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EXECUTIVE SUMMARY

The 1999 OHS provides valuable information on the demographics of people living with disabilities. In light of the limitations of disability data, the demographic findings need to be considered in conjunction with various other qualitative findings. Thus, although men are more likely to be disabled, the experience of women with disabilities is likely to be more difficult than men. This is due to various reasons that are difficult to statistically quantify, for example, gender discrimination. Also, the lack of reliable information on disability results in the variance of different measurements – OHS data shows that disabilities are more prevalent among Coloured groups, whereas data in the CASE Report shows that disabilities are more prevalent among African groups.

Disability is as likely to occur in rural areas as it is in urban areas. Here again, the qualitative experience of people with disabilities in urban and rural areas will differ. Disabled persons in rural areas have less access to social assistance than disabled persons in urban areas.

The proxy measure used in OHS 1999 to estimate access to public transport reveals that disabled persons do not differ from the general sample of households with regard to proximity to public transport. However, proximity to transport does not ensure access to transport, particularly for those with severe disabilities.

The descriptive analysis shows the need for a South African disability policy. The strategy for a disability policy is based on the framework of social protection, which seeks an integrated, co-ordinated approach to policy formulation. For disability policy, this also involves considering medical and social dimensions of disability.

Within the framework of social protection, key policy areas requiring attention are poverty reduction, education, employment, transport and health. Efforts to prevent and rehabilitate disabilities in all these policy arenas are needed. The social security system

for disabled people is inadequate – disability support should provide a steady flow income to these households, especially in light of findings that show that disabilities are more prevalent among poor households.

In the interests of inclusion and integration, disability policy formulation should focus not only on improving co-ordination of government services, but also on involving representatives from the disability sector.

1. INTRODUCTION

People with disabilities face many hardships in all spheres of society. Apart from the health problems they experience, they also have to contend with issues such as social exclusion and poor employment opportunities. The aim of this paper is to analyse the characteristics of the disabled population. The paper uses data from the 1999 October Household Survey (OHS). The analysis provides useful information for disability policy considerations.

The first main section of the paper (Section 2) briefly reviews the limitations of disability data. Section 3 provides a descriptive analysis of disability in South Africa. Section 4 investigates policy implications of the findings and the final Section (Section 5) presents a conclusion.

2. LIMITATIONS OF DISABILITY DATA

It is widely recognised that there is a lack of reliable information on disability in South Africa. Reasons for the lack of reliable information include:

- There are many competing definitions of disability and, as such, definitions of disability differ from survey to survey.
- There are practical difficulties with identifying people with disabilities.
- People answering household questionnaires respond to questions differently depending on their personal notions of disability.
- The stigma associated with disability may cause some people to conceal their status.

- Since the disability tends to be more prevalent in poorer households and communities, it can be more difficult to capture the number of people with disabilities in standard household surveys.

Reliable estimates of disability are difficult to make due to the variance of different measurements. For example, analysis of a special disability survey of South Africa conducted in 1998 by the Department of Health and the Community Agency for Social Enquiry estimates that approximately 5.9 percent of South Africa's population live with disability.[1] This compares with an estimate of 5.2 percent from the 1995 OHS[2] and 3.7 percent from the 1999 OHS.

Internationally, it has been suggested that as much as 10 percent of the world's population live with disability[3]. Estimates by the UNDP suggest that moderately to extensively disabled people constitute around 5 percent of developing country populations.[4]

2.1 TECHNICAL NOTES ON THE 1999 OHS AND ANALYSIS OF DISABILITY

This paper is concerned with the profile of disability in South Africa as described by data from the 1999 OHS. Although the estimated prevalence rate of 3.7 percent in the OHS data is clearly very low, this data provides a more recent portrait of disability in South Africa. Evidence from the 2000 Labour Force Survey does not provide adequate information on household structure or social indicators, and the sample is focused on labour force to the exclusion of other groups, especially children and the elderly.

