



Economic Commission for Latin America and the Caribbean
Subregional Headquarters for the Caribbean

LIMITED
LC/CAR/L.283/Rev.1
24 January 2011
ORIGINAL: ENGLISH

AVAILABILITY, COLLECTION AND USE OF DATA ON DISABILITY IN THE CARIBBEAN SUBREGION

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ABSTRACT

This paper addresses the issue of the availability of data on persons with disabilities in the Caribbean subregion. It was prepared as a background paper for the Subregional Meeting and Capacity-Development Training Workshop on “Implementation of the Convention on the Rights of Persons with Disabilities in the Caribbean”. It presents the findings of a survey conducted by ECLAC aimed at gaining insight on current practices of national statistical offices and other data collecting agencies with respect to the collection of national data on persons with disabilities. Using data from the 2000 year census for eight countries, the study also examines the impact of disability on education and employment.

EXECUTIVE SUMMARY

On the basis of previous research conducted by ECLAC on the situation of persons with disabilities in the region, a recommendation was made for the commissioning of a study on the collection and availability of official data on disability. The methodology applied in this inquiry included an assessment of the current data collection practices of national statistical offices or other authorized government departments as well as a review of the application and use of relevant international recommendations or agreements on the collection, analysis and dissemination of disability statistics.

Part I of the study presents the findings of a national assessment carried out by ECLAC to determine the data collection practices. It revealed that most countries were already involved in collecting data on disability; however the scope of the coverage and the periodicity of collection were very limited. Across the countries of the subregion, a variety of concepts, definitions and methods were employed to identify persons with disabilities. For the most part, countries used an impairment-based definition for disability and collected data on persons based on varying categories of impairment including: speech and sensory, intellectual and physical. Inconsistencies in the categories used for identifying persons with disabilities presented a challenge for deriving a comparable prevalence rate for countries in the subregion. The aggregated data for the 15 countries that participated in the survey indicated that approximately 340,363 persons had a reported disability. This constituted 5.6% of the total population of those countries.

Data on persons with disabilities and other demographic data were compiled primarily by national statistical offices through the decennial population and housing censuses. An assessment of the population-based activities to measures across the region showed that there was also very little compliance with the international standards for measuring disability. Thus, the measurement of disability was achieved simply through the inclusion of screening questions in the census questionnaire that mapped the number of persons with the different types of impairment. There were a few cases of national studies that were conducted in Aruba, Bermuda and Guyana to gather more comprehensive information on disability. Those studies were all carried out following the 2000 census and therefore provided more updated information on persons with disabilities.

To improve the collection, compilation and dissemination of disability data, a number of international initiatives or standards have been recommended for use by national statistical offices and other producers of disability statistics. The review of the extent to which countries have either used or considered employing those standard international frameworks and methodological guidelines such as the International Classification of Functioning Disability and Health (ICF), the Washington Group questions for census and sample surveys, and the Guidelines and Principles for the Development of Disability Statistics indicated a very low level of compliance with those standards in past surveys or censuses. However, a number of countries indicated their commitment to use the Washington Group short questions in their questionnaire for the 2010 round of census. This is expected to contribute to greater comparability of data for future surveys.

Part II of the study provides a statistical analysis of census data from eight countries in the region. The analysis addressed questions regarding equal opportunity and effective inclusion of persons with disabilities in employment and education. The analysis was framed around the United Nations Conventions on the Rights of Persons with disabilities which outlines disability issues within a human rights framework. The Convention gives due recognition to the human rights principles of equal opportunity, equal treatment, non-discrimination and full inclusion in mainstream society.

The statistical analysis of the social characteristics of persons with disabilities with respect to education and employment indicated that persons with disabilities are underrepresented both in the employment and in education. The results also indicated substantial differences in the likelihood of employment and educational enrolment despite the global and regional efforts at promoting equal rights and opportunities for persons with disabilities. There was also a significant amount of heterogeneity within the disabled group on the basis of the type of impairment. Persons with mental or intellectual disabilities are least likely to be employed or enrolled in education.

The projections indicate that that some countries in the region are likely to record very substantial increases in the size of the disabled population. Those estimates were based on 2000 census data for eight¹ countries. By 2050, the prevalence rate of disability for those countries would reach 9.4%. These estimates are consistent with the changing population dynamics which are associated with increased life expectancy and an ageing population. With such population shifts are increased risk of disability onset. It is expected that medical interventions and preventative measures may reduce the risk of disability among older persons.

