Attending	Not attending	Attending	Not attending	Attending	Not attending	Attending	Not attending						
Seeing	None	87,8	12,2	100,0	76,6	23,4	100,0	87,6	12,4	100,0	90,6	9,4	100,0	87,0	13,0	100,0
	Mild	88,1	11,9	100,0	77,7	22,3	100,0	86,9	13,1	100,0	84,8	15,2	100,0	87,5	12,5	100,0
	Severe	82,3	17,7	100,0	66,3	33,7	100,0	79,6	20,4	100,0	74,9	25,1	100,0	81,3	18,7	100,0
Hearing	None	87,9	12,1	100,0	76,7	23,3	100,0	87,6	12,4	100,0	90,6	9,4	100,0	87,1	12,9	100,0
	Mild	85,4	14,6	100,0	71,6	28,4	100,0	85,8	14,2	100,0	82,4	17,6	100,0	84,8	15,2	100,0
	Severe	77,8	22,2	100,0	69,2	30,8	100,0	76,9	23,1	100,0	81,6	18,4	100,0	77,5	22,5	100,0
Communication	None	88,2	11,8	100,0	77,0	23,0	100,0	87,8	12,2	100,0	90,7	9,3	100,0	87,3	12,7	100,0
	Mild	84,0	16,0	100,0	67,9	32,1	100,0	84,1	15,9	100,0	84,2	15,8	100,0	83,1	16,9	100,0
	Severe	75,8	24,2	100,0	63,4	36,6	100,0	74,2	25,8	100,0	76,3	23,7	100,0	75,1	24,9	100,0
Walking	None	88,0	12,0	100,0	76,8	23,2	100,0	87,7	12,3	100,0	90,6	9,4	100,0	87,2	12,8	100,0
	Mild	82,2	17,8	100,0	69,8	30,2	100,0	82,5	17,5	100,0	80,4	19,6	100,0	81,3	18,7	100,0
	Severe	65,0	35,0	100,0	54,8	45,2	100,0	75,4	24,6	100,0	70,9	29,1	100,0	64,5	35,5	100,0
Remembering	None	88,3	11,7	100,0	77,3	22,7	100,0	87,9	12,1	100,0	90,7	9,3	100,0	87,4	12,6	100,0
	Mild	86,4	13,6	100,0	70,1	29,9	100,0	84,3	15,7	100,0	87,1	12,9	100,0	85,6	14,4	100,0
	Severe	82,2	17,8	100,0	64,8	35,2	100,0	78,7	21,3	100,0	81,8	18,2	100,0	81,3	18,7	100,0
Self-care	None	93,2	6,8	100,0	88,1	11,9	100,0	93,7	6,3	100,0	94,7	5,3	100,0	92,8	7,2	100,0
	Mild	93,9	6,1	100,0	86,8	13,2	100,0	92,0	8,0	100,0	93,4	6,6	100,0	93,5	6,5	100,0
	Severe	87,1	12,9	100,0	71,8	28,2	100,0	81,1	18,9	100,0	83,7	16,3	100,0	85,6	14,4	100,0

Results exclude the 'Other' population group category and unspecified cases.

Geography type variations in Table 6.3 show that farm areas had the highest proportions of children aged 5–6 years with severe difficulty not attending school for all functional domains. More than half (52,1%) of children with severe difficulty in walking residing on farms were not attending school. Interestingly, tribal/traditional areas had the highest proportions (over 90%) of children attending school compared to other geography types. This high attendance in tribal/traditional areas would need to be analysed further to determine if these children are receiving quality education or attending special schools.

**Table 6.3: Percentage distribution of children aged 5–6 by school attendance, type and degree of difficulty and geography type, Census 2011**

Type and degree of difficulty	Urban area		Tribal/traditional area		Farm area		Total						
	Attending	Not attending	Attending	Not attending	Attending	Not attending	Attending	Not attending					
Seeing	None	85,6	14,4	100,0	90,3	9,7	100,0	72,8	27,2	100,0	87,0	13,0	100,0
	Mild	86,6	13,4	100,0	90,3	9,7	100,0	73,4	26,6	100,0	87,5	12,5	100,0
	Severe	79,8	20,2	100,0	84,7	15,3	100,0	65,0	35,0	100,0	81,3	18,7	100,0
Hearing	None	85,7	14,3	100,0	90,4	9,6	100,0	73,0	27,0	100,0	87,0	13,0	100,0
	Mild	82,4	17,6	100,0	88,3	11,7	100,0	68,8	31,2	100,0	84,7	15,3	100,0
	Severe	74,7	25,3	100,0	81,3	18,7	100,0	59,6	40,4	100,0	77,4	22,6	100,0
Communication	None	86,0	14,0	100,0	90,7	9,3	100,0	73,5	26,5	100,0	87,3	12,7	100,0
	Mild	79,3	20,7	100,0	87,5	12,5	100,0	64,8	35,2	100,0	83,1	16,9	100,0
	Severe	70,5	29,5	100,0	80,1	19,9	100,0	54,2	45,8	100,0	75,0	25,0	100,0
Walking	None	85,8	14,2	100,0	90,5	9,5	100,0	73,1	26,9	100,0	87,2	12,8	100,0
	Mild	80,2	19,8	100,0	84,2	15,8	100,0	64,1	35,9	100,0	81,3	18,7	100,0
	Severe	62,9	37,1	100,0	68,0	32,0	100,0	47,9	52,1	100,0	64,5	35,5	100,0
Remembering	None	86,2	13,8	100,0	90,7	9,3	100,0	74,0	26,0	100,0	87,4	12,6	100,0
	Mild	82,2	17,8	100,0	89,5	10,5	100,0	66,4	33,6	100,0	85,6	14,4	100,0
	Severe	77,5	22,5	100,0	85,8	14,2	100,0	62,0	38,0	100,0	81,3	18,7	100,0
Self-care	None	92,2	7,8	100,0	94,7	5,3	100,0	84,0	16,0	100,0	92,8	7,2	100,0
	Mild	91,8	8,2	100,0	95,6	4,4	100,0	81,5	18,5	100,0	93,4	6,6	100,0
	Severe	82,5	17,5	100,0	90,3	9,7	100,0	66,9	33,1	100,0	85,6	14,4	100,0

Results exclude unspecified cases.

The low levels of school attendance among children with severe disabilities in the outlined six functional domains might be indicative of the stigma attached to disability in some communities where children are at times hidden from the larger community.

### 6.2.2 School attendance at primary level

The South African Constitution guarantees all children the right to education. The results in Tables 6.4, 6.5. and 6.6 depict universal primary education among children with no difficulty in functioning as well as those with mild difficulty, while non-attendance was more prevalent among children with severe difficulty. The results further show that children with severe difficulty in walking and communication had the lowest proportions of children attending school. On contrary, those with severe difficulty in seeing had the highest proportions attending. The differences in accessing primary education among children with severe difficulty could be attributed to challenges relating to limited access to resources, inaccessible transport, lack of access to ECD and early intervention, attitudes, inaccessibility of curriculum, lack of support staff in ordinary schools and/or limited spaces in institutions providing high levels of support.

The results show that sex variations in school attendance were marginal, with males depicting slightly higher proportions compared to females. However, results show that gaps exist in access to primary education among the different population groups. Coloured and black children were the most marginalised in terms of access to primary education, while the white population group had the lowest proportions of children not attending school.

Table 6.4: Percentage distribution of the children aged 7–13 years attending and not attending primary school by disability type, degree of difficulty and sex

Type and degree of difficulty		Male			Female			Total		
		Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total
Seeing	None	96,4	3,6	100,0	96,6	3,4	100,0	96,5	3,5	100,0
	Mild	96,3	3,7	100,0	96,0	4,0	100,0	96,1	3,9	100,0
	Severe	92,6	7,4	100,0	93,0	7,0	100,0	92,8	7,2	100,0
Hearing	None	96,5	3,5	100,0	96,6	3,4	100,0	96,5	3,5	100,0
	Mild	94,7	5,3	100,0	94,9	5,1	100,0	94,8	5,2	100,0
	Severe	88,1	11,9	100,0	90,2	9,8	100,0	89,1	10,9	100,0
Communication	None	96,6	3,4	100,0	96,7	3,3	100,0	96,6	3,4	100,0
	Mild	91,7	8,3	100,0	92,0	8,0	100,0	91,9	8,1	100,0
	Severe	75,4	24,6	100,0	77,9	22,1	100,0	76,5	23,5	100,0
Walking	None	96,5	3,5	100,0	96,7	3,3	100,0	96,6	3,4	100,0
	Mild	90,7	9,3	100,0	90,4	9,6	100,0	90,5	9,5	100,0
	Severe	68,1	31,9	100,0	70,2	29,8	100,0	69,1	30,9	100,0
Remembering	None	96,6	3,4	100,0	96,7	3,3	100,0	96,6	3,4	100,0
	Mild	94,6	5,4	100,0	94,8	5,2	100,0	94,7	5,3	100,0
	Severe	85,1	14,9	100,0	85,9	14,1	100,0	85,5	14,5	100,0
Self-care	None	96,6	3,4	100,0	96,7	3,3	100,0	96,6	3,4	100,0
	Mild	96,2	3,8	100,0	96,4	3,6	100,0	96,3	3,7	100,0
	Severe	92,4	7,6	100,0	93,3	6,7	100,0	92,8	7,2	100,0

**Table 6.5: Percentage distribution of children aged 7–13 years attending and not attending primary school by disability type, degree of difficulty and population group**

Type and degree of difficulty	Black African			Coloured			Indian/Asian			White			Total			
	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	
Seeing	None	96,5	3,5	100,0	96,3	3,7	100,0	95,9	4,1	100,0	97,9	2,1	100,0	96,5	3,5	100,0
	Mild	96,2	3,8	100,0	95,7	4,3	100,0	94,5	5,5	100,0	95,6	4,4	100,0	96,1	3,9	100,0
	Severe	93,0	7,0	100,0	91,3	8,7	100,0	91,3	8,7	100,0	89,1	10,9	100,0	92,8	7,2	100,0
Hearing	None	96,5	3,5	100,0	96,3	3,7	100,0	95,9	4,1	100,0	97,9	2,1	100,0	96,5	3,5	100,0
	Mild	94,9	5,1	100,0	94,1	5,9	100,0	90,0	10,0	100,0	94,2	5,8	100,0	94,8	5,2	100,0
	Severe	89,2	10,8	100,0	87,8	12,2	100,0	90,4	9,6	100,0	88,0	12,0	100,0	89,1	10,9	100,0
Communication	None	96,6	3,4	100,0	96,4	3,6	100,0	95,9	4,1	100,0	97,9	2,1	100,0	96,7	3,3	100,0
	Mild	91,9	8,1	100,0	91,0	9,0	100,0	91,0	9,0	100,0	93,5	6,5	100,0	91,9	8,1	100,0
	Severe	76,6	23,4	100,0	72,9	27,1	100,0	78,4	21,6	100,0	80,8	19,2	100,0	76,5	23,5	100,0
Walking	None	96,6	3,4	100,0	96,4	3,6	100,0	96,0	4,0	100,0	97,9	2,1	100,0	96,6	3,4	100,0
	Mild	90,6	9,4	100,0	89,9	10,1	100,0	90,1	9,9	100,0	90,5	9,5	100,0	90,5	9,5	100,0
	Severe	68,9	31,1	100,0	65,9	34,1	100,0	73,1	26,9	100,0	76,4	23,6	100,0	69,1	30,9	100,0
Remembering	None	96,6	3,4	100,0	96,4	3,6	100,0	96,0	4,0	100,0	97,9	2,1	100,0	96,7	3,3	100,0
	Mild	94,7	5,3	100,0	93,5	6,5	100,0	92,0	8,0	100,0	96,6	3,4	100,0	94,7	5,3	100,0
	Severe	85,6	14,4	100,0	83,2	16,8	100,0	82,0	18,0	100,0	87,8	12,2	100,0	85,5	14,5	100,0
Self-care	None	96,6	3,4	100,0	96,4	3,6	100,0	96,0	4,0	100,0	97,9	2,1	100,0	96,6	3,4	100,0
	Mild	96,3	3,7	100,0	95,8	4,2	100,0	94,1	5,9	100,0	96,6	3,4	100,0	96,3	3,7	100,0
	Severe	93,0	7,0	100,0	92,3	7,7	100,0	86,7	13,3	100,0	90,1	9,9	100,0	92,8	7,2	100,0

**Table 6.6: Percentage distribution of persons aged 7–13 years attending and not attending primary school by disability type, degree of difficulty and geography type**

Type and degree of difficulty	Urban area		Tribal/traditional area		Farm area		Total						
	Attending	Not attending	Attending	Not attending	Attending	Not attending	Attending	Not attending					
Seeing	None	96,4	3,6	100,0	96,9	3,1	100,0	93,5	6,5	100,0	96,5	3,5	100,0
	Mild	96,3	3,7	100,0	96,3	3,7	100,0	92,5	7,5	100,0	96,1	3,9	100,0
	Severe	93,3	6,7	100,0	92,8	7,2	100,0	86,4	13,6	100,0	92,8	7,2	100,0
Hearing	None	96,5	3,5	100,0	97,0	3,0	100,0	93,6	6,4	100,0	96,5	3,5	100,0
	Mild	94,8	5,2	100,0	95,2	4,8	100,0	91,3	8,7	100,0	94,8	5,2	100,0
	Severe	88,7	11,3	100,0	89,9	10,1	100,0	84,4	15,6	100,0	89,1	10,9	100,0
Communication	None	96,5	3,5	100,0	97,1	2,9	100,0	93,7	6,3	100,0	96,6	3,4	100,0
	Mild	91,5	8,5	100,0	92,7	7,3	100,0	85,6	14,4	100,0	91,9	8,1	100,0
	Severe	75,5	24,5	100,0	78,3	21,7	100,0	65,7	34,3	100,0	76,5	23,5	100,0
Walking	None	96,5	3,5	100,0	97,1	2,9	100,0	93,7	6,3	100,0	96,6	3,4	100,0
	Mild	90,7	9,3	100,0	90,9	9,1	100,0	84,9	15,1	100,0	90,5	9,5	100,0
	Severe	69,2	30,8	100,0	69,8	30,2	100,0	60,1	39,9	100,0	69,1	30,9	100,0
Remembering	None	96,5	3,5	100,0	97,1	2,9	100,0	93,7	6,3	100,0	96,6	3,4	100,0
	Mild	94,6	5,4	100,0	95,3	4,7	100,0	89,4	10,6	100,0	94,7	5,3	100,0
	Severe	85,2	14,8	100,0	86,2	13,8	100,0	80,2	19,8	100,0	85,5	14,5	100,0
Self-care	None	96,6	3,4	100,0	97,1	2,9	100,0	93,8	6,2	100,0	96,6	3,4	100,0
	Mild	96,0	4,0	100,0	96,9	3,1	100,0	91,4	8,6	100,0	96,3	3,7	100,0
	Severe	92,3	7,7	100,0	93,7	6,3	100,0	88,0	12,0	100,0	92,8	7,2	100,0

Results exclude unspecified cases.

### 6.2.3 Attendance at secondary level

The results in Table 6.7 depict a profile similar to that of primary going age. The proportion of persons not attending secondary school increases with the level of difficulty. With the exception of the seeing and hearing functional domains, the results show that the proportion of persons with severe difficulty was two times higher than that of persons with no difficulty. The gender profile shows marginal differences in accessing secondary education among persons with and without difficulty. However, the proportion attending secondary school is higher for males compared with females in all functional domains.

Table 6.8 below shows population aged 14–19 by type and degree of difficulty, school attendance and population group. The results show slight variations in attendance among children with no difficulty and those with mild difficulty, while those with severe difficulty have the lowest proportions of persons attending school. The results further show that children with severe difficulty in walking and communication were the most marginalised in terms of access to secondary education. Population group variations show a profile similar to that of primary going age; coloured children had the lowest proportions of children attending secondary school across all disability types.

**Table 6.7: Percentage distribution of persons aged 14–19 years attending and not attending secondary school by disability type, degree of difficulty and sex**

Type and degree of difficulty		Male			Female			Total		
		Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total
Seeing	None	83,9	16,1	100,0	81,7	18,3	100,0	82,8	17,2	100,0
	Mild	85,8	14,2	100,0	83,9	16,1	100,0	84,7	15,3	100,0
	Severe	82,1	17,9	100,0	81,6	18,4	100,0	81,9	18,1	100,0
Hearing	None	84,0	16,0	100,0	81,9	18,1	100,0	83,0	17,0	100,0
	Mild	82,6	17,4	100,0	80,0	20,0	100,0	81,2	18,8	100,0
	Severe	77,3	22,7	100,0	76,4	23,6	100,0	76,8	23,2	100,0
Communication	None	84,1	15,9	100,0	81,9	18,1	100,0	83,0	17,0	100,0
	Mild	75,0	25,0	100,0	74,8	25,2	100,0	74,9	25,1	100,0
	Severe	55,5	44,5	100,0	59,6	40,4	100,0	57,3	42,7	100,0
Walking	None	84,1	15,9	100,0	81,9	18,1	100,0	83,0	17,0	100,0
	Mild	77,6	22,4	100,0	75,7	24,3	100,0	76,6	23,4	100,0
	Severe	59,4	40,6	100,0	60,5	39,5	100,0	59,9	40,1	100,0
Remembering	None	84,2	15,8	100,0	82,0	18,0	100,0	83,1	16,9	100,0
	Mild	79,6	20,4	100,0	77,1	22,9	100,0	78,4	21,6	100,0
	Severe	63,4	36,6	100,0	62,8	37,2	100,0	63,1	36,9	100,0
Self-care	None	84,1	15,9	100,0	81,9	18,1	100,0	83,0	17,0	100,0
	Mild	81,4	18,6	100,0	80,5	19,5	100,0	81,0	19,0	100,0
	Severe	65,1	34,9	100,0	65,6	34,4	100,0	65,4	34,6	100,0

**Table 6.8: Percentage distribution of persons aged 14–19 years attending and not attending secondary school by disability type, degree of difficulty and population group**

Type and degree of difficulty	Black African			Coloured			Indian/Asian			White			Total			
	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	
Seeing	None	83,8	16,2	100,0	71,6	28,4	100,0	81,4	18,6	100,0	87,1	12,9	100,0	82,9	17,1	100,0
	Mild	85,4	14,6	100,0	77,3	22,7	100,0	83,9	16,1	100,0	83,8	16,2	100,0	84,7	15,3	100,0
	Severe	82,9	17,1	100,0	69,7	30,3	100,0	75,5	24,5	100,0	79,6	20,4	100,0	81,9	18,1	100,0
Hearing	None	83,9	16,1	100,0	71,8	28,2	100,0	81,7	18,3	100,0	87,1	12,9	100,0	83,0	17,0	100,0
	Mild	82,2	17,8	100,0	69,0	31,0	100,0	74,6	25,4	100,0	78,7	21,3	100,0	81,3	18,7	100,0
	Severe	77,8	22,2	100,0	62,8	37,2	100,0	73,1	26,9	100,0	78,0	22,0	100,0	76,9	23,1	100,0
Communication	None	84,0	16,0	100,0	71,8	28,2	100,0	81,7	18,3	100,0	87,1	12,9	100,0	83,1	16,9	100,0
	Mild	75,6	24,4	100,0	68,3	31,7	100,0	75,6	24,4	100,0	76,8	23,2	100,0	75,1	24,9	100,0
	Severe	57,4	42,6	100,0	52,1	47,9	100,0	58,6	41,4	100,0	66,4	33,6	100,0	57,5	42,5	100,0
Walking	None	84,0	16,0	100,0	71,8	28,2	100,0	81,8	18,2	100,0	87,1	12,9	100,0	83,1	16,9	100,0
	Mild	77,7	22,3	100,0	65,9	34,1	100,0	73,4	26,6	100,0	75,7	24,3	100,0	76,7	23,3	100,0
	Severe	61,0	39,0	100,0	49,2	50,8	100,0	54,1	45,9	100,0	61,0	39,0	100,0	59,9	40,1	100,0
Remembering	None	84,1	15,9	100,0	71,8	28,2	100,0	81,7	18,3	100,0	87,1	12,9	100,0	83,1	16,9	100,0
	Mild	78,9	21,1	100,0	68,0	32,0	100,0	78,1	21,9	100,0	81,5	18,5	100,0	78,5	21,5	100,0
	Severe	63,3	36,7	100,0	56,3	43,7	100,0	65,7	34,3	100,0	70,6	29,4	100,0	63,2	36,8	100,0
Self-care	None	84,0	16,0	100,0	71,7	28,3	100,0	81,8	18,2	100,0	87,1	12,9	100,0	83,1	16,9	100,0
	Mild	81,7	18,3	100,0	74,4	25,6	100,0	77,3	22,7	100,0	79,8	20,2	100,0	81,0	19,0	100,0
	Severe	65,5	34,5	100,0	65,2	34,8	100,0	63,5	36,5	100,0	63,4	36,6	100,0	65,4	34,6	100,0



The results in Table 6.9 show that disparities exist in school attendance among children with and without difficulties across the three geography types. Nationally, the profile of children with no difficulty in the different activity domains shows that eight in ten children of secondary school-going age were attending school. This figure decreases to 5 or 6 out of 10 for children with severe communication, walking, cognitive and self-care difficulties. Geographical profiles show that farm areas had the highest proportion of children not attending secondary school. About a third of children of secondary school-going age (14–19) residing in farm areas, were not attending school. These proportions are double those recorded in tribal/traditional and urban areas.

**Table 6.9: Percentage distribution of persons aged 14–19 years attending and not attending secondary school by disability type, degree of difficulty and geography type**

Type and degree of difficulty	Urban area			Tribal or traditional area			Farm area			Total			
	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	
Seeing	None	81,0	19,0	100,0	86,8	13,2	100,0	67,4	32,6	100,0	82,8	17,2	100,0
	Mild	84,6	15,4	100,0	86,7	13,3	100,0	69,1	30,9	100,0	84,7	15,3	100,0
	Severe	81,6	18,4	100,0	83,4	16,6	100,0	71,0	29,0	100,0	81,9	18,1	100,0
Hearing	None	81,2	18,8	100,0	86,8	13,2	100,0	67,5	32,5	100,0	83,0	17,0	100,0
	Mild	80,0	20,0	100,0	84,3	15,7	100,0	64,3	35,7	100,0	81,2	18,8	100,0
	Severe	75,0	25,0	100,0	79,5	20,5	100,0	64,5	35,5	100,0	76,8	23,2	100,0
Communication	None	81,3	18,7	100,0	87,0	13,0	100,0	67,6	32,4	100,0	83,0	17,0	100,0
	Mild	75,0	25,0	100,0	76,5	23,5	100,0	61,3	38,7	100,0	74,9	25,1	100,0
	Severe	58,2	41,8	100,0	58,3	41,7	100,0	38,9	61,1	100,0	57,3	42,7	100,0
Walking	None	81,3	18,7	100,0	86,9	13,1	100,0	67,5	32,5	100,0	83,0	17,0	100,0
	Mild	76,0	24,0	100,0	79,1	20,9	100,0	60,0	40,0	100,0	76,6	23,4	100,0
	Severe	58,1	41,9	100,0	62,7	37,3	100,0	51,8	48,2	100,0	59,9	40,1	100,0
Remembering	None	81,3	18,7	100,0	87,0	13,0	100,0	67,7	32,3	100,0	83,1	16,9	100,0
	Mild	77,9	22,1	100,0	80,7	19,3	100,0	61,3	38,7	100,0	78,4	21,6	100,0
	Severe	65,3	34,7	100,0	62,3	37,7	100,0	47,8	52,2	100,0	63,1	36,9	100,0
Self-care	None	81,3	18,7	100,0	87,0	13,0	100,0	67,6	32,4	100,0	83,0	17,0	100,0
	Mild	80,4	19,6	100,0	82,8	17,2	100,0	67,4	32,6	100,0	81,0	19,0	100,0
	Severe	66,6	33,4	100,0	65,5	34,5	100,0	50,1	49,9	100,0	65,4	34,6	100,0

### 6.2.4 Attendance at tertiary level

Tertiary level includes all persons with a post-school qualification. Table 6.10 compares attendance at tertiary educational level among persons aged 20–24 with and without difficulty in the activity domains by sex and degree of difficulty. The results show that the majority were not attending tertiary education, particularly those with severe difficulty across all activity domains. The results also indicate that there are no significant disparities between males and females.

**Table 6.10: Percentage distribution of persons aged 20–24 years attending and not attending tertiary level education by disability type, degree of difficulty and sex**

Type and degree of difficulty		Male			Female			Total		
		Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total
Seeing	None	28,3	71,7	100,0	27,5	72,5	100,0	27,9	72,1	100,0
	Mild	33,0	67,0	100,0	34,1	65,9	100,0	33,6	66,4	100,0
	Severe	31,0	69,0	100,0	30,4	69,6	100,0	30,7	69,3	100,0
Hearing	None	28,5	71,5	100,0	27,9	72,1	100,0	28,2	71,8	100,0
	Mild	26,7	73,3	100,0	26,2	73,8	100,0	26,5	73,5	100,0
	Severe	26,8	73,2	100,0	26,3	73,7	100,0	26,6	73,4	100,0
Communication	None	28,5	71,5	100,0	27,9	72,1	100,0	28,2	71,8	100,0
	Mild	24,9	75,1	100,0	27,7	72,3	100,0	26,2	73,8	100,0
	Severe	19,0	81,0	100,0	20,2	79,8	100,0	19,5	80,5	100,0
Walking	None	28,5	71,5	100,0	27,9	72,1	100,0	28,2	71,8	100,0
	Mild	26,5	73,5	100,0	26,8	73,2	100,0	26,6	73,4	100,0
	Severe	22,4	77,6	100,0	20,6	79,4	100,0	21,5	78,5	100,0
Remembering	None	28,5	71,5	100,0	27,9	72,1	100,0	28,2	71,8	100,0
	Mild	27,7	72,3	100,0	27,0	73,0	100,0	27,4	72,6	100,0
	Severe	20,3	79,7	100,0	21,1	78,9	100,0	20,7	79,3	100,0
Self-care	None	28,5	71,5	100,0	27,9	72,1	100,0	28,2	71,8	100,0
	Mild	29,2	70,8	100,0	29,4	70,6	100,0	29,3	70,7	100,0
	Severe	21,6	78,4	100,0	21,2	78,8	100,0	21,4	78,6	100,0

Table 6.11 below shows the proportion of persons aged 20–24 years who were attending and not attending tertiary education by type and degree of difficulty, and population group. Population group variations show that the coloured population had the highest proportion of persons of tertiary-level age that were not attending, compared with other population groups. The white population group had the highest proportion attending, followed by the Indian/Asian population group.

**Table 6.11: Percentage distribution of population aged 20–24 years attending and not attending tertiary level education by disability type, degree of difficulty and population group**

Type and degree of difficulty	Black African			Coloured			Indian/Asian			White			Total			
	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	
Seeing	None	28,5	71,5	100,0	14,1	85,9	100,0	30,6	69,4	100,0	39,4	60,6	100,0	28,0	72,0	100,0
	Mild	33,5	66,5	100,0	21,5	78,5	100,0	40,3	59,7	100,0	41,4	58,6	100,0	33,6	66,4	100,0
	Severe	31,5	68,5	100,0	16,0	84,0	100,0	30,8	69,2	100,0	35,0	65,0	100,0	30,7	69,3	100,0
Hearing	None	28,7	71,3	100,0	14,3	85,7	100,0	31,3	68,7	100,0	39,6	60,4	100,0	28,3	71,7	100,0
	Mild	26,9	73,1	100,0	14,0	86,0	100,0	28,3	71,7	100,0	33,1	66,9	100,0	26,5	73,5	100,0
	Severe	27,6	72,4	100,0	13,0	87,0	100,0	24,2	75,8	100,0	25,0	75,0	100,0	26,6	73,4	100,0
Communication	None	28,7	71,3	100,0	14,3	85,7	100,0	31,4	68,6	100,0	39,6	60,4	100,0	28,3	71,7	100,0
	Mild	27,1	72,9	100,0	15,9	84,1	100,0	26,5	73,5	100,0	32,1	67,9	100,0	26,7	73,3	100,0
	Severe	20,5	79,5	100,0	12,3	87,7	100,0	15,1	84,9	100,0	15,1	84,9	100,0	19,8	80,2	100,0
Walking	None	28,7	71,3	100,0	14,4	85,6	100,0	31,3	68,7	100,0	39,6	60,4	100,0	28,3	71,7	100,0
	Mild	27,2	72,8	100,0	14,8	85,2	100,0	29,4	70,6	100,0	32,1	67,9	100,0	26,8	73,2	100,0
	Severe	22,6	77,4	100,0	10,5	89,5	100,0	22,3	77,7	100,0	21,9	78,1	100,0	21,6	78,4	100,0
Remembering	None	28,7	71,3	100,0	14,4	85,6	100,0	31,3	68,7	100,0	39,6	60,4	100,0	28,3	71,7	100,0
	Mild	27,4	72,6	100,0	15,4	84,6	100,0	31,2	68,8	100,0	36,4	63,6	100,0	27,4	72,6	100,0
	Severe	21,2	78,8	100,0	11,7	88,3	100,0	19,2	80,8	100,0	26,1	73,9	100,0	20,7	79,3	100,0
Self-care	None	28,7	71,3	100,0	14,4	85,6	100,0	31,3	68,7	100,0	39,6	60,4	100,0	28,3	71,7	100,0
	Mild	30,0	70,0	100,0	17,9	82,1	100,0	29,8	70,2	100,0	33,6	66,4	100,0	29,4	70,6	100,0
	Severe	22,3	77,7	100,0	14,8	85,2	100,0	19,1	80,9	100,0	20,6	79,4	100,0	21,5	78,5	100,0

The results in Table 6.12 show that the majority of persons aged 20–24 years were not attending tertiary education across all the geography types. Farm areas recorded the highest proportion of persons not attending tertiary level of education compared with those living in other areas.

**Table 6.12: Percentage distribution of persons aged 20–24 years attending and not attending tertiary level education by disability type, degree of difficulty and geography type**

Type and degree of difficulty	Urban area			Tribal or traditional area			Farm area			Total			
	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	Attending	Not attending	Total	
Seeing	None	26,4	73,6	100,0	33,3	66,7	100,0	14,1	85,9	100,0	27,9	72,1	100,0
	Mild	34,4	65,6	100,0	34,4	65,6	100,0	14,5	85,5	100,0	33,6	66,4	100,0
	Severe	29,9	70,1	100,0	34,2	65,8	100,0	17,6	82,4	100,0	30,7	69,3	100,0
Hearing	None	26,8	73,2	100,0	33,4	66,6	100,0	14,1	85,9	100,0	28,2	71,8	100,0
	Mild	24,3	75,7	100,0	32,8	67,2	100,0	12,7	87,3	100,0	26,5	73,5	100,0
	Severe	23,2	76,8	100,0	32,3	67,7	100,0	17,0	83,0	100,0	26,6	73,4	100,0
Communication	None	26,8	73,2	100,0	33,4	66,6	100,0	14,1	85,9	100,0	28,2	71,8	100,0
	Mild	25,7	74,3	100,0	29,2	70,8	100,0	15,6	84,4	100,0	26,2	73,8	100,0
	Severe	18,8	81,2	100,0	21,6	78,4	100,0	10,1	89,9	100,0	19,5	80,5	100,0
Walking	None	26,8	73,2	100,0	33,4	66,6	100,0	14,1	85,9	100,0	28,2	71,8	100,0
	Mild	24,8	75,2	100,0	32,1	67,9	100,0	13,1	86,9	100,0	26,6	73,4	100,0
	Severe	20,2	79,8	100,0	24,3	75,7	100,0	15,8	84,2	100,0	21,5	78,5	100,0
Remembering	None	26,8	73,2	100,0	33,5	66,5	100,0	14,1	85,9	100,0	28,2	71,8	100,0
	Mild	26,6	73,4	100,0	30,9	69,1	100,0	13,2	86,8	100,0	27,4	72,6	100,0
	Severe	20,5	79,5	100,0	21,9	78,1	100,0	12,4	87,6	100,0	20,7	79,3	100,0
Self-care	None	26,8	73,2	100,0	33,4	66,6	100,0	14,1	85,9	100,0	28,2	71,8	100,0
	Mild	27,4	72,6	100,0	33,7	66,3	100,0	18,3	81,7	100,0	29,3	70,7	100,0
	Severe	21,2	78,8	100,0	22,7	77,3	100,0	13,5	86,5	100,0	21,4	78,6	100,0

### 6.3 Level of education and disability

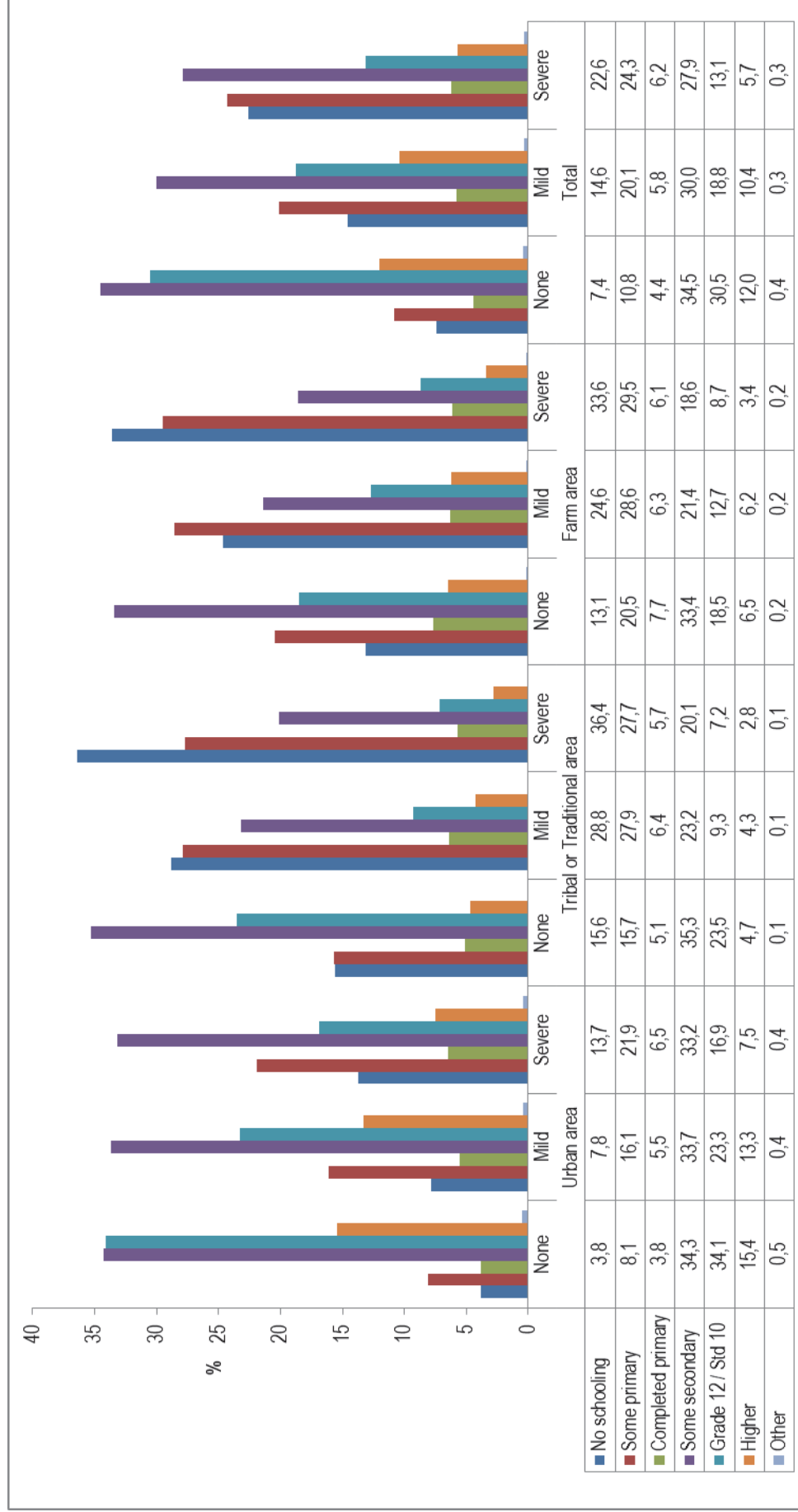
This section focuses on educational attainment of persons aged 20 years and above with or without difficulty in seeing, communication, hearing, walking, remembering or concentrating and self-care activity domains by population group, sex, geography type and province. The level of education a person has attained is an important socio-economic indicator. Those who have had no schooling are bound to be confronted with many lifetime challenges. The situation is worse if the person has severe disabilities.

The results in Figure 6.1 show that the highest proportion of persons with no formal education were recorded in tribal/traditional and farm areas, regardless of degree of disability. Persons with severe difficulty in seeing were the most disadvantaged in tribal/traditional and farm areas (36% and 33,6% respectively). Persons living in urban areas had a better profile.

Many of the results presented in this section are confounded by the high proportion of older people with difficulties and the fact that many of these people would not have had access to education under the apartheid regime, particularly in the tribal/traditional and farm areas. The level of educational attainment may be more related to their age than their difficulties with the activity domains. The effect of access to education versus effect of the activity limitation would need further analysis to be determined.

**Sight difficulties and educational attainment**

**Figure 6.1: Percentage distribution of persons aged 20 years and older by level of education, geography type and degree of difficulty in seeing**



Results presented in Figure 6.2 below show the sex profile among persons aged 20 years and older with and without difficulty in seeing. The profile of males shows that among those with no difficulty in seeing, 35,2% had completed some secondary schooling, 30,8% had matric, 11,7% had a higher education while 6,3% had no formal education. The results, however, show that males with severe difficulties were more disadvantaged, with 20,5% having no formal education, 23,7% with some primary education and 6,2% with a higher education.

The female profile shows that they were more disadvantaged compared to their male peers. Persons with severe difficulties had the worst educational outcomes (5,3% had attained a higher education, 23,8% had no formal education and 24,6% had some primary education).