1 CASE Disability Survey for the Department of Health (1999: 39).
2 White Paper (1997: Chapter 1).
3 World Health Organisation (1981) in Elwan (1999).
4 Helander (1992) in Elwan (1999).

In addition to the common weaknesses of disability data, some further drawbacks of the OHS require mention. The OHS is intended to provide a nationally representative sample; it does not provide a representative sample of specific sub-populations, like the community of the disabled. Given that the OHS provides us with the only comprehensive survey of social indicators in the country, it is one of very few available options for this purpose. We elect, therefore, to make use of its data with the understanding that it can provide useful insights but not a definitive portrait of disability in South Africa.

With respect to the community of disability grant beneficiaries, the subsample is so small that the OHS cannot provide reliable insights. Accepting that the 1999 OHS undersamples the population of the disabled, it can still give us valuable information on the living conditions and personal characteristics of the population. A simple analysis of the descriptive evidence from the survey produces some useful findings.

3. DESCRIPTIVE ANALYSIS OF DISABILITY

A first step in formulating a disability policy is to understand and acknowledge the scope of the problem. This section provides a descriptive analysis of disability through an examination of the following demographic characteristics: the population; gender; race; age; urban and rural areas; access to public transport; poverty and disability; influence in the community; type of disability; labour force status; as well as age and income.

3.1 POPULATION OF THE DISABLED

The 1999 OHS suggests that there are approximately 1.6 million people with disabilities in South Africa, or about 3.7 percent of the 1999 population of 43.3 million. As mentioned above, this number is clearly very low. Earlier studies based on other data have suggested that a more accurate figure would be around 5.9 percent of the population, or 2.5 million people.

3.2 BROADER POPULATION

Figures about the size of the disabled population can distract attention from the fact that disability touches not just individuals but also entire households. Even accepting the low 1999 OHS figure of 3.7 percent prevalence, nearly 17 percent of the national population lives in a household in which one or more people are disabled (see Table 1). Since the OHS estimate of disability is low, so is the estimate of the number of people living in “disabled” households.

Table 1: People Living in "Disabled Households", OHS 1999

Household Type	Millions	Percent
People living in non-disabled households	36.42	84.1%
People living in disabled households	6.91	15.9%
Total population	**43.33**	**100.0%**

3.3 GENDER

Women constitute a smaller percentage of the disabled population than men, as shown in Table 2 (the prevalence percentages for men and women are 3.8 percent and 3.6 percent respectively). Men are more likely to live with disability due to the dangerous working conditions faced by many men in society. However, the qualitative experiences of women with disabilities may be much more difficult. Disabled women still endure oppression, which is magnified for those women who cannot perform even the traditional roles of motherhood and homemaking. Women who bear disabled children may even in

some cases be subject to the rejection and scorn by their communities.[5] In addition, women with disabilities may be under-reported or may not receive enough care and die sooner.[6]

Table 2: Disability Prevalence for Males and Females, OHS 1999

Gender	(millions of people)				(percent)		
	Overall	Non-Disabled	Disabled	DG Recipients	Non-Disabled	Disabled	Rate of DG Receipt
Male	20.95	20.16	0.79	0.17	96.2%	3.8%	21.6%
Female	22.36	21.54	0.82	0.16	96.4%	3.6%	19.4%
Total	43.30	41.70	1.61	0.33	96.3%	3.7%	20.5%

Although we should be cautious in accepting the result, men in the OHS sample were statistically more likely to receive a disability grant than women (the rate of DG receipt is 21.6 percent for men compared to 19.4 percent for women). This could reflect discrimination, as women are still less likely to receive the grant even after accounting for age and type of disability. More rigorous research is needed to clarify these dynamics.