¹ Figures based on analyses conducted on census data for Antigua and Barbuda, Barbados, Belize, Grenada, Netherlands Antilles, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago.

I. INTRODUCTION

In recent years, there has been an increased national and international interest in the situation of persons with disabilities. As a result, governments and national statistical offices (NSOs) have recognized the need to collect data on disability. Statistics on disability are essential tools in the planning, implementation and monitoring of policies and programmes for promoting the rights of persons with disabilities. Disability data is also crucial for determining the prevalence of disability in a population and identifying the needs and characteristics of subgroups within the disabled population. The continuing need for reliable and comparable data on persons with disabilities is also emphasized as one of the key aspects of monitoring the implementation of the Convention on the Rights of Persons with Disability (CRPD). Article 31 requires that governments collect the appropriate statistics that would facilitate the monitoring of the CRPD. In addition, the collection of the relevant disability data should complement and facilitate the development and implementation of the appropriate national policies and programmes for the promotion of the rights of persons with disabilities.

Previous studies conducted by the Economic Commission for Latin America and the Caribbean (ECLAC) on disability in the Caribbean have pointed to the lack of comparable data as a major issue in the subregion. While there was due recognition of the impact of factors, such as the lack of a standard definition for disability and limited financial and human resources on the data collection practices, the overarching need to measure the subregion's progress towards the rights and policies of persons with disabilities still remains an area of priority. In a study published by ECLAC in December 2009, a strong recommendation was made to conduct a follow-up study to "collect information on the availability of statistical information on persons with disability and on the implementation of legislation and policies in order to measure the commitment of governments in the Caribbean region towards the CRPD", ECLAC (2009, p. 42).

Following from the above recommendation, between June and July 2010, ECLAC administered a questionnaire to all NSOs, ministries and non-governmental organizations (NGOs²) in the Dutch- and English-speaking Caribbean in an attempt to get feedback on the situation on persons with disabilities across the subregion. The instrument used for this exercise was an adaptation of a questionnaire used previously by the Economic and Social Commission for Asia and the Pacific (ESCAP) in 2004 to assess the implementation of the priority areas of the Biwako Millennium Framework for Action (BMF³). The BMF is a draft regional framework for action that provides regional policy recommendations for action by governments in the region and concerned stakeholders to achieve an inclusive, barrier-free and rights-based society for persons with disabilities in the new decade, 2003-2012.

The aim of this study of the Caribbean subregion is to present a concise assessment of the situation with respect to the availability of data on persons with disabilities. Part I contains a presentation of the findings of the component of the survey which was conducted among NSOs. This section also includes a review of the statistics compiled from the survey. An assessment of the prevalence of disability within the subregion and an analysis of the nature and cause of disability are also presented in that section.

² The assessment among NGOs was limited to persons with physical disabilities and used wheelchairs or those who had visual impairments.

³ Further details of the BMF can be accessed via <http://www.unescap.org/esid/psis/disability/bmf/bmf.html>

Part II includes a more in-depth analysis of disability in eight countries on the basis of their 2000 round of census data. The analysis presented in that section builds on two previous studies conducted by ECLAC, and examines the impact of disability on social inclusion with reference to employment and education. The analysis provides some insight into the position of persons with disabilities relative to persons without disabilities. The final part of this section includes some projections for future trends among the number of persons living with disabilities.

II. ASSESSMENT OF THE COLLECTION AND DISSEMINATION OF NATIONAL DATA ON PERSONS WITH DISABILITIES

A. INTRODUCTION

In an attempt to gain comprehensive insight into the position of persons with disabilities in the subregion, ECLAC conducted a survey of national statistical offices, ministries and NGOs in the Dutch- and English-speaking Caribbean. The main elements of the survey were: (a) an assessment of the availability of disability data, (b) an evaluation of the commitment of governments to the implementation of the CRPD through the application of appropriate policies and legislation, and (c) an assessment of the integration in society of blind or nearly blind persons and for persons depending on wheelchairs. To facilitate the assessment, questionnaires were administered to all NSOs, ministries, NGOs and other offices with responsibility for disability affairs in 22 member and associate member countries of the Caribbean Development and Cooperation Committee (CDCC) of ECLAC in the subregion. The questionnaire used for this survey was adapted from an instrument used for assessing the Biwako Millennium Framework which was initiated by ESCAP and covered the three main areas outlined above. The questions were also relevant to the CRPD.

This study focuses on the current situation of persons with disabilities in the subregion with respect to the collection of country-specific data on disability and, as such, it presents only the findings of the component of the survey which was administered to the NSOs. The results of the other two components of the survey are presented in the report “A Situational Analysis of the Implementation of the CRPD in the Caribbean Subregion”.