**Figure 6.2: Percentage distribution of persons aged 20 years and older by level of education, sex and degree of difficulty in seeing**

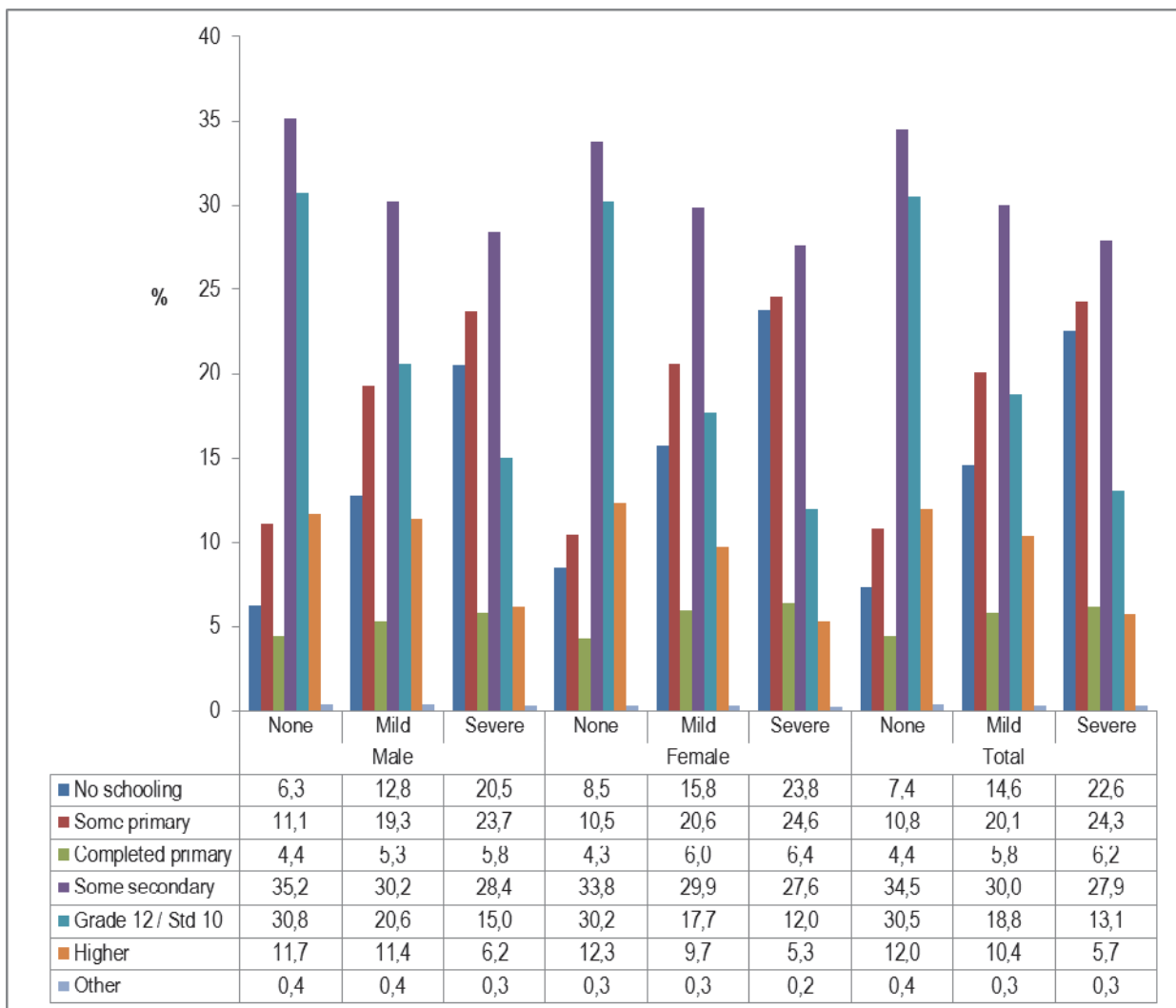
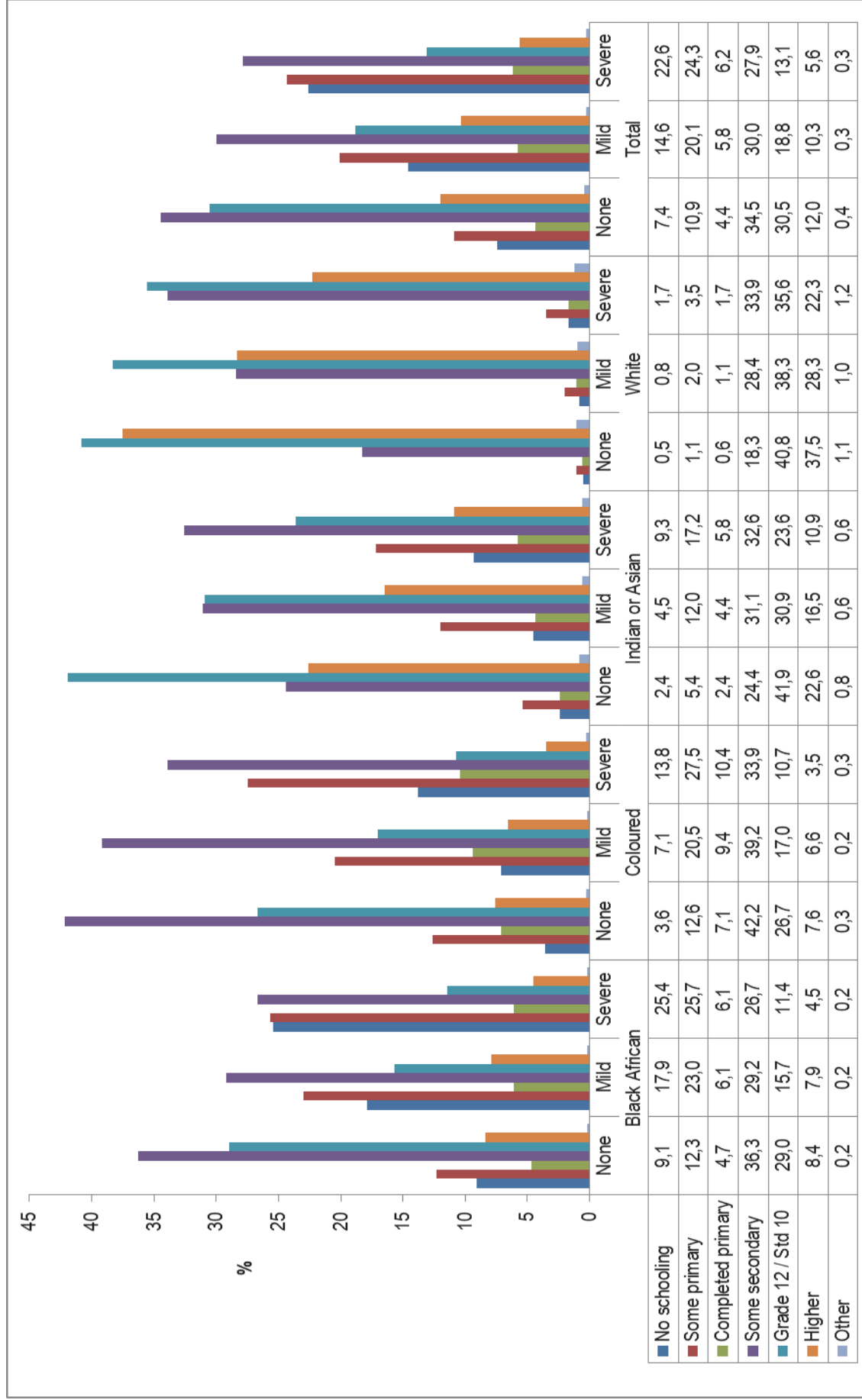


Figure 6.3 shows that whites had the best educational profile compared with those in the other population groups, regardless of the degree of difficulty in seeing. The proportion of whites with no difficulty who have attained a higher level of education is almost four times higher than that recorded by the black African and coloured population groups. In all population groups, persons with severe disability in seeing constituted the highest proportion of those without formal education.

Figure 6.3: Percentage distribution of persons aged 20 years and older by level of education, population group and degree of difficulty in seeing



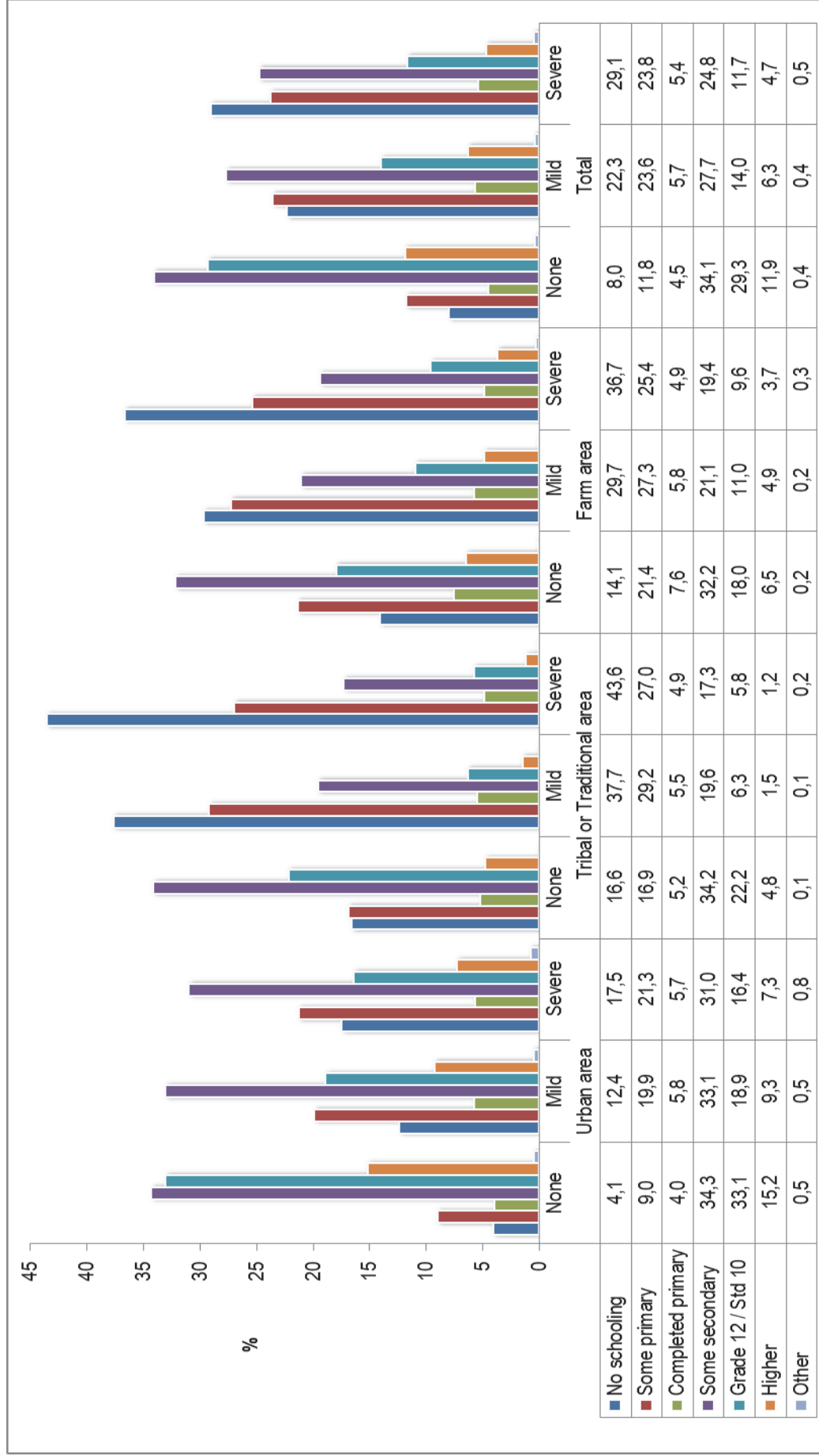


## Difficulties in hearing

Figure 6.4 shows the distribution of persons aged 20 years and older by level of education, geography type, and degree of difficulty in hearing. The profiles of different geographical areas (urban, traditional/tribal and farm) show that traditional/tribal areas had persons with the lowest levels of education while urban areas depict better educational outcomes. The results on traditional areas show that a third of persons with no difficulty in hearing had some secondary education, 22,2% had completed matric, 16,6% had no schooling and 4,8% had a higher education. However, among persons with severe difficulty in hearing, almost half (43,6%) had no formal education, 27% had some primary education and only 1,2% had a higher education.

The profile of urban areas shows a pattern similar to the national profile for persons with no difficulty in hearing. A third of persons with no difficulty in urban areas had attained some secondary education or matric, 15,2% had a higher education and 4,1% had no formal education.

**Figure 6.4: Percentage distribution of persons aged 20 years and older by level of education, geography type and degree of difficulty in hearing**



The results in Figure 6.5 show differentials in level of education by sex and degree of difficulty in hearing among persons aged 20 years and older. The profile shows that males had a better educational profile for persons with mild and severe degrees of difficulty compared to females. The educational profile of persons with no difficulty in hearing is almost similar for both sexes.

**Figure 6.5: Percentage distribution of persons aged 20 years and older by level of education, sex and degree of difficulty in hearing**

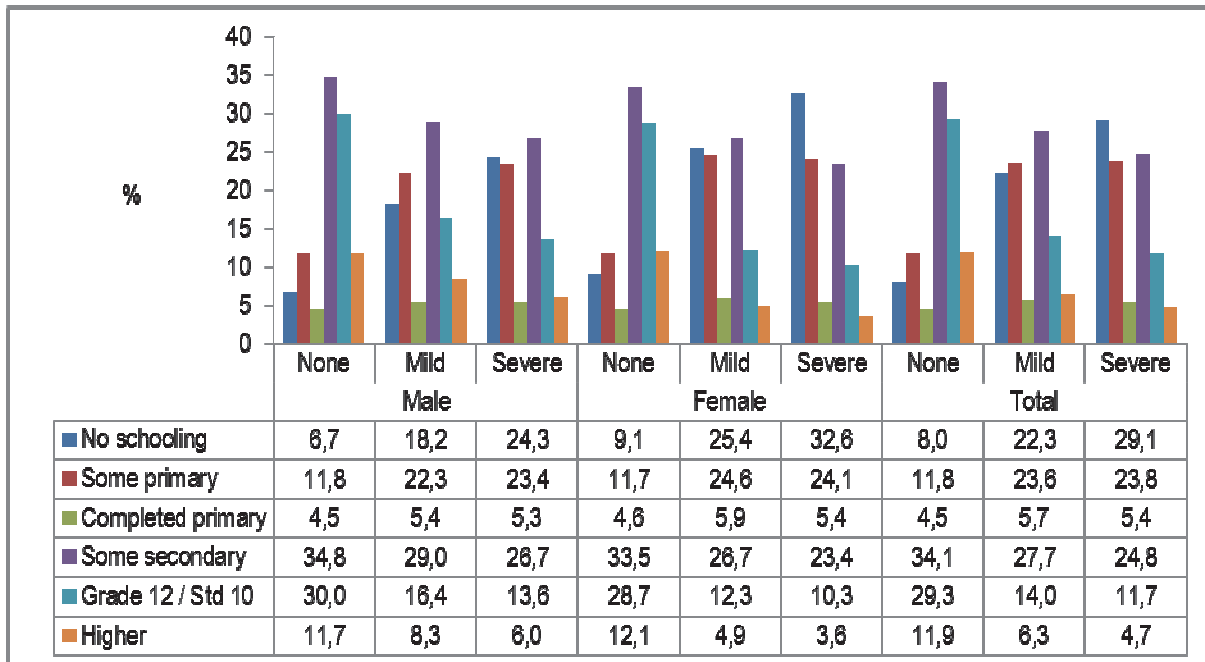
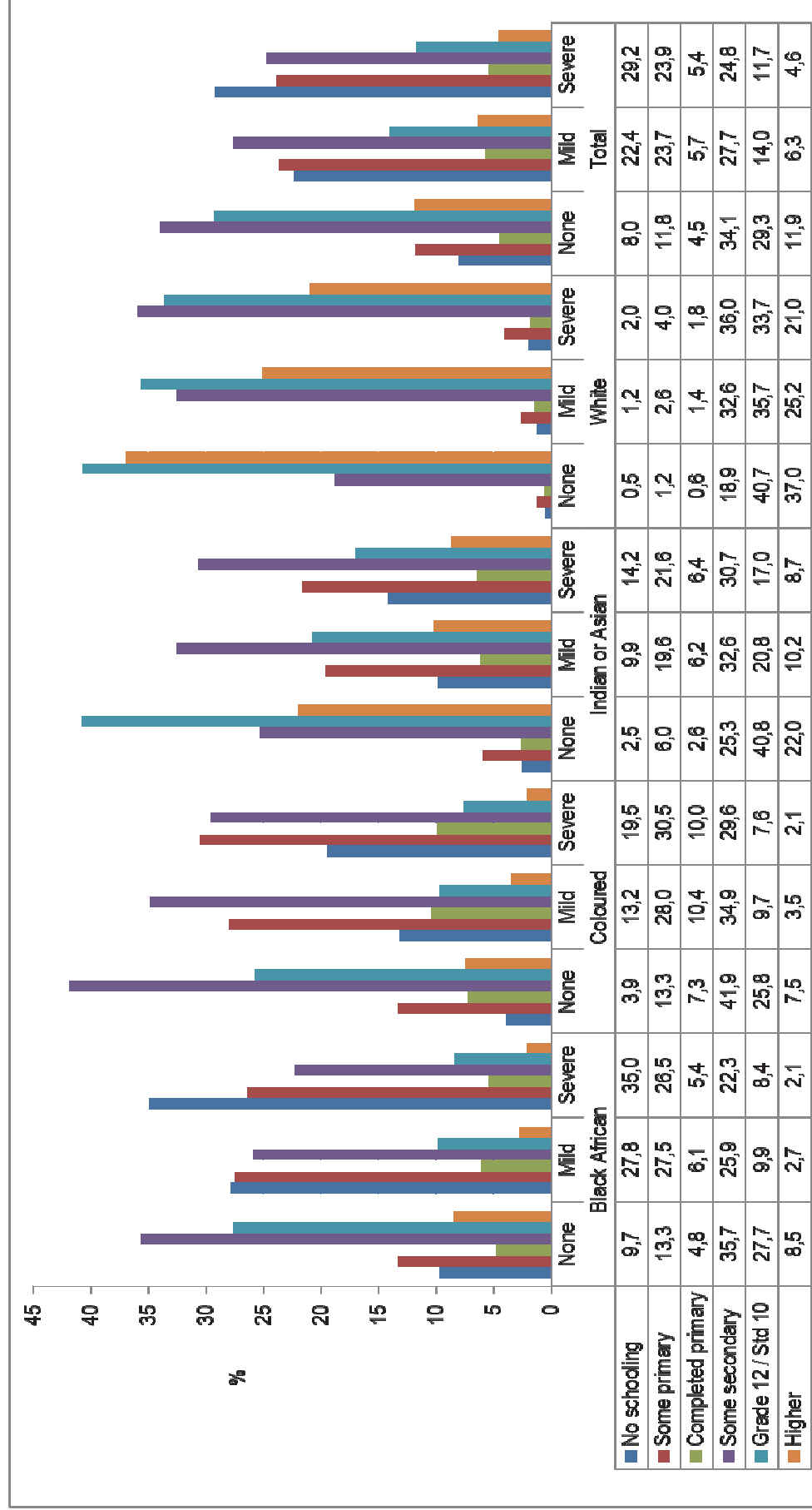


Figure 6.6 shows variations in the level of education among persons aged 20 years and older in the different population groups and degree of difficulty in hearing. The profile of the black African population shows that 27,8% with mild and 35,0% with severe difficulty in hearing have no formal education, which is the highest among all population groups, explained in part by age and access to education under the apartheid government. In addition, only 2,7% of those with mild and 2,1% with severe difficulty in hearing have a higher education, which is the lowest among all population groups.

The profile of the Indian/Asian and white population groups, however, shows a pattern that depicts a different educational profile to that of black Africans and coloureds. The results show that among Indians/Asians and whites with no difficulty, 41% had completed matric. While 22% of Indians/Asians and 37% of whites had a higher education, only 8,5% of black Africans and 7,5% of coloureds had attained this level of education. Whites had the lowest proportions of persons with no formal education (less than 1% amongst those with no difficulty, 1,2% for persons with mild difficulty and 2% for persons with severe difficulty in hearing).

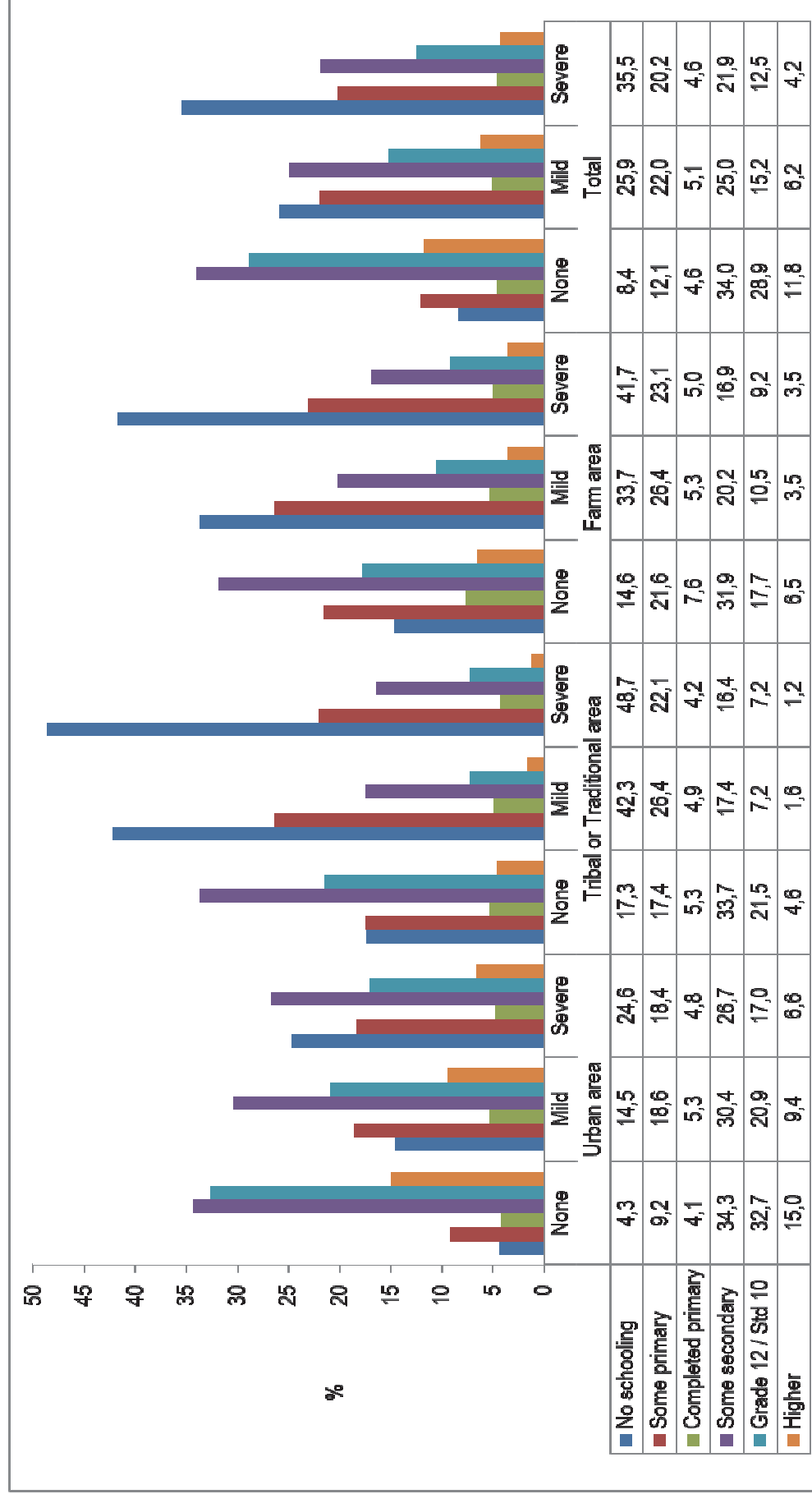
Figure 6.6: Percentage distribution of persons aged 20 years and older by level of education, population group and degree of difficulty in hearing



## **Difficulties in communication**

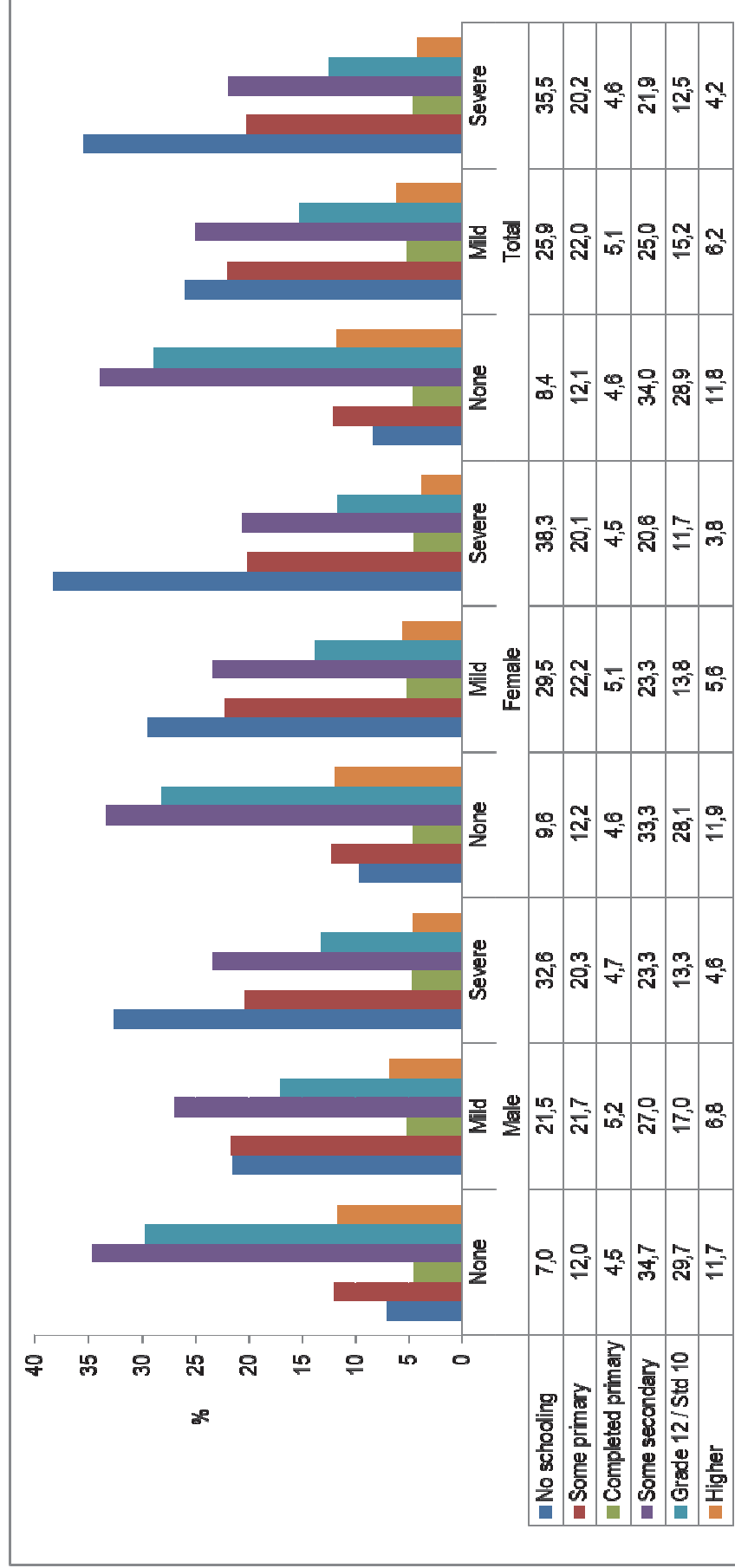
The profiles of different geographical areas depicted in Figure 6.7 show that traditional/tribal areas had persons with the lowest levels of education compared with those living in other areas. Almost half of those with severe difficulties in communication living in these areas had no formal education, followed by those living on farms (42%) compared with almost a quarter of those living in urban areas.

Figure 6.7: Percentage distribution of persons aged 20 years and older by level of education, geography type and degree of difficulty in communication



The results in Figure 6.8 show differentials in level of education, sex and degree of difficulty in communication among persons aged 20 years and older. The profile of males shows that among persons with no difficulty in communication, over a third had completed some secondary (34,7%), 29,7% had matric, 11,7% had a higher education and 7% had no formal education. However, those who experienced mild and severe difficulty in communication were more disadvantaged. The profile of females shows that they were more disadvantaged compared to males, particularly females with severe difficulty in communication. The proportion of those who experienced severe difficulties in communication who had attained a higher level of education is almost half of that recorded by those that had no difficulty.

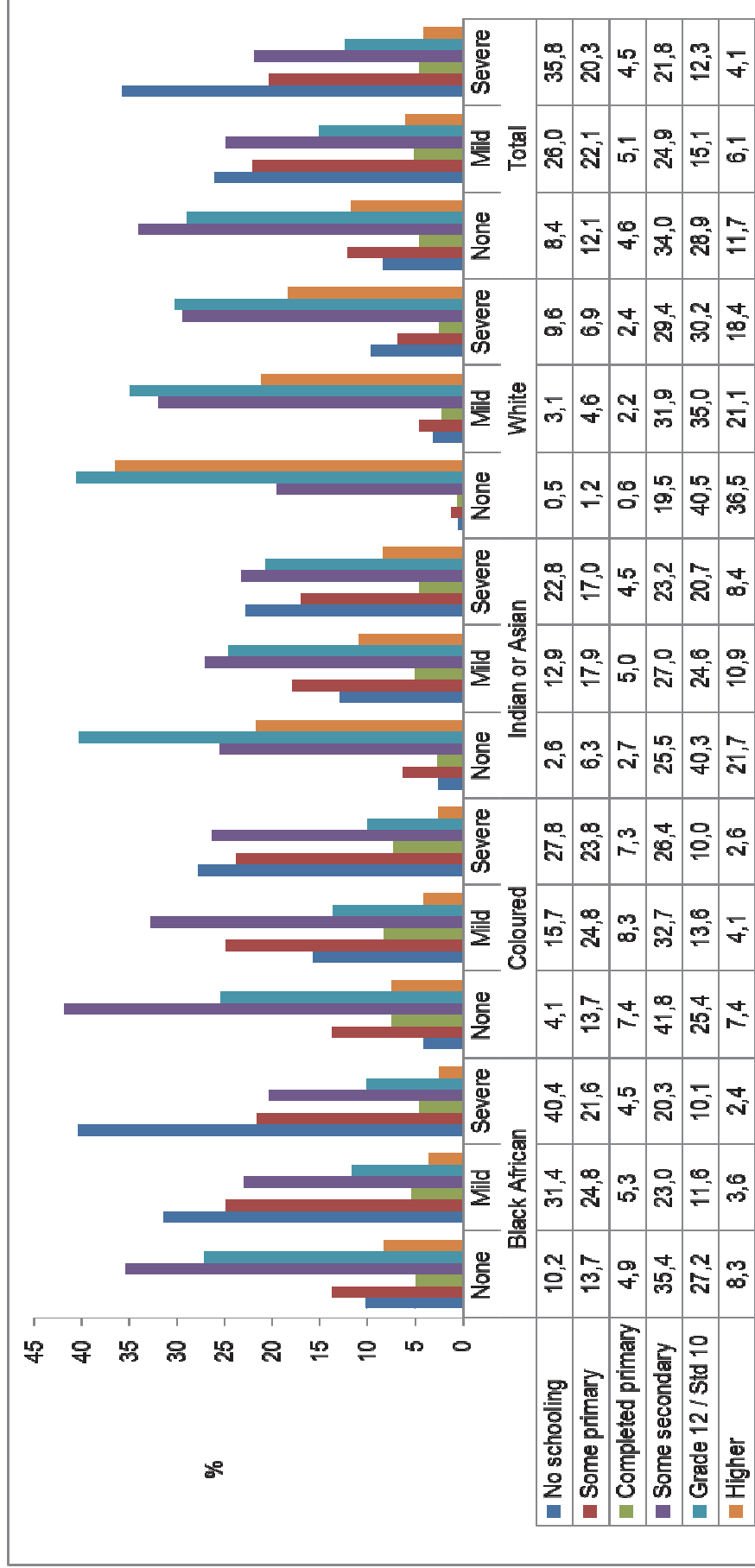
**Figure 6.8: Percentage distribution of persons aged 20 years and older by level of education, sex and degree of difficulty in communication**





The results in Figure 6.9 show that black Africans had the lowest levels of education across all degrees of difficulty in communication, while whites had the best profile, followed by Indians/Asians.

**Figure 6.9: Percentage distribution of persons aged 20 years and older by level of education, population group and degree of difficulty in communication**



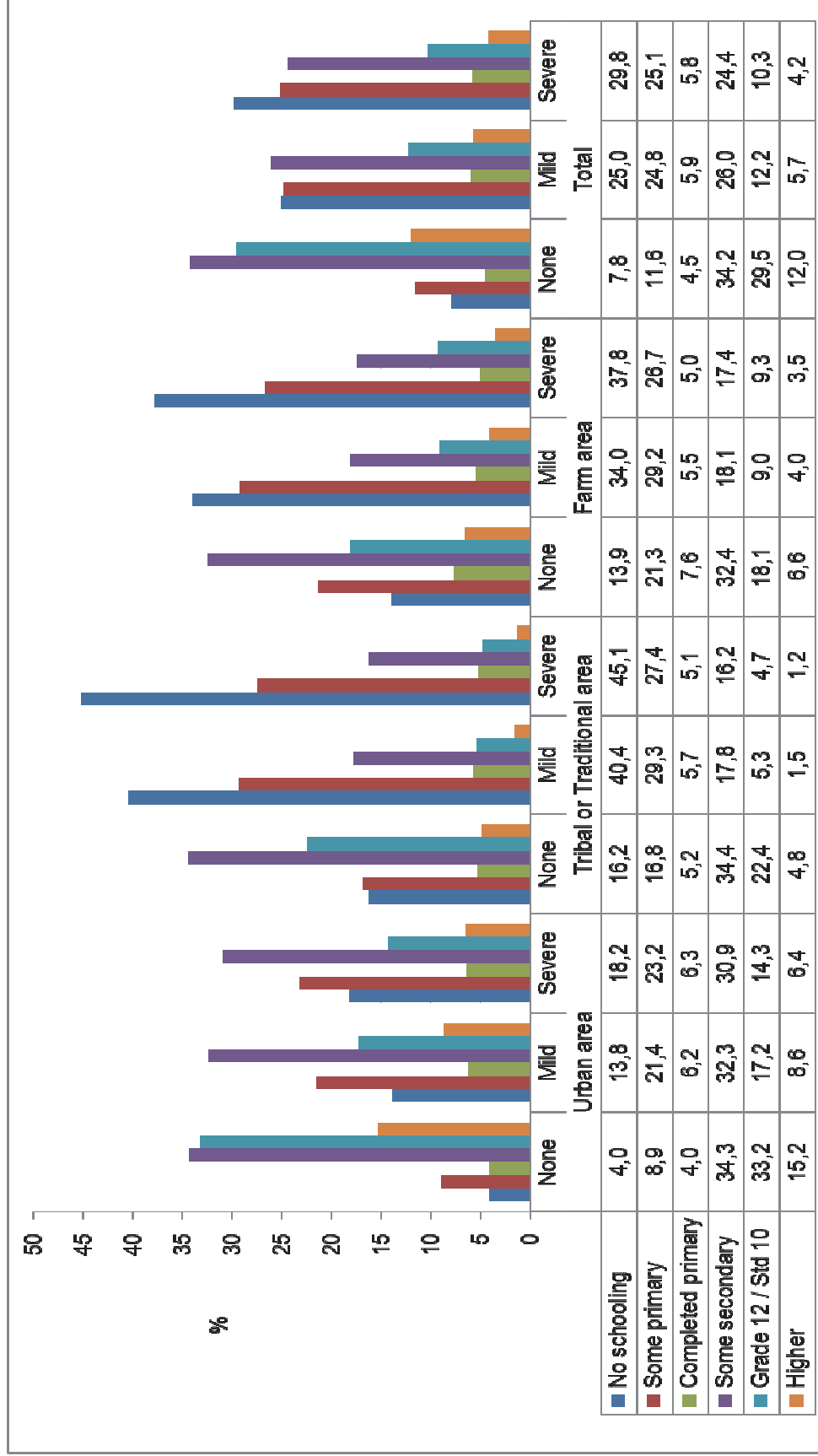
## Difficulties in walking/climbing

The profiles of geographical areas depicted in Figure 6.10 show that in urban areas, a third of persons with no difficulty in walking/climbing had some secondary education or had completed matric (34,3% and 33,2% respectively), 15,2% had a higher education and 4% had no formal education. Among persons living in urban areas with severe difficulty in walking/climbing, 30,9% had some secondary, 23,2% had some primary education, 18,2% had no formal education, and 6,4% had a higher education.

The results further show that tribal/traditional areas were characterised by low levels of education, particularly among persons with severe difficulty in walking/climbing. The highest proportions of persons with no formal education in tribal/traditional areas were observed among persons with severe difficulty (45,1%), followed by those with some primary education (27,4%). The results further revealed that only 1,2% of persons in tribal/traditional areas with severe difficulty in walking/climbing had a higher education.

The profile of farm areas shows that more than a third of persons with severe difficulty in walking/climbing had no formal education, and 26,7% had some primary education. The results also show that only 3,5% of persons with severe difficulty residing in farm areas had a higher education.

Figure 6.10: Percentage distribution of persons aged 20 years and older by level of education, geography type and degree of difficulty in walking or climbing stairs



The results presented in Figure 6.11 below show sex and level of education disparities among persons aged 20 years and older with and without difficulty in walking/climbing. The profiles of males and females are almost similar across all degrees of disability.

**Figure 6.11: Percentage distribution of persons aged 20 years and older by level of education, sex and degree of difficulty in walking or climbing stairs**

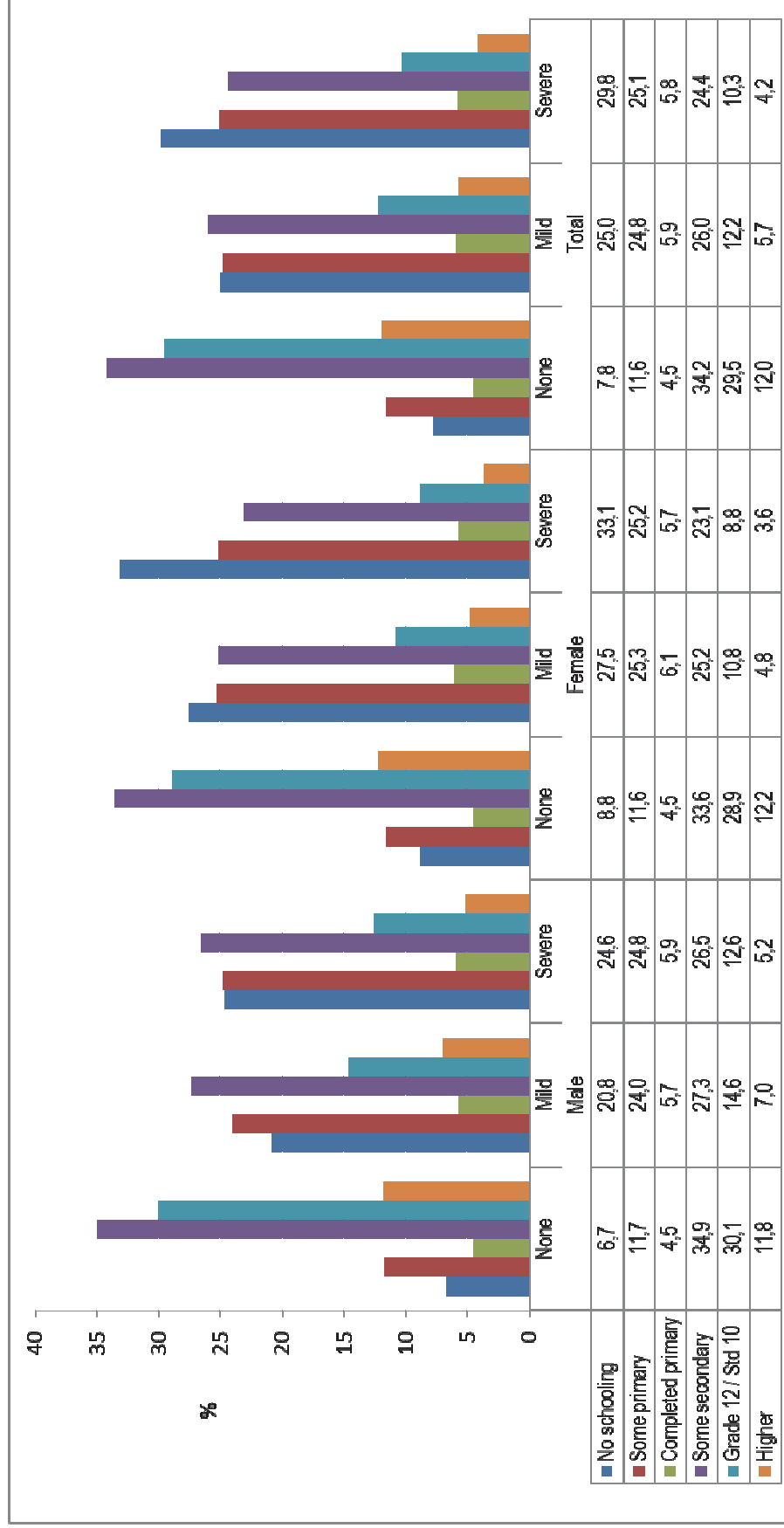
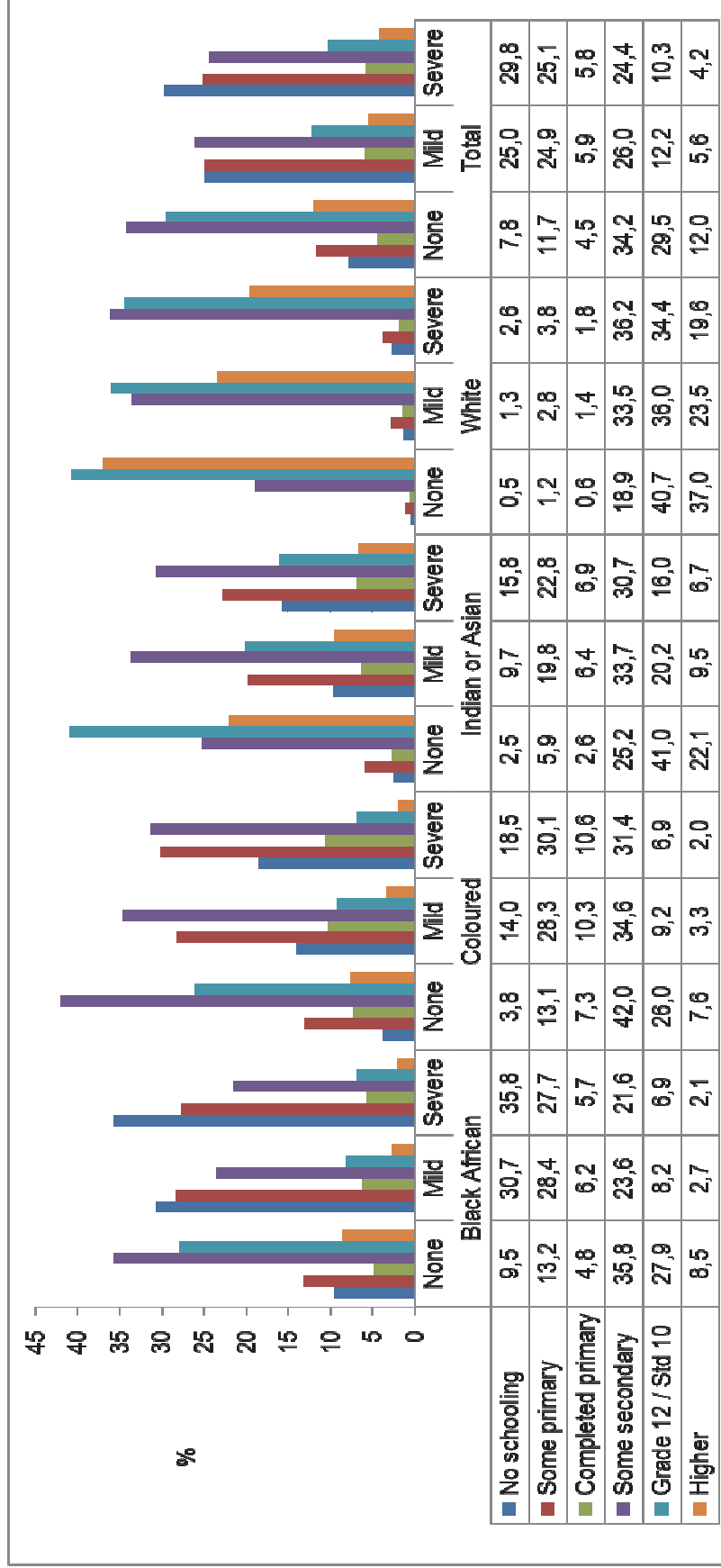


Figure 6.12 below presents the population aged 20 years and older by level of education, population group and degree of difficulty in walking/climbing. The results show that black Africans and coloureds had the lowest educational profile compared with whites and Indians/Asians across all degrees of difficulty. Those with severe difficulties were the most disadvantaged across all race groups.