3.4 RACE

Table 3: Disability Prevalence for Racial Groups, OHS 1999

Race	(millions of people)				(percent)		
	Overall	Non-Disabled	Disabled	DG Recipients	Non-Disabled	Disabled	Rate of DG Receipt
African	33.73	32.50	1.23	0.23	96.4%	3.6%	18.9%
Coloured	3.86	3.66	0.20	0.07	94.8%	5.2%	33.5%
Asian	1.12	1.09	0.03	0.01	97.4%	2.6%	37.2%
White	4.57	4.42	0.15	0.02	96.6%	3.4%	14.0%
Total	43.31	41.70	1.61	0.33	96.3%	3.7%	20.5%

The racial group that displays the highest prevalence rate presented in Table 3 is Coloured people (5.2 percent), followed by African people (3.6 percent)[7]. Asian people are the least likely racial group to have disabilities, yet are the most likely to receive

5 White Paper (1997).
6 Elwan (1999).
7 This contradicts the observation in the CASE report that Africans are more likely to be disabled.

disability grants. The rate of DG receipt for Asians is 37.2 percent, while the rate of D receipt for Coloureds is 33.5 percent, and even less for Africans (18.9 percent).

3.5 AGE

Disability is more prevalent among older age groups (Table 4 estimates a 12 percent disability prevalence percentage for elderly South Africans). This is generally always the case, including periods in which there are no wars or other major non-natural events. Because disabilities are both congenital and "acquired" through illness, accidents, and infirmity, older individuals have both more health problems and more time to acquire a disability.

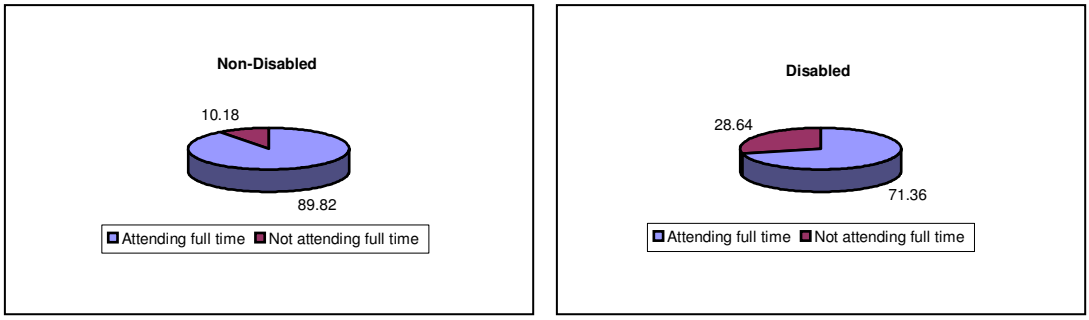
While the elderly account for the largest share of the disabled population, children account for a disproportionately small share of national disabilities. Table 4 shows 0.9 percent prevalence for children aged 6 and under; and 1.7 percent prevalence for children aged 7 to 17.

Table 4: Disability Prevalence for Age Groups, OHS1999

Age Groups	(millions of people)				(percentage)		
	Overall	Non-Disabled	Disabled	DG Recipients	Non-Disabled	Disabled	Rate of DG Receipt
6 and under	6.49	6.43	0.06	0.00	99.1%	0.9%	0.0%
7 to 17	11.40	11.21	0.19	0.01	98.3%	1.7%	0.0%
18 to 64 (59 for female)	22.64	21.61	1.03	0.31	95.5%	4.5%	1.4%
65+ (60+ for female)	2.71	2.39	0.33	0.01	88.0%	12.0%	0.4%
Total	43.25	41.64	1.61	0.33	96.3%	3.7%	0.8%

Disability among children is, nonetheless, a major concern. The impact of disability on the lifetime welfare outcomes of children can be extraordinarily important. Children with disabilities tend to have lower school attendance rates and less education, ultimately posing additional barriers to independent living and engagement with society. Figure 1 shows that nearly 30 percent of school-age children with disabilities were not attending school or not attending full-time, compared with 10 percent of children without disabilities.

Figure 1: Full-Time School Attendance of Children Ages 6 to 18



3.6 URBAN AND RURAL AREAS

Disability is no less prevalent in rural areas than in urban areas. There is no statistically significant difference in urban and rural prevalence rates (chi-squared test = 0.062) although there is probably a significant difference in experience. People with disabilities in urban areas appear to have better access to social assistance than people with disabilities in rural areas. The greater availability of health care, transport, and basic services in urban areas probably improves the ability of urban households to manage disability compared to rural households (see Table 5).