B. AIM AND SCOPE OF QUESTIONNAIRE ON DATA AVAILABILITY IN THE CARIBBEAN

As a means of getting a more up-to-date and concise picture of the current situation in the subregion with respect to the collection of country-specific data on disability, questionnaires soliciting information on data collection practices and available meta data were sent to the Directors of Statistics in 22 CDCC member countries. Along with this statistical information, the NSOs were required to submit data which had been generated on persons with disabilities either from censuses or household surveys. In instances where the primary collectors of data were national mechanisms other than the NSO, the completion of the questionnaire was coordinated between the NSO and the responsible agency. Responses were received from 14 members and associate members and Bermuda, therefore yielding a response rate of 68%. The ensuing section presents the main findings.

C. RESULTS

1. Definitions for disability

Key to the measurement of disability is determining the definition of disability which would establish the conceptual basis for the disability statistics generated within a country. The medical model which distinguishes between disabled and non-disabled sub-populations by assessing the existence of an impairment or condition, using screening questions, provides one basis for measurement. Under such a

model, disability prevalence is assessed solely in terms of the existence of an impairment based on a screening procedure. A second approach is the use of activity-based or social model which assesses the functional aspect of disability. This approach recognizes three dimensions of disability (body, individual and social or environmental factors) and expresses the essential structure of the concept of the disability as an interaction between an individual with a health condition and the features of the physical, individual and social environment. The International Classification of Functioning, Disability and Health (ICF) which was developed by the World Health Organization (WHO) draws upon the social model for measuring functional capacity within the domains of body function and structure, activities and participation. The CRPD embraces the social model of disability as it accounts for the human rights issues which the Convention addresses.

Across the subregion, there was very limited effort at collecting data on disabilities. Associated with that was the lack of an operational definition for disability. Of the 15 countries that responded to the survey, only 8 countries had a definition for disability for the purposes of data collection. Thus, even if some countries may have included a few questions to capture information on persons with disabilities in their census questionnaires, they did so without having an operational definition for disability. Table 1 presents the definitions that were used across eight of the countries.

Table 1
Definitions of disability for purposes of data collection

<i>Country</i>	<i>Definition</i>
Aruba	Handicapped persons are persons with a physical or mental disorder. The handicap is formed by the limitations of the personal abilities due to the disorder. Handicapped persons do not include individuals who are recovering from an illness or accident and who will be cured within a limited period. Their perspective is, after all, to be completely healed.
Bahamas	Persons who have long-term physical, mental, intellectual, sensory impairments or health-related conditions, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
Bermuda	Disability is an umbrella term that refers to problems, such as impairment, activity limitation or participation restrictions that indicate the negative aspects of functioning. (Washington Group) A long-term health condition that lasts (or is expected to last) for more than six months and limits or prevents any of a person's everyday life activities (e.g. work, recreation, mobility and schooling).
British Virgin Islands	A disability or infirmity is long-standing, that is, the person has had the condition for six months or more and it is not of a temporary nature. It is permanent, regardless of how long ago it manifested itself. (this was the definition used to guide enumerators during the 2001 census exercise)
Guyana	World Health Organization International Classification of Functioning and Health (ICF)
Jamaica	In the context of the health experience, a disability is any restriction or lack of access (resulting from an impairment) of ability to perform an activity in the manner or within range considered normal for a human being
Netherland Antilles	(2001 census) Disability was defined as: a physical, mental or intellectual condition that hinders the daily functioning of a person. Definition/ approach advanced by the Washington group to be used for the 2011 census.
Trinidad and Tobago	Any restriction or lack of ability (resulting from impairment) to perform an activity in the manner or within the range considered to be normal for a human being. For the purpose of the census, a health condition is only a disability if it has a long lasting continuing consequence, and it has lasted for at least six months or is expected to last more than six months.

While it is obvious that there is no standard definition across the subregion, it is worth noting that there was a thread of similarity across the definitions. The vast majority of countries employed definitions that emphasized the medical model of counting persons with disabilities which distinguished disabled and non-disabled subpopulations on the basis of the existence or non-existence of different types of impairments or conditions. Aruba, Bahamas and Bermuda used a definition that examined the social construct of disability. Only Guyana used an internationally recommended framework for disability, that being the ICF.