**Figure 6.12: Percentage distribution of persons aged 20 years and older by level of education, population group and degree of difficulty in walking or climbing stairs**

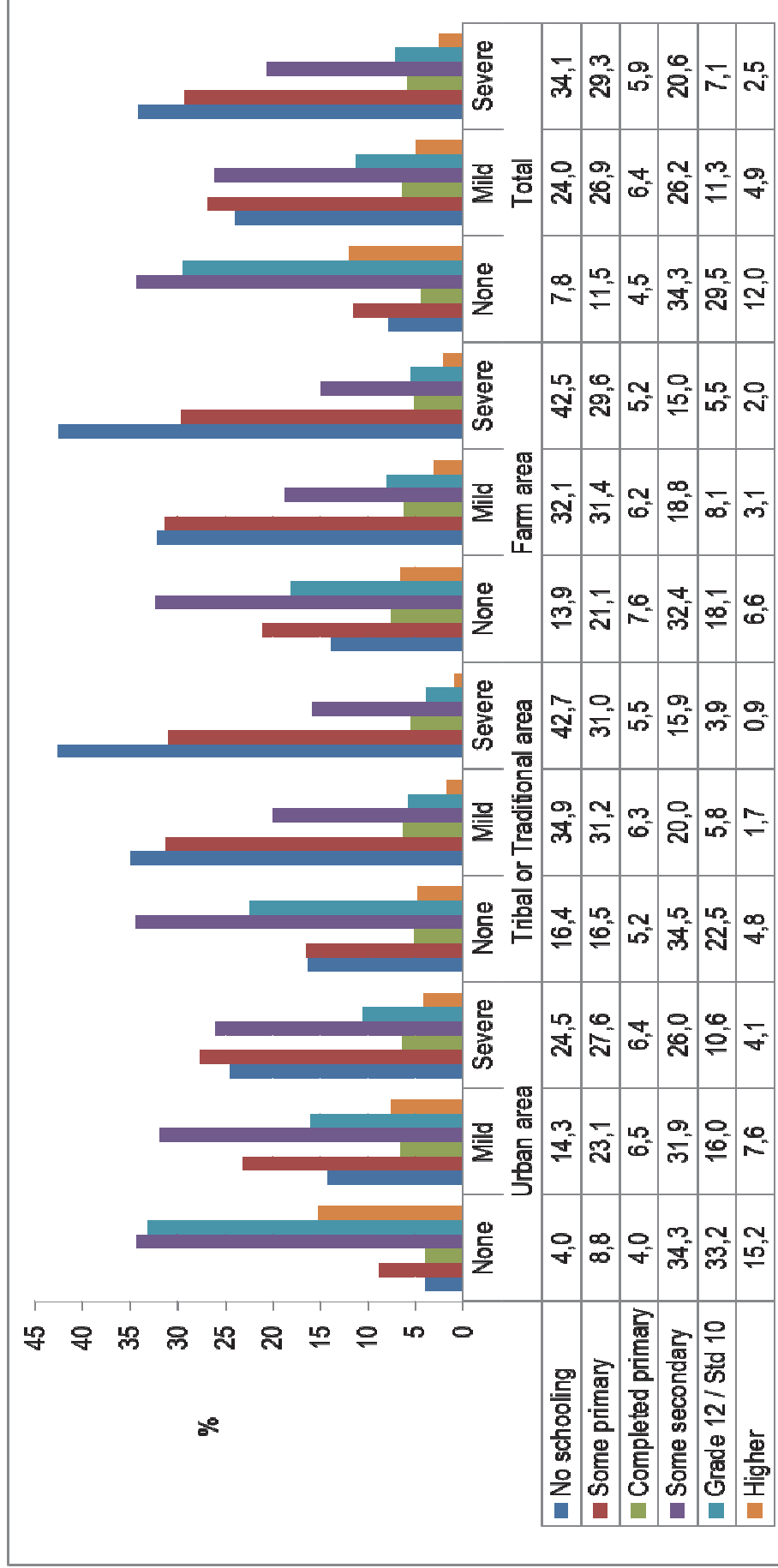


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**Difficulties remembering or concentrating (cognitive)**

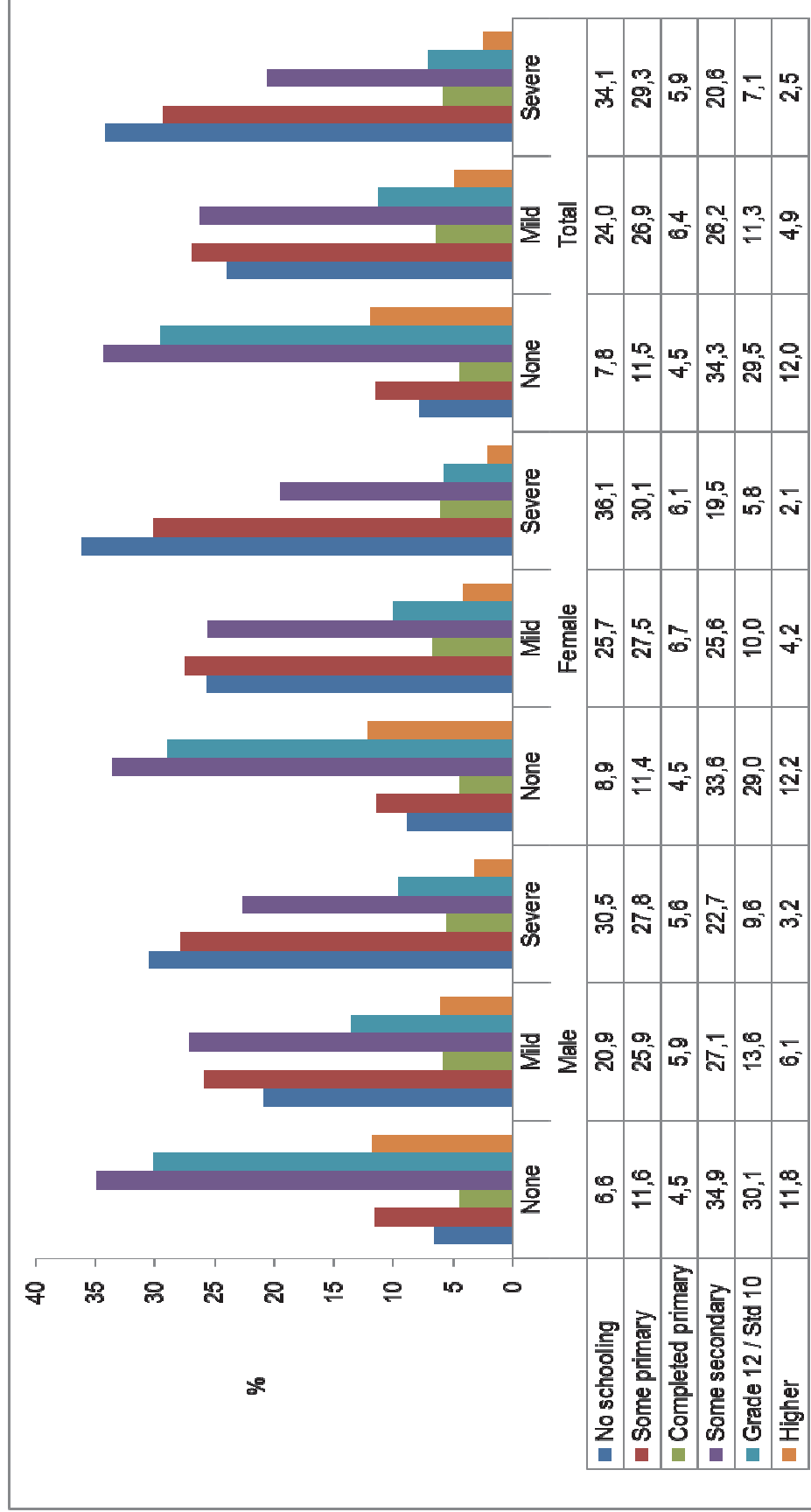
The results in Figure 6.13 show that among persons that had difficulties in remembering or concentrating, those living in urban areas had a higher educational profile compared with those living in other areas, as reflected by the proportion who had attained a higher level of education. Over a third of persons with mild or severe difficulty living in tribal/traditional and farm areas had no formal education.

Figure 6.13: Percentage distribution of persons aged 20 years and older by level of education, geography type and degree of difficulty in remembering or concentrating



The results shown in Figure 6.14 below show that females with mild and severe difficulties in remembering or concentrating were more disadvantaged compared with their male counterparts in terms of educational attainment.

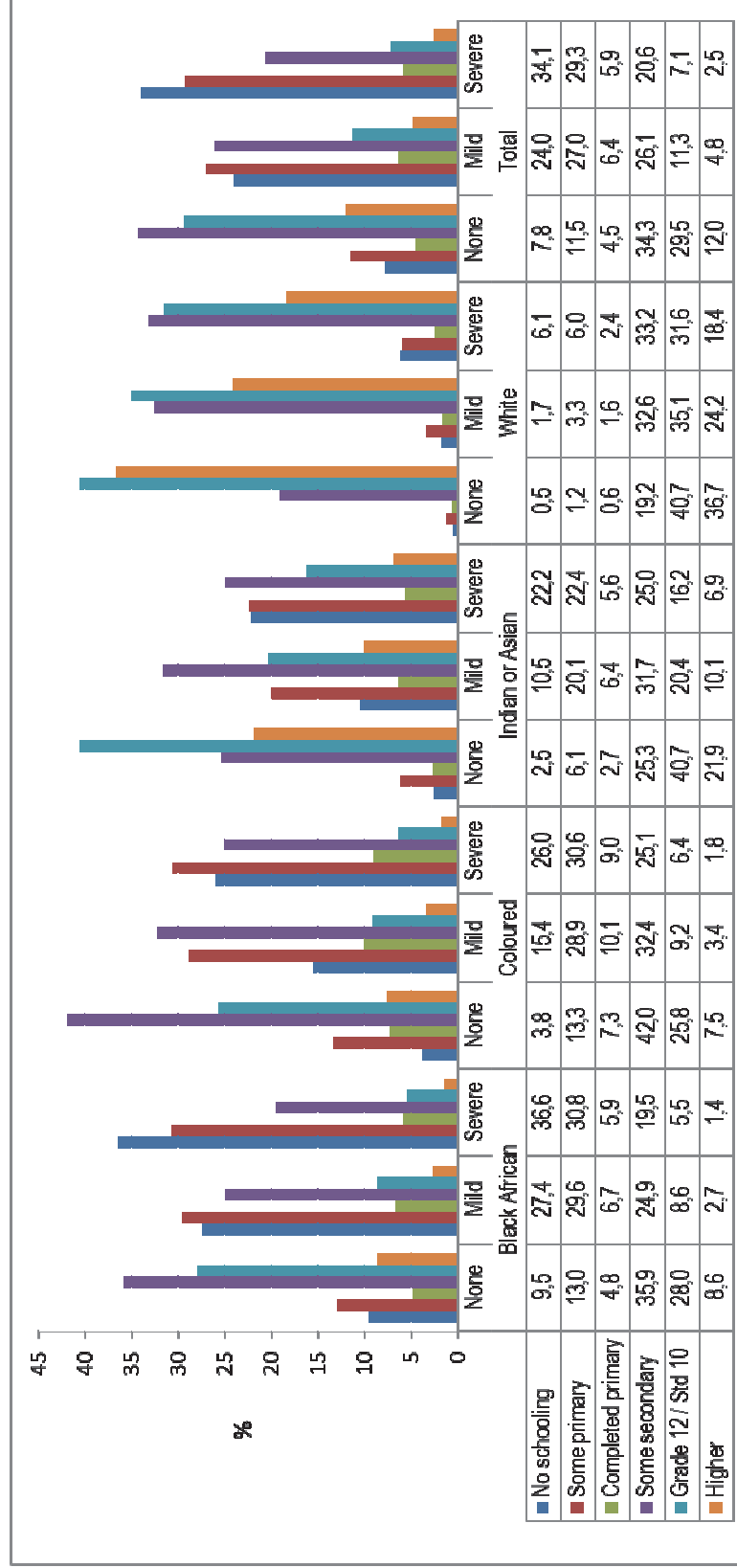
**Figure 6.14: Percentage distribution of persons aged 20 years and older by level of education, sex and degree of difficulty in remembering or concentrating**





The results presented in Figure 6.15 show that black Africans had the lowest levels of education compared with other population groups. A third of those who had severe difficulties in remembering or concentrating had no formal education compared with 26% for coloureds, 22% for Indians/Asians and 6% for whites. The proportion that had attained a higher level of education is minimal (1,4%) compared with 7% for Indians/Asians and 18% for whites.

**Figure 6.15: Percentage distribution of persons aged 20 years and older by level of education, population group and degree of difficulty in remembering or concentrating**



## Difficulties in self-care

The educational profiles of persons with self-care difficulties living in different geographical areas show that traditional/tribal areas had persons with the lowest levels of education while urban areas depict better educational outcomes among persons with no difficulty in self-care.

The results further show that a third of persons with no difficulty with self-care in urban areas had some secondary education or had completed matric (34,3% and 32,7% respectively), while 4,2% had no formal education, 9,2% had some primary education and 15,1% had attained a higher education. Among persons with severe difficulty in self-care, 24,2% had no formal education, 21,6% had some primary and 5,8% had a higher education.

The profile of traditional areas shows that these areas were characterised by low levels of education, particularly among persons with severe difficulty in self-care, with more than half (51,8%) having no formal education, 23,4% had some primary education and only 1% had a higher education.

Figure 6.16: Percentage distribution of persons aged 20 years and older by level of education, geography type and degree of difficulty in self-care

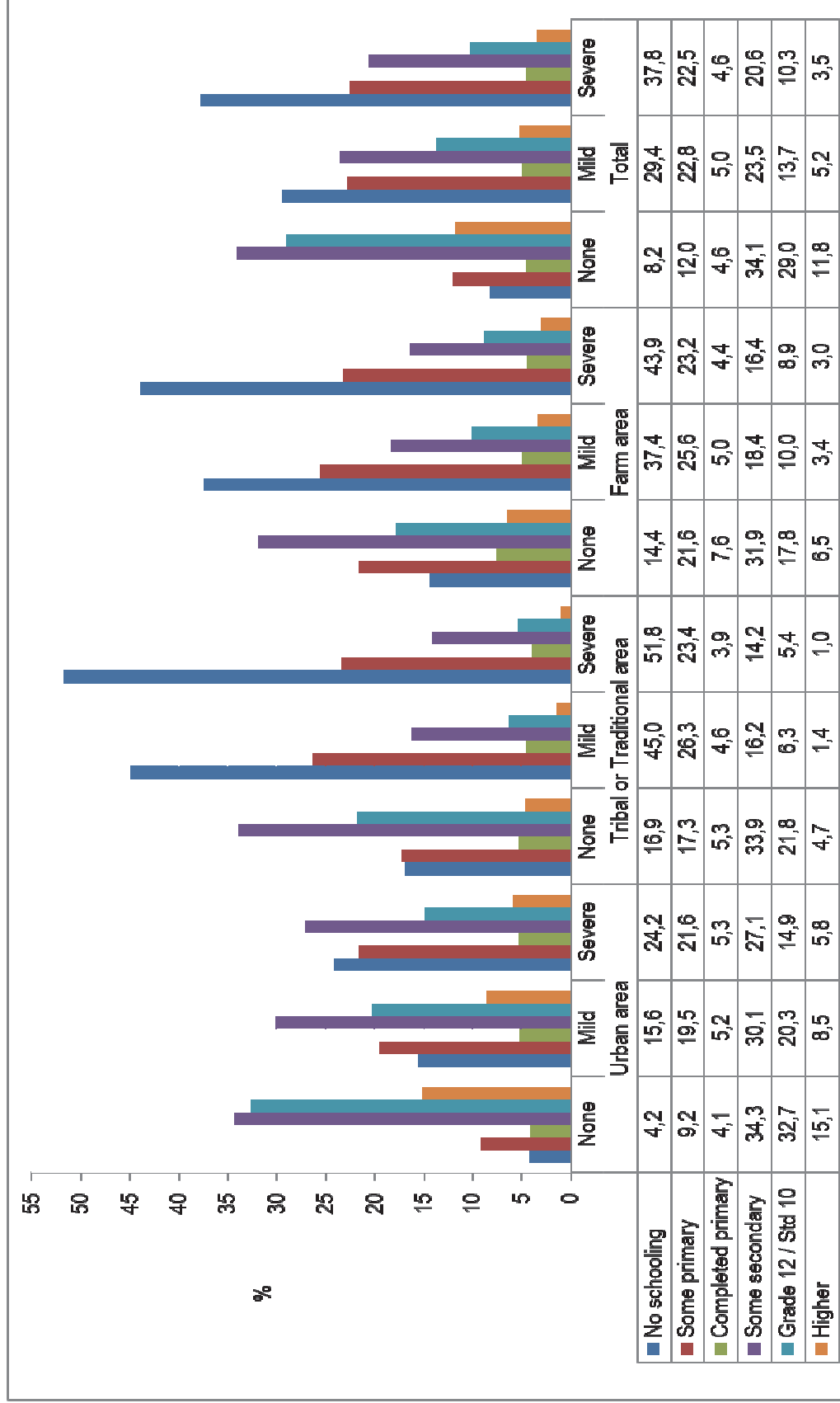
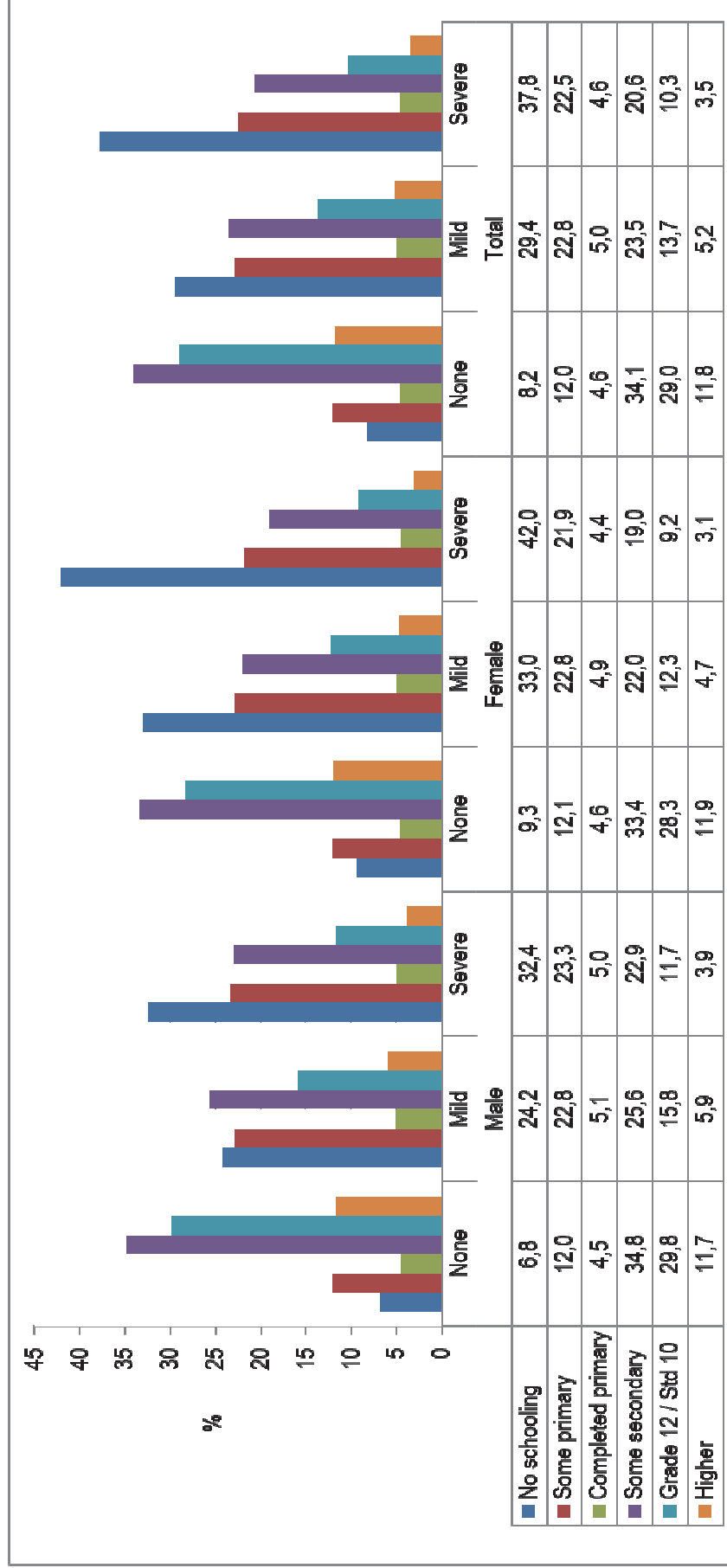


Figure 6.17 below shows differentials in level of education, sex and degree of difficulty in self-care among persons aged 20 years and older. The results show that males have a higher educational profile compared with females for those with difficulty in self-care. The proportion that had no formal education is higher for those with mild and severe difficulties in self-care (24% and 32%, respectively for males, and 33% and 42%, respectively for females).

**Figure 6.17: Percentage distribution of persons aged 20 years and older by level of education, sex and degree of difficulty in self-care**

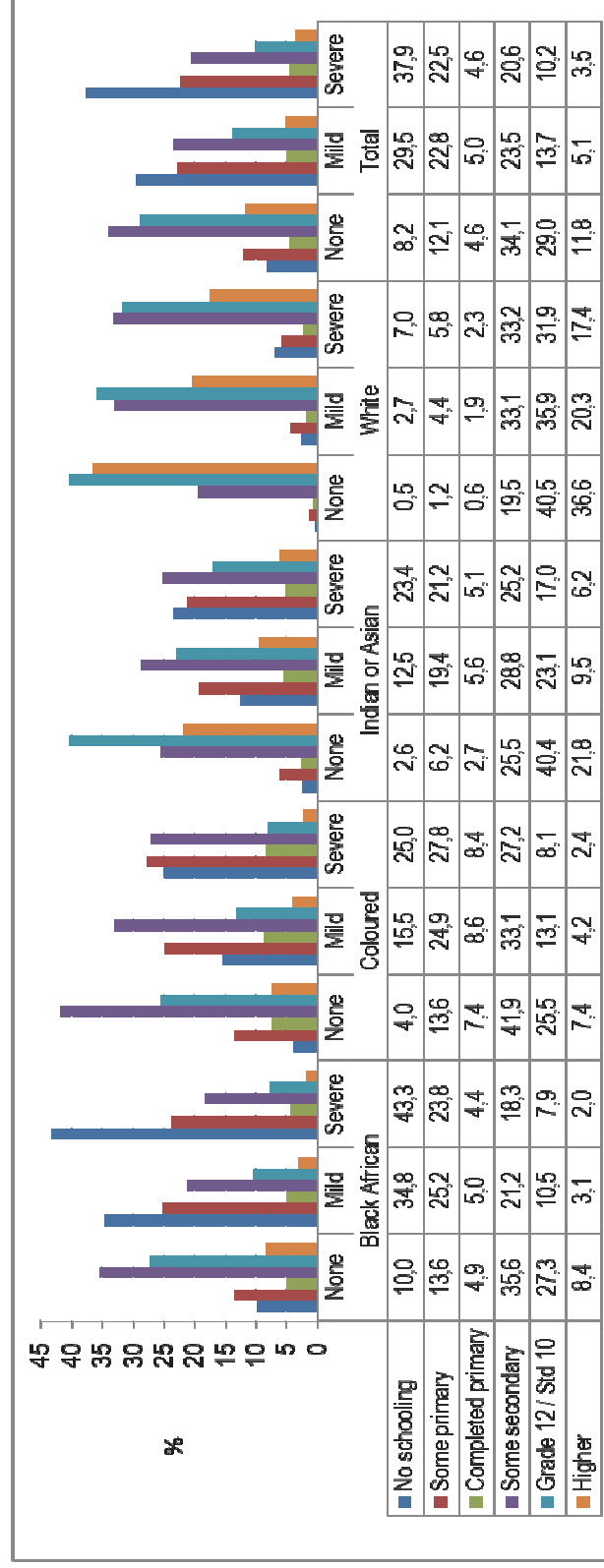


The results in Figure 6.18 show that the different population groups depict different educational outcomes. Among persons with severe difficulty in self-care, almost half (43,3%) had no formal education while 2% had attained a higher education.

The profile of the Coloured population shows that among persons with no difficulty, 42,2% had some secondary education, 26,7% had matric and 7,4% had attained a higher education. However, amongst persons with severe difficulty, a quarter had no formal education and only 2,4% had attained a higher education.

The profile of the Indian/Asian population group depicts a similar pattern to that of the white population group, characterised by high proportions of persons with secondary and higher education compared to other population groups. Results also show low proportions of persons with no formal education among these population groups.

**Figure 6.18: Percentage distribution of persons aged 20 years and older by level of education, population group and degree of difficulty in self-care**



## 6.4 Disability and level of education, based on disability index

This section focuses on the results emanating from the use of the UN disability index, focusing on the number of people with or without one or more difficulties.

Worldwide, literacy rates for adults with disabilities are indicated to be as low as 3% for both sexes and 1% for women in some countries<sup>70</sup>. Statistics on school enrolment indicate that over 90% of children with disabilities in low-income countries do not attend school; and girls with disabilities are more likely to drop out of school owing to lack of suitable facilities and a safe environment<sup>71</sup>. In addition, families and communities often do not prioritise education for girls and women with disabilities. Inclusive national policies and legislations and successful implementation of such policies are the backbone of addressing the challenges persons with disabilities face. Development initiatives such as those stated in the MDGs will not be achieved without the inclusion of children with disabilities<sup>72</sup>.

For many years, disability remained one of the key reasons for the exclusion of learners from mainstream schooling (the type of schooling available for most learners in ordinary schools). Children with disabilities were sent to special schools, often far away from their homes<sup>73</sup>.

The Baseline Country Report to the CRPD, approved by Cabinet in April 2013 has highlighted some of the challenges pertaining to the education of children with disabilities:

- Lack of qualified and skilled educators is not only a challenge in ordinary schools, but in particular also in special schools<sup>74</sup>.
- 59 special schools providing education for learners with sensory disabilities lack qualified teachers.
- There are 781 educators with basic Braille knowledge but without any qualifications.
- 89 educators teaching visually impaired learners do not have any knowledge of Braille at all.
- 985 educators teaching deaf learners know basic South African Sign Language but do not have any qualifications.
- 266 educators (21%) teaching deaf learners have no knowledge of South African Sign Language at all.

Table 6.13 and Figure 6.19 show that, generally, persons with disabilities are disadvantaged in terms of educational attainment compared to persons without disabilities. Among persons that achieved matric, the proportion of persons with no disability was almost three times that of persons with disabilities (11,7% compared with 30% respectively). Results show that only 5,1% of persons with disabilities had a higher education compared to 12,1% for persons with no disability – a figure that is less than half the national average of 11,5%. The profile of persons with disabilities shows that about a quarter (24,6%) of persons aged 20 years and older had no schooling or some primary education (25,7% compared to just 7,4% and 11,2%, respectively of those that had no disabilities).

<sup>70</sup>CRPD

<sup>71</sup>Ibid

<sup>72</sup>WHO and WORLD BANK (2011): World disability Report; WHO Malta

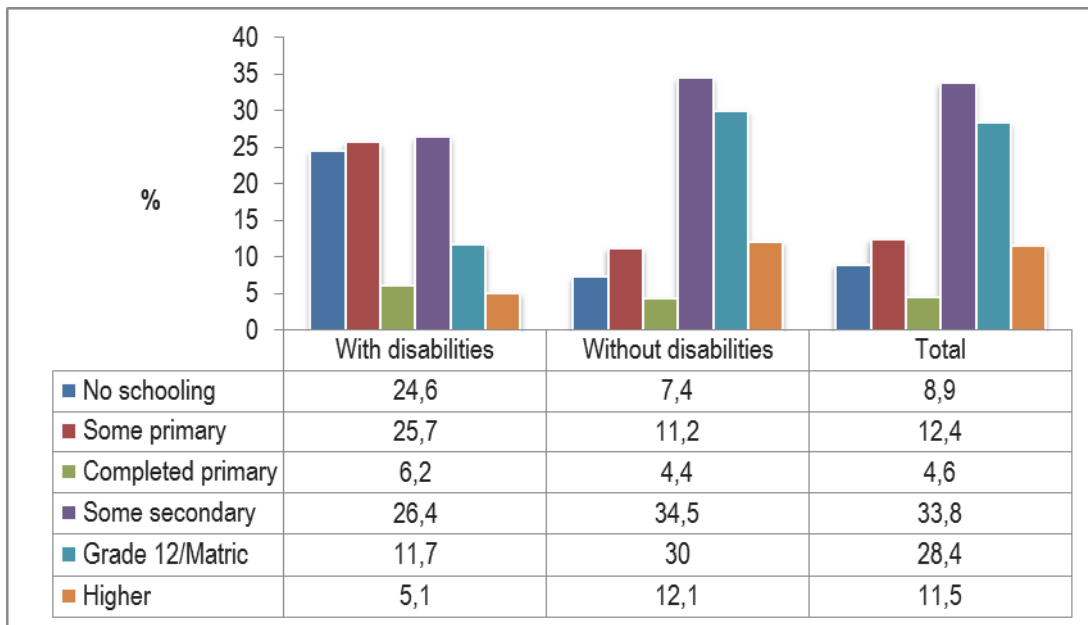
<sup>73</sup>Ibid

<sup>74</sup>Presentation to the portfolio committee on public service and administration: implementation of the CRPD, 2013

**Table 6.13: Distribution of persons aged 20 years and above by level of education and disability status (numbers and percentages)**

Level of education	With disabilities		Without disabilities		Total	
	Numbers	%	Numbers	%	Numbers	%
No schooling	528 293	24,6	1 752 112	7,4	2 280 405	8,9
Some primary	552 610	25,7	2 636 582	11,2	3 189 192	12,4
Completed primary	132 835	6,2	1 047 051	4,4	1 179 886	4,6
Some secondary	567 971	26,4	8 135 440	34,5	8 703 411	33,8
Grade 12/Matric	252 478	11,7	7 060 685	30,0	7 313 163	28,4
Higher	109 561	5,1	2 857 883	12,1	2 967 444	11,5
Other	7 973	0,4	84 000	0,4	91 973	0,4
<b>Total</b>	<b>2 151 721</b>	<b>100</b>	<b>23 573 753</b>	<b>100</b>	<b>25 725 474</b>	<b>100</b>

**Figure 6.19: Percentage distribution of persons aged 20 years and above by level of education and disability status**



Proportions not adding up to 100 due to exclusion of 'Other' category.

**Table 6.14: Distribution of persons aged 20 years and above by province, level of education and disability status (numbers and percentages)**

Province and disability status	Level of education								Total
	No schooling	Some primary	Completed primary	Some secondary	Grade 12/Matric	Higher	Other	Total	
WC	With disabilities	15 580	39 198	14 507	62 859	28 538	14 598	1 396	176 676
	Without disabilities	62 586	276 411	151 678	1 100 610	839 229	408 117	13 195	2 851 826
	<b>Total</b>	<b>78 166</b>	<b>315 609</b>	<b>166 185</b>	<b>1 163 469</b>	<b>867 767</b>	<b>422 715</b>	<b>14 591</b>	<b>3 028 502</b>
EC	With disabilities	91 858	115 546	28 279	93 599	23 919	12 166	844	366 211
	Without disabilities	233 454	441 588	161 366	1 012 096	585 952	249 146	6 766	2 690 368
	<b>Total</b>	<b>325 312</b>	<b>557 134</b>	<b>189 645</b>	<b>1 105 695</b>	<b>609 871</b>	<b>261 312</b>	<b>7 610</b>	<b>3 056 579</b>
NC	With disabilities	18 263	19 853	4 966	15 875	5 223	1 923	193	66 296
	Without disabilities	46 281	77 923	31 113	180 028	120 785	37 493	1 228	494 851
	<b>Total</b>	<b>64 544</b>	<b>97 776</b>	<b>36 079</b>	<b>195 903</b>	<b>126 008</b>	<b>39 416</b>	<b>1 421</b>	<b>561 147</b>
FS	With disabilities	33 434	56 397	11 916	47 230	19 716	7 186	433	176 312
	Without disabilities	69 894	177 644	64 926	449 353	366 470	127 997	3 724	1 260 008
	<b>Total</b>	<b>103 328</b>	<b>234 041</b>	<b>76 842</b>	<b>496 583</b>	<b>386 186</b>	<b>135 183</b>	<b>4 157</b>	<b>1 436 320</b>
KZN	With disabilities	134 861	127 250	25 546	107 499	53 995	18 919	1 330	469 400
	Without disabilities	389 116	520 313	170 217	1 334 239	1 373 261	399 312	11 629	4 198 087
	<b>Total</b>	<b>523 977</b>	<b>647 563</b>	<b>195 763</b>	<b>1 441 738</b>	<b>1 427 256</b>	<b>418 231</b>	<b>12 959</b>	<b>4 667 487</b>
NW	With disabilities	52 885	55 679	11 112	43 081	16 354	5 666	421	185 198
	Without disabilities	147 684	235 395	80 525	532 144	421 265	120 618	3 770	1 541 401
	<b>Total</b>	<b>200 569</b>	<b>291 074</b>	<b>91 637</b>	<b>575 225</b>	<b>437 619</b>	<b>126 284</b>	<b>4 191</b>	<b>1 726 599</b>
GP	With disabilities	44 063	73 332	21 643	135 607	75 402	37 273	2 630	389 950
	Without disabilities	213 853	451 285	213 329	2 130 458	2 279 116	1 141 410	33 878	6 463 329
	<b>Total</b>	<b>257 916</b>	<b>524 617</b>	<b>234 972</b>	<b>2 266 065</b>	<b>2 354 518</b>	<b>1 178 683</b>	<b>36 508</b>	<b>6 853 279</b>
MP	With disabilities	57 372	31 697	6 991	30 387	15 917	5 602	371	148 337
	Without disabilities	217 260	194 107	72 934	562 432	531 159	158 150	4 353	1 740 395
	<b>Total</b>	<b>274 632</b>	<b>225 804</b>	<b>79 925</b>	<b>592 819</b>	<b>547 076</b>	<b>163 752</b>	<b>4 724</b>	<b>1 888 732</b>



Province and disability status		Level of education										Total
		No schooling	Some primary	Completed primary	Some secondary	Grade 12/Matric	Higher	Other				
LP	With disabilities	79 977	33 658	7 875	31 834	13 414	6 228	355	173 341	100,0		
	Without disabilities	371 984	261 916	100 963	834 080	543 448	215 640	5 457	2 333 488	100,0		
	<b>Total</b>	<b>451 961</b>	<b>295 574</b>	<b>108 838</b>	<b>865 914</b>	<b>556 862</b>	<b>221 868</b>	<b>5 812</b>	<b>2 506 829</b>	<b>100,0</b>		
RSA	With disabilities	528 293	552 610	132 835	567 971	252 478	109 561	7 973	2 151 721	100,0		
	Without disabilities	1 752 112	2 636 582	1 047 051	8 135 440	7 060 685	2 857 883	84 000	23 573 753	100,0		
	<b>Total</b>	<b>2 280 405</b>	<b>3 189 192</b>	<b>1 179 886</b>	<b>8 703 411</b>	<b>7 313 163</b>	<b>2 967 444</b>	<b>91 973</b>	<b>25 725 474</b>	<b>100,0</b>		

The provincial profiles depicted in Table 6.14 show that Western Cape, followed by Gauteng province, had the lowest proportions of persons with disabilities with no education (8,8% and 11,3% respectively). Limpopo province recorded the highest proportion (46,1%), followed by Mpumalanga (38,7%). Gauteng, followed by Western Cape, had the highest proportions of persons with disabilities with a higher level of education (9,6% and 8,3% respectively). Eastern Cape, Northern Cape, Free State and North West had about 1 in 3 persons with a disability having some primary education.

Sex variations are shown in Table 6.15. Generally, females were more disadvantaged compared to males, particularly those with disabilities. Results show that among females with disabilities, a quarter had no schooling or primary education and only 4,4% had a higher education. Among females with no disability, 12,3% had attained a higher education, almost a third (29,5%) had completed matric and 8,5% had no formal education.

Results show that 21,4% of males with disabilities had no formal education, 24,9% had some primary education, 13,9% completed matric and 6,2% attained a higher education. The profile of males with no disabilities shows a better profile (11,9% had a higher education, three in ten completed matric or had some secondary education, and only 6,3% had no formal education).

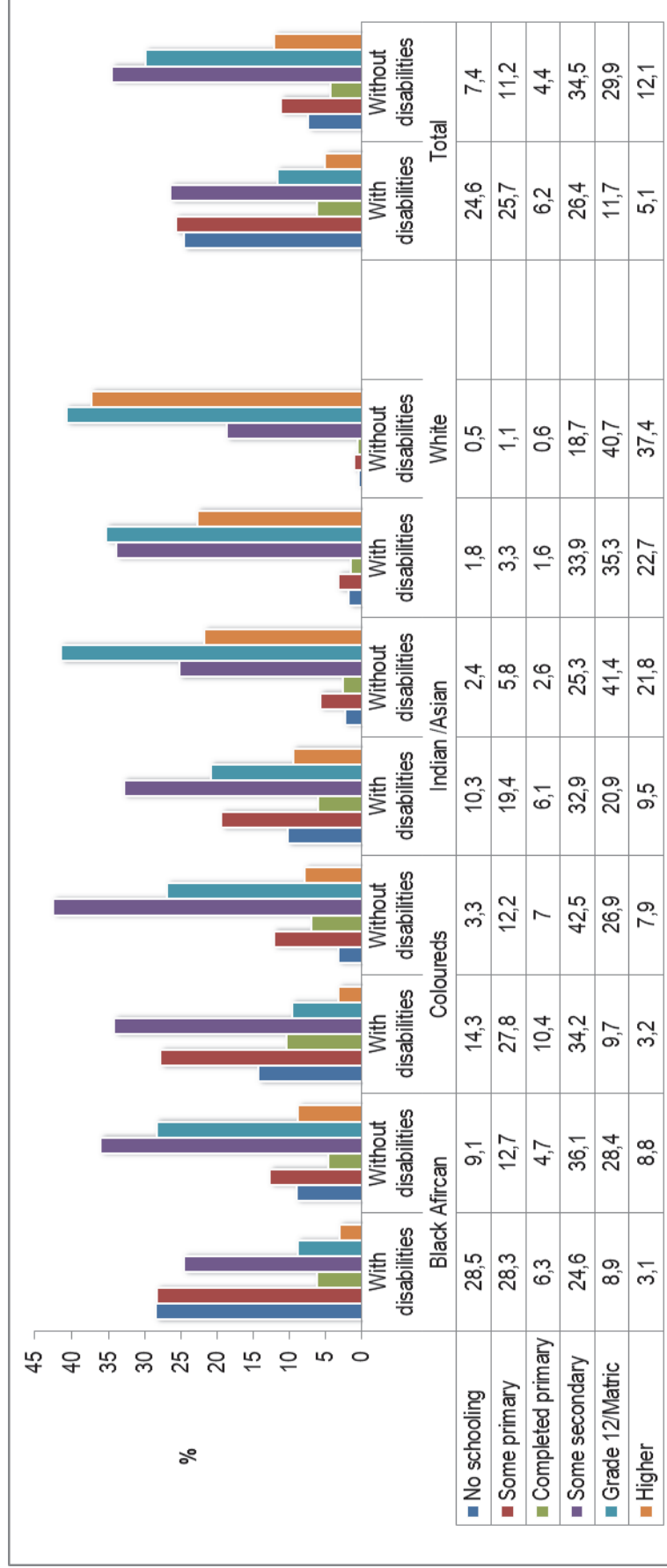
**Table 6.15: Distribution of persons aged 20 years and above by sex, level of education and disability status (numbers and percentages)**

Level of education (Numbers)	Male		Female		Total	
	With disabilities	Without disabilities	With disabilities	Without disabilities	With disabilities	Without disabilities
No schooling	174 993	698 163	353 300	1 053 949	528 293	1 752 112
Some primary	203 397	1 265 242	349 213	1 371 340	552 610	2 636 582
Completed primary	47 562	494 862	85 273	552 189	132 835	1 047 051
Some secondary	223 959	3 921 647	344 012	4 213 793	567 971	8 135 440
Grade 12/Matric	113 159	3 399 501	139 319	3 661 184	252 478	7 060 685
Higher	50 250	1 326 124	59 311	1 531 759	109 561	2 857 883
Other	3 886	43 948	4 087	40 052	7 973	84 000
<b>Total</b>	<b>817 206</b>	<b>11 149 487</b>	<b>1 334 515</b>	<b>12 424 266</b>	<b>2 151 721</b>	<b>23 573 753</b>
<b>Level of education (%)</b>						
No schooling	21,4	6,3	26,5	8,5	24,6	7,4
Some primary	24,9	11,4	26,2	11,0	25,7	11,2
Completed primary	5,8	4,4	6,4	4,4	6,2	4,4
Some secondary	27,4	35,2	25,8	33,9	26,4	34,5
Grade 12/Matric	13,9	30,5	10,4	29,5	11,7	30,0
Higher	6,2	11,9	4,4	12,3	5,1	12,1
Other	0,5	0,4	0,3	0,3	0,4	0,4
<b>Total</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>	<b>100,0</b>
No schooling						
Some primary						
Completed primary						
Some secondary						
Grade 12/Matric						
Higher						
Other						
<b>Total</b>						

Population group variations shown in Figure 6.20 indicate that black Africans with disabilities had the highest proportion who had no education compared to the proportions for other population groups (28,5%). They also recorded the highest proportion of those who had some primary education, followed by the coloured population group (28,3% and 27,8% respectively).