Table 5: Disability Prevalence for Urban and Rural Areas, OHS 1999

Area	Millions of people			Percentage			
	Overall	Non-Disabled	Disabled	DG Recipients	Non-Disabled	Disabled	DG Receipt
Urban	23.36	22.53	0.83	0.20	96.5%	3.5%	0.9%
Rural	19.97	19.19	0.78	0.13	96.1%	3.9%	0.6%
Total	43.33	41.72	1.61	0.33	96.3%	3.7%	0.8%

3.7 ACCESS TO PUBLIC TRANSPORT

The OHS measures access to transport at the household level in terms of proximity (transport within 1 kilometre or a 15 minute walk). Households in which one or more people have a disability do not differ from the general sample of households with regard to their proximity to public transport. The data cannot tell us anything about actual accessibility of transport beyond this proximity measure.

Table 6: Public Transportation within 15 min walk (1km), OHS 1999

	(millions of people)			(percent)		
	Overall	**Urban**	**Rural**	**Overall**	**Urban**	**Rural**
Yes	36.65	21.13	15.52	84.6%	90.5%	77.7%
No	6.67	2.23	4.45	15.4%	9.5%	22.3%
Total	43.32	23.36	19.97	100.0%	100.0%	100.0%
	Non-Disabled	**Urban**	**Rural**	**Non-Disabled**	**Urban**	**Rural**
Yes	35.32	20.40	14.93	84.7%	90.5%	77.8%
No	6.39	2.13	4.26	15.3%	9.5%	22.2%
Total	41.72	22.53	19.19	100.0%	100.0%	100.0%
	Disabled	**Urban**	**Rural**	**Disabled**	**Urban**	**Rural**
Yes	1.33	0.7319	0.5935	82.4%	88.3%	76.2%
No	0.28	0.09706	0.1854	17.6%	11.7%	23.8%
Total	1.61	0.83	0.78	100.0%	100.0%	100.0%

Overall, according to the OHS results shown in Table 6, around one eighth of the national population and one fifth of rural residents does not live near public transport. For many people with disabilities, not only is transport difficult to access, but it is difficult to reach. Barriers of distance may be particularly isolating for this population group. The combination of poverty and isolation can be a major source of exclusion. Social isolation is a key factor responsible for the cumulative disadvantage of people with disabilities.[8]

3.8 POVERTY AND DISABILITY

Poor individuals make up a disproportionately large share of the disabled population. Disability tends to be more common among poor people for two reasons:

- First, poverty increases vulnerability to disability, mainly through poor nutrition, difficulty accessing adequate basic health care, lack of knowledge about prevention, and the greater concentration of poor workers in dangerous jobs.
- Second, disability increases vulnerability to poverty: lower education, discrimination in the labour market (both active and institutional), special disability-related costs, and in some cases the need for other household

members to spend time and resources supporting disabled family membe
increase the likelihood that disabled people will remain – or become – poor[9].

Tables 7 and 8 confirm a negative and statistically significant correlation between household income (Chi-squared test = 211) and disability as well as household expenditure (Chi-squared test = 117) and disability for South Africa.

The disability prevalence rate is nearly 4 percent for individuals living in households with total household expenditures between R0 and R399. This rate is less than half for individuals living in households with total household expenditures of R10000 or more (see Table 7).