2. Sources of data on disability

Typically, the main vehicles for collecting statistics on disability are household surveys, administrative registers and censuses. Population censuses are the primary source of country-level disability data. They are usually the preferred source as they provide a complete enumeration of all persons in a country. Censuses are, however, limited as they do not provide in-depth information and are conducted at 5- or 10-year intervals. An even more severe limitation is the fact that some censuses exclude institutions such as old age homes, infirmaries, hospitals, and rehabilitation centers and, as a consequence, there is serious underestimation of the number of persons living with disabilities. Sample surveys, such as health surveys or dedicated disability surveys, are useful for collecting information on a sample of the population. They are effective in collecting more detailed information and tend to include more questions than a census. Surveys are limited in that they provide information on just a small sample and are costly initiatives. Administrative records provide a good source of information on persons with disabilities especially with respect to participation in specific programs. These collections can provide information on various characteristics of persons with disabilities. The limitation of this source is the fact that it cannot guarantee complete coverage. Also the effectiveness of records is dependent on the regularity of collection and hinge on the complete and consistent application of definitions of concepts.

In this part of the questionnaire, respondents were asked to indicate which of the foregoing instruments were used by their governments as the primary source(s) of data. For the sources identified, respondents were required to specify the year(s) in which such statistics were compiled. Table 2 presents the sources of data by country.

Table 2
Main instruments for collecting disability statistics

	<i>Administrative Registers</i>	<i>Population Censuses</i>	<i>Sample Surveys</i>	<i>Other sources</i>
Aruba		✓	✓	
Bahamas		✓		
Barbados		✓		
Belize		✓		
Bermuda		✓	✓	✓
British Virgin Islands		✓		
Cayman Islands	✓	✓		
Dominica		✓		
Grenada		✓		
Guyana	✓	✓	✓	✓
Jamaica		✓		
Montserrat		✓		
Netherland Antilles		✓		
Saint Lucia		✓		
Trinidad and Tobago		✓		

For all countries, except Aruba, Bermuda and Guyana, the last census (year 2000 round) was the only source of disability data. Prior to the 2000 census, only a limited number of countries had collected data on persons with disabilities. This was the case for the Netherlands Antilles for the census which was administered 1992. Sample surveys, whether dedicated or with an attached disability module, were rarely used as a vehicle for data on persons with disabilities. In 2005, 2006 and 2007, sample surveys that generated information on persons with disabilities were conducted in Aruba, Guyana and Bermuda respectively. Box 1 provides an overview of the dedicated sample survey which was conducted in Guyana in 2005.

Another noteworthy observation was the limited use of administrative registers or records as a source of disability data. Only Guyana indicated the use of those systems for generating data on persons with disabilities. Challenges with the use of the administrative registers and records may stem from the lack of financial and human resources to maintain such systems.

Box 1: Overview of National Survey conducted in Guyana

Raising the Profile of Disability in Guyana: an Agenda for Action

In 2005, the National Commission on Disability (NCD) in collaboration with other agencies conducted a national survey among 1500 persons with disabilities across four regions in Guyana. Through this survey the NCD was able to construct a profile of persons living with disabilities in Guyana. The data generated from the survey was used to inform a policy action plan that addressed the needs of persons living with disabilities.

The data collected covered the following key themes and issues:

- Education
- Health
- Employment
- Participation in social and recreational activities
- Family life
- Issues related to access to services and support (physical, attitudinal and information)

The survey included a full range of disabilities including visual, hearing, mobility, self-care, communication and remembering. For the survey disability was measured and defined according to the World Health Organization International Classification of Functioning Disability and Health (ICF) conceptual framework which encompassed both the medical and social dimensions of disability.

Source: Survey report supplied by the Bureau of Statistics and National Commission on Disability:
<http://www.statisticsguyana.gov.gy/pubs.html#disability>

3. Principal collectors of data related to disability

In most countries, national statistical offices, statistical institutes and statistics bureaus were identified as the main collectors of disability data. This would typically be the case since statistical offices are the official national authorities that are equipped and authorized to conduct household surveys or censuses. In Guyana and Saint Lucia, however, the national coordinating mechanisms⁴ for disability were identified as the main data collectors. In Barbados, on the other hand, there was a dedicated National Disability Unit within the Ministry of Social Transformation.

⁴ National Coordinating Mechanisms refer typically to the framework established within countries to assist with matters related to persons with disabilities.