The educational profiles of whites and Indians/Asians show that these population groups had the highest proportions of persons who had a higher education (22,7% and 9,5% respectively). Overall, persons without disabilities had a better education profile regardless of population group.

**Figure 6.20: Percentage distribution of persons aged 20 years and above by population group, level of education and disability status**



Proportions not adding up to 100 due to exclusion of 'Other' category.

Literature on disability and education has shown that children and adults with disabilities tend to have limited access to education at all levels compared to persons without disabilities<sup>75</sup> <sup>76</sup>. The correlations for both children and adults between low educational outcomes and having a disability is often stronger than the correlations between low educational outcomes and other characteristics such as gender, rural residence, and low economic status<sup>77</sup>.

The two measures of disability utilised for this report have shown gaps and inequalities in access to education between persons with and without disabilities. The findings show that persons with severe difficulties are the most disadvantaged in terms of educational outcomes. This implies that access to education remains a major challenge for many persons with severe disabilities, resulting in lack of opportunities such as employment, translating into poor living circumstances. There is a need for all key role players in providing for the needs of persons with disabilities to promote access to education. Skills are essential in ensuring greater access to decent work and its associated benefits<sup>78</sup>.

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<sup>75</sup> CRPD

<sup>76</sup>WHO and WORLD BANK (2011): World disability Report; WHO Malta

<sup>77</sup>Ibid

<sup>78</sup>World Health Organization 2010; Community-Based Rehabilitation Guidelines

## 6.5 Disability and employment

### Introduction

Unemployment is one of the major challenges affecting the majority of persons with disabilities and their families. Persons with disabilities are often excluded from employment due to a number of factors such as discriminatory attitudes and practices, past ineffective labour legislations, inaccessible and unsupportive work environments, inadequate access to information, inaccessible public transport, and lack of skills. As a result, only few persons with disabilities get jobs in the open labour market, leaving a number of them working in sheltered/protective workshops run by the Departments of Social Development and Labour, by private welfare organisations or by persons with disabilities themselves<sup>79</sup>. Low levels of employment of persons with disabilities have socio-economic implications, such as poverty and dependency on the social security system in the form of disability grants, among others.

Persons with disabilities are often disadvantaged compared to those without disabilities as far as access to job market opportunities is concerned. This is partly attributed to limited formal education and skills. As a result, persons with disabilities tend to have worse labour market outcomes such as unemployment, partial employment or employment at lower wages than persons without disabilities. Unemployment rates of persons with disabilities are extremely high, particularly in developing countries<sup>80 81</sup>. Eight in ten persons with a disability are unemployed, making discrimination in terms of denial of employment opportunities one of the worst challenges faced by people living with disabilities<sup>82 83 84</sup>.

Because non-working persons with disabilities often do not look for jobs and are thus not counted as part of the labour force, the unemployment rate may not give the complete picture of their status in the labour market. Instead, the employment rate is more commonly used as an indicator of the labour market status of persons with disabilities<sup>85</sup>.

Research has also shown sex disparities in employment opportunities, with employment rates often higher for males with disabilities than for women with disabilities. The results emanating from the analysis of the data collected in the World Health Survey showed employment rates of 52,8% for men with disabilities and 19,6% for women with disabilities, compared with 64,9% of males, and 29,9%<sup>86</sup> of females without disabilities respectively.

This section provides statistics on the labour market status of persons with and without difficulty in some activity domains, namely seeing, hearing, communication, walking/climbing a flight of stairs, remembering or concentrating as well as self-care. Analysis on these functions is critical for monitoring and evaluating programmes and policies undertaken by the South African government and other stakeholders to address the needs of persons with disabilities. Of note is that the classification of persons with disabilities vs. those without disabilities in the analysis did not differentiate between severity of difficulty. The limited number of differences between persons with and without disabilities suggests that the analysis may need to be extended

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<sup>79</sup>White Paper 1997

<sup>80</sup>Department of Women, Children and Persons with Disabilities (2013). Baseline Country Report

<sup>81</sup>WHO AND WORLD (2011): World Disability Report; WHO Malta

<sup>82</sup>Ibid

<sup>83</sup>National Development Plan, 2012

<sup>84</sup>Eide A and Loeb M: 2005

<sup>85</sup>WHO and World Bank (2011): World Disability Report; WHO Malta

<sup>86</sup>Ibid

to determine the possible effects of the severity of difficulties on employment status. Some of this analysis is provided when analysing severity levels for the different activity domains (see Table 6.25 and further).

**Key labour market concepts and definitions used in this section include:**

**Working-age population:** Persons aged 15–64 years.

**Employed:** Person/s who worked for pay, profit, or family gain, in the reference period.

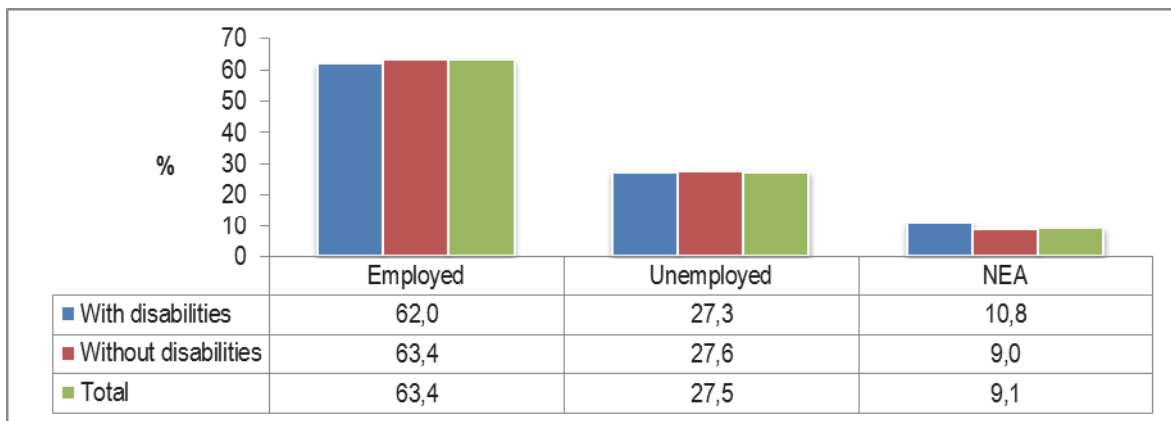
**Unemployed (official definition):** Persons who did not work, but who looked for work and were available to work in the reference period.

**Not economically active:** Persons who were neither employed nor unemployed (e.g. full-time students; retired persons; and homemakers who did not want to work).

**Disability and employment status**

Figure 6.21 below shows the distribution of persons aged 15–64 by labour market status (based on the official definition) and disability status. The profile of the employed persons shows that persons with disabilities have slightly lower proportions employed compared to persons without disabilities (62,0% and 63,4%). The profile of unemployed persons shows a similar pattern for those with and without disabilities. Results show that almost a third of the working-age population (27,5%) age were unemployed. Among persons not economically active, persons with disabilities had the highest proportions compared to those without disabilities (10,8% and 9,0% respectively).

**Figure 6.21: Percentage distribution of persons aged 15–64 by disability status and labour market status (official definition)**



The results in Figure 6.22 below show that employment levels were highest among males with no disabilities (68,7%) compared to females (58,1%). The unemployed and not economically active profile shows that females with disabilities, had higher proportions compared to their male counterparts.

**Figure 6.22: Percentage distribution of persons aged 15–64 by disability status, sex and labour market status**

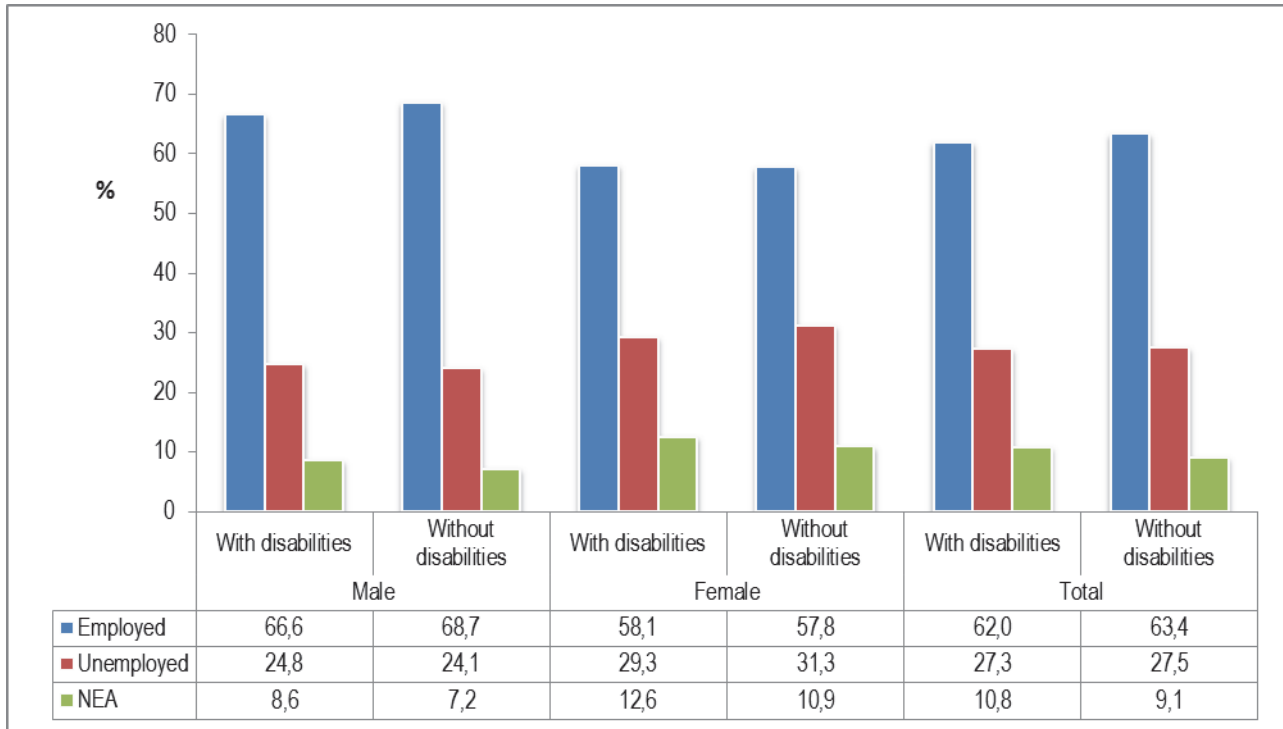


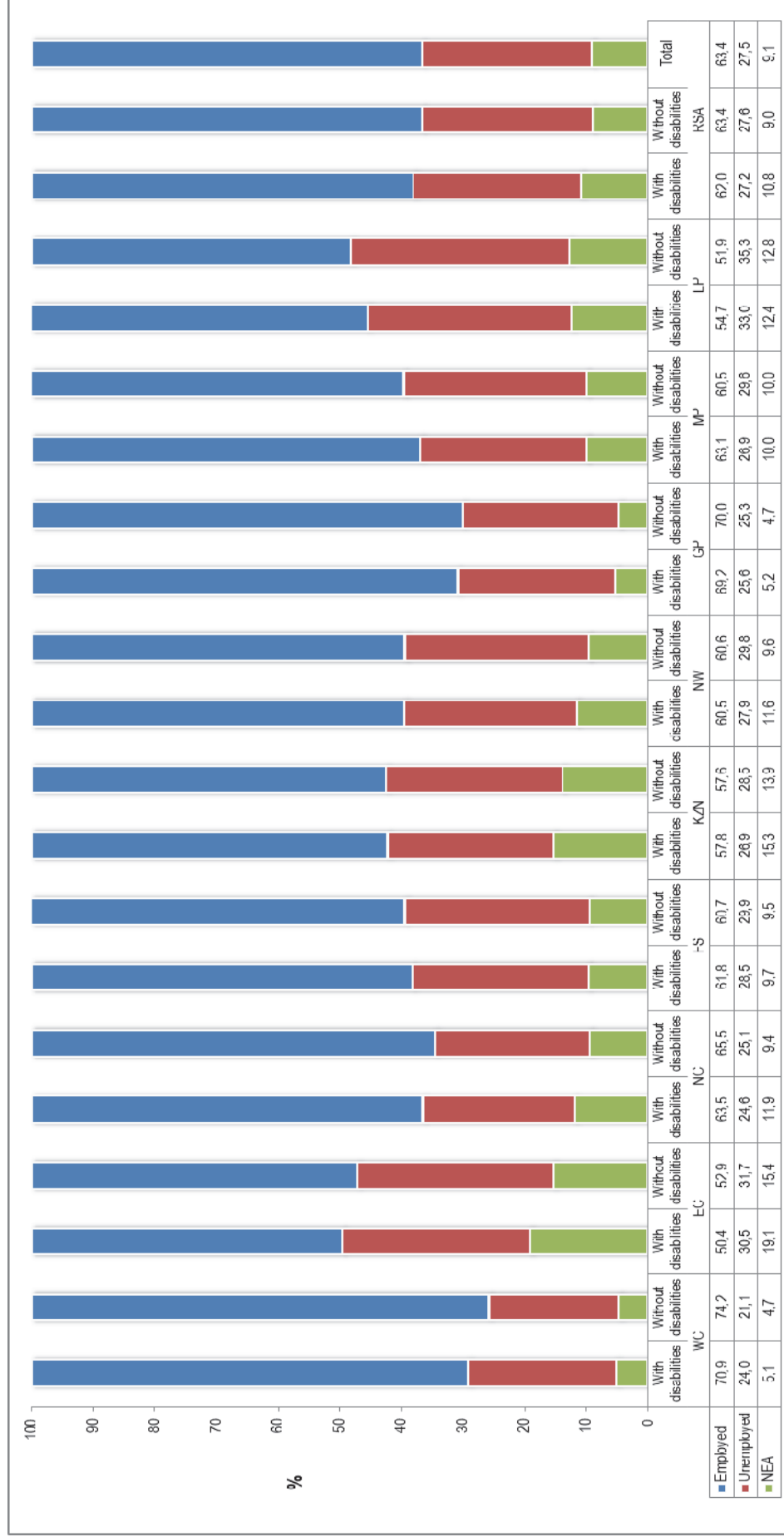
Figure 6.23 compares persons with and without disability by their labour market status and population group. Overall, employment levels are higher amongst persons with no disabilities compared to their those with disabilities across all population groups. The white population group had the highest employment levels amongst persons without disabilities, while black Africans had the lowest proportions (93,4% and 57,2% respectively). The results also show that among black Africans, employment levels for persons with and without disabilities were similar (57,0%), while other population groups show slightly higher proportions among persons with no disabilities. The profile of the not economically active persons also shows that black Africans had the highest proportions, particularly amongst persons with disabilities (12,5% for persons with disabilities and 10,7% for those with no disabilities).





The results presented in Figure 6.24 below show that persons with no disabilities living in Western Cape and Gauteng provinces had the highest proportion of employed persons (71% and 69% respectively), while Limpopo, Eastern Cape and KwaZulu-Natal provinces had the lowest proportions employed (51,9%, 52,9% and 57,6% respectively). The profile of unemployed persons shows that, with the exception of Limpopo province, there were no significant provincial variations among persons with and without a disability. Provincial profiles also show that Eastern Cape and KwaZulu-Natal provinces had the highest proportions of not economically active persons with a disability (19,1% and 15,3% respectively).

**Figure 6.24: Percentage distribution of persons aged 15–64 by disability status, province and labour market status**



**Table 6.16: Percentage of persons aged 15–64 employed by degree of difficulty in the six functional domains and province**

Type & degree of difficulty	Province									
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	
Seeing	None	26,1	39,3	37,0	31,6	37,8	51,5	37,5	27,3	
	Mild	51,4	31,8	40,3	40,6	40,0	53,3	43,7	37,9	
	Severe	41,9	23,7	30,5	33,4	28,8	32,6	44,7	36,1	27,6
Hearing	None	51,8	26,9	39,6	37,7	38,1	51,7	38,1	28,0	
	Mild	43,3	20,0	30,2	31,4	26,3	47,0	35,2	27,4	
	Severe	35,8	14,3	22,0	24,9	21,6	40,1	27,3	19,2	
Communication	None	51,7	26,8	39,4	37,5	38,0	51,7	38,1	28,0	
	Mild	40,4	18,1	27,9	29,8	23,1	44,9	32,0	24,4	
	Severe	25,5	10,3	14,5	17,8	14,0	32,0	19,3	13,3	
Walking	None	52,1	27,0	39,8	37,2	38,3	51,8	38,2	28,0	
	Mild	35,6	18,7	26,8	29,1	23,8	43,1	31,5	26,0	
	Severe	21,6	11,6	15,3	18,7	15,9	30,7	19,2	15,2	
Remembering	None	51,9	27,1	39,9	37,9	38,4	51,8	38,2	28,1	
	Mild	38,5	19,0	26,2	31,6	25,3	43,7	31,7	22,2	
	Severe	23,0	12,0	15,8	21,2	16,4	27,9	16,7	9,8	
Self-care	None	51,9	26,9	39,6	37,7	38,1	51,7	38,2	28,1	
	Mild	33,3	13,9	20,5	22,6	19,1	37,7	23,9	16,9	
	Severe	16,4	7,3	8,9	11,9	11,3	23,2	13,3	8,6	

Table 6.16 above provides the results on the proportion of employed persons of the working-age population (15–64 years) by type and degree of difficulty in the six activity domains of seeing, hearing, communication, walking/climbing flight of stairs, remembering or concentrating and self-care per province. The results show that the degree of difficulty is positively related to economic participation. With the exception of the seeing domain, employment levels were highest among persons with no difficulty and lowest among persons with severe difficulties across the provinces.

The provincial profile shows massive disparities between provinces among persons with and without difficulty in any of the six activity domains. Provinces commonly known as 'rural' had the lowest employment levels for persons with disabilities and those without disabilities. These include Eastern Cape, Limpopo, Northern Cape and KwaZulu-Natal. Urban provinces such as Western Cape and Gauteng had the highest employment levels among persons with and without difficulty.

The employment profile of persons with and without difficulty in seeing implies that sight to some extent does not prevent people from accessing employment, since mild difficulty can be overcome with the use of eyeglasses/contact lenses as assistive devices.

A similar profile of low levels of employment among persons with severe difficulties was observed in other countries' censuses. The latest census findings in Indonesia showed that having a mild disability gives a person only a 64,9% chance of being employed relative to persons without disabilities, while having a severe disability reduced the relative chance of being employed to only 10,2%<sup>87</sup>.

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<sup>87</sup>People with disabilities in Indonesia; Empirical facts and Implications for social protection policies, 2013, Demographic Institute Faculty of Economics, University of Indonesia

The results in Table 6.17 below show that females with disabilities were more marginalised as depicted by the low levels of employment compared to their male counterparts across all activity domains.

However, it was noted that both males and females with severe disabilities were significantly less likely to be working compared to those with no difficulty. It can thus be concluded that disability severity has a strong bearing on one's employability and willingness to look for jobs.

It is also not surprising to see such a labour statistics profile, given the access to education imbalances that exist between persons with and those without disabilities presented in preceding sections. The interplay between disability, education and employment cannot be overemphasised.

**Table 6.17: Percentage of persons aged 15–64 employed by degree of difficulty in six functional domains and sex**

Type & degree of difficulty		Sex	
		Male	Female
Seeing	None	45,7	33,3
	Mild	51,6	37,1
	Severe	40,3	30,0
Hearing	None	46,3	33,9
	Mild	41,5	25,8
	Severe	31,2	20,8
Communication	None	46,3	33,7
	Mild	35,2	25,6
	Severe	21,4	15,7
Walking	None	46,5	33,9
	Mild	34,7	26,2
	Severe	20,8	17,5
Remembering	None	46,5	34,0
	Mild	35,0	25,5
	Severe	18,6	17,1
Self-care	None	46,4	33,8
	Mild	26,1	21,4
	Severe	13,3	12,4

Table 6.18 gives the percentage of employed persons with mild and severe difficulty and those without difficulty in a particular activity domain by population group. The results show that the severity of difficulty greatly impacts on economic outcomes pertaining to employment, and different population groups are affected differently. The results pertaining to the degree of difficulty depict persons with severe difficulties in all activity domains being the most disadvantaged. The profile of persons with mild and severe difficulty shows how the latter are disadvantaged, particularly the black African and coloured population groups compared to other population groups.

Among persons with no difficulty in functioning, more than two-thirds of whites were employed, while black Africans had the lowest proportions across all activity domains. Results further showed that coloureds had better employment levels compared to black Africans. Almost half (47%) of coloureds with no difficulty in functioning were employed compared to just over a third among black Africans across the six activity domains.

**Table 6.18: Percentage of persons aged 15–64 employed by degree of difficulty in six functional domains and population group**

Type & degree of difficulty		Population group			
		Black African	Coloured	Indian/Asian	White
Seeing	None	34,3	47,1	55,6	69,6
	Mild	39,1	47,6	50,5	66,4
	Severe	32,0	36,9	40,4	58,0
Hearing	None	34,9	47,2	55,1	69,4
	Mild	28,6	36,3	40,4	63,4
	Severe	22,1	28,2	33,3	57,9
Communication	None	34,8	47,1	54,9	69,3
	Mild	25,9	33,1	43,5	55,0
	Severe	15,4	17,5	34,3	40,9
Walking	None	35,0	47,5	55,4	69,6
	Mild	26,4	30,2	35,9	56,2
	Severe	16,6	17,3	23,9	41,6
Remembering	None	35,0	47,3	55,2	69,5
	Mild	26,5	31,8	37,8	58,1
	Severe	16,4	17,9	24,1	39,6
Self-care	None	34,9	47,3	55,1	69,5
	Mild	20,2	28,3	35,1	49,1
	Severe	11,1	13,3	21	31,3

The results depicted in Table 6.19 show that farm areas, followed by urban areas, had the highest proportion of persons employed, while tribal/traditional areas were characterised by very low levels of employment, making tribal/traditional areas the most disadvantaged. Persons in farm areas are usually living there because of being employed. This may explain the high proportion of people employed in these areas. The profile of persons with severe difficulty shows that the degree of difficulty had an effect on labour force participation; this group being the most marginalised across all population groups.

**Table 6.19: Percentage of persons aged 15–64 employed by degree of difficulty in six functional domains and geography type**

Type & degree of difficulty		Geography type		
		Urban area	Tribal/traditional area	Farm area
Seeing	None	46,7	18,6	61,3
	Mild	48,3	23,8	62,1
	Severe	39,0	19,8	52,3
Hearing	None	47,0	19,1	61,5
	Mild	39,5	15,7	57,4
	Severe	32,2	12,6	48,2
Communication	None	46,9	19,2	61,4
	Mild	37,9	12,8	54,2
	Severe	24,8	8,7	35,1
Walking	None	47,1	19,2	61,7
	Mild	35,6	14,9	53,6
	Severe	23,2	9,6	35,9
Remembering	None	47,1	19,3	61,7
	Mild	36,6	15,6	53,5
	Severe	22,4	9,8	37,6
Self-care	None	47,0	19,2	61,6
	Mild	31,0	10,5	41,1
	Severe	17,2	6,3	23,6

It is widely known that urban areas are characterised by a vast range of employment opportunities in both formal and informal economies, while rural areas are basically dependent on small scale employment options<sup>88</sup>. Confinement of persons with disabilities in rural settings thus provides them with limited employment opportunities.

In South Africa, sheltered employment opportunities as well as protective workshops and initiatives that target persons with disabilities in terms of employment are both concentrated in urban areas<sup>89</sup>.

<sup>88</sup>World Health Organization 2010: Community-based rehabilitation: CBR guidelines

<sup>89</sup>Department of Women, Children and Persons with Disabilities (2013): Baseline Country Report



## 6.6 Disability and income

### Introduction

Income is one of the key variables that give statistics on poverty levels and the degree of inequalities in a given society. However, questions on income remain one of the sensitive subjects in a survey/census, and statistics on this variable are often regarded unreliable and should be interpreted with caution. For all three censuses conducted in post-apartheid South Africa, the question on income required respondents to give the income category/band rather than an exact amount of income. In Census 2011, all persons in conventional households (including children) were asked to report on income. Respondents were given the option of reporting on either monthly or annual income based on the reference period (12 months preceding the census; 9–10 October 2011). Respondents were asked to report on gross income (including all sources of income such as salaries and wages, social grants, UIF, remittances, rentals, investments, sales or products, services, royalties, dividends, etc.).

### Calculation of individual income

Because individual income was recorded in intervals rather than exact amounts, a fixed amount was allocated to each category/range in order to do the calculations. The amounts that were arrived at are as follows:

- persons with no income were not adjusted;
- for the first income category among those with incomes, the amount is R3 200 (i.e. two-thirds of the top cut-off point of this bracket);
- for the second income category, the amount is the midpoint of the class interval;
- for the last income category, the amount is R4 915 200;
- for all other income categories, the amount was calculated as the logarithmic mean of the top and bottom of the given interval. This allocation is indicated in the table below:

**Table 6.20: Annual income bands and midpoints per income category**

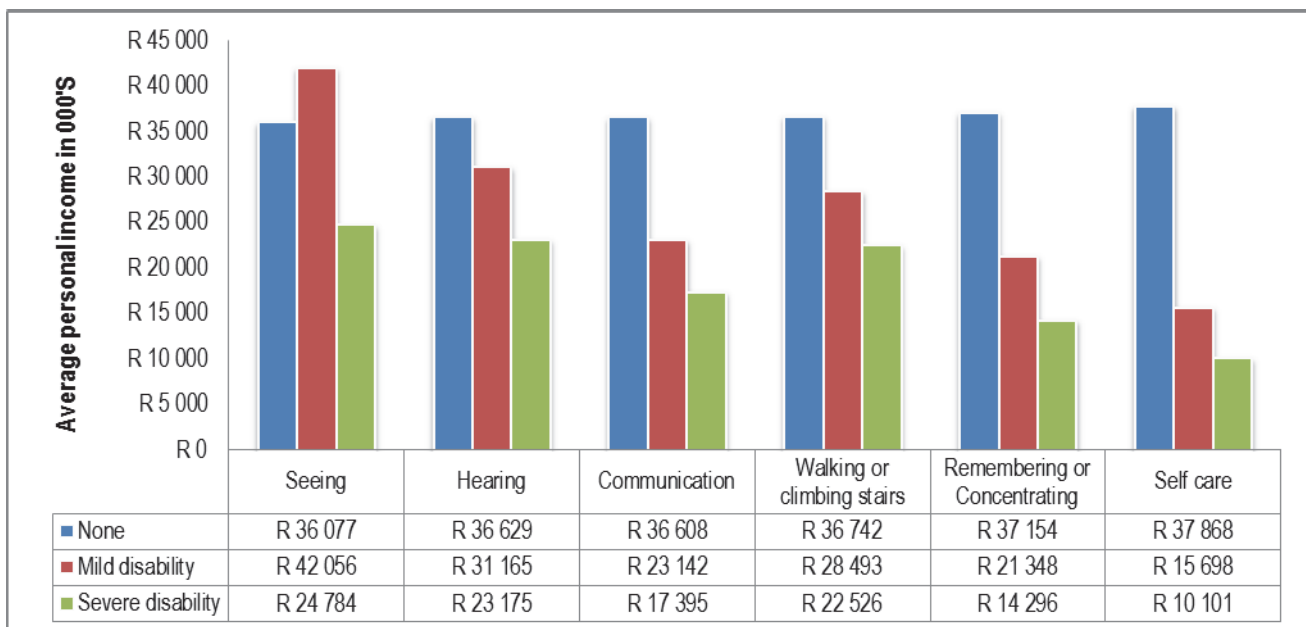
Income range code	Range	Proxy values allocated (midpoints)
01	No income	0
02	R1 – R4 800	3 200
03	R4801 – R9 600	7 200
04	R9 601 – R19 200	13 576
05	R19 201 – R38 400	27 153
06	R38 401 – R76 800	54 306
07	R76 801 – R153 600	108 612
08	R153 601 – R307 200	217 223
09	R307 201 – R614 400	434 446
10	R614 401 – R1 228 800	868 893
11	R1228801 – R2 457 600	1 737 786
12	R2 457 601 or more	4 915 200

Based on proxy values allocated for each income band/category, average annual personal income was computed and analysis performed to assess variations by disability status, sex, population group and geography type.

The South African social security system provides financial benefits in the form of disability grants for people over the age of 18 years and care dependency grants for children with severe physical (including sensory) and/or mental disabilities between the ages of 1 and 18 years<sup>90</sup>. This is aimed at developing capacity for independent living, self-sufficiency and integration of persons with disabilities into the mainstream society<sup>91</sup>.

Government efforts to mitigate development challenges of persons with disabilities show that about 1,2 million persons were beneficiaries of the disability grant, 114 993 persons accessed care dependency grants, and 536 747 persons accessed a grant-in-aid during the 2011/12 financial year<sup>92</sup>. Despite government efforts to empower persons with disabilities financially, there is a need for those that are able and willing to work to have alternative sources of income to support themselves and their families.

**Figure 6.25: Average annual personal income by degree of difficulty and disability type**



Results in Figure 6.25 above show wide disparities pertaining to earnings. Generally, persons without disabilities earn more income than persons with disabilities. It is not surprising to see that even among persons with disabilities, disability severity and type of disability determine how much people earn. Persons with mild disabilities earn higher incomes compared to those with severe disabilities. Generally, persons with sight disabilities earn more income compared to other activity domains. Results also showed that among persons with severe disabilities across all types of disabilities, those with sight disabilities earn a higher income (R24 784) on average than those with severe hearing, communication, physical, mental or self-care disabilities. It is plausible for persons with mild disabilities to earn more income than persons with disabilities. It is most likely people who wear glasses who reported mostly mild difficulties in seeing.

Figure 6.26 shows that sex differentials in annual earnings exist. The results show that male persons without disabilities earn a higher income compared to those with disabilities. Among persons with disabilities, a similar pattern is depicted (males earn double what females earn regardless of the degree of disability). For example, among those with a hearing disability, those with mild disability earn slightly higher amounts compared to those with severe difficulties for both sexes (R31 165 and R 23 175

<sup>90</sup> White Paper 1997

<sup>91</sup> Ibid

<sup>92</sup> The Presidency, RSA 2012 . Development Indicators

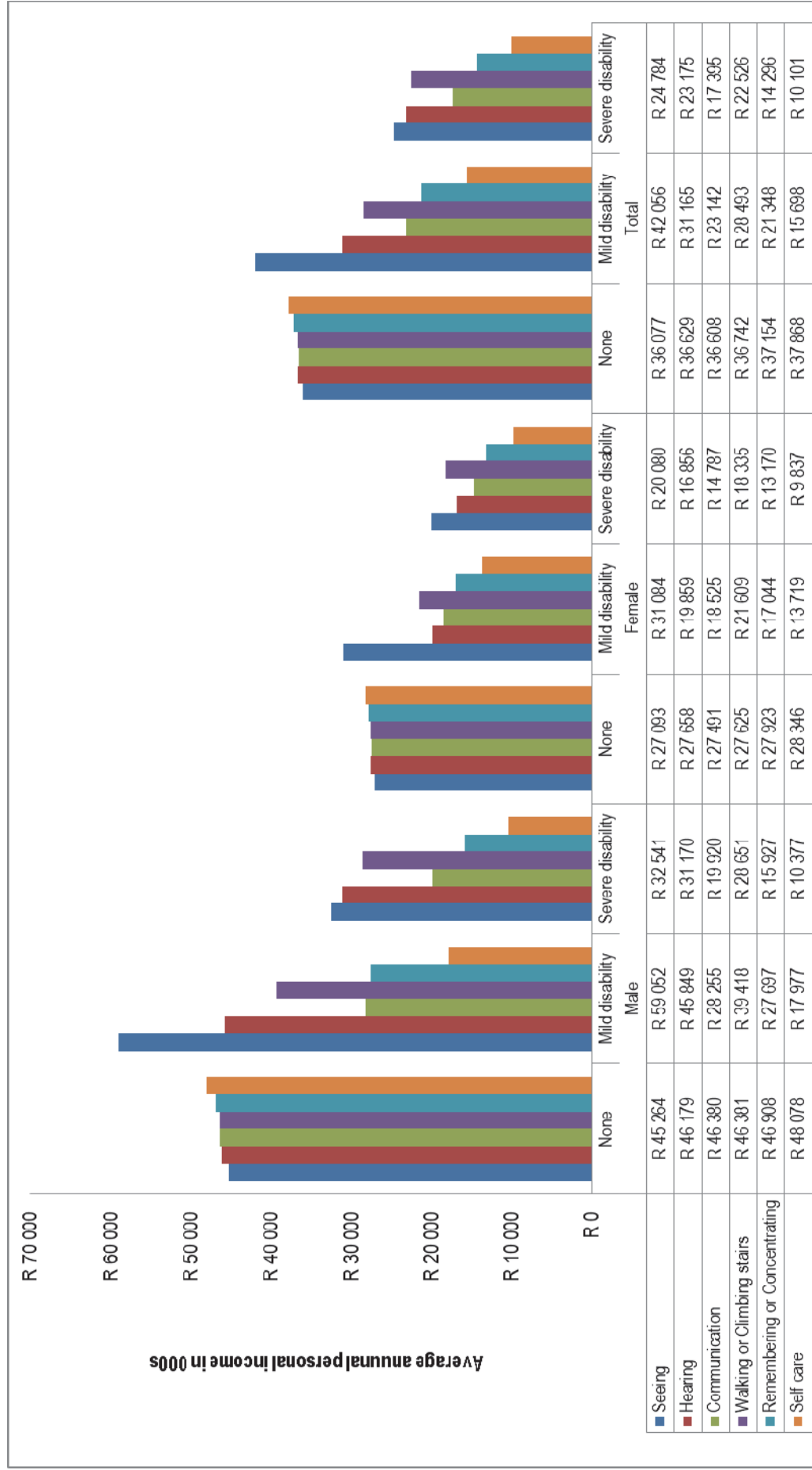
respectively). Females with severe hearing difficulty earn as low as R16 856 annually while their male counterparts earn almost double this amount (R31 170).

Analysis on disability type and income levels show that persons with physical disabilities, particularly those that cannot provide for themselves in terms of self-care, earn less income compared to other disability types. For both sexes, persons with severe self-care disabilities earn about R10 000 on average annually and females in particular earn even less income (R9 837). Such low incomes earned translate into low socio-economic status amongst persons with disabilities, females in particular being the worst affected. This analysis on disability and income reaffirms the existence of a strong relationship between disability and poverty<sup>93</sup>. Inadequate income places this group into the lowest economic ladder, leading to an increase in households of persons with disabilities living in dire circumstances. The economic situation is even worse for women with disabilities who often find themselves excluded from social and economic activities due to traditional stereotypes relating to gender roles in society.

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<sup>93</sup> White Paper 1997

**Figure 6.26: Average annual personal income by sex, degree of difficulty and disability type**



**Figure 6.27: Average annual personal income by population group, degree of difficulty and disability type**

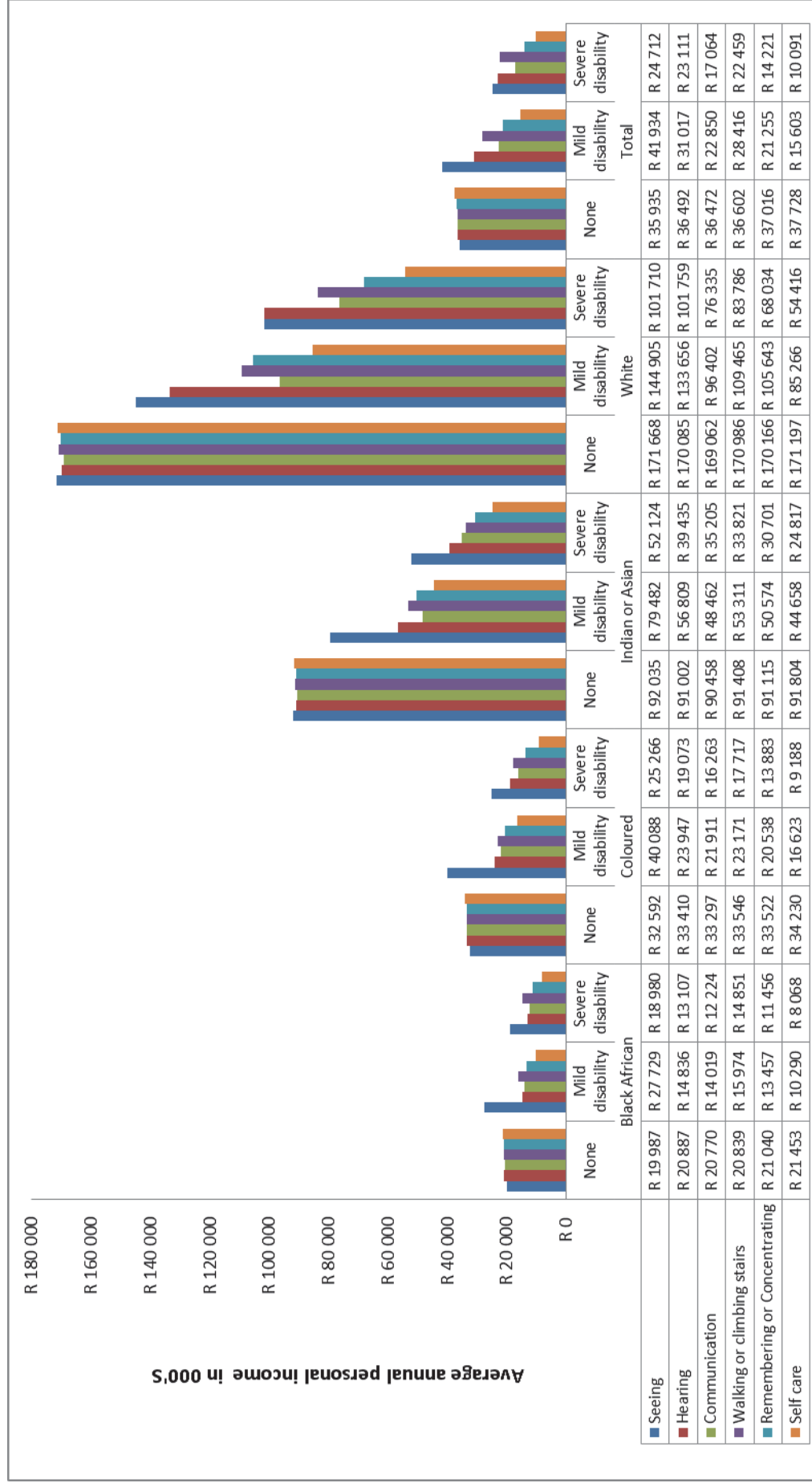
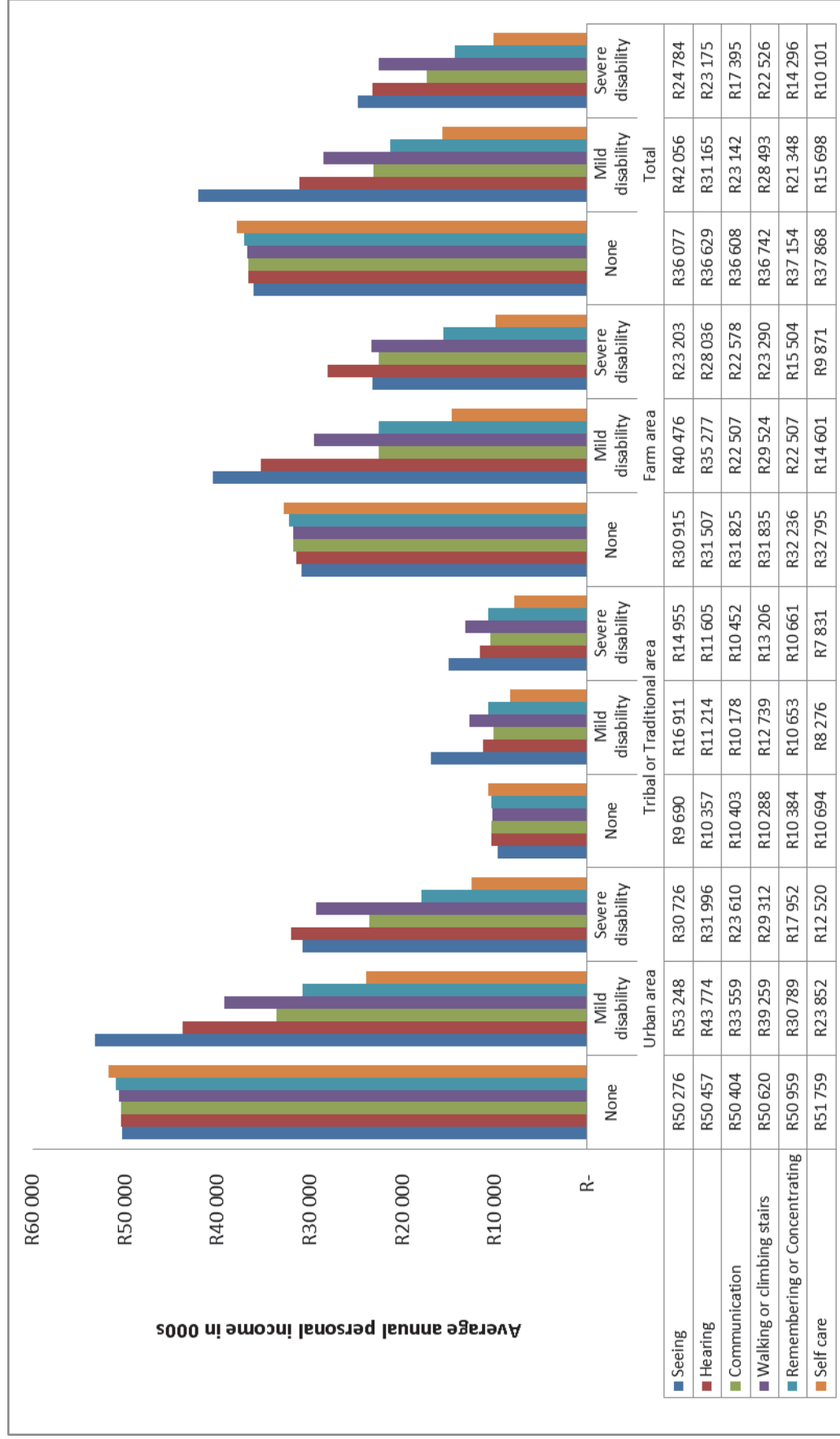


Figure 6.27 shows earnings by disability type and population group. The results show that whites, followed by Indians/Asians, had substantially higher annual earnings compared to coloureds and black Africans across all degrees of difficulty and types. With the exception of persons with sight difficulties, black Africans with mild and severe difficulties earn less than R20 000 on average annually, while their white counterparts earn four times this amount.