Table 7: Total Household Expenditure & Disability Prevalence, OHS 1999

	(millions of people)			(percent of those reporting)		
Expenditure Bracket	**Overall**	**Non-Disabled**	**Disabled**	**Overall**	**Non-Disabled**	**Disabled**
R0-R399	9.23	8.89	0.34	100.0%	96.4%	3.6%
R400-R799	12.26	11.73	0.53	100.0%	95.7%	4.3%
R800-R1199	6.47	6.20	0.27	100.0%	95.8%	4.2%
R1200-R1799	3.88	3.73	0.15	100.0%	96.2%	3.8%
R1800-R2499	2.58	2.50	0.08	100.0%	96.9%	3.1%
R2500-R4999	3.21	3.12	0.09	100.0%	97.2%	2.8%
R5000-R9999	1.67	1.63	0.04	100.0%	97.7%	2.3%
R10000 or More	0.62	0.61	0.01	100.0%	98.3%	1.7%
Don't Know	2.79	2.70	0.09	-	-	-
Refuse	0.46	0.45	0.01	-	-	-
Total	43.17	41.57	1.61	-	-	-
Total Reporting	39.92	38.42	1.50	100.0%	96.2%	3.8%

Table 8 suggests that while less than two percent of individuals living in households with monthly incomes above R10,000 were categorised as disabled, the disability prevalence rate was more than twice as high for individuals living in households with monthly incomes below R1,200.

8 White Paper (1997).

9 Elwan (1999: 11).

Table 8: Total Household Income & Disability Prevalence, OHS 1999

Income Bracket	(millions of people)			(percent of those reporting)		
	Overall	Non-Disabled	Disabled	Overall	Non-Disabled	Disabled
R0-R399	5.95	5.74	0.21	100.0%	96.4%	3.6%
R400-R799	9.36	8.92	0.44	100.0%	95.3%	4.7%
R800-R1199	6.07	5.79	0.27	100.0%	95.5%	4.5%
R1200-R1799	4.88	4.68	0.20	100.0%	96.0%	4.0%
R1800-R2499	3.20	3.10	0.11	100.0%	96.7%	3.3%
R2500-R4999	4.82	4.68	0.14	100.0%	97.1%	2.9%
R5000-R9999	2.95	2.87	0.08	100.0%	97.2%	2.8%
R10000 or More	1.94	1.91	0.03	100.0%	98.2%	1.8%
Don't Know	3.11	3.01	0.09	-	-	-
Refuse	0.70	0.68	0.02	-	-	-
Total	42.98	41.38	1.60	-	-	-
Total Reporting	39.17	37.69	1.49	100.0%	96.2%	3.8%

3.9 HAVE A SAY IN THE COMMUNITY

Table 9 suggests that people with disabilities are as likely to feel that they have a say in their community as do people without disabilities. The majority of South Africans (54.2 percent), however, do not feel that they have a say in the decisions that affect their communities. The results on national decision-making (not shown) are similar.

Table 9: Do you feel like you have a say in the decisions that affect the community? (OHS 1999)

	(millions of people)			(percent)		
	Overall	Non-Disabled	Disabled	Overall	Non-Disabled	Disabled
Yes	19.72	18.99	0.73	45.8%	45.8%	45.8%
No	23.33	22.46	0.87	54.2%	54.2%	54.2%
Total	43.05	41.45	1.60	100.0%	100.0%	100.0%

3.10 TYPE OF DISABILITY

Society has a tendency to view people with disabilities as a single group. "*Thus, people in wheelchairs have become the popular representation of people with disabilities. This ignores the diversity and the variety of needs experienced by people with different types of disability*."[10]

10 White Paper (1997:5).

Table 10: Type of Disability

Type of Disability*	Number	Receive disability grant	Percentage who receive disability grant	Percentage of disabled with specific disability
Seeing	304,030	28,550	9.4%	18.9%
Hearing	182,100	17,090	9.4%	11.3%
Communicating	163,500	36,440	22.3%	10.2%
Moving	380,200	69,110	18.2%	23.6%
Standing	287,700	44,550	15.5%	17.9%
Grasping	192,900	45,270	23.5%	12.0%
Intellectual	187,500	45,770	24.4%	11.7%
Emotional	213,100	54,040	25.4%	13.3%
Other	204,800	31,750	15.5%	12.7%
Total Disabled	1,607,800			100.0%

**Note*: There is overlap in the disability categories.

Table 10 shows the distribution of disability among the nine major categories defined in the survey: seeing, hearing, communicating, moving, standing, grasping, intellectual, emotional, and other disabilities. It is important to note that there is overlap in the categories. Many people report more than one disability. The most common disabilities are impairments that affect movement and vision. The prevalence rate for persons with vision disabilities is approximately 19 percent; while approximately 24 percent of disabled persons have movement disabilities. Disabilities of communication were reported with the lowest frequency, although such disabilities are not uncommon; more than 10 percent of people with disabilities exhibited this kind of impairment.

3.11 LABOUR FORCE STATUS

Table 11 confirms that disability is significantly correlated with the employment status of people with disabilities. Nearly three quarters of people with disabilities did not have work and were not actively looking for a job, compared to 44 percent of non-disabled persons.

Although supporting statistical evidence is not available, anecdotal evidence points to discrimination in the labour sector as being a major cause of the disparity between disabled persons and non-disabled persons in economic inactivity. This

underscores the limitations of statistics when it comes to understanding disabil discrimination manifests itself not only in the loss of income and skill that result from being unable to secure work, but also in damaging the dignity and potential of many individuals who have much to contribute to their communities.

Table 11: Official Employment Status

Employment Status*	Overall	Non-Disabled	Disabled
Employed	9.112	8.955	0.157
Unemployed	3.031	2.977	0.054
Not Economically Active	9.899	9.302	0.597
Unemployment Rate	25.0%	24.9%	25.7%
% Not Economically Active	44.9%	43.8%	73.9%

*Note: For working-age (18-59/64 years of age) respondents only.

3.12 AGE AND INCOME

The interaction of age and income effects is shown in Table 12. For all age categories, disability remains negatively correlated with household income. Within household income brackets, disability remains positively correlated with age.

Table 12: Rates of Disability by Age and Household Income Bracket

Income Bracket	Age Group				
	0 - 6	7 - 18	19 - 59/64	60/65 -	Total
R0-R399	1.06	2.00	4.99	11.81	3.56
R400-R799	1.05	1.86	6.35	12.54	4.70
R800-R1199	0.55	1.35	6.12	12.24	4.49
R1200-R1799	1.44	2.00	4.60	14.02	4.03
R1800-R2499	0.89	2.13	3.61	11.75	3.28
R2500-R4999	0.53	1.45	3.46	9.49	2.92
R5000-R9999	1.17	1.47	3.02	9.76	2.82
R10000 or More	0.20	1.22	1.75	9.33	1.78
Don't Know	1.07	1.46	3.27	18.12	3.10
Refuse	0.00	0.39	3.07	5.85	2.64
Total	0.92	1.71	4.54	12.05	3.72

The demographic character of disability is complex. The preceding observations note some of the broader trends in the data, yet the multi-dimensional nature of disability defies attempts at a simple descriptive analysis. We have seen that although quantitative evidence suggests that men bear a slightly greater burden of disability, the qualitative and anecdotal evidence suggests the reverse. In general, quantitative data

cannot do justice to the experience of disability, and a more nuanced reading of the da is required for policy making.

4. POLICY DISCUSSION[11]

4.1 PREVENTION AND REHABILITATION[12]

> *"Major differences lie in the cause of disability and in the availability of preventive and rehabilitation services in developed and developing countries. Much of the disability in developing countries is a result of `preventable' impairment, in the sense that much of it is a consequence of conditions which no longer prevail in developed countries; and a large part of the disability could be eliminated through treatment or alleviated through rehabilitation"*[13]

Key socio-economic conditions in South Africa that play a role in causing disabilities are poverty, inadequate education and poor health services. These are areas that policy can reach in order to play a pivotal role in preventing impairments. As the following sections will show, the improvements of these conditions are necessary prevention and rehabilitation strategies for an effective disability policy.