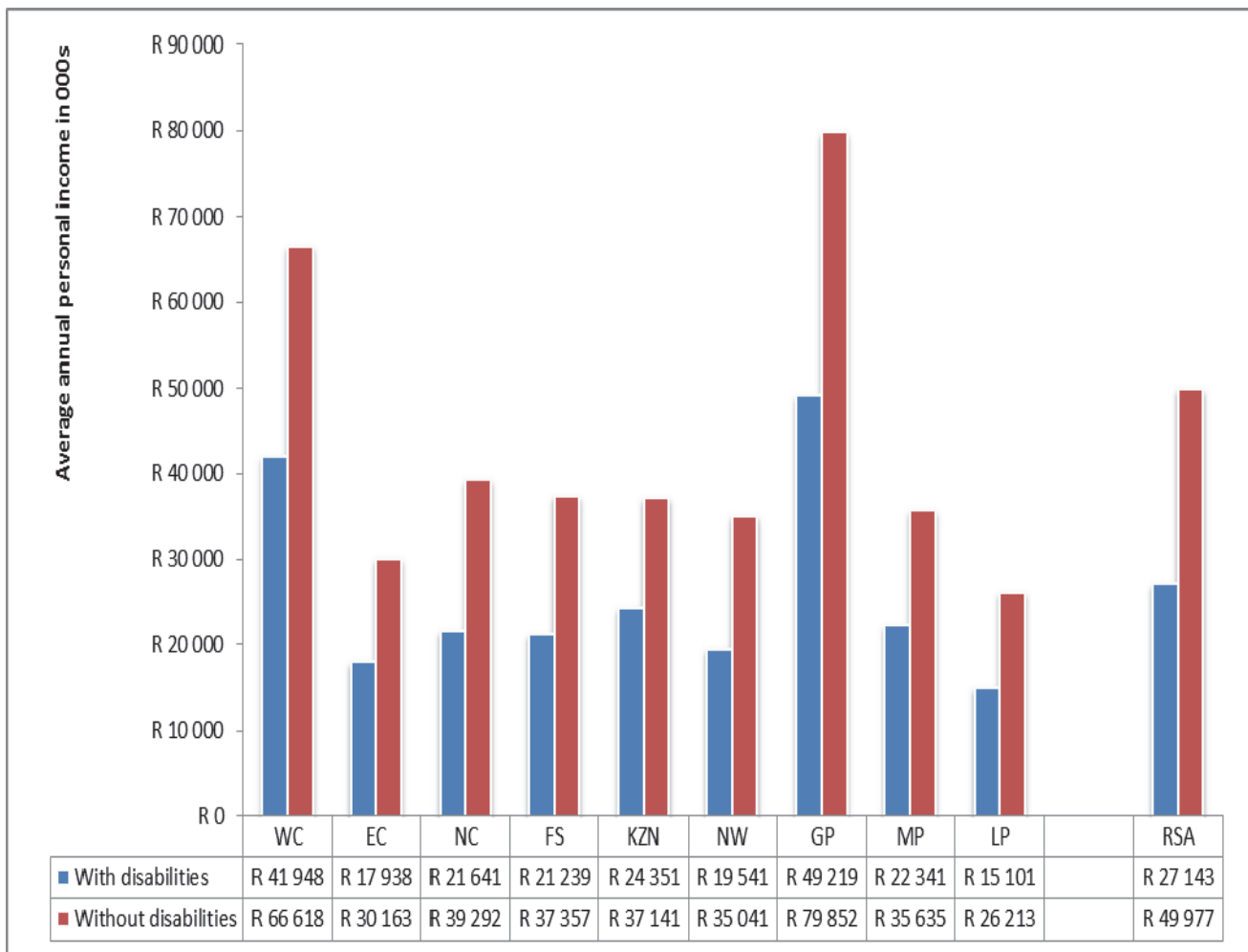
**Figure 6.28: Average annual personal income by geography type, degree of difficulty and disability type**



The results in Figure 6.28 above show massive earning disparities by geography type as a proxy for place of residence. Persons with disabilities in urban areas generally have higher earnings, followed by farm dwellers and lastly those in tribal/traditional areas. With the exception of sight disability, persons with disabilities in tribal/traditional areas have the lowest earnings (less than R15 000 for mild and severe disabilities). Urban dwellers that with disabilities on the other hand, earn double the amount rural dwellers earn.

The geographical divide in terms of earnings is a reflection of a combination of factors: high levels of functional illiteracy amongst adults with disabilities as a result of the lack of educational opportunities for children with disabilities, low educational attainment under apartheid (for older people) and limited access to employment opportunities in rural areas<sup>94</sup>. In addition, it is widely known that many of the persons with disabilities are often offered unskilled jobs with lower income, even though some of them can perform well in their working environments.

**Figure 6.29: Average annual personal income by disability status and province**



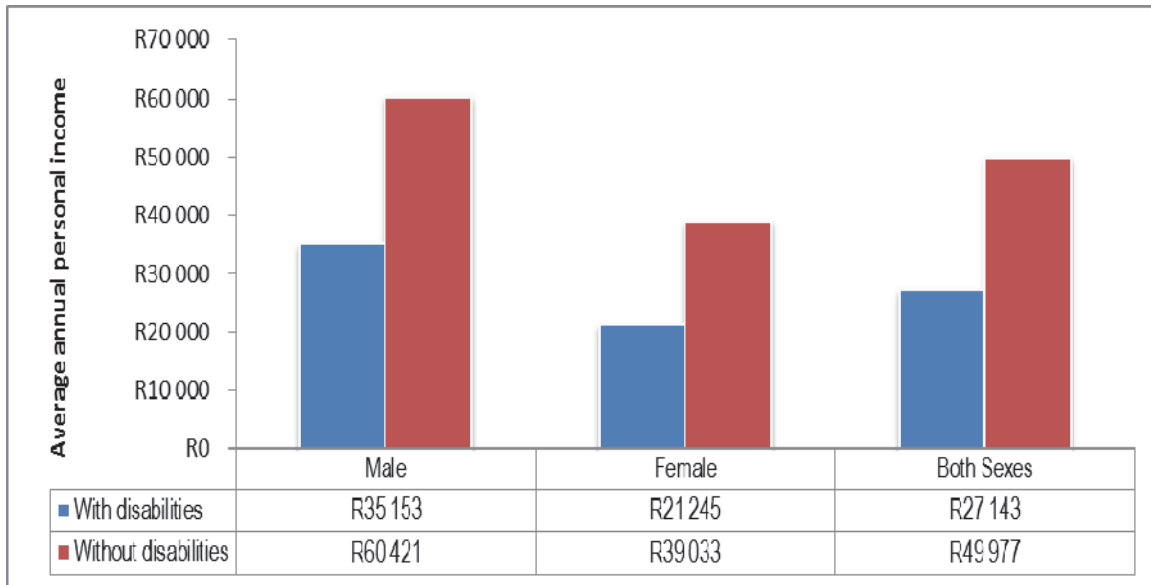
Results in Figure 6.29 above show high earning disparities across provinces. Persons with disabilities in urban provinces (Gauteng and Western Cape) generally have higher earnings compared to the rest of the provinces. Persons with disabilities in Limpopo have the lowest income, followed by Eastern Cape (R15 101 and R17 938 average annual income respectively).

<sup>94</sup>White Paper 1997



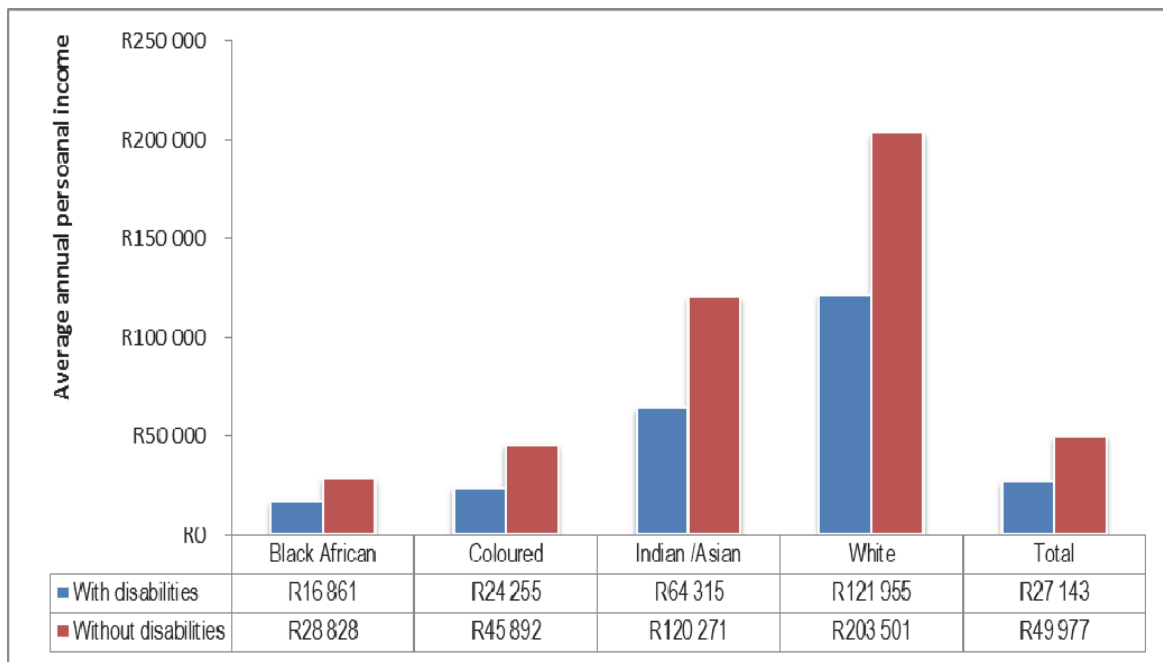
Figure 6.30 shows sex differentials in annual earnings. Results show that, generally, men with no disabilities earn higher income compared to those with disabilities. Among persons with disabilities, a similar pattern is depicted (males earn double what females earn).

**Figure 6.30: Average annual personal income by disability status and sex**



The results presented in Figure 6.31 show that the white and Indian/Asian population groups have substantially higher annual earnings compared to coloureds and black Africans, regardless of disability status. Black Africans with disabilities have the lowest income (R16 861) while their white counterparts earn four times this amount. Such gaps in earnings show that the economic status of persons with disabilities greatly varies across the different population groups.

**Figure 6.31: Average annual personal income by disability status and population group**



All in all, persons with disabilities were more likely to be poor than persons without disabilities due to limited earnings, which to some extent is a reflection of their limited skills and employment opportunities.

## CHAPTER 7: ACCESS TO HOUSING AND BASIC SERVICES

### 7.1 Introduction

The provision of basic services to the public, particularly disadvantaged groups, has been at the cornerstone of the government's policy. Persons with disabilities make up a large subset of the world's poor and vulnerable populations, and as a result, are exposed to poor living conditions in terms of housing and sanitation and they may also have limited access to basic services. Statistics on living circumstances of persons with disabilities are paramount in planning, service delivery and monitoring processes pertaining to realisation of the rights and equality of South Africans with disabilities.

This section provides insights into the living circumstances of households headed by persons with disabilities and how they compare with those headed by persons without disabilities. Information pertaining to access to formal housing, clean water, electricity and sanitation is discussed.

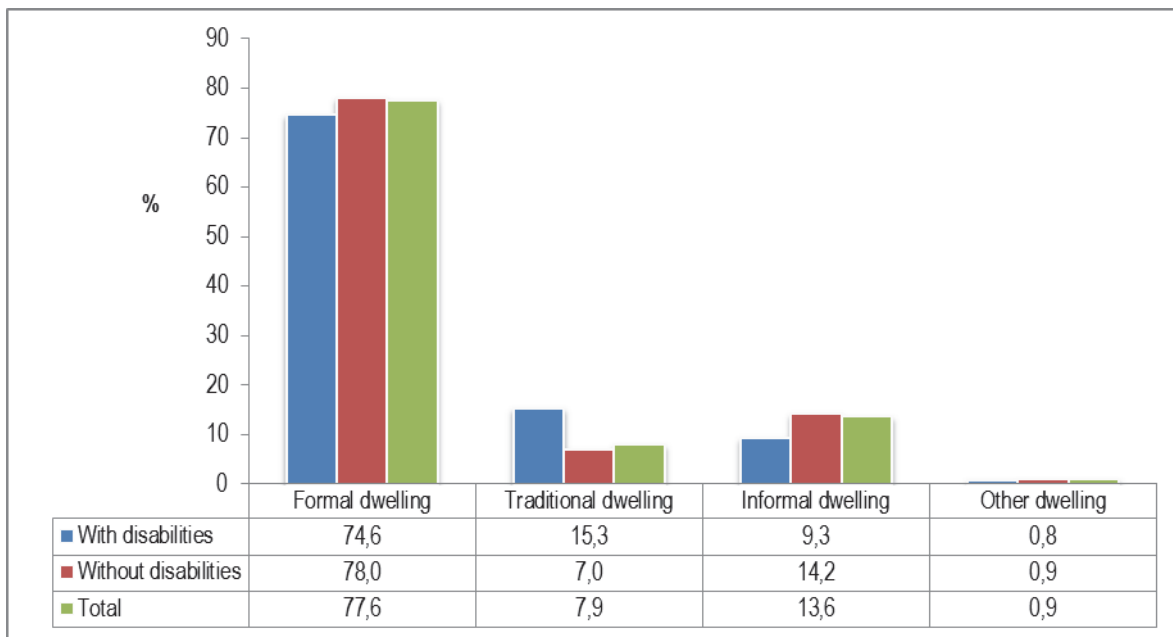
### 7.2 Access to housing

Access to adequate housing is a fundamental right enshrined in the South African Constitution<sup>95</sup>. It is thus crucial to assess the extent to which households headed by persons with disabilities in terms of access to services (including adequate housing) compare with those headed by persons without disabilities. Identifying households in need of decent housing, particularly those headed by persons with disabilities, is paramount as the government strives to address challenges faced by this vulnerable group.

Figure 7.1 shows the proportion of households by disability status of head of household and type of main dwelling. South Africa has about 77,6% of households living in formal dwellings while 13,6% and 7,9% are living in informal and traditional dwellings respectively. The profile of households living in formal dwellings shows slight differences between households headed by persons with and without disabilities. More than two-thirds live in formal dwellings (74,6% and 78%). The proportion of households headed by persons with disabilities living in traditional dwellings is two times higher than that for households headed by persons without disabilities (15,3% and 7% respectively). Less than 10% of households headed by persons with disabilities lived in informal dwellings compared with 14% of those headed by persons without disabilities.

<sup>95</sup>Act No. 108 of 1996, Chapter 2: Bill of Rights

**Figure 7.1: Percentage distribution of households by disability status of head of household and type of main dwelling**

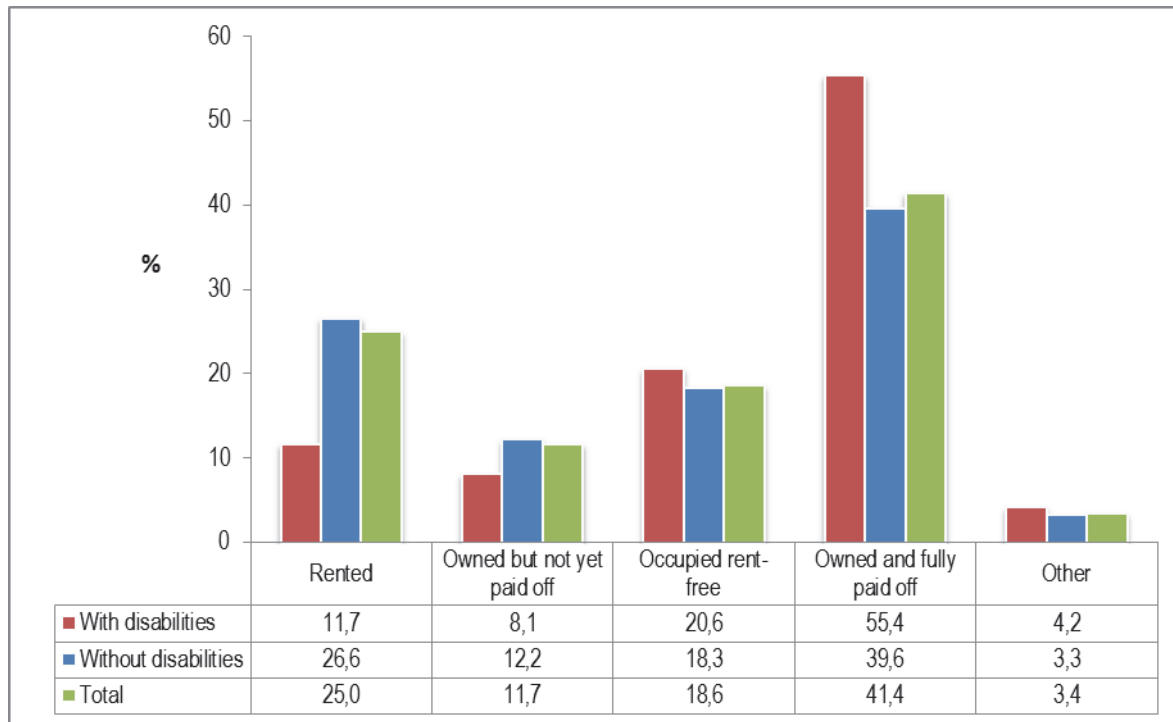


Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.

### 7.3 Tenure status

The results in Figure 7.2 depict households by disability status of head of household and tenure status. The profile of households headed by persons with disabilities shows that more than half (55,4%) lived in dwellings owned and fully paid off. About one in five (20,6%) lived in occupied rent-free dwellings, while about 12% lived in rented dwellings. Among households headed by persons without disabilities, about 40% lived in dwellings owned and fully paid off, a percentage lower than that of households headed by persons with disabilities. The results thus show that in terms of access to housing, households headed by persons with disabilities have adequate access to housing.

**Figure 7.2: Percentage distribution of households by disability status of household head and tenure status of the dwelling**

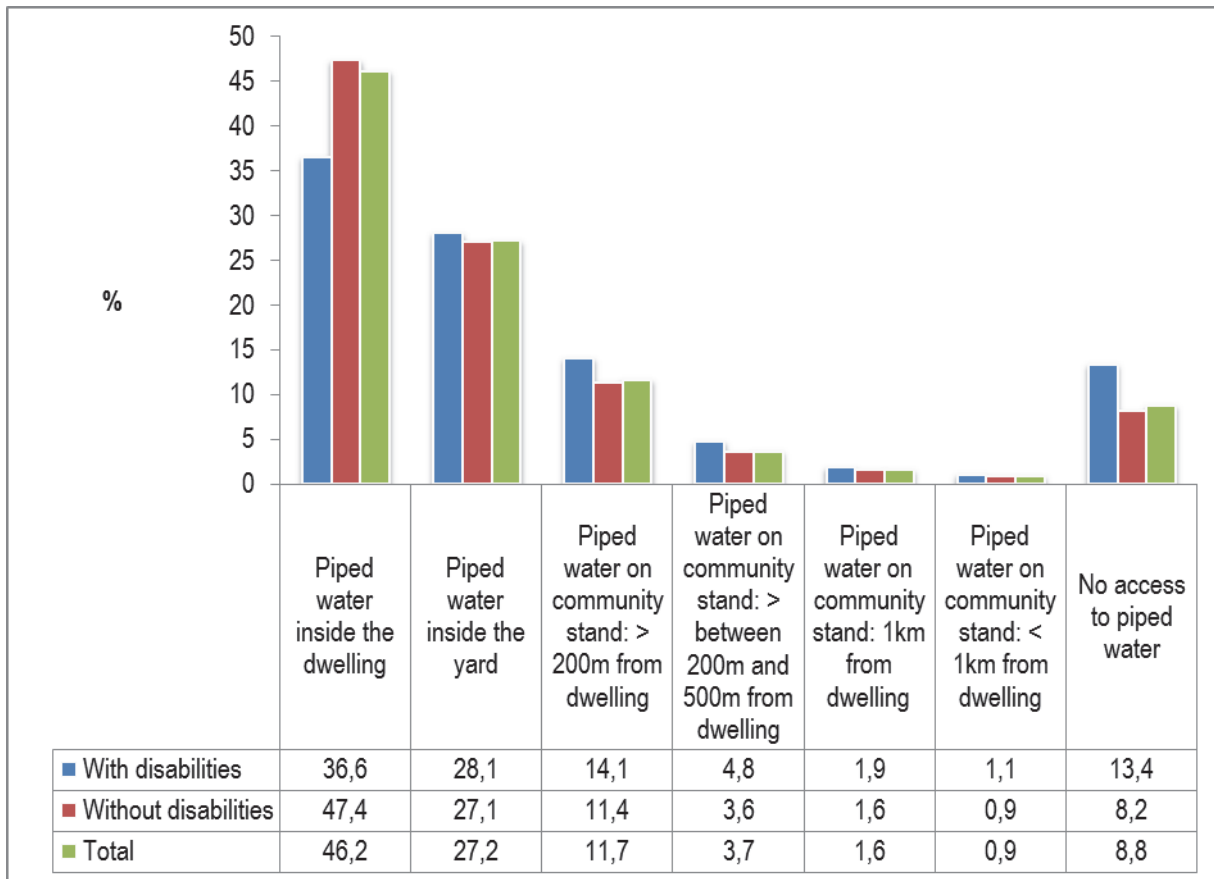


Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.

## 7.4 Access to piped water

Figure 7.3 shows that about 13,4% of households headed by persons with disabilities had no access to piped water compared with 8,2% of those headed by persons with disabilities. It is a challenge for persons with disabilities to access water from other sources, particularly in instances where the water source is far from the homestead/dwelling. The proportion of households headed by persons with disabilities that had no access to piped water was higher than the national average of 8,8%.

**Figure 7.3: Percentage distribution of households by disability status of household head and access to piped water**

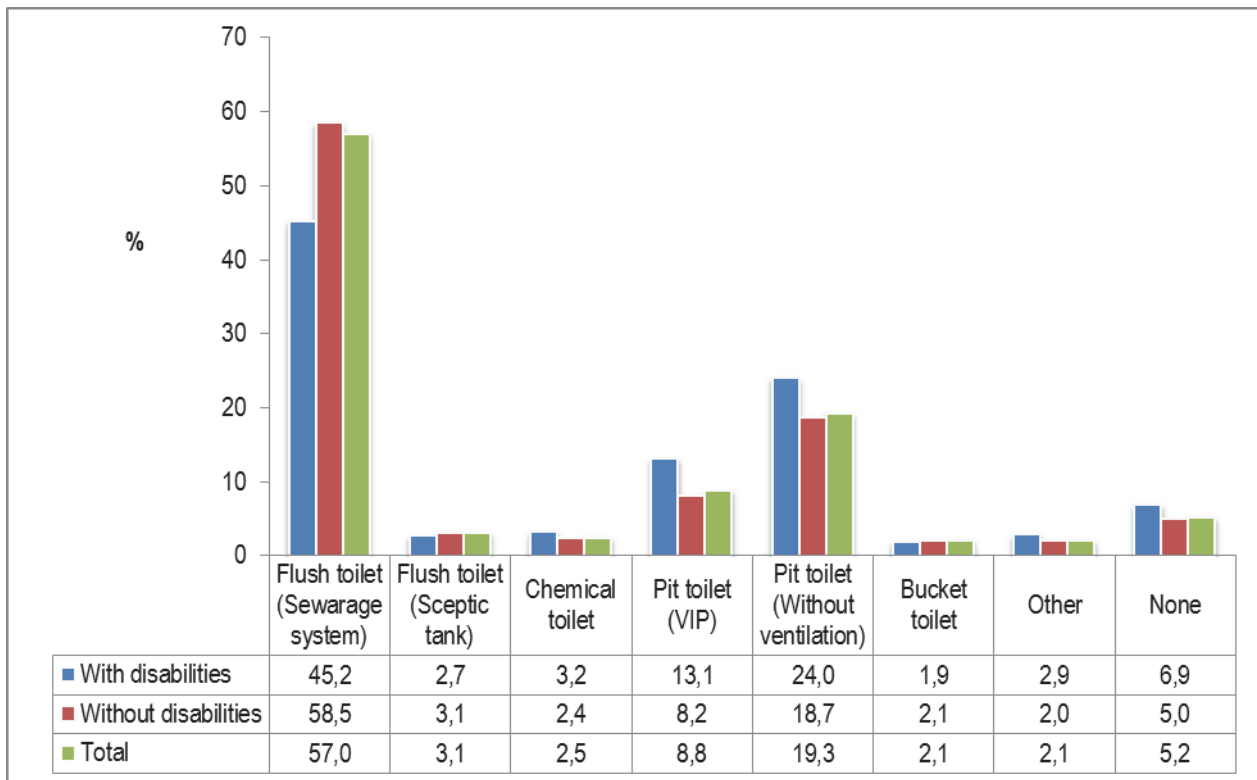


Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.

## 7.5 Access to toilet facilities

The results in Figure 7.4 show that less than half (45,2%) of households headed by persons with disabilities had access to a flush toilet facility and more than a third (37,1%) used pit toilets (both with and without ventilation) compared with 58,5% and 26,9% respectively for those headed by persons without disabilities. The proportion of households headed by persons with disabilities that had access to flush toilets was below the national average of 60,1%. Of concern is also the proportion of households headed by persons with disabilities that had no toilet facilities (6,9%).

**Figure 7.4: Percentage distribution of households by disability status of head of household and access to toilet facilities**

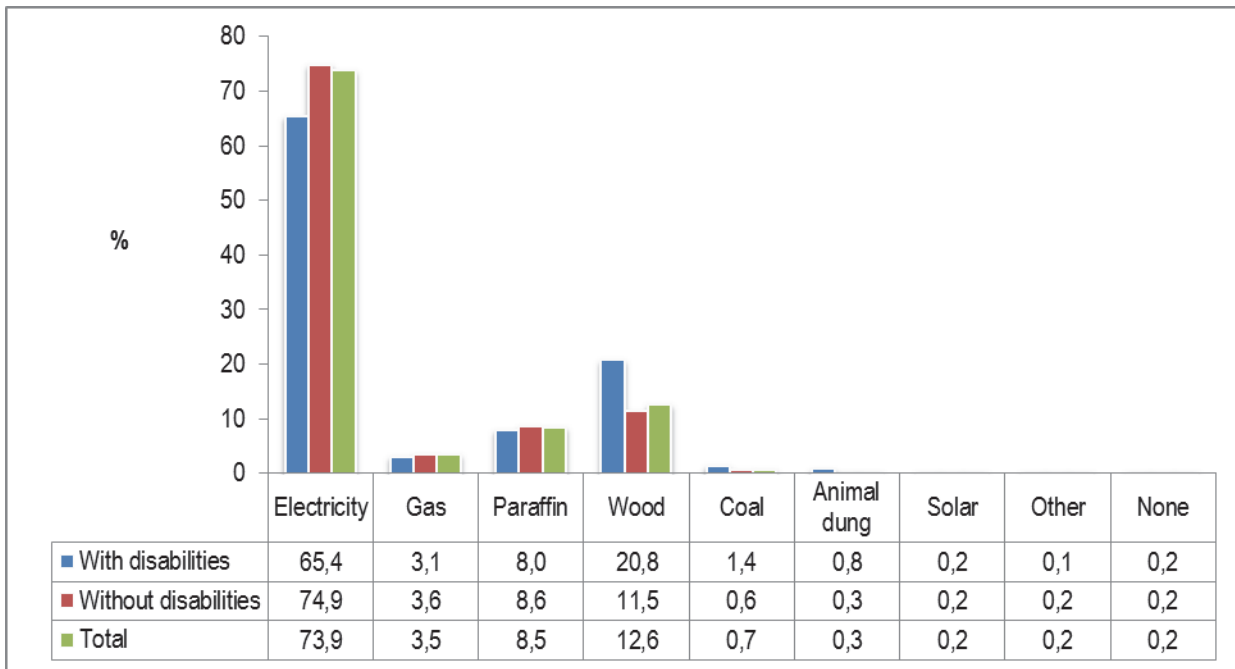


Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.

## 7.6 Energy used for cooking

Different sources of energy for cooking were measured in Census 2011. The results in Figure 7.5 show that households headed by persons without disabilities were using electricity for cooking – about ten percentage points higher than those headed by persons with disabilities. Conversely, households headed by persons with disabilities had higher proportions using wood compared to households headed by persons without disabilities.

**Figure 7.5: Percentage distribution of households by disability status of head of household and energy source for cooking**

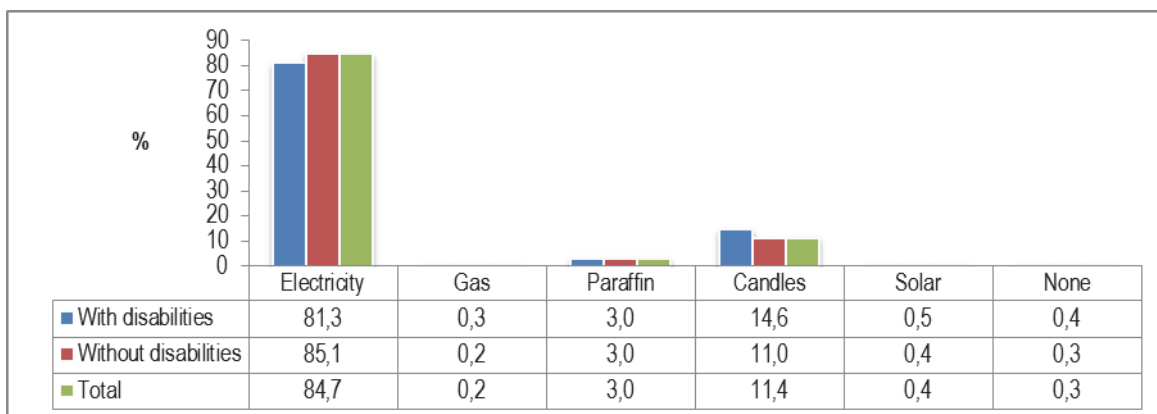


Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.

### 7.7 Energy used for lighting

The results in Figure 7.6 show that households headed by persons with no disabilities were more likely to use electricity for lighting than households headed by persons with disabilities. Households headed by persons with disabilities had higher proportions using candles for lighting compared to households headed by persons without disabilities. The findings imply that households headed by persons with disabilities are more exposed to health hazards such as accidental fire outbreaks, soot that may lead to poor health, and loss of lives.

**Figure 7.6: Percentage distribution of households by disability status of head of household and energy source for lighting**

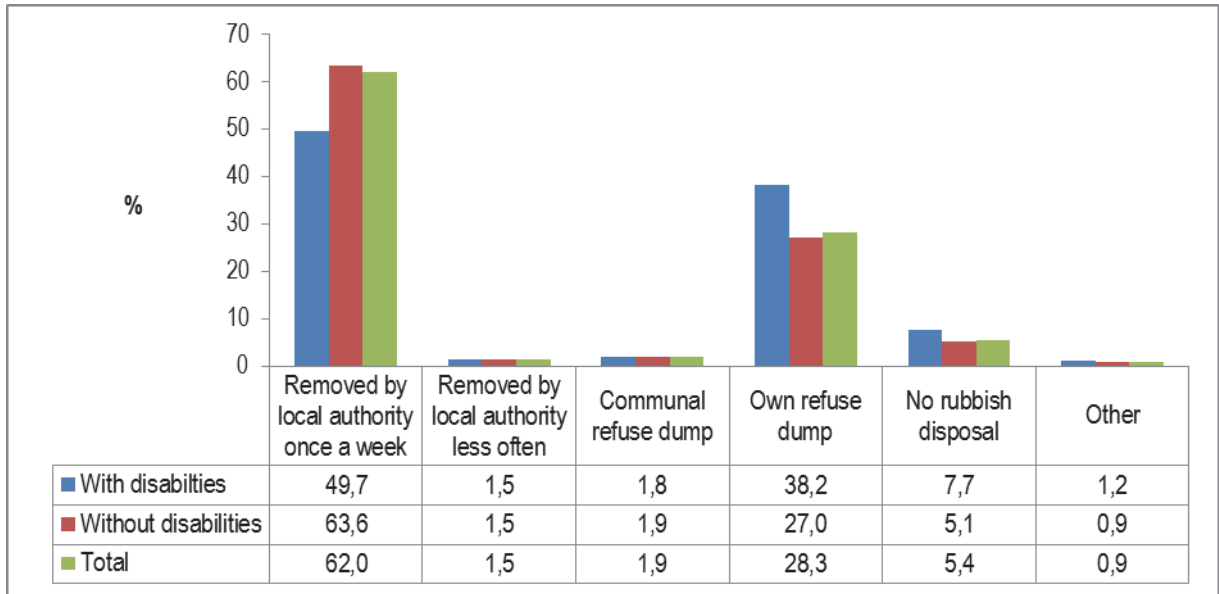


Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.



## 7.8 Access to refuse removal services

**Figure 7.7: Percentage distribution of households by disability status of head of household and refuse removal facilities**



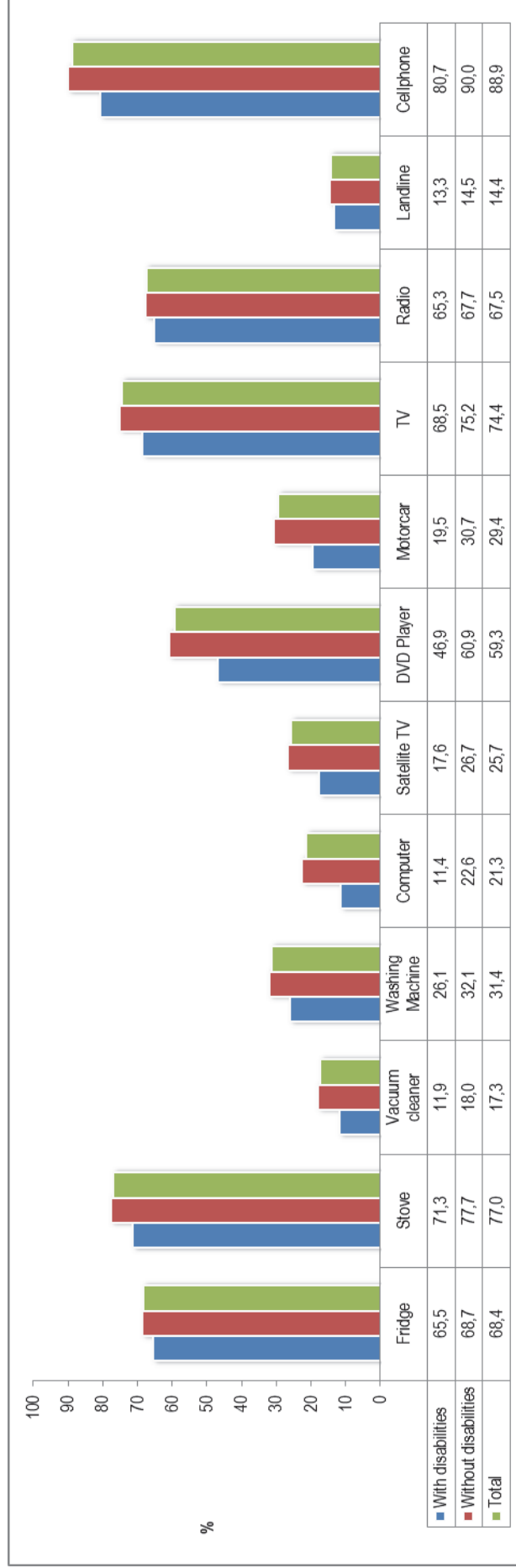
Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.

The above figure shows the percentage of households headed by persons with and without disability and access to refuse removal facilities. The results show that nationally, almost two-thirds (62%) of households had their refuse removed by the local authority at least once a week. However, about half (49,7%) of households headed by persons with disabilities had their refuse removed once a week. The results further show that more than a third (38,2%) of households headed by persons with disabilities had their own refuse dump, a figure that is ten percentage points higher than that of households headed by persons with no disability.

## 7.9 Access to household goods

The assets/durable goods owned by a household are indicative of the socio-economic status of that particular household. In Census 2011, households were asked if they owned particular household goods. Figure 7.8 shows the percentage of households owning selected household goods by disability status of head of household. The profile of all household items/goods shows that households headed by persons without disabilities had higher proportions of goods compared to households headed by persons with disabilities. These results may be a reflection of poor economic circumstances of households headed by persons with disabilities. However, results should be interpreted with caution.

**Figure 7.8: Percentage distribution of households by disability status of head of household and ownership of selected goods**



Households exclude 'do not know' and 'unspecified' cases in disability status of head of household.

## CHAPTER 8: DISABILITY AND USE OF ASSISTIVE DEVICES

### 8.1 Introduction

This chapter presents an overview of the use of assistive devices by province, geography type, sex and population group. A number of persons with severe disabilities require specialised equipment and aids to carry out daily activities. Use of assistive devices among persons with severe disabilities removes environmental barriers and increases their participation in a number of activities. This in turn creates opportunities for education and work, and contributes to improved health and quality of life. Lack of or inadequate assistive devices restricts participation, leading to social isolation, particularly amongst persons with severe disabilities. Literature has also shown that the use of assistive devices not only makes persons with disabilities more independent and improves their quality of life, but frees up the time of their family members to pursue other productive activities<sup>96</sup>.

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

In Census 2011, a question was included to measure the extent to which people access assistive devices to execute certain functions. The question was administered to all persons irrespective of their disability status (see Appendix 1). However, due to limited space in the census questionnaire, information was solicited only for a few assistive devices:

Mobility: Wheelchairs, walking sticks/frames/canes

Sight: Eyeglasses

Hearing: Hearing aids

Information was also solicited pertaining to the use of chronic medication. This report, however, is limited to the use of assistive devices. Use of chronic medication to improve and sustain health will be explored in a separate report.

Analysis on the above data will enable planners to determine some degree of unmet need for assistive devices among persons with disabilities, and design relevant programmes and appropriate measures to ensure access to transportation, information and communication. Research has shown that persons with disabilities are often prevented from accessing education because of environmental barriers such as large distances between homes and schools and inaccessible public transport facilities<sup>97</sup>. Improvements in physical access can be achieved with appropriate assistive devices. It is argued that use of assistive devices not only reduces the time and physical burden for caregivers but also creates opportunities for education and work, and contributes to improved health and quality of life among persons with disabilities<sup>98</sup>.