4.2 REDUCE POVERTY

Poverty and disability are linked. Poverty increases the risk of disability; and disability increases the risk of poverty. Not only does policy need to focus attention on reducing poverty, but it also has to take special consideration of sectors of the

11 This section draws heavily from the White Paper (1997).
12 See Elwan (1999).
13 Elwan (1999:34).

population that are particularly vulnerable to the risk of becoming disabled and falli further into the poverty trap. The most vulnerable sectors of society include the traditionally disadvantaged groups (women with disabilities, children with disabilities, people with severe intellectual or mental disabilities and multi disabilities, elderly people with disabilities, people with disabilities living in rural areas, youth with disabilities and people with disabilities who have been displaced by violence and war).[14]

Particular attention must be paid to reducing "*inadequate nutrition of mothers and children, including vitamin deficiencies; abnormal pre-natal or peri-natal events; infectious diseases; accidents; and various other factors, including environmental pollution and impairments as of yet unknown origin".*[15] Other areas requiring policy attention include providing disabled people with access to basic services, sufficient income, and education.

4.3 STRENGTHEN HEALTH SECTOR SERVICES

Increased public effort within the health sector is needed to strengthen prevention measures, for example, promoting maternal and child health care and providing primary health care including immunisation programmes. Finally, strategies for coping with disabling communicable diseases, like HIV/AIDS need attention. Helander (1995) notes the effectiveness of prevention programmes:

"On the health side, large-scale prevention programmes [in developing countries] are mainly implemented through immunisation programmes; a great deal of progress has been made towards eradicating poliomyelitis and measles."

14 White Paper (1997).
15 UNICEF in Elwan (1999:17).

4.4 IMPROVE LABOUR MARKET CONDITIONS

Efforts need to be made to improve employment prospects for people with disabilities and to reduce discrimination against disabled people in the labour market. Income maintenance schemes, and reserved employment schemes have limited applicability where there is no effective labour market.

Legislation has contributed to the exclusion of people with disabilities from the labour market. Legislation has failed to protect the rights of people with disabilities and has created barriers to prevent people with disabilities from accessing equal opportunities. In addition, many aspects of past discriminatory legislation remain. It is therefore important to devise and enforce disability specific legislation.[16]

Improving employment for disabled persons raises the issue of whether or not the disability grant is lost once a disabled person becomes employed and improves his/her income.

4.5 INCREASE EDUCATION, TRAINING AND GENERAL AWARENESS

Education is an important mechanism of overcoming the problems of low skill levels among disabled persons and poor knowledge about basic social services. Education strategies need to incorporate programmes that provide accurate information about disability. The education and training programmes should also increase general awareness about the social needs of people who have disabilities. Educating people within the framework of a social model will help remove barriers to equal participation and eliminate discrimination based on disability. This is vital for the full integration of disabled people into society. Awareness programmes should also continually provide information on disability prevention.

Local role players, such as health workers, teachers and other personnel should receive orientation courses in prevention and intervention. The integration of disabled persons into society must begin at an early age. The recent actions of the Department of Education on *Early Childhood Development*[17] and *Special Needs Education*[18] are important steps towards effective integration. Educating children with disabilities will provide them with future employment opportunities.

4.6 IMPROVE PUBLIC TRANSPORT SYSTEM

Inaccessible transport is a serious barrier to integrating disabled people into society. It lowers their occupational mobility and prevents many disabled persons from leading independent lives. The Department of Transport has devoted special consideration to the issues of disability in its *Moving South Africa* programme[19].

4.7 IMPROVE INVOLVEMENT IN POLICY-MAKING

An effective disability policy would need to involve key players in society – the most important, in this regard, being the people who actually have disabilities.

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16 White Paper (1997).

17 *Early Childhood Development* refers to a comprehensive approach to policies and programmes for children from birth to nine years of age with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. (Minutes of the Education Portfolio Committee; 29 May 2001).