<sup>96</sup>People with disabilities in Indonesia, 2013: Empirical facts and implications for social protection policies

<sup>97</sup>Ibid

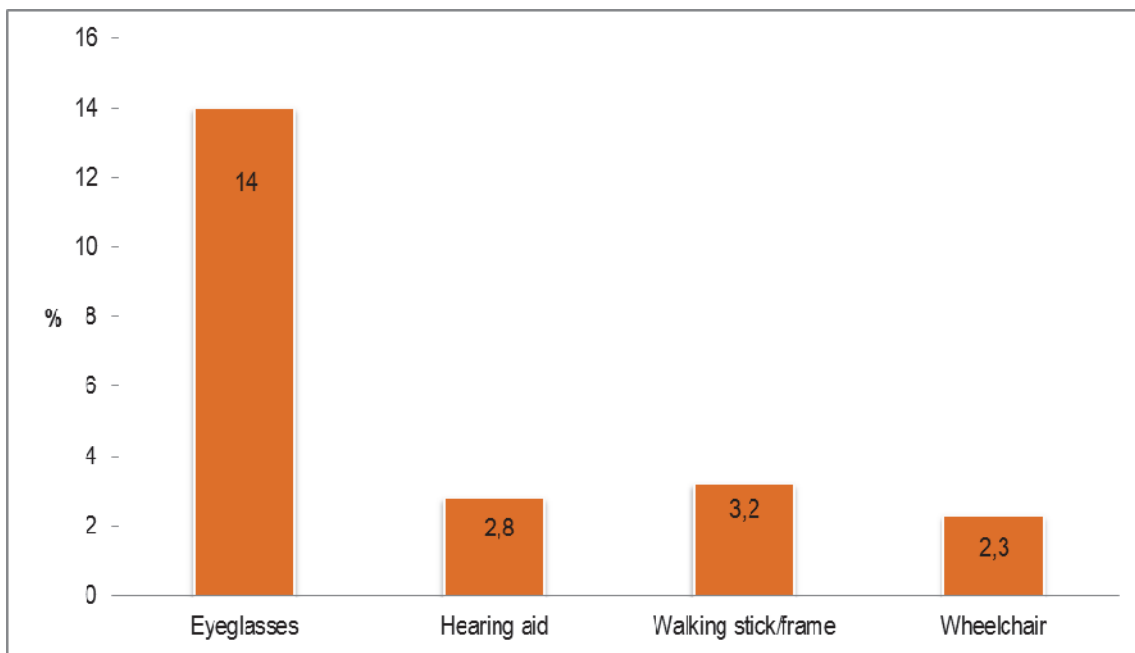
<sup>98</sup>World Health Organization 2011: Joint position paper on the provision of mobility devices in less-resourced settings

The analysis presented below does not differentiate between types and levels of difficulty amongst persons using assistive devices. Determining the unmet need for assistive devices would require more detailed analysis beyond what is provided in this overview report.

## 8.2 Type of assistive devices used

Figure 8.1 shows that eyeglasses were used to a far greater extent than most other assistive devices. A relatively small percentage of people reported using a wheelchair, hearing aid and walking stick/frame (2,3%, 2,8% and 3,2% respectively). It should be noted that assistive devices listed are not exhaustive and the proportions indicated reflect only the household-based population. Therefore, persons using assistive devices in institutions are excluded.

**Figure 8.1: Percentage of persons aged five years and older using assistive devices by type of assistive device**



Lack of environmental accessibility has been cited as a major barrier for persons with disabilities in all low-income countries<sup>99</sup>. Literature has shown that in a number of African countries such as Malawi, Mozambique, Namibia, Zambia and Zimbabwe, large gaps exist in the provision of assistive devices, with access figures varying between 17% and 37%.

### 8.3 Assistive device usage by province

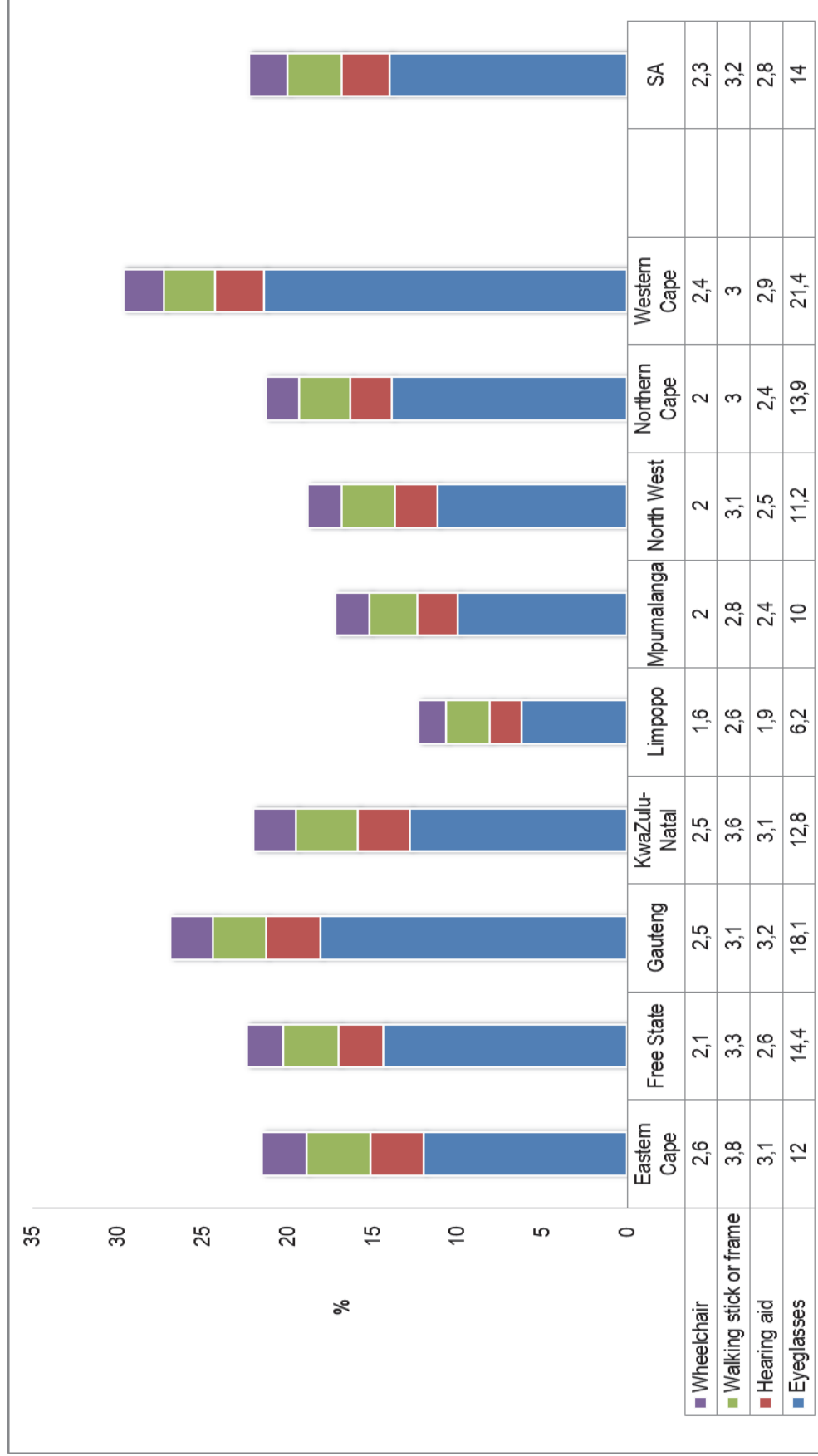
Use of assistive devices among persons with some degree of difficulty varies from region to region and urban to non-urban areas. In the absence of financial resources and access promotion programmes, persons with severe difficulties may be greatly disadvantaged, particularly those in rural areas, in accessing assistive devices.

The results in Figure 8.2 show the provincial profile of persons using assistive devices. The most commonly used assistive device was eyeglasses. Western Cape and Gauteng had the highest proportions of persons using eyeglasses (21,4% and 18,1%), while Limpopo and Mpumalanga had the lowest proportion (6,2% and 10% respectively). The results show slight variations in the use of other assistive devices across provinces.

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<sup>99</sup>World Health Organization 2010: Community-based rehabilitation: CBR guidelines.

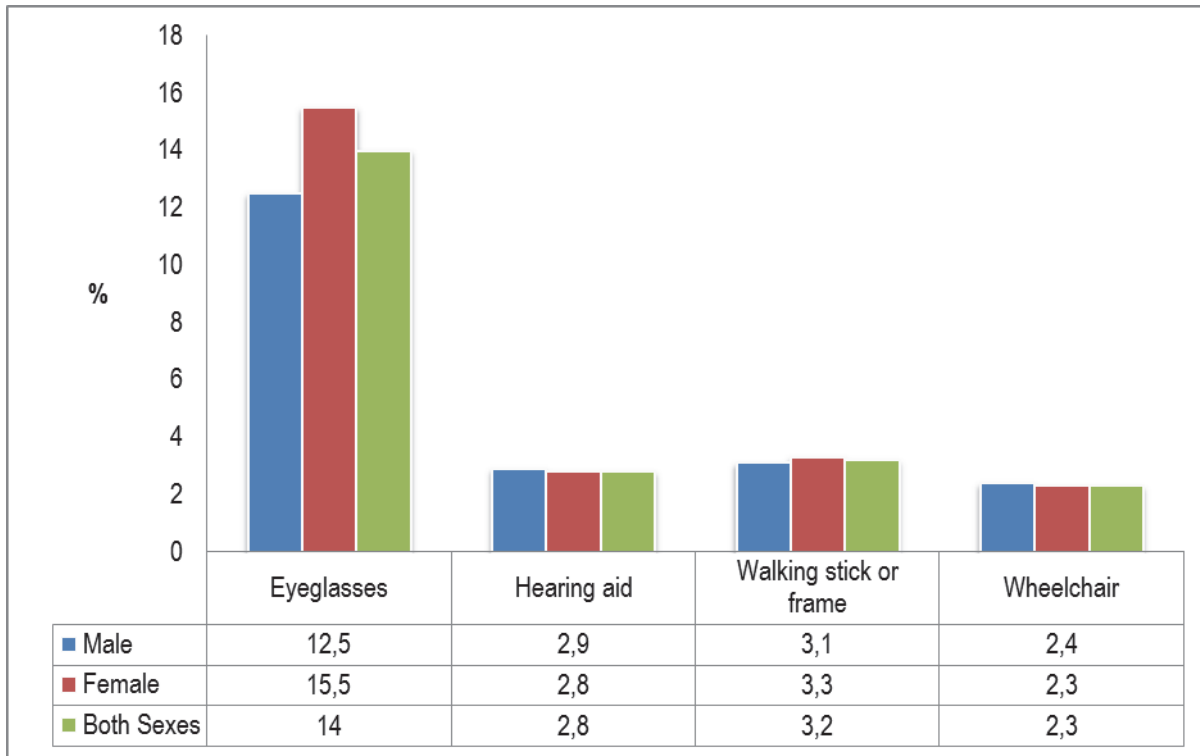
**Figure 8.2: Percentage of persons aged five years and older using assistive devices by type of assistive device and province**



### 8.4 Assistive device usage by sex

Figure 8.3 shows sex variations in assistive device usage. The proportion of females using eyeglasses was higher than that for their male counterparts (15,5% and 12,5% respectively). Statistics on the use of a hearing aid, walking stick/frame and/or wheelchair show insignificant differences between males and females.

**Figure 8.3: Percentage of persons aged five years and older using assistive devices by type of assistive device and sex**

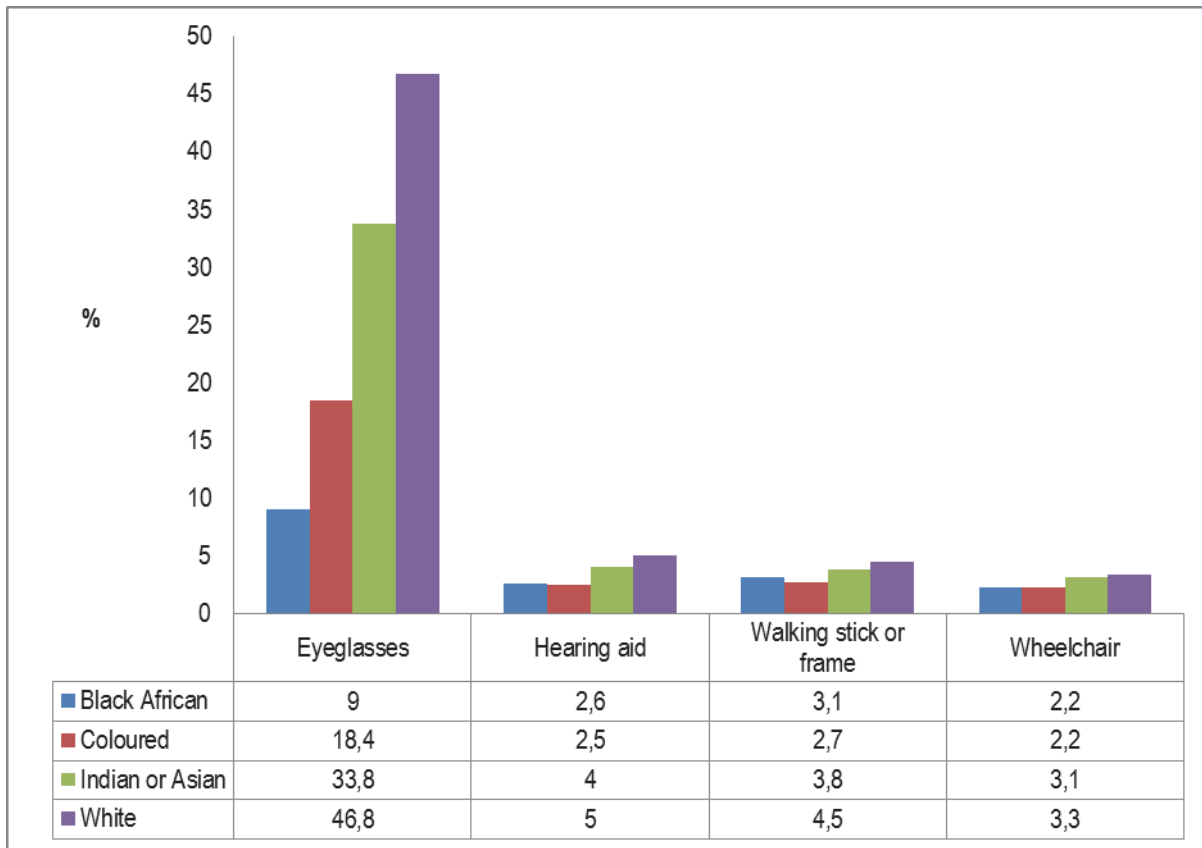


Research elsewhere has shown that gender inequalities pertaining to access to assistive devices are evident. Studies in Malawi and Zambia showed that males had better access compared to females. In Malawi, the proportion of males with disabilities who had an assistive device was 25,3%, while women constituted 14,1%. In Zambia, access to assistive devices among males constituted 15,7% and 11,9% among women.

### 8.5 Assistive device usage by population group

Results in Figure 8.4 show that, generally, whites have higher usage of assistive devices while black Africans have the lowest usage for all types of assistive devices. The proportion of whites using eyeglasses is three times the national average of 14%. Indians/Asians have the second highest usage, followed by coloureds for all types of assistive devices. Low use of assistive devices among black Africans may be a reflection of reliance on public health services to provide assistive devices.

**Figure 8.4: Percentage of persons aged five years and older using assistive devices by type of assistive device and population group**

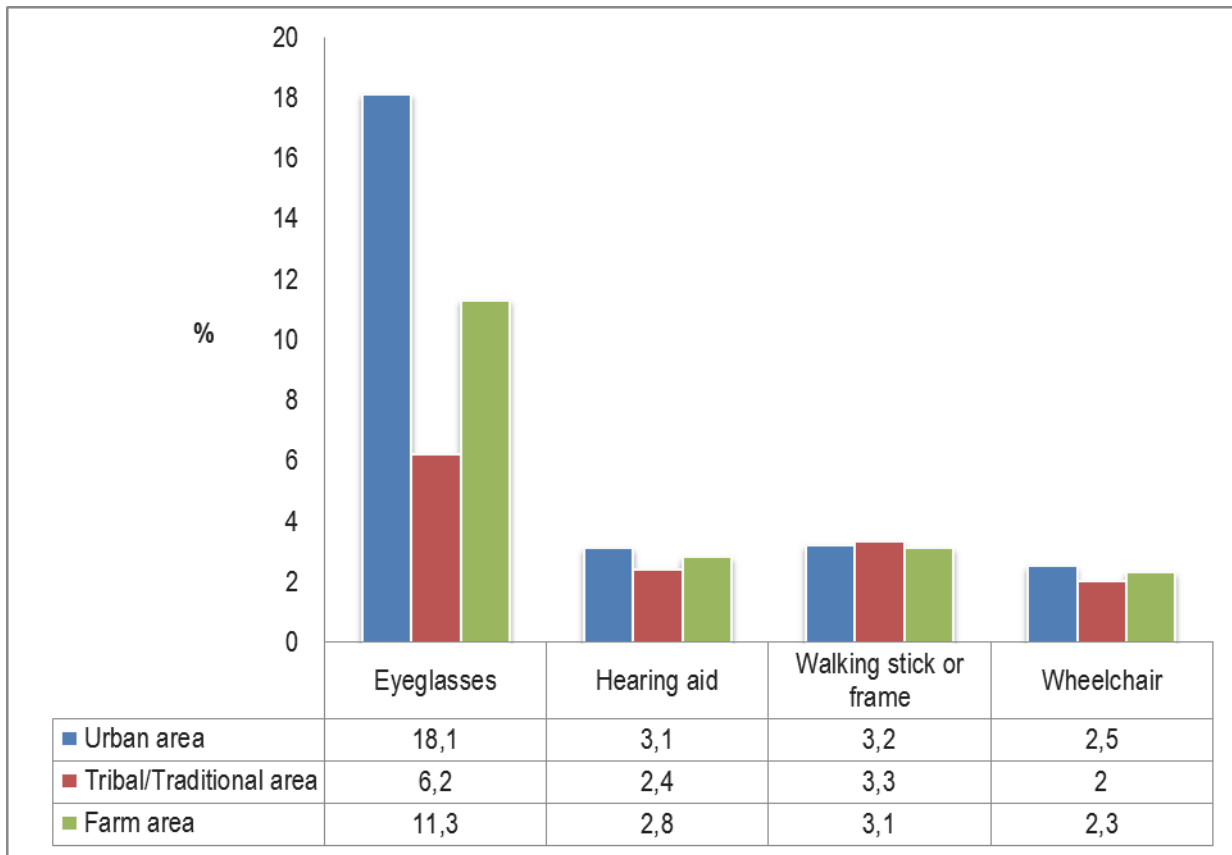


### 8.6 Assistive device usage by geography type

Results in Figure 8.5 show a high usage of assistive devices in urban areas and a low usage in tribal/traditional areas. Overall, the proportion of urban dwellers using assistive devices exceeds the national figures for all types of assistive devices. The proportion of persons using eyeglasses in urban areas is triple the proportion of those living in tribal/traditional areas (18,1% and 6,2% respectively). This confirms that persons with disabilities in rural areas are disadvantaged in accessing opportunities.



**Figure 8.5: Percentage of persons aged five years and older using assistive devices by type of assistive device and residence (geography type)**



### 8.7 Summary

Although the provision of mobility devices is an integral part of the national health-care system, lack of access to assistive devices remains a challenge, given the low levels and patterns of usage outlined in the preceding section. The lack of access to assistive devices translates into social and economic isolation, leading to limited participation in community life and advancement in other spheres of life. Despite the existence of numerous legislations pertaining to access, many persons with disabilities still have an unmet need for assistive devices, limiting their inclusion in many activities. Limited usage of assistive devices is more prevalent among black Africans compared to other population groups. Provincial variations show provinces that are largely poor and those that are predominantly non-urban having the lowest usage.

Results show that relevant key stakeholders in promoting and providing assistive devices still need to do more in ensuring persons with disabilities are afforded opportunities, by removing all barriers pertaining to access to assistive devices.

## CHAPTER 9: CONCLUSIONS AND RECOMMENDATIONS

### 9.1 Conclusions

This monograph has highlighted the prevalence of disability in South Africa, based on the data that were collected in the Census 2011. Two models were utilised to explore the demographic and socio-economic profile of persons with disabilities. The first model focused on profiling persons in terms of the degree of difficulty across the various activity domains, while the second utilised the UN disability index. The living circumstances of households headed by persons with disabilities have also been highlighted.

The measure of the degree of difficulty in the six activity domains allowed for the identification of persons with mild and severe disabilities, which is an improvement on past censuses where only persons with (assumed) severe disabilities were identified. With this measure, more persons with disabilities were identified, allowing for further insights into the characteristics of this group.

The results show a national disability prevalence rate of 7,5% (2 870 130 persons with disabilities). The figure is higher than that obtained in previous censuses and the Community Survey. Such an increase may be attributed to the improvement in data collection methods, including the application of the Washington Group type of questions. However, although a high prevalence has been noted, there could be underestimation due to the exclusion of the institutionalised population, children below the age of 5 years and persons with psychosocial disabilities. Disability prevalence varied by province, age, sex, population group and place of residence. Free State and Northern Cape provinces had the highest disability prevalence rate (11%). Disability is more prevalent among females (8,3%) compared to males (6,5%). The age profile shows a higher concentration of persons with disabilities in the older age groups than in the younger groups. Population group profiles show that black Africans had the highest proportion of persons with disabilities (7,8%), followed by the white population group (6,5%).

Analysis by types of disability shows that sight disability is the most prevalent (11%), followed by remembering/concentrating (4,2%), hearing (3,6%), walking (3,5%), self-care (3,4%) and communication (1,5%).

The results on socio-economic circumstances indicate that there are associations between school attendance, level of education and disability, given the differing rates of school attendance for persons with and without a disability. Non-attendance was prevalent among children with severe difficulty in functioning, particularly children with severe communication and walking difficulties, an indication that children with severe disabilities were the most disadvantaged in terms of access to education. Persons with severe difficulties had the worst educational outcomes. Limited access to education and other opportunities, such as employment, denies this vulnerable group a better life, and leads to confinement of persons with disabilities to a low socio-economic status.

Analysis on the use of assistive devices showed that the most commonly used type of assistive device was eyeglasses and the least was the use of wheelchairs. The results showed that mild difficulty in seeing does not constitute disability as it does not impair opportunity. Taking care of the needs of persons with disabilities (including rehabilitation, health services, communication, transport and other forms of needs) requires utilisation of assistive devices. This report, however, is limited to

assistive use and not need. To ascertain whether needs of persons with disabilities pertaining to assistive devices are met requires a specialised survey.

The lack of or inadequate assistive devices has been cited to be among the reasons for poor access to education and employment opportunities<sup>100</sup>, leaving most persons with severe disabilities confined their homes with no alternatives, particularly those that reside in rural areas. The low levels of employment among persons with disabilities are thus partly a reflection of poor education outcomes.

Analysis on disability and income reaffirms the existence of a strong relationship between disability and poverty. Inadequate income places this group into the lowest economic ladder. The geographical divide in earnings is a reflection of a combination of factors, namely high levels of functional illiteracy amongst adults with disabilities as a result of the lack of educational opportunities for persons with disabilities, and correspondingly limited access to employment opportunities in rural areas, combined with the historical effect of poor access to education under the apartheid government for all population groups other than whites.

A comparison of the living circumstances of households headed by persons with disabilities and those with no disabilities shows that gaps still exist pertaining to access to formal housing, improved sanitation, clean water and energy sources for cooking and lighting. Findings on access to housing show that 15% of households headed by persons with disabilities live in traditional dwellings. This figure is double that of households headed by persons with no disability. The disparities between households headed by persons with and without disabilities need to be addressed.

The main areas of inequality between persons with and without disabilities included school attendance, educational attainment, employment levels and income.

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<sup>100</sup>World Health Organization 2010: Community-based rehabilitation: CBR guidelines

## 9.2 Recommendations

Failure to measure child disability using the Washington Group type of questions requires efforts to develop a set of questions suitable for the measurement of disability in the under-five population group. Undertaking research on how best to measure disability in children and avoid misreporting for this age group is crucial and should be treated with urgency. The need for statistics of children with disabilities cannot be overemphasised, as planners formulate, implement and monitor policies and programmes pertaining to children's well-being.

The results reflect on challenges and marginalisation still faced by persons with disabilities, calling for strengthened collective efforts to improve access to education, employment and above all, assistive devices.

There is a need to strengthen efforts pertaining to skills development of persons with disabilities. The profiles of employment and earnings among persons with disabilities show that most persons with disabilities, particularly those with severe disabilities, are not employed, others are involved in low paying jobs, or earn little while others solely depend on the disability grant and family support for survival. In order to address employment related challenges, raising public awareness on accessibility of finance through the Industrial Development Corporation (IDC) remains critical in promoting entrepreneurship among persons with disabilities.

Inclusion of questions in some of the organisation's household-based surveys to measure unmet needs relating to assistive devices/aids is critical in promoting access to schools, jobs, sports and other activities that contribute to the well-being of persons with disabilities.

All in all, building an inclusive education system that includes physical access, targeted training in entrepreneurial and technical skills should have a positive effect on the development of persons with disabilities.

## References

- Amadou, Nombissi and Phillip, Heston: Disability in South Africa. African Population Studies
- Brault. M. W (2012): Americans with Disabilities: 2010; Health & Disability Statistics Branch
- Community Survey 2007: Methodology, Processes and Highlights of Key Results / Statistics South Africa. Pretoria: Statistics South Africa, 2007. Report No. 03-01-20 (2007)
- Constitution of the Republic of South Africa, (Act No. 108 of 1996)
- Department of Public Works, RSA. Disability Policy Guidelines
- Department of Women, Children and Persons with Disabilities. 2013. Baseline Country Report to the United Nations on the Implementation of Convention on the Rights of Persons with Disabilities in South Africa. Pretoria.
- DFID (2000). Disability, Poverty and Development. Department for International Development
- Eide, A and Loeb M (2005). Data and statistics on disability in developing countries. Department of international development Knowledge and Research Programme (DfID) KaR, UK
- Groce, N. Ellen (1999): 'An Overview of Young People Living with Disabilities: Their needs and their rights'. United Nations Children's Fund
- Guernsey Katherine, Nicoli, Macro and Ninio, Alberto. 2007. Convention on the Rights of Persons with Disabilities: Its implementation and relevance for the World Bank. A discussion document No. 0712
- Mark Priestley and Anna Lawson (2009): Indicators of Disability Equality in Europe (IDEE). Academic Network of European Disability experts; ANED working group September, 2009 (ANED) – VT/2007/005 University of LEEDS
- Disability, Poverty & Livelihoods. Guidance from Trickle UP, 2013.
- Mont. D (2007). Measuring disability prevalence. In: World Bank (2007). Social Protection Discussion Paper No. 0706. Washington DC: World Bank.
- Mont, D (2004): 'Disability Employment Policy', Social Protection Discussion Paper No. 0413. Washington DC: WORLD BANK.
- People with disabilities in Indonesia; Empirical facts and Implications for social protection policies, 2013, Demographic Institute Faculty of Economics, University of Indonesia
- Statistics South Africa (2005): Prevalence of disability in South Africa. Report No 03-02-44 (2004)
- Statistics South Africa (2004): Concepts and definitions. Report No. 03-02-26 (2004) Version 2
- Schmid K et al (2008): 'Disability in the Caribbean. A study of four countries: A socio-demographic analysis of the disabled.' Statistics and Social Development Unit Port of Spain, June 2008 ISSN online version: 1728-5445, UN
- Schneider M. and Couper J. (2007): Testing a disability Schedule for Census 2011: Focus group results
- Schneider M ( 2010 ): Measuring disability in Surveys: In Epidemiology, A Research manual for South Africa. Oxford University Press Southern Africa (Pty) Ltd
- Schneider M. (2012): The social life of questions: Exploring respondents' understanding and interpretation of disability measures. Unpublished PhD thesis, University of the Witwatersrand
- The Presidency, RSA (1997). White Paper on an Integrated National Disability Strategy (INDS); Pretoria
- The Presidency, RSA. (2012): National Development Plan 2030. National Planning Commission. Republic of South Africa

UN 2006. Convention on the Rights of Persons with Disabilities. Geneva, United Nations

UN 2008. The Measurement of Disability. Recommendations for the 2010 Round of Censuses. Washington Group on Disability Statistics (WG)

[http://www.unstats.un.org/unsd/demographic/sources/census/docs/P&R\\_Rev2.pdf](http://www.unstats.un.org/unsd/demographic/sources/census/docs/P&R_Rev2.pdf).

UNFPA (2009): Promoting sexual and reproductive health for persons with disabilities. Guidance note. Geneva, Switzerland.

Washington Group on Disability Statistics: [http://www.cdc.gov/nchs/washington group.htm](http://www.cdc.gov/nchs/washington%20group.htm)

Washington Group on Disability Statistics. Final Report of the First Meeting of the Washington Group on Disability Statistics. Washington D.C., February 2002, available from [http://www.cdc.gov/nchs/data/citygroup/WCGFin Rep.pdf](http://www.cdc.gov/nchs/data/citygroup/WCGFin%20Rep.pdf); accessed 19 July 2013.

World Health Organization (2001): The International Classification of Functioning, Disability and Health (ICF). Geneva World Health Organization.[Online]. Available:<http://www.who.int/classification/icf>. [19 July 2013].

WHO and WORLD BANK. (2011): World Report on Disability. WHO: Malta.

WHO 2010a. Community-based rehabilitation guidelines. World Health Organization, Geneva.

WHO 2010b: Community-based rehabilitation: CBR guidelines. World Health Organization, Geneva.

WHO. (2011): Joint position paper on the provision of mobility devices in less resourced settings. World Health Organization, Geneva.

YEO, R. (2005): Disability, poverty and the new development agenda. Disability, Knowledge and Research (KAR)

# APPENDIX 1: CENSUS 2011 DISABILITY QUESTIONS

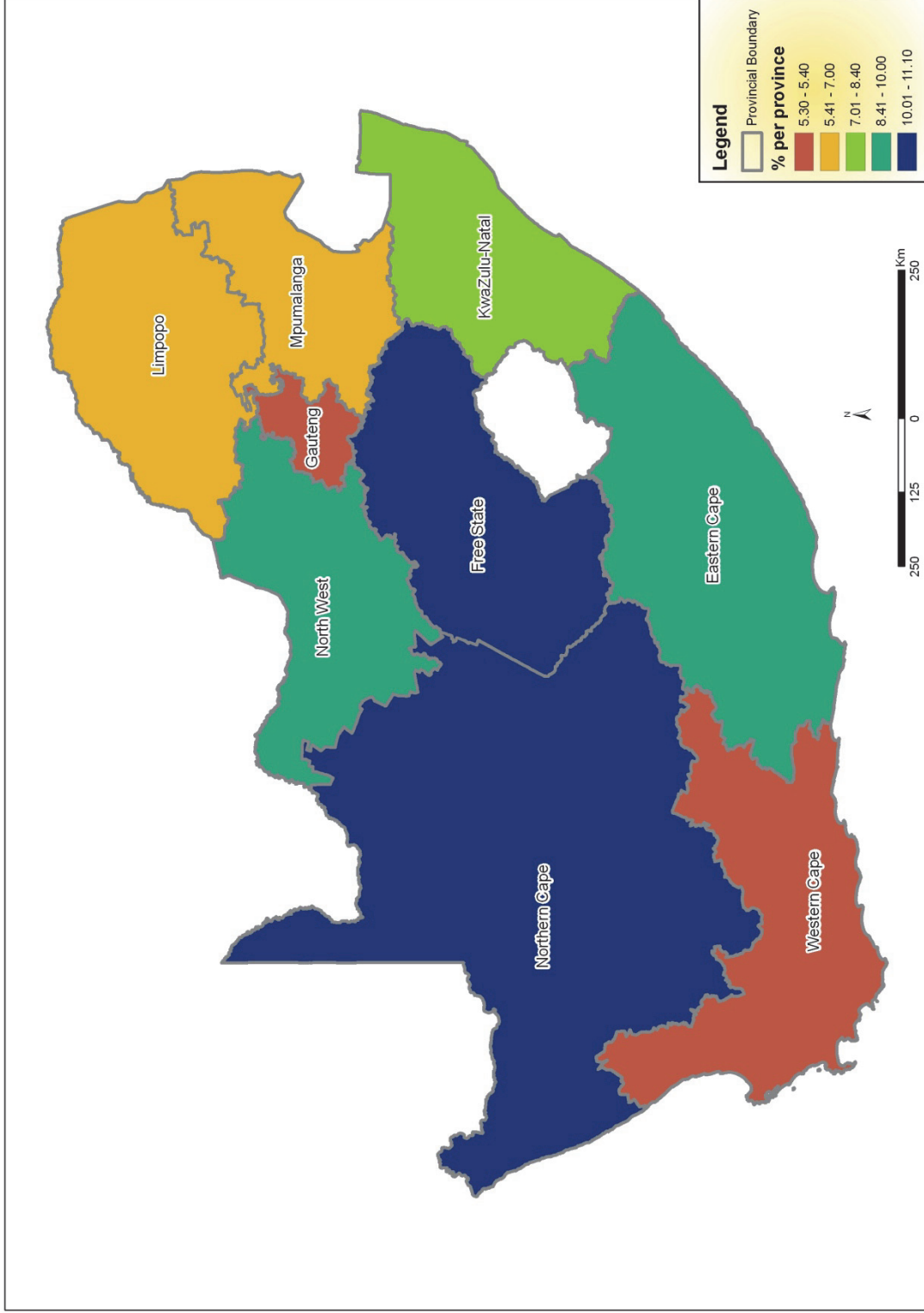
## SECTION C: GENERAL HEALTH AND FUNCTIONING - ASK OF EVERYONE LISTED ON THE FLAP

P-12 HEALTH AND FUNCTIONING	P-13 ASSISTIVE DEVICES AND MEDICATION												
<p><b>Does (name) have difficulty in the following:</b></p> <p>A = Seeing even when using eye glasses?                      B = Hearing even when using a hearing aid?                      C = Communicating in his/her language (i.e. understanding others or being understood by others)?                      D = Walking or climbing stairs?                      E = Remembering or concentrating?                      F = With self-care such as washing all over, dressing or feeding?</p> <p>1 = No difficulty                      2 = Some difficulty                      3 = A lot of difficulty                      4 = Cannot do at all                      5 = Do not know                      6 = Cannot yet be determined</p> <p><i>Write the appropriate code in the box.</i></p>	<p><b>Does (name) use any of the following:</b></p> <p>A = Eye glasses?                      B = Hearing aid?                      C = Walking stick or frame?                      D = A wheelchair?                      E = Chronic medication?</p> <p>1 = Yes                      2 = No                      3 = Do not know</p> <p><i>Write the appropriate code in the box.</i></p>												
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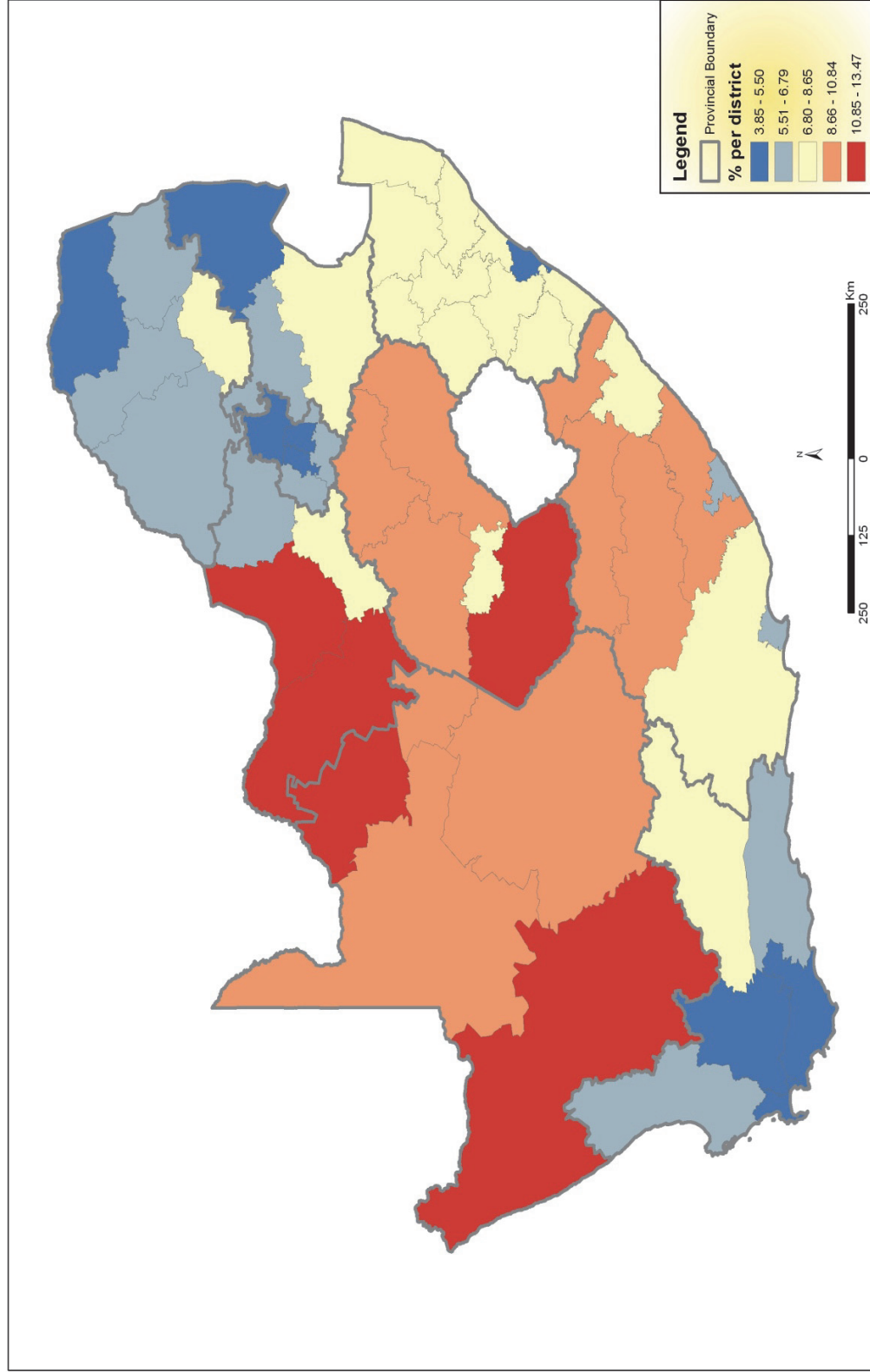




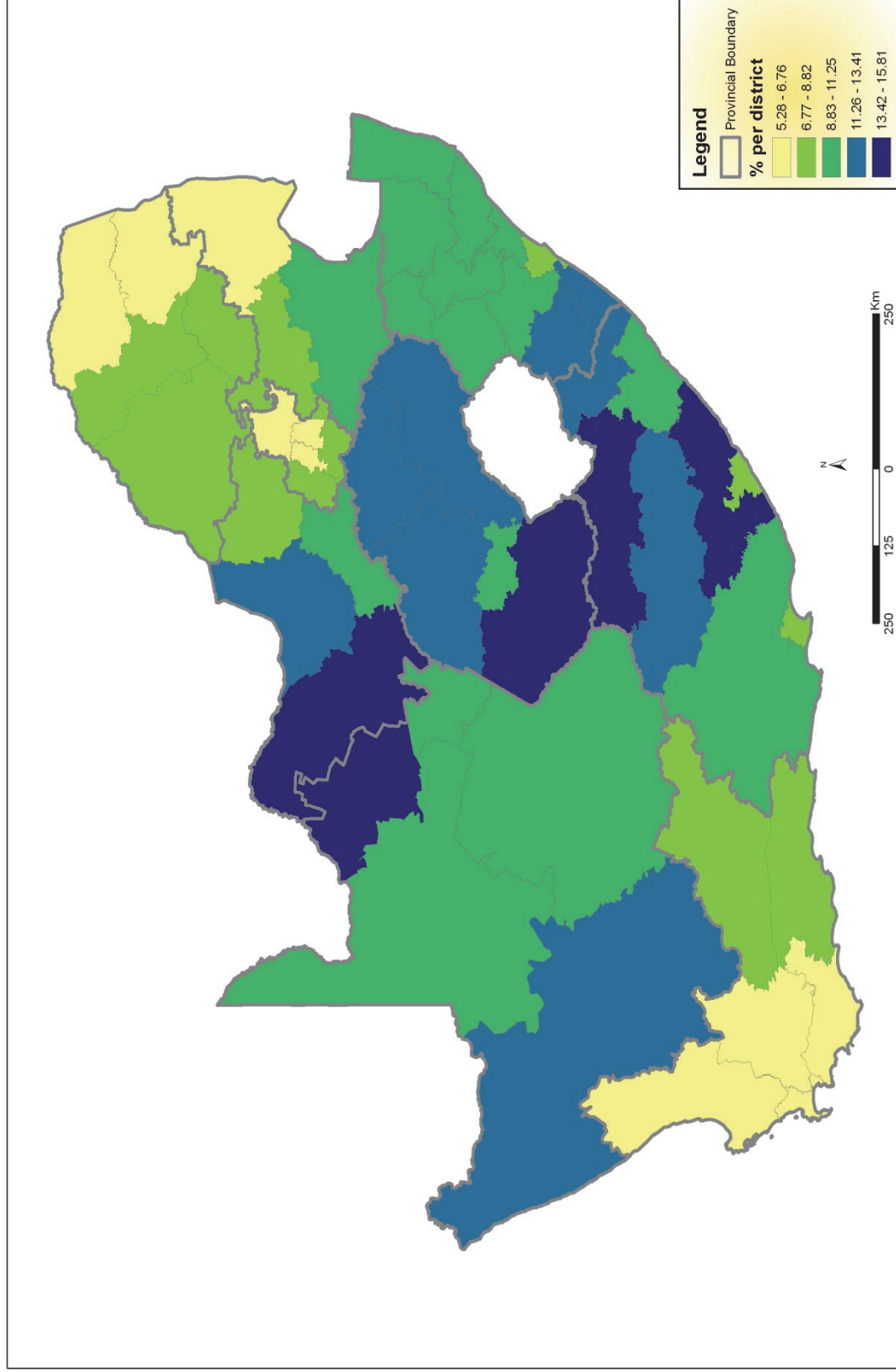
**Map 2: Disability prevalence by province**



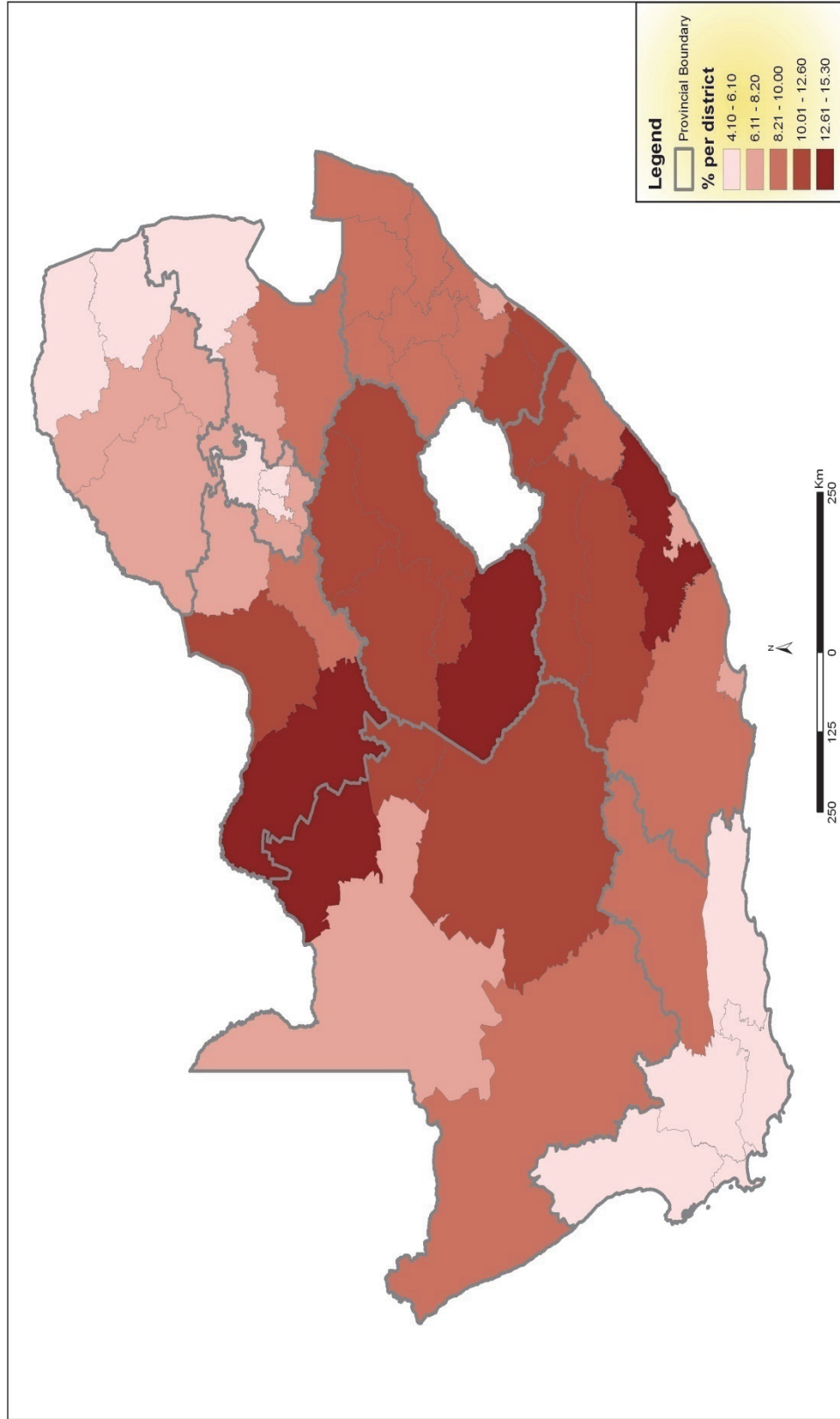
**Map 3a: Disability prevalence by district municipality and sex: Males**



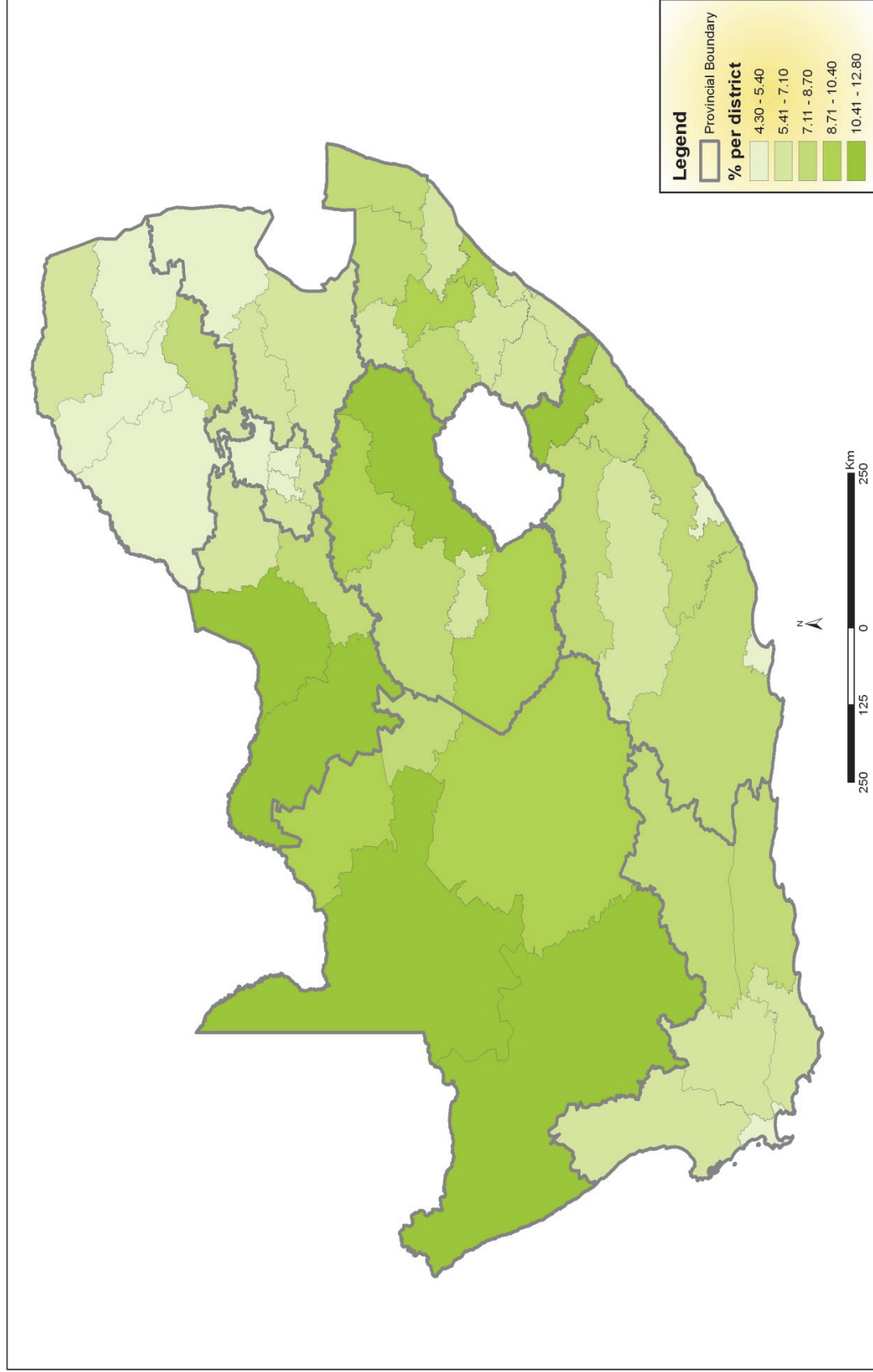
**Map 3b: Disability prevalence by district municipality and sex: Females**



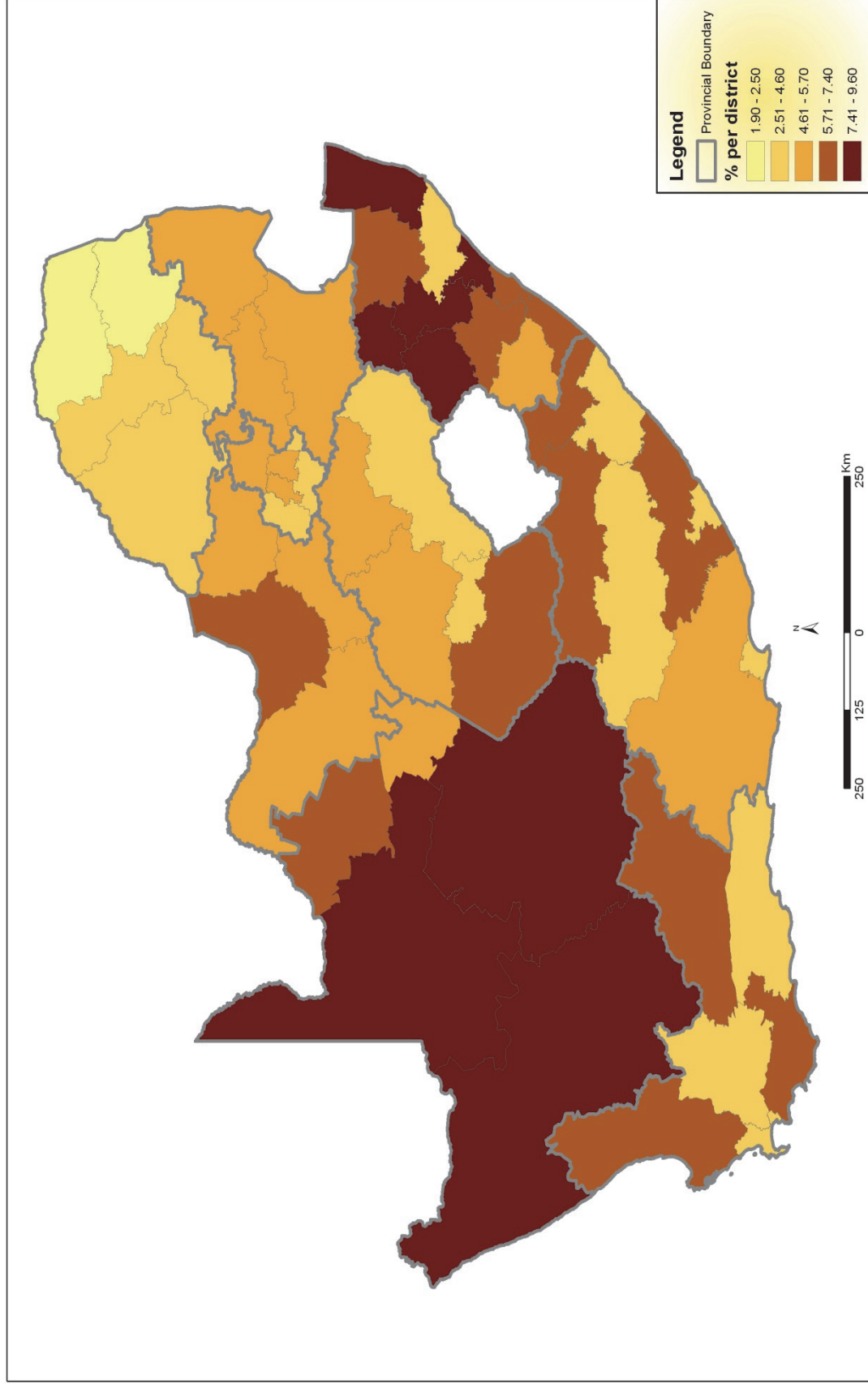
**Map 4a: Disability prevalence by district municipality and population group: Black Africans**



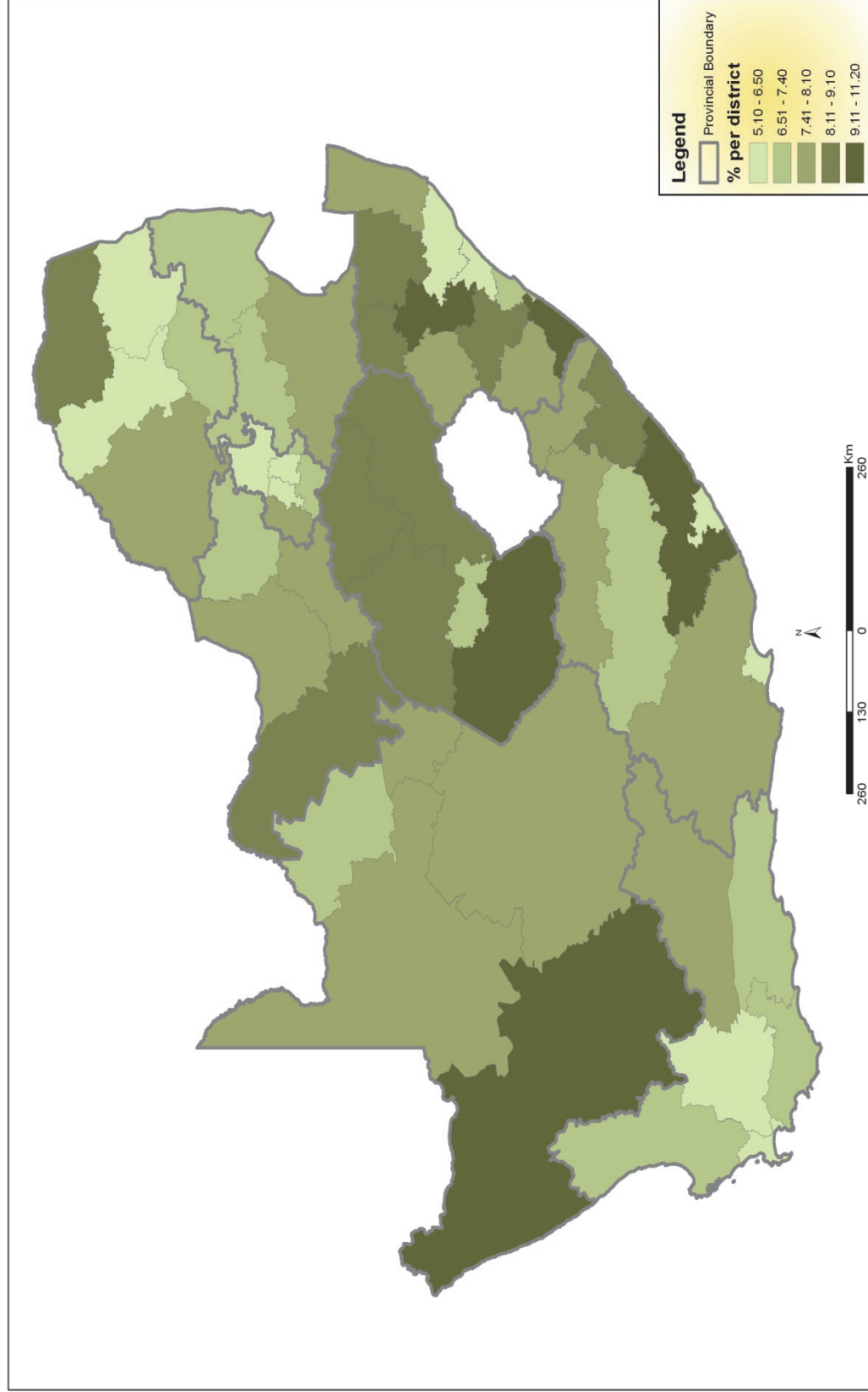
**Map 4b: Disability prevalence by district municipality and population group: Coloureds**



**Map 4c: Disability prevalence by district municipality and population group: Indian/Asian**



**Map 4d: Disability prevalence by district municipality and population group: Whites**



## APPENDIX 3: TABLES

**Table 1: Number of persons aged 5 years and older by type and degree of difficulty and sex**

Type of difficulty	Sex and degree of difficulty					Total
	Sex	None	Mild difficulty	Severe difficulty	Do not know	
Seeing	Male	19 293 437	1 604 318	279 553	11 460	21 188 768
	Female	19 771 350	2 481 581	458 526	11 912	22 723 368
	<b>Total</b>	<b>39 064 787</b>	<b>4 085 898</b>	<b>738 079</b>	<b>23 372</b>	<b>43 912 136</b>
Hearing	Male	20 461 507	545 433	127 271	10 179	21 144 389
	Female	21 796 259	706 475	161 098	10 613	22 674 444
	<b>Total</b>	<b>42 257 767</b>	<b>1 251 907</b>	<b>288 369</b>	<b>20 791</b>	<b>43 818 834</b>
Communication	Male	20 756 600	225 018	97 450	10 850	21 089 918
	Female	22 258 298	248 432	93 832	11 015	22 611 576
	<b>Total</b>	<b>43 014 898</b>	<b>473 450</b>	<b>191 282</b>	<b>21 864</b>	<b>43 701 494</b>
Walking/climbing stairs	Male	20 559 261	426 317	172 044	7 836	21 165 458
	Female	21 759 194	673 818	251 135	8 504	22 692 651
	<b>Total</b>	<b>42 318 455</b>	<b>1 100 135</b>	<b>423 179</b>	<b>16 340</b>	<b>43 858 109</b>
Remembering/concentrating	Male	20 343 787	570 561	187 095	18 470	21 119 914
	Female	21 522 772	834 537	269 084	17 224	22 643 617
	<b>Total</b>	<b>41 866 559</b>	<b>1 405 098</b>	<b>456 179</b>	<b>35 694</b>	<b>43 763 530</b>
Self-care	Male	19 877 403	389 097	288 597	31 756	20 586 852
	Female	21 326 855	448 266	300 273	31 408	22 106 801
	<b>Total</b>	<b>41 204 257</b>	<b>837 363</b>	<b>588 869</b>	<b>63 164</b>	<b>42 693 653</b>

Note: Totals not similar for all the six functional domains due to some persons reporting more than one functional domain.



**Table 2: Number of persons aged 5 years and older by type and degree of difficulty and geography type**

Type of difficulty and geotype	Degree of difficulty				Total
	None	Mild difficulty	Severe difficulty	Do not know	
<b>Seeing</b>					
Urban area	24 825 525	2 725 689	444 491	14 562	<b>28 010 268</b>
Tribal/traditional area	12 415 906	1 168 827	258 718	7 816	<b>13 851 267</b>
Farm area	1 823 356	191 382	34 870	994	<b>2 050 602</b>
<b>Total</b>	<b>39 064 787</b>	<b>4 085 898</b>	<b>738 079</b>	<b>23 372</b>	<b>43 912 136</b>
<b>Hearing</b>					
Urban area	27 045 812	719 624	152 274	13 364	<b>27 931 074</b>
Tribal/traditional area	13 257 457	457 947	120 311	6 655	<b>13 842 370</b>
Farm area	1 954 498	74 337	15 783	773	<b>2 045 390</b>
<b>Total</b>	<b>42 257 767</b>	<b>1 251 907</b>	<b>288 369</b>	<b>20 791</b>	<b>43 818 834</b>
<b>Communication</b>					
Urban area	27 499 467	253 552	95 071	10 884	<b>27 858 972</b>
Tribal/traditional area	13 510 096	194 726	87 597	10 112	<b>13 802 530</b>
Farm area	2 005 336	25 173	8 615	869	<b>2 039 992</b>
<b>Total</b>	<b>43 014 898</b>	<b>473 450</b>	<b>191 282</b>	<b>21 864</b>	<b>43 701 494</b>
<b>Walking or climbing stairs</b>					
Urban area	27 096 693	621 557	233 799	9 133	<b>27 961 183</b>
Tribal/traditional area	13 257 146	417 365	167 921	6 488	<b>13 848 919</b>
Farm area	1 964 616	61 213	21 460	719	<b>2 048 007</b>
<b>Total</b>	<b>42 318 455</b>	<b>1 100 135</b>	<b>423 179</b>	<b>16 340</b>	<b>43 858 109</b>
<b>Remembering/concentrating</b>					
Urban area	26 956 153	712 834	216 274	17 091	<b>27 902 352</b>
Tribal/traditional area	12 961 061	620 146	218 822	17 082	<b>13 817 111</b>
Farm area	1 949 345	72 118	21 083	1 521	<b>2 044 067</b>
<b>Total</b>	<b>41 866 559</b>	<b>1 405 098</b>	<b>456 179</b>	<b>35 694</b>	<b>43 763 530</b>
<b>Self-care</b>					
Urban area	26 586 317	392 618	280 164	28 805	<b>27 287 904</b>
Tribal/traditional area	12 683 539	407 314	282 813	32 357	<b>13 406 023</b>
Farm area	1 934 401	37 430	25 892	2 002	<b>1 999 725</b>
<b>Total</b>	<b>41 204 257</b>	<b>837 363</b>	<b>588 869</b>	<b>63 164</b>	<b>42 693 653</b>

**Table 3: Population aged 5 years and older by province and disability status**

Province	With disabilities	Without disabilities	Total
	N	N	N
<b>South Africa</b>	<b>2 870 130</b>	<b>35 214 746</b>	<b>38 084 876</b>
Western Cape	222 333	3 914 513	4 136 846
Eastern Cape	472 106	4 448 179	4 920 285
Northern Cape	92 731	747 310	840 041
Free State	234 738	1 888 869	2 123 607
KwaZulu-Natal	620 481	6 728 673	7 349 154
North West	254 333	2 285 298	2 539 631
Gauteng	485 331	8 627 419	9 112 750
Mpumalanga	205 280	2 727 519	2 932 799
Limpopo	282 797	3 846 966	4 129 763

**Table 4: Population aged 5 years and older by sex and disability status**

Sex	With disabilities	Without disabilities	Total
	N	N	N
Male	1 188 059	16 998 903	18 186 962
Female	1 682 071	18 215 843	19 897 914
<b>Total</b>	<b>2 870 130</b>	<b>35 214 746</b>	<b>38 084 876</b>

**Table 5: Population aged 5 years and older by population group and disability status**

Population group	With disabilities	Without disabilities	Total
	N	N	N
Black African	2 381 668	27 978 293	30 359 961
Coloured	207 244	3 128 955	3 336 199
Indian/Asian	60 614	911 648	972 262
White	211 502	3 041 587	3 253 089
Other	9 102	154 263	163 365
<b>Total</b>	<b>2 870 130</b>	<b>35 214 746</b>	<b>38 084 876</b>

**Table 6: Population in five-year age groups by disability status**

Age group	With disabilities	Without disabilities	Total
	N	N	N
5-9	447 843	3 719 835	4 167 678
10-14	161 828	3 802 210	3 964 038
15-19	108 738	4 118 948	4 227 686
20-24	99 665	4 128 757	4 228 422
25-29	100 371	3 906 800	4 007 171
30-34	96 274	3 104 571	3 200 845
35-39	108 559	2 735 168	2 843 727
40-44	132 672	2 283 966	2 416 638
45-49	189 774	1 998 996	2 188 770
50-54	225 498	1 626 667	1 852 165
55-59	233 735	1 268 491	1 502 226
60-64	216 572	942 615	1 159 187
65-69	184 428	627 474	811 902
70-74	186 401	447 044	633 445
75-79	148 452	257 502	405 954
80-84	120 001	149 446	269 447
85+	109 319	96 256	205 575
<b>Total</b>	<b>2 870 130</b>	<b>35 214 746</b>	<b>38 084 876</b>

**Table 7: Population in five-year age groups by disability status and sex**

Age group	With disabilities			Without disabilities			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
5-9	230 370	217 473	<b>447 843</b>	1 863 273	1 856 562	<b>3 719 835</b>	2 128 664	2 108 599	<b>4 237 263</b>
10-14	86 053	75 775	<b>161 828</b>	1 934 051	1 868 159	<b>3 802 210</b>	2 048 762	1 972 215	<b>4 020 977</b>
15-19	54 430	54 308	<b>108 738</b>	2 052 092	2 066 856	<b>4 118 948</b>	2 139 777	2 154 436	<b>4 294 213</b>
20-24	48 068	51 597	<b>99 665</b>	2 030 529	2 098 228	<b>4 128 757</b>	2 108 609	2 180 481	<b>4 289 090</b>
25-29	47 717	52 654	<b>100 371</b>	1 919 596	1 987 204	<b>3 906 800</b>	1 992 759	2 066 064	<b>4 058 823</b>
30-34	45 441	50 833	<b>96 274</b>	1 535 258	1 569 313	<b>3 104 571</b>	1 599 596	1 640 267	<b>3 239 863</b>
35-39	49 412	59 147	<b>108 559</b>	1 323 053	1 412 115	<b>2 735 168</b>	1 388 400	1 488 566	<b>2 876 966</b>
40-44	54 493	78 179	<b>132 672</b>	1 070 554	1 213 412	<b>2 283 966</b>	1 138 067	1 306 492	<b>2 444 559</b>
45-49	71 512	118 262	<b>189 774</b>	910 060	1 088 936	<b>1 998 996</b>	992 521	1 220 375	<b>2 212 896</b>
50-54	86 242	139 256	<b>225 498</b>	743 894	882 773	<b>1 626 667</b>	839 527	1 033 114	<b>1 872 641</b>
55-59	91 232	142 503	<b>233 735</b>	576 455	692 036	<b>1 268 491</b>	675 275	843 496	<b>1 518 771</b>
60-64	84 253	132 319	<b>216 572</b>	420 789	521 826	<b>942 615</b>	510 928	661 359	<b>1 172 287</b>
65-69	69 240	115 188	<b>184 428</b>	265 242	362 232	<b>627 474</b>	338 532	482 726	<b>821 258</b>
70-74	63 841	122 560	<b>186 401</b>	180 095	266 949	<b>447 044</b>	247 081	393 893	<b>640 974</b>
75-79	44 178	104 274	<b>148 452</b>	92 525	164 977	<b>257 502</b>	138 497	272 226	<b>410 723</b>
80-84	33 227	86 774	<b>120 001</b>	49 519	99 927	<b>149 446</b>	83 823	188 730	<b>272 553</b>
85+	28 350	80 969	<b>109 319</b>	31 918	64 338	<b>96 256</b>	61 234	147 136	<b>208 370</b>
<b>Total</b>	<b>1 188 059</b>	<b>1 682 071</b>	<b>2 870 130</b>	<b>16 998 903</b>	<b>18 215 843</b>	<b>35 214 746</b>	<b>18 432 052</b>	<b>20 160 175</b>	<b>38 592 227</b>

**Table 8: Population in five-year age groups by population group, disability status and sex**

Population group	With disabilities			Without disabilities			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Black African	962 082	1 419 586	2 381 668	13 475 398	14 502 895	27 978 293	14 437 480	15 922 481	30 359 961
Coloured	92 225	115 019	207 244	1 494 051	1 634 904	3 128 955	1 586 276	1 749 923	3 336 199
Indian	26 915	33 699	60 614	458 251	453 397	911 648	485 166	487 096	972 262
White	101 903	109 599	211 502	1 474 480	1 567 107	3 041 587	1 576 383	1 676 706	3 253 089
Other	4 934	4 168	9 102	96 723	57 540	154 263	101 657	61 708	163 365
<b>Total</b>	<b>1 188 059</b>	<b>1 682 071</b>	<b>2 870 130</b>	<b>16 998 903</b>	<b>18 215 843</b>	<b>35 214 746</b>	<b>18 186 962</b>	<b>19 897 914</b>	<b>38 084 876</b>

**Table 9: Population aged five years and older by district and disability status**

District	With disabilities		Without disabilities		Total
	N	%	N	%	N
<b>Western Cape</b>	<b>222 333</b>	<b>5,4</b>	<b>3 914 513</b>	<b>94,6</b>	<b>4 136 846</b>
DC1: West Coast	16 505	6,5	236 985	93,5	253 490
DC2: Cape Winelands	28 329	5,5	488 242	94,5	516 571
DC3: Overberg	9 748	5,6	163 998	94,4	173 746
DC4: Eden	27 638	6,8	378 644	93,2	406 282
DC5: Central Karoo	3 900	8,1	44 084	91,9	47 984
CPT: City of Cape Town	136 213	5	2 602 560	95	2 738 773
<b>Eastern Cape</b>	<b>472 106</b>	<b>9,6</b>	<b>4 448 179</b>	<b>90,4</b>	<b>4 920 285</b>
DC10: Cacadu	29 197	9,1	292 617	90,9	321 814
DC12: Amathole	85 207	12,8	578 806	87,2	664 013
DC13: Chris Hani	68 943	11,6	526 934	88,4	595 877
DC14: Joe Gqabi	32 326	12,3	229 865	87,7	262 191
DC15: O.R. Tambo	90 258	8,9	921 631	91,1	1 011 889
DC44: Alfred Nzo	64 744	11	526 406	89,1	591 150
BUF: Buffalo City	39 492	6,9	536 254	93,1	575 746
NMA: Nelson Mandela Bay	61 939	6,9	835 666	93,1	897 605
<b>Northern Cape</b>	<b>92 731</b>	<b>11</b>	<b>747 310</b>	<b>89</b>	<b>840 041</b>
DC6: Namakwa	10 680	12,4	75 542	87,6	86 222
DC7: Pixley ka Seme	13 431	10	120 530	90	133 961
DC8: Siyanda	16 722	9,7	156 127	90,3	172 849
DC9: Frances Baard	26 727	9,8	244 940	90,2	271 667
DC45: John Taolo Gaetsewe	25 171	14,4	150 171	85,6	175 342
<b>Free State</b>	<b>234 738</b>	<b>11,1</b>	<b>1 888 869</b>	<b>88,9</b>	<b>2 123 607</b>
DC16: Xhariep	14 300	12,9	96 590	87,1	110 890
DC18: Lejweleputswa	53 456	11,1	428 592	88,9	482 048
DC19: Thabo Mofutsanyane	69 034	12	506 983	88	576 017
DC20: Fezile Dabi	40 886	11	329 906	89	370 792
MAN: Mangaung	57 062	9,8	526 798	90,2	583 860

**Table 9: Population aged five years and older by district and disability status (concluded)**

District	With disabilities		Without disabilities		Total
	N	%	N	%	N
<b>KwaZulu-Natal</b>	<b>620 481</b>	<b>8,4</b>	<b>6 728 673</b>	<b>91,6</b>	<b>7 349 154</b>
DC21: Ugu	55 553	10,6	469 288	89,4	524 841
DC22: UMgungundlovu	64 274	8,9	656 897	91,1	721 171
DC23: Uthukela	44 593	9,4	429 941	90,6	474 534
DC24: Umzinyathi	33 609	9,3	329 687	90,8	363 296
DC27: Umkhanyakude	40 165	8,9	409 891	91,1	450 056
DC28: Uthungulu	58 473	8,9	596 114	91,1	654 587
DC43: Sisonke	34 825	10,6	293 814	89,4	328 639
DC25: Amajuba	30 293	8,6	323 415	91,4	353 708
DC26: Zululand	55 868	10	505 301	90	561 169
DC29: iLembe	39 999	9,2	395 624	90,8	435 623
ETH: eThekweni	162 829	6,6	2 318 701	93,4	2 481 530
<b>North West</b>	<b>254 333</b>	<b>10</b>	<b>2 285 298</b>	<b>90</b>	<b>2 539 631</b>
DC37: Bojanala	85 187	7,7	1 021 690	92,3	1 106 877
DC38: Ngaka Modiri Molema	72 959	12,1	530 210	87,9	603 169
DC39: Dr Ruth Segomotsi Mompati	49 260	14,7	285 447	85,3	334 707
DC40: Dr Kenneth Kaunda	46 927	9,5	447 951	90,5	494 878
<b>Gauteng</b>	<b>485 331</b>	<b>5,3</b>	<b>8 627 419</b>	<b>94,7</b>	<b>9 112 750</b>
DC42: Sedibeng	52 235	7,6	632 968	92,4	685 203
DC48: West Rand	41 434	6,8	564 618	93,2	606 052
EKU: Ekurhuleni	130 278	5,5	2 245 436	94,5	2 375 714
JHB: City of Johannesburg	150 553	4,6	3 146 345	95,4	3 296 898
TSH: City of Tshwane	110 831	5,2	2 038 052	94,8	2 148 883
<b>Mpumalanga</b>	<b>205 280</b>	<b>7</b>	<b>2 727 519</b>	<b>93</b>	<b>2 932 799</b>
DC30: Gert Sibande	64 581	8,9	660 638	91,1	725 219
DC31: Nkangala	67 661	7,1	885 300	92,9	952 961
DC32: Ehlanzeni	73 038	5,8	1 181 581	94,2	1 254 619
<b>Limpopo</b>	<b>282 797</b>	<b>6,8</b>	<b>3 846 966</b>	<b>93,2</b>	<b>4 129 763</b>
DC33: Mopani	51 869	6,1	798 895	93,9	850 764
DC34: Vhembe	57 603	5,8	941 413	94,2	999 016
DC35: Capricorn	68 420	7,1	892 473	92,9	960 893
DC36: Waterberg	36 690	7,6	447 095	92,4	483 785
DC47: Greater Sekhukhune	68 215	8,2	767 090	91,8	835 305

**Table 10: Population aged five years and older by district municipality, disability status and sex**

District	Sex	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Western Cape Districts</b>						
DC1: West Coast	Male	7 797	6,3	116 862	93,8	124 659
	Female	8 708	6,8	120 123	93,2	128 831
	<b>Total</b>	<b>16 505</b>	<b>6,5</b>	<b>236 985</b>	<b>93,5</b>	<b>253 490</b>
DC2: Cape Winelands	Male	12 833	5,1	237 413	94,9	250 246
	Female	15 496	5,8	250 829	94,2	266 325
	<b>Total</b>	<b>28 329</b>	<b>5,5</b>	<b>488 242</b>	<b>94,5</b>	<b>516 571</b>
DC3: Overberg	Male	4 575	5,3	81 020	94,7	85 595
	Female	5 173	5,9	82 978	94,1	88 151
	<b>Total</b>	<b>9 748</b>	<b>5,6</b>	<b>163 998</b>	<b>94,4</b>	<b>173 746</b>
DC4: Eden	Male	12 774	6,5	183 463	93,5	196 237
	Female	14 864	7,1	195 181	92,9	210 045
	<b>Total</b>	<b>27 638</b>	<b>6,8</b>	<b>378 644</b>	<b>93,2</b>	<b>406 282</b>
DC5: Central Karoo	Male	1 811	7,9	21 142	92,1	22 953
	Female	2 089	8,4	22 942	91,7	25 031
	<b>Total</b>	<b>3 900</b>	<b>8,1</b>	<b>44 084</b>	<b>91,9</b>	<b>47 984</b>
CPT: City of Cape Town	Male	59 238	4,5	1 261 434	95,5	1 320 672
	Female	76 975	5,4	1 341 126	94,6	1 418 101
	<b>Total</b>	<b>136 213</b>	<b>5,0</b>	<b>2 602 560</b>	<b>95,0</b>	<b>2 738 773</b>
<b>Eastern Cape Districts</b>						
DC10: Cacadu	Male	12 611	8,2	141 963	91,8	154 574
	Female	16 586	9,9	150 654	90,1	167 240
	<b>Total</b>	<b>29 197</b>	<b>9,1</b>	<b>292 617</b>	<b>90,9</b>	<b>321 814</b>
DC12: Amathole	Male	33 348	10,8	274 205	89,2	307 553
	Female	51 859	14,6	304 601	85,5	356 460
	<b>Total</b>	<b>85 207</b>	<b>12,8</b>	<b>578 806</b>	<b>87,2</b>	<b>664 013</b>
DC13: Chris Hani	Male	27 372	9,8	250 781	90,2	278 153
	Female	41 571	13,1	276 153	86,9	317 724
	<b>Total</b>	<b>68 943</b>	<b>11,6</b>	<b>526 934</b>	<b>88,4</b>	<b>595 877</b>
DC14: Joe Gqabi	Male	12 660	10,4	109 339	89,6	121 999
	Female	19 666	14,0	120 526	86,0	140 192
	<b>Total</b>	<b>32 326</b>	<b>12,3</b>	<b>229 865</b>	<b>87,7</b>	<b>262 191</b>
DC15: O.R. Tambo	Male	36 062	7,8	423 857	92,2	459 919
	Female	54 196	9,8	497 774	90,2	551 970
	<b>Total</b>	<b>90 258</b>	<b>8,9</b>	<b>921 631</b>	<b>91,1</b>	<b>1 011 889</b>
DC44: Alfred Nzo	Male	24 293	9,1	241 641	90,9	265 934
	Female	40 451	12,4	284 765	87,6	325 216
	<b>Total</b>	<b>64 744</b>	<b>11,0</b>	<b>526 406</b>	<b>89,1</b>	<b>591 150</b>
BUF: Buffalo City	Male	15 905	5,9	253 970	94,1	269 875
	Female	23 587	7,7	282 284	92,3	305 871
	<b>Total</b>	<b>39 492</b>	<b>6,9</b>	<b>536 254</b>	<b>93,1</b>	<b>575 746</b>
NMA: Nelson Mandela Bay	Male	26 429	6,2	401 714	93,8	428 143
	Female	35 510	7,6	433 952	92,4	469 462
	<b>Total</b>	<b>61 939</b>	<b>6,9</b>	<b>835 666</b>	<b>93,1</b>	<b>897 605</b>

**Table 10: Population aged five years and older by district, disability status and sex (continued)**

District	Sex	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Northern Cape Districts</b>						
DC6: Namakwa	Male	5 064	11,9	37 395	88,1	42 459
	Female	5 616	12,8	38 147	87,2	43 763
	<b>Total</b>	<b>10 680</b>	<b>12,4</b>	<b>75 542</b>	<b>87,6</b>	<b>86 222</b>
DC7: Pixley ka Seme	Male	6 050	9,3	58 950	90,7	65 000
	Female	7 381	10,7	61 580	89,3	68 961
	<b>Total</b>	<b>13 431</b>	<b>10,0</b>	<b>120 530</b>	<b>90,0</b>	<b>133 961</b>
DC8: Siyanda	Male	7 852	9,1	78 301	90,9	86 153
	Female	8 870	10,2	77 826	89,8	86 696
	<b>Total</b>	<b>16 722</b>	<b>9,7</b>	<b>156 127</b>	<b>90,3</b>	<b>172 849</b>
DC9: Frances Baard	Male	11 664	9,0	118 245	91,0	129 909
	Female	15 063	10,6	126 695	89,4	141 758
	<b>Total</b>	<b>26 727</b>	<b>9,8</b>	<b>244 940</b>	<b>90,2</b>	<b>271 667</b>
DC45: John Taolo Gaetsewe	Male	11 125	13,4	72 155	86,6	83 280
	Female	14 046	15,3	78 016	84,7	92 062
	<b>Total</b>	<b>25 171</b>	<b>14,4</b>	<b>150 171</b>	<b>85,6</b>	<b>175 342</b>
<b>Free State Districts</b>						
DC16: Xhariep	Male	6 090	11,5	46 662	88,5	52 752
	Female	8 210	14,1	49 928	85,9	58 138
	<b>Total</b>	<b>14 300</b>	<b>12,9</b>	<b>96 590</b>	<b>87,1</b>	<b>110 890</b>
DC18: Lejweleputswa	Male	22 553	9,8	207 720	90,2	230 273
	Female	30 903	12,3	220 872	87,7	251 775
	<b>Total</b>	<b>53 456</b>	<b>11,1</b>	<b>428 592</b>	<b>88,9</b>	<b>482 048</b>
DC19: Thabo Mofutsanyane	Male	27 022	10,3	235 722	89,7	262 744
	Female	42 012	13,4	271 261	86,6	313 273
	<b>Total</b>	<b>69 034</b>	<b>12,0</b>	<b>506 983</b>	<b>88,0</b>	<b>576 017</b>
DC20: Fezile Dabi	Male	17 189	9,7	160 570	90,3	177 759
	Female	23 697	12,3	169 336	88	193 033
	<b>Total</b>	<b>40 886</b>	<b>11,0</b>	<b>329 906</b>	<b>89,0</b>	<b>370 792</b>
MAN: Mangaung	Male	23 139	8,4	252 264	91,6	275 403
	Female	33 923	11,0	274 534	89,0	308 457
	<b>Total</b>	<b>57 062</b>	<b>9,8</b>	<b>526 798</b>	<b>90,2</b>	<b>583 860</b>