18 Most learners with disabilities have fallen out of the current educational system or have been mainstreamed by default. Special education provides for a small percentage of learners with disabilities in special schools. 68 000 children are currently in special schools. Poor, black children are hard hit by the present system. Gauteng and the Western Cape have most of these special schools The present model costs the state R1,3 billion annually. To address this problem the Department of Education has proposed the establishment of an inclusive educational system. This stems from various factors which the Department has taken into account. The Department acknowledges that all children and youth can learn, have different strengths and need support to participate in learning.

19 The Department of Transportation has engaged the issue of promoting access to special needs passengers, including those with disabilities, as part of its *Moving South Africa* strategy. The Department is testing options for mobility impaired passengers in several projects around the country and has developed a set of strategic actions aimed at improving planning for special needs passengers more generally (National Land Transportation Act 2000 and Department of Transportation 2000).

4.7.1 Involving the disability sector

People with disabilities are excluded at many levels – socially, economically, legally, and physically. This problem can be addressed by taking steps to actively involve disabled persons through, for example, self-representation. The appointment of a disabled representative to the SABC Board in 1996 was an important first step.

Social fund assistance is an established World Bank programme for targeting poor and vulnerable groups.[20] The very nature of social funds is inclusive and thus increases the involvement of the disability sector:

> *"People with disabilities may have special needs, but like other marginalised groups, their greatest needs are to be accepted and integrated into their own societies, and to be able to access the same opportunities as non-disabled people. Social funds can help accomplish this through providing infrastructure and services that people with disabilities can use, by supporting organisations that help persons with disabilities formulate and demand projects, and by promoting greater understanding of the population"*[21]

Social funds are a way of implementing much needed disability policy. For example, a social fund disability-related subproject in Egypt provided literacy classes and training in skills and crafts for deaf and blind people. This example shows how social funds can be used in employment strategies seeking to increase the labour market status of disabled people by providing them with skills needed for jobs.

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20 "Social funds are public entities that provide money for community-based projects, based on proposals submitted by the communities themselves" (Jorgensen and van Domelen in Dudzik and McLeod (2000:26).

21 Dudzik and Mcleod (2000: 22).

4.8 IMPROVE CO-ORDINATION OF GOVERNMENT SERVICES

Within the ambit of social protection, an effective disability policy would need to incorporate not only traditional medical/health strategies to address disability in South Africa, but also a broad range of cross-cutting socio-economic strategies. Priority must therefore be given to co-ordinating services between different government departments.

5. CONCLUSION

The 1999 OHS provides valuable information on the demographics of people living with disabilities. In light of the limitations of disability data, the demographic findings need to be considered in conjunction with various other qualitative findings. Thus, although men are more likely to be disabled, the experience of women with disabilities is likely to be more difficult than men. This is due to various reasons that are difficult to statistically quantify, for example, gender discrimination. Also, the lack of reliable information on disability results in the variance of different measurements – OHS data shows that disabilities are more prevalent among Coloured groups, whereas data in the CASE Report shows that disabilities are more prevalent among African groups.

Disability is as likely to occur in rural areas as it is in urban areas. Here again, the qualitative experience of people with disabilities in urban and rural areas will differ. Disabled persons in rural areas have less access to social assistance than disabled persons in urban areas.

The proxy measure used in OHS 1999 to estimate access to public transport reveals that disabled persons do not differ from the general sample of households with regard to proximity to public transport. However, proximity to transport does not ensure access to transport, particularly for those with severe disabilities.

The descriptive analysis shows the need for a South African disability policy. T[illegible] strategy for a disability policy is based on the framework of social protection, which seeks an integrated, co-ordinated approach to policy formulation. For disability policy, this also involves considering medical and social dimensions of disability.

Within the framework of social protection, key policy areas requiring attention are poverty reduction, education, employment, transport and health. Efforts to prevent and rehabilitate disabilities in all these policy arenas are needed. The social security system for disabled people is inadequate – disability support should provide a steady flow of income to these households, especially in light of findings that show that disabilities are more prevalent among poor households.

In the interests of inclusion and integration, disability policy formulation should focus not only on improving co-ordination of government services, but also on involving representatives from the disability sector.

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