**Table 10: Population aged five years and older by district, disability status and sex (continued)**

District	Sex	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>KwaZulu-Natal Districts</b>						
DC21: Ugu	Male	20 556	8,6	218 092	91,4	238 648
	Female	34 997	12,2	251 196	87,8	286 193
	<b>Total</b>	<b>55 553</b>	<b>10,6</b>	<b>469 288</b>	<b>89,4</b>	<b>524 841</b>
DC22: UMgungundlovu	Male	24 105	7,2	310 959	92,8	335 064
	Female	40 169	10,4	345 938	89,6	386 107
	<b>Total</b>	<b>64 274</b>	<b>8,9</b>	<b>656 897</b>	<b>91,1</b>	<b>721 171</b>
DC23: Uthukela	Male	16 832	7,9	197 269	92,1	214 101
	Female	27 761	10,7	232 672	89,3	260 433
	<b>Total</b>	<b>44 593</b>	<b>9,4</b>	<b>429 941</b>	<b>90,6</b>	<b>474 534</b>
DC24: Umzinyathi	Male	11 977	7,6	145 395	92,4	157 372
	Female	21 632	10,5	184 292	89,5	205 924
	<b>Total</b>	<b>33 609</b>	<b>9,3</b>	<b>329 687</b>	<b>90,8</b>	<b>363 296</b>
DC27: Umkhanyakude	Male	15 687	7,8	185 166	92,2	200 853
	Female	24 478	9,8	224 725	90,2	249 203
	<b>Total</b>	<b>40 165</b>	<b>8,9</b>	<b>409 891</b>	<b>91,1</b>	<b>450 056</b>
DC28: Uthungulu	Male	21 614	7,2	278 153	92,8	299 767
	Female	36 859	10,4	317 961	89,6	354 820
	<b>Total</b>	<b>58 473</b>	<b>8,9</b>	<b>596 114</b>	<b>91,1</b>	<b>654 587</b>
DC43: Sisonke	Male	12 459	8,5	134 913	91,6	147 372
	Female	22 366	12,3	158 901	87,7	181 267
	<b>Total</b>	<b>34 825</b>	<b>10,6</b>	<b>293 814</b>	<b>89,4</b>	<b>328 639</b>
DC25: Amajuba	Male	12 060	7,3	152 774	92,7	164 834
	Female	18 233	9,7	170 641	90,4	188 874
	<b>Total</b>	<b>30 293</b>	<b>8,6</b>	<b>323 415</b>	<b>91,4</b>	<b>353 708</b>
DC26: Zululand	Male	21 100	8,4	231 110	91,6	252 210
	Female	34 768	11,3	274 191	88,8	308 959
	<b>Total</b>	<b>55 868</b>	<b>10,0</b>	<b>505 301</b>	<b>90,0</b>	<b>561 169</b>
DC29: iLembe	Male	15 318	7,6	186 675	92,4	201 993
	Female	24 681	10,6	208 949	89,4	233 630
	<b>Total</b>	<b>39 999</b>	<b>9,2</b>	<b>395 624</b>	<b>90,8</b>	<b>435 623</b>
ETH: eThekweni	Male	65 651	5,5	1 128 304	94,5	1 193 955
	Female	97 178	7,6	1 190 397	92,5	1 287 575
	<b>Total</b>	<b>162 829</b>	<b>6,6</b>	<b>2 318 701</b>	<b>93,4</b>	<b>2 481 530</b>



**Table 10: Population aged five years and older by district, disability status and sex (continued)**

District	Sex	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>North West Districts</b>						
DC37: Bojanala	Male	37 690	6,6	530 554	93,4	568 244
	Female	47 497	8,8	491 136	91,2	538 633
	<b>Total</b>	<b>85 187</b>	<b>7,7</b>	<b>1 021 690</b>	<b>92,3</b>	<b>1 106 877</b>
DC38: Ngaka Modiri Molema	Male	31 632	11,1	252 239	88,9	283 871
	Female	41 327	12,9	277 971	87,1	319 298
	<b>Total</b>	<b>72 959</b>	<b>12,1</b>	<b>530 210</b>	<b>87,9</b>	<b>603 169</b>
DC39: Dr Ruth Segomotsi Mompati	Male	21 009	13,5	134 999	86,5	156 008
	Female	28 251	15,8	150 448	84,2	178 699
	<b>Total</b>	<b>49 260</b>	<b>14,7</b>	<b>285 447</b>	<b>85,3</b>	<b>334 707</b>
DC40: Dr Kenneth Kaunda	Male	20 763	8,7	219 322	91,4	240 085
	Female	26 164	10,3	228 629	89,7	254 793
	<b>Total</b>	<b>46 927</b>	<b>9,5</b>	<b>447 951</b>	<b>90,5</b>	<b>494 878</b>
<b>Gauteng Districts</b>						
DC42: Sedibeng	Male	22 497	6,7	314 295	93,3	336 792
	Female	29 738	8,5	318 673	91,5	348 411
	<b>Total</b>	<b>52 235</b>	<b>7,6</b>	<b>632 968</b>	<b>92,4</b>	<b>685 203</b>
DC48: West Rand	Male	18 813	6,0	294 066	94,0	312 879
	Female	22 621	7,7	270 552	92,3	293 173
	<b>Total</b>	<b>41 434</b>	<b>6,8</b>	<b>564 618</b>	<b>93,2</b>	<b>606 052</b>
EKU: Ekurhuleni	Male	56 745	4,7	1 153 303	95,3	1 210 048
	Female	73 533	6,3	1 092 133	93,7	1 165 666
	<b>Total</b>	<b>130 278</b>	<b>5,5</b>	<b>2 245 436</b>	<b>94,5</b>	<b>2 375 714</b>
JHB: City of Johannesburg	Male	63 166	3,9	1 578 111	96,2	1 641 277
	Female	87 387	5,3	1 568 234	94,7	1 655 621
	<b>Total</b>	<b>150 553</b>	<b>4,6</b>	<b>3 146 345</b>	<b>95,4</b>	<b>3 296 898</b>
TSH: City of Tshwane	Male	48 761	4,6	1 009 499	95,4	1 058 260
	Female	62 070	5,7	1 028 553	94,3	1 090 623
	<b>Total</b>	<b>110 831</b>	<b>5,2</b>	<b>2 038 052</b>	<b>94,8</b>	<b>2 148 883</b>

**Table 10: Population aged five years and older by district, disability status and sex (concluded)**

District	Sex	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Mpumalanga Districts</b>						
DC30: Gert Sibande	Male	26 710	7,6	325 499	92,4	352 209
	Female	37 871	10,2	335 139	89,9	373 010
	<b>Total</b>	<b>64 581</b>	<b>8,9</b>	<b>660 638</b>	<b>91,1</b>	<b>725 219</b>
DC31: Nkangala	Male	28 774	6,1	443 056	93,9	471 830
	Female	38 887	8,1	442 244	91,9	481 131
	<b>Total</b>	<b>67 661</b>	<b>7,1</b>	<b>885 300</b>	<b>92,9</b>	<b>952 961</b>
DC32: Ehlanzeni	Male	31 308	5,4	552 848	94,6	584 156
	Female	41 730	6,2	628 733	93,8	670 463
	<b>Total</b>	<b>73 038</b>	<b>5,8</b>	<b>1 181 581</b>	<b>94,2</b>	<b>1 254 619</b>
<b>Limpopo Districts</b>						
DC33: Mopani	Male	21 507	5,7	359 473	94,4	380 980
	Female	30 362	6,5	439 422	93,5	469 784
	<b>Total</b>	<b>51 869</b>	<b>6,1</b>	<b>798 895</b>	<b>93,9</b>	<b>850 764</b>
DC34: Vhembe	Male	23 702	5,4	418 498	94,6	442 200
	Female	33 901	6,1	522 915	93,9	556 816
	<b>Total</b>	<b>57 603</b>	<b>5,8</b>	<b>941 413</b>	<b>94,2</b>	<b>999 016</b>
DC35: Capricorn	Male	28 289	6,5	409 475	93,5	437 764
	Female	40 131	7,7	482 998	92,3	523 129
	<b>Total</b>	<b>68 420</b>	<b>7,1</b>	<b>892 473</b>	<b>92,9</b>	<b>960 893</b>
DC36: Waterberg	Male	15 933	6,8	218 887	93,2	234 820
	Female	20 757	8,3	228 208	91,7	248 965
	<b>Total</b>	<b>36 690</b>	<b>7,6</b>	<b>447 095</b>	<b>92,4</b>	<b>483 785</b>
DC47: Greater Sekhukhune	Male	27 945	7,4	349 181	92,6	377 126
	Female	40 270	8,8	417 909	91,2	458 179
	<b>Total</b>	<b>68 215</b>	<b>8,2</b>	<b>767 090</b>	<b>91,8</b>	<b>835 305</b>

**Table 11: Population aged five years and older by district, disability status and population group**

District	Population group	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Western Cape</b>						
<b>West Coast</b>	Black African	1 544	4,2	35 229	95,8	36 773
	Coloured	11 876	6,9	159 779	93,1	171 655
	Indian/ Asian	83	6,3	1 231	93,7	1 314
	White	2 926	7	39 074	93	42 000
	Other	76	4,4	1 672	95,7	1 748
	<b>Total</b>	<b>16 505</b>	<b>6,5</b>	<b>236 985</b>	<b>93,5</b>	<b>253 490</b>
<b>Cape Winelands</b>	Black African	6 802	5,6	115 441	94,4	122 243
	Coloured	17 870	5,6	304 005	94,5	321 875
	Indian/ Asian	89	4,4	1 914	95,6	2 003
	White	3 404	5,1	63 056	94,9	66 460
	Other	164	4,1	3 826	95,9	3 990
	<b>Total</b>	<b>28 329</b>	<b>5,5</b>	<b>488 242</b>	<b>94,5</b>	<b>516 571</b>
<b>Overberg</b>	Black African	1 769	4,1	41 480	95,9	43 249
	Coloured	5 361	5,7	88 980	94,3	94 341
	Indian/ Asian	27	6	427	94,1	454
	White	2 532	7,4	31 683	92,6	34 215
	Other	59	4	1 428	96	1 487
	<b>Total</b>	<b>9 748</b>	<b>5,6</b>	<b>163 998</b>	<b>94,4</b>	<b>173 746</b>
<b>Eden</b>	Black African	5 550	5,5	95 195	94,5	100 745
	Coloured	15 948	7,3	203 986	92,8	219 934
	Indian/ Asian	74	4,5	1 576	95,5	1 650
	White	5 837	7,4	73 371	92,6	79 208
	Other	229	4,8	4 516	95,2	4 745
	<b>Total</b>	<b>27 638</b>	<b>6,8</b>	<b>378 644</b>	<b>93,2</b>	<b>406 282</b>
<b>Central Karoo</b>	Black African	524	8,6	5 577	91,4	6 101
	Coloured	3 024	8,1	34 128	91,9	37 152
	Indian/ Asian	12	6,9	161	93,1	173
	White	332	7,6	4 032	92,4	4 364
	Other	8	4,1	186	95,9	194
	<b>Total</b>	<b>3 900</b>	<b>8,1</b>	<b>44 084</b>	<b>91,9</b>	<b>47 984</b>
<b>City of Cape Town</b>	Black African	51 468	4,9	995 075	95,1	1 046 543
	Coloured	59 236	5	1 118 731	95	1 177 967
	Indian/ Asian	1 636	4,4	35 844	95,6	37 480
	White	22 164	5,1	413 239	94,9	435 403
	Other	1 709	4,1	39 671	95,9	41 380
	<b>Total</b>	<b>136 213</b>	<b>5</b>	<b>2 602 560</b>	<b>95</b>	<b>2 738 773</b>

**Table 11: Population aged five years and older by district, disability status and population group (continued)**

District	Population group	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Eastern Cape</b>						
<b>Cacadu</b>	Black African	16 909	9,9	154 361	90,1	171 270
	Coloured	9 271	8,3	102 603	91,7	111 874
	Indian/ Asian	48	5	908	95	956
	White	2 873	8,1	32 689	91,9	35 562
	Other	96	4,5	2 056	95,5	2 152
	<b>Total</b>	<b>29 197</b>	<b>9,1</b>	<b>292 617</b>	<b>90,9</b>	<b>321 814</b>
<b>Amathole</b>	Black African	83 713	13	562 934	87,1	646 647
	Coloured	789	8,4	8 652	91,6	9 441
	Indian/ Asian	53	7,1	699	93	752
	White	594	9,8	5 497	90,3	6 091
	Other	58	5,4	1 024	94,6	1 082
	<b>Total</b>	<b>85 207</b>	<b>12,8</b>	<b>578 806</b>	<b>87,2</b>	<b>664 013</b>
<b>Chris Hani</b>	Black African	66 328	11,9	490 612	88,1	556 940
	Coloured	1 582	6,6	22 307	93,4	23 889
	Indian/ Asian	49	3,7	1 281	96,3	1 330
	White	887	7,4	11 102	92,6	11 989
	Other	97	5,6	1 632	94,4	1 729
	<b>Total</b>	<b>68 943</b>	<b>11,6</b>	<b>526 934</b>	<b>88,4</b>	<b>595 877</b>
<b>Joe Gqabi</b>	Black African	31 141	12,6	215 400	87,4	246 541
	Coloured	665	7,4	8 321	92,6	8 986
	Indian/ Asian	32	7	427	93	459
	White	446	7,9	5 228	92,1	5 674
	Other	42	7,9	489	92,1	531
	<b>Total</b>	<b>32 326</b>	<b>12,3</b>	<b>229 865</b>	<b>87,7</b>	<b>262 191</b>
<b>O.R. Tambo</b>	Black African	89 647	8,9	913 095	91,1	1 002 742
	Coloured	353	7,9	4 135	92,1	4 488
	Indian/ Asian	77	4	1 833	96	1 910
	White	141	8,4	1 532	91,6	1 673
	Other	40	3,7	1 036	96,3	1 076
	<b>Total</b>	<b>90 258</b>	<b>8,9</b>	<b>921 631</b>	<b>91,1</b>	<b>1 011 889</b>
<b>Alfred Nzo</b>	Black African	64 304	11	522 048	89	586 352
	Coloured	258	11	2 080	89	2 338
	Indian/ Asian	60	7,4	749	92,6	809
	White	91	7,7	1 092	92,3	1 183
	Other	31	6,6	437	93,4	468
	<b>Total</b>	<b>64 744</b>	<b>11</b>	<b>526 406</b>	<b>89,1</b>	<b>591 150</b>
<b>Buffalo City</b>	Black African	34 512	7,1	452 640	92,9	487 152
	Coloured	1 637	4,7	33 490	95,3	35 127
	Indian/ Asian	214	4,4	4 610	95,6	4 824
	White	3 006	6,4	43 688	93,6	46 694
	Other	123	6,3	1 826	93,7	1 949
	<b>Total</b>	<b>39 492</b>	<b>6,9</b>	<b>536 254</b>	<b>93,1</b>	<b>575 746</b>
<b>Nelson Mandela Bay</b>	Black African	41 497	7,8	490 992	92,2	532 489
	Coloured	11 112	5,3	200 298	94,7	211 410
	Indian/ Asian	458	4,6	9 555	95,4	10 013
	White	8 469	6,2	127 757	93,8	136 226
	Other	403	5,4	7 064	94,6	7 467
	<b>Total</b>	<b>61 939</b>	<b>6,9</b>	<b>835 666</b>	<b>93,1</b>	<b>897 605</b>

**Table 11: Population aged five years and older by district, disability status and population group (continued)**

District	Population group	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Northern Cape</b>						
Namakwa	Black African	387	8,6	4 135	91,4	4 522
	Coloured	9 398	12,8	64 195	87,2	73 593
	Indian/ Asian	30	7,7	362	92,4	392
	White	795	11,2	6 334	88,9	7 129
	Other	70	12	516	88,1	586
	<b>Total</b>	<b>10 680</b>	<b>12,4</b>	<b>75 542</b>	<b>87,6</b>	<b>86 222</b>
Pixley ka Seme	Black African	4 661	11,8	34 968	88,2	39 629
	Coloured	7 771	9,5	74 456	90,6	82 227
	Indian/ Asian	53	7,8	631	92,3	684
	White	831	7,9	9 651	92,1	10 482
	Other	115	12,3	824	87,8	939
	<b>Total</b>	<b>13 431</b>	<b>10</b>	<b>120 530</b>	<b>90</b>	<b>133 961</b>
Siyanda	Black African	3 641	7,6	44 202	92,4	47 843
	Coloured	11 704	10,9	96 139	89,2	107 843
	Indian/ Asian	87	7,8	1 027	92,2	1 114
	White	1 064	7,7	12 694	92,3	13 758
	Other	226	9,9	2 065	90,1	2 291
	<b>Total</b>	<b>16 722</b>	<b>9,7</b>	<b>156 127</b>	<b>90,3</b>	<b>172 849</b>
Frances Baard	Black African	18 316	10,5	155 441	89,5	173 757
	Coloured	5 816	8,3	64 111	91,7	69 927
	Indian/ Asian	129	5,2	2 358	94,8	2 487
	White	1 399	7,7	16 747	92,3	18 146
	Other	1 067	14,5	6 283	85,5	7 350
	<b>Total</b>	<b>26 727</b>	<b>9,8</b>	<b>244 940</b>	<b>90,2</b>	<b>271 667</b>
John Taolo Gaetsewe	Black African	23 034	15,3	127 576	84,7	150 610
	Coloured	1 501	9,7	13 969	90,3	15 470
	Indian/ Asian	38	5,9	607	94,1	645
	White	538	7	7 185	93	7 723
	Other	60	6,7	834	93,3	894
	<b>Total</b>	<b>25 171</b>	<b>14,4</b>	<b>150 171</b>	<b>85,6</b>	<b>175 342</b>
<b>Free State</b>						
Xhariep	Black African	11 891	13,6	75 305	86,4	87 196
	Coloured	1 514	10,4	13 022	89,6	14 536
	Indian/ Asian	27	6,5	390	93,5	417
	White	840	10,1	7 499	89,9	8 339
	Other	28	7	374	93	402
	<b>Total</b>	<b>14 300</b>	<b>12,9</b>	<b>96 590</b>	<b>87,1</b>	<b>110 890</b>
Lejweleputswa	Black African	48 870	11,4	378 297	88,6	427 167
	Coloured	717	8	8 280	92	8 997
	Indian/ Asian	83	5,2	1 514	94,8	1 597
	White	3 730	8,6	39 500	91,4	43 230
	Other	56	5,3	1 001	94,7	1 057
	<b>Total</b>	<b>53 456</b>	<b>11,1</b>	<b>428 592</b>	<b>88,9</b>	<b>482 048</b>
Thabo Mofutsanyane	Black African	66 081	12,2	474 671	87,8	540 752
	Coloured	528	11,6	4 023	88,4	4 551
	Indian/ Asian	85	3,9	2 120	96,2	2 205
	White	2 252	8,2	25 244	91,8	27 496
	Other	88	8,7	925	91,3	1 013
	<b>Total</b>	<b>69 034</b>	<b>12</b>	<b>506 983</b>	<b>88</b>	<b>576 017</b>

**Table 11 Population aged five years and older by district, disability status and population group (continued)**

District	Population group	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Free State (concl.)</b>						
Fezile Dabi	Black African	36 238	11,4	281 579	88,6	317 817
	Coloured	638	9,5	6 056	90,5	6 694
	Indian/ Asian	55	5	1 055	95,1	1 110
	White	3 899	8,8	40 288	91,2	44 187
	Other	56	5,7	928	94,3	984
	<b>Total</b>	<b>40 886</b>	<b>11</b>	<b>329 906</b>	<b>89</b>	<b>370 792</b>
Mangaung	Black African	50 432	10,4	435 170	89,6	485 602
	Coloured	1 945	6,9	26 426	93,1	28 371
	Indian/ Asian	100	4,1	2 333	95,9	2 433
	White	4 494	6,8	61 267	93,2	65 761
	Other	91	5,4	1 602	94,6	1 693
	<b>Total</b>	<b>57 062</b>	<b>9,8</b>	<b>526 798</b>	<b>90,2</b>	<b>583 860</b>
<b>KwaZulu-Natal</b>						
Ugu	Black African	51 006	10,8	423 053	89,2	474 059
	Coloured	285	6,8	3 924	93,2	4 209
	Indian/ Asian	1 409	7,1	18 330	92,9	19 739
	White	2 784	10,7	23 237	89,3	26 021
	Other	69	8,5	744	91,5	813
	<b>Total</b>	<b>55 553</b>	<b>10,6</b>	<b>469 288</b>	<b>89,4</b>	<b>524 841</b>
UMgungundlovu	Black African	55 658	9,2	548 858	90,8	604 516
	Coloured	933	6,3	13 989	93,8	14 922
	Indian/ Asian	3 773	6,9	50 902	93,1	54 675
	White	3 781	8,4	41 420	91,6	45 201
	Other	129	7	1 728	93,1	1 857
	<b>Total</b>	<b>64 274</b>	<b>8,9</b>	<b>656 897</b>	<b>91,1</b>	<b>721 171</b>
Uthukela	Black African	42 500	9,4	408 267	90,6	450 767
	Coloured	209	7,7	2 501	92,3	2 710
	Indian/ Asian	1 208	9,6	11 391	90,4	12 599
	White	622	8	7 117	92	7 739
	Other	54	7,5	665	92,5	719
	<b>Total</b>	<b>44 593</b>	<b>9,4</b>	<b>429 941</b>	<b>90,6</b>	<b>474 534</b>
Umzinyathi	Black African	32 423	9,3	318 223	90,8	350 646
	Coloured	186	9,9	1 690	90,1	1 876
	Indian/ Asian	480	9,3	4 659	90,7	5 139
	White	497	9,7	4 625	90,3	5 122
	Other	23	4,5	490	95,5	513
	<b>Total</b>	<b>33 609</b>	<b>9,3</b>	<b>329 687</b>	<b>90,8</b>	<b>363 296</b>
Umkhanyakude	Black African	39 809	8,9	405 740	91,1	445 549
	Coloured	63	8,7	665	91,4	728
	Indian/ Asian	72	7,7	860	92,3	932
	White	170	7,8	2 023	92,3	2 193
	Other	51	7,8	603	92,2	654
	<b>Total</b>	<b>40 165</b>	<b>8,9</b>	<b>409 891</b>	<b>91,1</b>	<b>450 056</b>
Uthungulu	Black African	56 420	9,1	560 636	90,9	617 056
	Coloured	226	6,6	3 225	93,5	3 451
	Indian/ Asian	462	4,1	10 857	95,9	11 319
	White	1 295	6	20 441	94	21 736
	Other	70	6,8	955	93,2	1 025
	<b>Total</b>	<b>58 473</b>	<b>8,9</b>	<b>596 114</b>	<b>91,1</b>	<b>654 587</b>

**Table 11: Population aged five years and older by district, disability status and population group (continued)**

District	Population group	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>KwaZulu-Natal (concl.)</b>						
Sisonke	Black African	34 134	10,7	284 139	89,3	318 273
	Coloured	350	6,6	4 994	93,5	5 344
	Indian/ Asian	52	4,8	1 037	95,2	1 089
	White	273	7,8	3 219	92,2	3 492
	Other	16	3,6	425	96,4	441
	<b>Total</b>		<b>34 825</b>	<b>10,6</b>	<b>293 814</b>	<b>89,4</b>
Amajuba	Black African	28 190	8,6	298 993	91,4	327 183
	Coloured	171	7,1	2 242	92,9	2 413
	Indian/ Asian	814	7,6	9 860	92,4	10 674
	White	1 082	8,6	11 575	91,5	12 657
	Other	36	4,6	745	95,4	781
	<b>Total</b>		<b>30 293</b>	<b>8,6</b>	<b>323 415</b>	<b>91,4</b>
Zululand	Black African	54 998	10	495 282	90	550 280
	Coloured	85	7,9	985	92,1	1 070
	Indian/ Asian	82	6,5	1 175	93,5	1 257
	White	665	8,4	7 226	91,6	7 891
	Other	38	5,7	633	94,3	671
	<b>Total</b>		<b>55 868</b>	<b>10</b>	<b>505 301</b>	<b>90</b>
iLembe	Black African	36 646	9,4	355 488	90,7	392 134
	Coloured	218	9,5	2 075	90,5	2 293
	Indian/ Asian	2 285	7,9	26 610	92,1	28 895
	White	668	6,2	10 053	93,8	10 721
	Other	182	11,5	1 398	88,5	1 580
	<b>Total</b>		<b>39 999</b>	<b>9,2</b>	<b>395 624</b>	<b>90,8</b>
eThekweni	Black African	113 957	6,4	1 661 822	93,6	1 775 779
	Coloured	3 702	5,9	59 634	94,2	63 336
	Indian/ Asian	32 786	7,1	429 719	92,9	462 505
	White	11 811	7	157 871	93	169 682
	Other	573	5,6	9 655	94,4	10 228
	<b>Total</b>		<b>162 829</b>	<b>6,6</b>	<b>2 318 701</b>	<b>93,4</b>
<b>North West</b>						
Bojanala	Black African	79 905	7,8	947 956	92,2	1 027 861
	Coloured	454	7,1	5 977	92,9	6 431
	Indian/ Asian	279	4,9	5 377	95,1	5 656
	White	4 370	6,9	59 326	93,1	63 696
	Other	179	5,5	3 054	94,5	3 233
	<b>Total</b>		<b>85 187</b>	<b>7,7</b>	<b>1 021 690</b>	<b>92,3</b>
Ngaka Modiri Molema	Black African	70 351	12,3	502 461	87,7	572 812
	Coloured	1 024	11,5	7 876	88,5	8 900
	Indian/ Asian	204	6	3 217	94	3 421
	White	1 309	7,8	15 553	92,2	16 862
	Other	71	6,1	1 103	94	1 174
	<b>Total</b>		<b>72 959</b>	<b>12,1</b>	<b>530 210</b>	<b>87,9</b>
Dr Ruth Segomotsi Mompati	Black African	46 858	15,1	263 690	84,9	310 548
	Coloured	1 340	11,5	10 358	88,6	11 698
	Indian/ Asian	67	4,9	1 298	95,1	1 365
	White	920	9,1	9 226	90,9	10 146
	Other	75	7,9	875	92,1	950
	<b>Total</b>		<b>49 260</b>	<b>14,7</b>	<b>285 447</b>	<b>85,3</b>
Dr Kenneth Kaunda	Black African	39 916	9,9	365 155	90,2	405 071
	Coloured	1 448	8	16 571	92	18 019
	Indian/ Asian	194	5,7	3 192	94,3	3 386
	White	5 224	7,8	61 541	92,2	66 765
	Other	145	8,9	1 492	91,1	1 637
	<b>Total</b>		<b>46 927</b>	<b>9,5</b>	<b>447 951</b>	<b>90,5</b>

**Table 11: Population aged five years and older by district, disability status and population group (continued)**

District	Population group	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Gauteng</b>						
Sedibeng	Black African	44 123	7,8	523 495	92,2	567 618
	Coloured	474	5,9	7 557	94,1	8 031
	Indian/ Asian	261	4,2	5 942	95,8	6 203
	White	7 277	7,2	94 198	92,8	101 475
	Other	100	5,3	1 776	94,7	1 876
	<b>Total</b>	<b>52 235</b>	<b>7,6</b>	<b>632 968</b>	<b>92,4</b>	<b>685 203</b>
West Rand	Black African	32 836	6,8	452 334	93,2	485 170
	Coloured	896	5,9	14 429	94,2	15 325
	Indian/ Asian	278	4,5	5 845	95,5	6 123
	White	7 327	7,5	90 289	92,5	97 616
	Other	97	5,3	1 721	94,7	1 818
	<b>Total</b>	<b>41 434</b>	<b>6,8</b>	<b>564 618</b>	<b>93,2</b>	<b>606 052</b>
Ekurhuleni	Black African	101 649	5,4	1 792 018	94,6	1 893 667
	Coloured	3 128	4,8	61 529	95,2	64 657
	Indian/ Asian	2 397	5,1	44 579	94,9	46 976
	White	22 713	6,3	338 821	93,7	361 534
	Other	391	4,4	8 489	95,6	8 880
	<b>Total</b>	<b>130 278</b>	<b>5,5</b>	<b>2 245 436</b>	<b>94,5</b>	<b>2 375 714</b>
City of Johannesburg	Black African	113 554	4,5	2 437 424	95,6	2 550 978
	Coloured	8 053	4,3	178 887	95,7	186 940
	Indian/ Asian	6 902	4,7	141 264	95,3	148 166
	White	21 269	5,4	372 661	94,6	393 930
	Other	775	4,6	16 109	95,4	16 884
	<b>Total</b>	<b>150 553</b>	<b>4,6</b>	<b>3 146 345</b>	<b>95,4</b>	<b>3 296 898</b>
City of Tshwane	Black African	81 643	5	1 564 258	95	1 645 901
	Coloured	1 893	4,4	40 841	95,6	42 734
	Indian/ Asian	1 794	4,9	34 824	95,1	36 618
	White	25 051	6	389 701	94	414 752
	Other	450	5,1	8 428	94,9	8 878
	<b>Total</b>	<b>110 831</b>	<b>5,2</b>	<b>2 038 052</b>	<b>94,8</b>	<b>2 148 883</b>
<b>Mpumalanga</b>						
Gert Sibande	Black African	59 917	9,1	599 994	90,9	659 911
	Coloured	366	6,6	5 189	93,4	5 555
	Indian/ Asian	318	5,1	5 884	94,9	6 202
	White	3 861	7,5	47 907	92,5	51 768
	Other	119	6,7	1 664	93,3	1 783
	<b>Total</b>	<b>64 581</b>	<b>8,9</b>	<b>660 638</b>	<b>91,1</b>	<b>725 219</b>
Nkangala	Black African	61 704	7,1	804 099	92,9	865 803
	Coloured	442	5,6	7 436	94,4	7 878
	Indian/ Asian	257	4,7	5 168	95,3	5 425
	White	5 135	7,2	66 521	92,8	71 656
	Other	123	5,6	2 076	94,4	2 199
	<b>Total</b>	<b>67 661</b>	<b>7,1</b>	<b>885 300</b>	<b>92,9</b>	<b>952 961</b>
Ehlanzeni	Black African	69 290	5,8	1 129 396	94,2	1 198 686
	Coloured	332	5,4	5 827	94,6	6 159
	Indian/ Asian	239	5,7	3 965	94,3	4 204
	White	3 084	7	40 863	93	43 947
	Other	93	5,7	1 530	94,3	1 623
	<b>Total</b>	<b>73 038</b>	<b>5,8</b>	<b>1 181 581</b>	<b>94,2</b>	<b>1 254 619</b>



**Table 11: Population aged five years and older by district, disability status and population group (concluded)**

District	Population group	With disabilities		Without disabilities		Total
		N	%	N	%	N
<b>Limpopo</b>						
<b>Mopani</b>	Black African	50 564	6,1	778 307	93,9	828 871
	Coloured	51	4,6	1 054	95,4	1 105
	Indian/ Asian	47	2,5	1 847	97,5	1 894
	White	1 165	6,5	16 771	93,5	17 936
	Other	42	4,4	916	95,6	958
	<b>Total</b>	<b>51 869</b>	<b>6,1</b>	<b>798 895</b>	<b>93,9</b>	<b>850 764</b>
<b>Vhembe</b>	Black African	56 611	5,8	926 979	94,2	983 590
	Coloured	79	6,7	1 101	93,3	1 180
	Indian/ Asian	71	1,9	3 614	98,1	3 685
	White	805	8,3	8 849	91,7	9 654
	Other	37	4,1	870	95,9	907
	<b>Total</b>	<b>57 603</b>	<b>5,8</b>	<b>941 413</b>	<b>94,2</b>	<b>999 016</b>
<b>Capricorn</b>	Black African	66 532	7,2	861 138	92,8	927 670
	Coloured	176	4,4	3 828	95,6	4 004
	Indian/ Asian	149	4,1	3 491	95,9	3 640
	White	1 495	6,3	22 217	93,7	23 712
	Other	68	3,6	1 799	96,4	1 867
	<b>Total</b>	<b>68 420</b>	<b>7,1</b>	<b>892 473</b>	<b>92,9</b>	<b>960 893</b>
<b>Waterberg</b>	Black African	33 704	7,6	410 468	92,4	444 172
	Coloured	78	4,5	1 675	95,6	1 753
	Indian/ Asian	86	4,4	1 879	95,6	1 965
	White	2 747	7,9	31 906	92,1	34 653
	Other	75	6	1 167	94	1 242
	<b>Total</b>	<b>36 690</b>	<b>7,6</b>	<b>447 095</b>	<b>92,4</b>	<b>483 785</b>
<b>Greater Sekhukhune</b>	Black African	67 511	8,2	757 197	91,8	824 708
	Coloured	68	8,6	724	91,4	792
	Indian/ Asian	49	3,8	1 250	96,2	1 299
	White	558	7,4	6 981	92,6	7 539
	Other	29	3	938	97	967
	<b>Total</b>	<b>68 215</b>	<b>8,2</b>	<b>767 090</b>	<b>91,8</b>	<b>835 305</b>

**Table 12: Population aged 15 years and older by sex, disability status and marital status**

Sex and disability status		Marital status					
		Married	Living together	Never married	Widower/ widow	Separated	Divorced
<b>Male</b>	With disabilities	405 412	80 214	298 014	59 463	12 031	16 502
	Without disabilities	4 242 043	1 349 885	7 198 826	181 125	88 832	140 868
	<b>Total</b>	<b>4 647 455</b>	<b>1 430 099</b>	<b>7 496 840</b>	<b>240 588</b>	<b>100 863</b>	<b>157 370</b>
<b>Female</b>	With disabilities	441 949	80 348	434 386	373 013	22 020	37 107
	Without disabilities	4 519 480	1 406 514	7 204 380	932 483	140 284	287 981
	<b>Total</b>	<b>4 961 429</b>	<b>1 486 862</b>	<b>7 638 766</b>	<b>1 305 496</b>	<b>162 304</b>	<b>325 088</b>
<b>Total</b>	<b>With disabilities</b>	<b>847 361</b>	<b>160 562</b>	<b>732 400</b>	<b>432 476</b>	<b>34 051</b>	<b>53 609</b>
	<b>Without disabilities</b>	<b>8 761 523</b>	<b>2 756 399</b>	<b>14 403 206</b>	<b>1 113 608</b>	<b>229 116</b>	<b>428 849</b>
	<b>Total</b>	<b>9 608 884</b>	<b>2 916 961</b>	<b>15 135 606</b>	<b>1 546 084</b>	<b>263 167</b>	<b>482 458</b>

**Table 13: Population aged 15 years and older and by province, disability status and marital status**

Province and disability status		Marital status					
		Married	Living together	Never married	Widower/ widow	Separated	Divorced
Western Cape	With disabilities	77 724	11 744	50 958	33 199	2 653	8 085
	Without disabilities	1 317 589	283 713	1 379 969	121 598	26 862	93 935
	<b>Total</b>	<b>1 395 313</b>	<b>295 457</b>	<b>1 430 927</b>	<b>154 797</b>	<b>29 515</b>	<b>102 020</b>
Eastern Cape	With disabilities	147 755	15 211	114 841	91 842	6 829	6 403
	Without disabilities	1 032 185	174 801	1 837 321	186 457	30 928	40 593
	<b>Total</b>	<b>1 179 940</b>	<b>190 012</b>	<b>1 952 162</b>	<b>278 299</b>	<b>37 757</b>	<b>46 996</b>
Northern Cape	With disabilities	25 079	6 330	22 489	12 894	942	1 503
	Without disabilities	176 259	67 124	302 262	23 098	3 886	8 560
	<b>Total</b>	<b>201 338</b>	<b>73 454</b>	<b>324 751</b>	<b>35 992</b>	<b>4 828</b>	<b>10 063</b>
Free State	With disabilities	66 270	15 361	51 731	41 753	5 200	4 461
	Without disabilities	472 342	173 344	714 817	79 614	20 623	23 155
	<b>Total</b>	<b>538 612</b>	<b>188 705</b>	<b>766 548</b>	<b>121 367</b>	<b>25 823</b>	<b>27 616</b>
KwaZulu-Natal	With disabilities	193 992	33 471	181 837	78 404	3 460	5 959
	Without disabilities	1 370 757	395 866	3 079 172	176 562	30 492	42 111
	<b>Total</b>	<b>1 564 749</b>	<b>429 337</b>	<b>3 261 009</b>	<b>254 966</b>	<b>33 952</b>	<b>48 070</b>
North West	With disabilities	67 137	17 081	65 933	35 836	2 803	4 366
	Without disabilities	519 846	202 578	975 692	65 679	11 639	24 003
	<b>Total</b>	<b>586 983</b>	<b>219 659</b>	<b>1 041 625</b>	<b>101 515</b>	<b>14 442</b>	<b>28 369</b>
Gauteng	With disabilities	153 624	36 069	128 547	65 837	6 319	17 709
	Without disabilities	2 491 813	955 559	3 348 401	217 246	54 633	158 398
	<b>Total</b>	<b>2 645 437</b>	<b>991 628</b>	<b>3 476 948</b>	<b>283 083</b>	<b>60 952</b>	<b>176 107</b>
Mpumalanga	With disabilities	51 570	14 949	58 589	26 714	2 420	2 467
	Without disabilities	543 497	249 169	1 188 281	75 719	16 980	16 460
	<b>Total</b>	<b>595 067</b>	<b>264 118</b>	<b>1 246 870</b>	<b>102 433</b>	<b>19 400</b>	<b>18 927</b>
Limpopo	With disabilities	64 210	10 346	57 475	45 997	3 425	2 656
	Without disabilities	837 235	254 245	1 577 291	167 635	33 073	21 634
	<b>Total</b>	<b>901 445</b>	<b>264 591</b>	<b>1 634 766</b>	<b>213 632</b>	<b>36 498</b>	<b>24 290</b>
South Africa	<b>With disabilities</b>	<b>847 361</b>	<b>160 562</b>	<b>732 400</b>	<b>432 476</b>	<b>34 051</b>	<b>53 609</b>
	<b>Without disabilities</b>	<b>8 761 523</b>	<b>2 756 399</b>	<b>14 403 206</b>	<b>1 113 608</b>	<b>229 116</b>	<b>428 849</b>
	<b>Total</b>	<b>9 608 884</b>	<b>2 916 961</b>	<b>15 135 606</b>	<b>1 546 084</b>	<b>263 167</b>	<b>482 458</b>

**Table 14: Population aged 15 years and older by population group, disability status and marital status**

Population group and disability status		Marital status					
		Married	Living together	Never married	Widower/ widow	Separated	Divorced
Black African	With disabilities	636 535	137 763	652 226	343 697	29 830	31 009
	Without disabilities	5 724 669	2 299 397	12 401 177	823 641	186 179	189 326
	<b>Total</b>	<b>6 361 204</b>	<b>2 437 160</b>	<b>13 053 403</b>	<b>1 167 338</b>	<b>216 009</b>	<b>220 335</b>
Coloured	With disabilities	65 688	12 359	45 342	33 063	2 124	6 728
	Without disabilities	962 164	227 666	1 092 827	106 927	21 138	74 966
	<b>Total</b>	<b>1 027 852</b>	<b>240 025</b>	<b>1 138 169</b>	<b>139 990</b>	<b>23 262</b>	<b>81 694</b>
Indian	With disabilities	29 452	1 303	10 188	12 668	526	1 750
	Without disabilities	442 531	23 458	244 716	42 445	5 631	20 292
	<b>Total</b>	<b>471 983</b>	<b>24 761</b>	<b>254 904</b>	<b>55 113</b>	<b>6 157</b>	<b>22 042</b>
White	With disabilities	112 285	8 462	22 240	42 049	1 460	13 813
	Without disabilities	1 572 002	193 882	607 329	137 696	15 147	141 723
	<b>Total</b>	<b>1 684 287</b>	<b>202 344</b>	<b>629 569</b>	<b>179 745</b>	<b>16 607</b>	<b>155 536</b>
Other	With disabilities	3 401	675	2 404	999	111	309
	Without disabilities	60 157	11 996	57 157	2 899	1 021	2 542
	<b>Total</b>	<b>63 558</b>	<b>12 671</b>	<b>59 561</b>	<b>3 898</b>	<b>1 132</b>	<b>2 851</b>
<b>Total</b>	<b>With disabilities</b>	<b>847 361</b>	<b>160 562</b>	<b>732 400</b>	<b>432 476</b>	<b>34 051</b>	<b>53 609</b>
	<b>Without disabilities</b>	<b>8 761 523</b>	<b>2 756 399</b>	<b>14 403 206</b>	<b>1 113 608</b>	<b>229 116</b>	<b>428 849</b>
	<b>Total</b>	<b>9 608 884</b>	<b>2 916 961</b>	<b>15 135 606</b>	<b>1 546 084</b>	<b>263 167</b>	<b>482 458</b>

**Table 15: Population aged 20 years and above by level of education and disability status**

Level of education	With disabilities	Without disabilities	Total
No schooling	528 293	1 752 112	2 280 405
Some primary	552 610	2 636 582	3 189 192
Completed primary	132 835	1 047 051	1 179 886
Some secondary	567 971	8 135 440	8 703 411
Grade 12/Matric	252 478	7 060 685	7 313 163
Higher	109 561	2 857 883	2 967 444
Other	7 973	84 000	91 973
<b>Total</b>	<b>2 151 721</b>	<b>23 573 753</b>	<b>25 725 474</b>