Table 3
Principal collectors of disability data

<i>Country</i>	<i>Government agency or ministry as main data collector</i>
Aruba	Central Bureau of Statistics (CBS)
Bahamas	Department of Statistics
Barbados	National Disabilities Unit
Belize	Statistical Institute of Belize, Ministry of Human Development, Ministry of Education
Bermuda	Department of Statistics
British Virgin Islands	Development Planning Unit, Ministry of Health and Welfare
Cayman Islands	Ministry of Education, Training and Employment
Dominica	Central Statistical Office
Grenada	Central Statistical Office
Guyana	National Commission on Disability
Jamaica	Statistical Institute of Jamaica
Montserrat	Statistics Department
Netherland Antilles	Central Bureau of Statistics
Saint Lucia	National Counsel of and for Persons with Disabilities (NCPD)
Trinidad and Tobago	Central Statistical Office

4. Measurement of disability in accordance with international recommendations

The measurement of disability is determined largely by the definitions or concepts and consequently the types of questions and methods used for identifying persons with disabilities. As noted in the previous sections of the study, there are considerable inconsistencies in the concepts, criteria and operational definitions used across the subregion. To ensure consistency in data collection and dissemination of disability data, countries have been encouraged to adopt the international recommendations and frameworks that have been formulated by the United Nations and WHO.

This section of the questionnaire assessed the practices of national statistical offices for data collection vis-à-vis the international agreed recommendations and standards for the measurement of disability. NSOs were, therefore, required to report on the use of three of the internationally recommended technical guidelines for the compilation of statistics and data on disability.

(a) Washington Group Questions

The main purpose of the Washington Group is the promotion and coordination of international cooperation in the area of health statistics by focusing on disability measures suitable for censuses and national surveys. The priority of the Washington Group has, therefore, been with providing guidance with the development of a set of questions that are suitable for measuring disability in censuses, sample surveys. This would facilitate international comparability and the production estimates and other relevant information on persons with disabilities.

Given the limitations of censuses in capturing detailed information on the persons with disability either in terms of the type of disability or the functional domain which encompasses body structure, activity and participation, the report of the Washington Group to the thirty-eighth session of the Statistical

Commission of the United Nations in 2007 proposed a set of four core questions and two additional questions for obtaining disability statistics. The first three questions focus on vision, hearing and walking and are effective in identifying a vast majority of persons with sensory or physical disabilities. The fourth question screens for mental disabilities by focusing on two main components: remembering and concentrating. The last two questions identify persons with upper body mobility issues and communication problems respectively.

Census Questions Endorsed by the Washington Group

Introductory phrase:

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

Question set:

- 1) Do you have difficulty seeing, even if wearing glasses?
- 2) Do you have difficulty hearing, even if using a hearing aid?
- 3) Do you have difficulty walking or climbing steps?
- 4) Do you have difficulty remembering or concentrating?
- 5) Do you have difficulty (with self-care such as) washing all over or dressing?
- 6) Using your usual (customary) language, do you have difficulty communicating, for example understanding Or being understood?

Response categories:

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

Source:

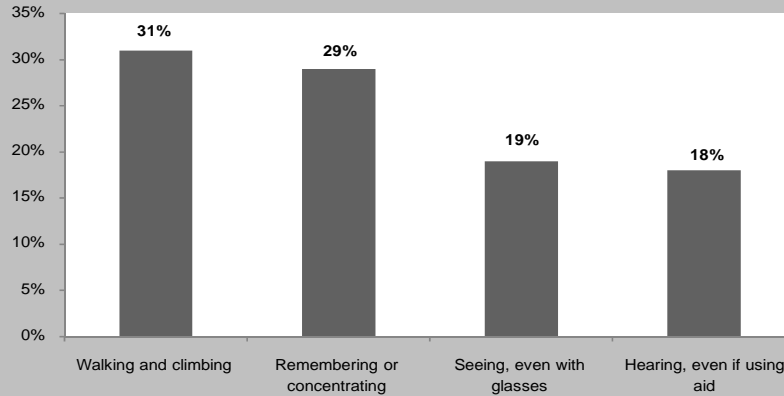
Of the 16 NSOs that responded to this item, six countries indicated an interest in using the short questions on the next round of the census. These countries and their census years are listed below:

- Aruba (2010)
- British Virgin Islands (2010)
- Guyana (2012)
- Saint Lucia (2010)
- Netherland Antilles (2011)
- Trinidad and Tobago (2011)

Only Bermuda indicated previous use of the short questions in two surveys conducted in 2007 and 2009. Box 2 presents a synopsis of one application of the Washington Group questions in a national survey.

Box 2: Application of Washington Group Questions

The Senior's Test for Ageing Trends and Services (STATS) survey which was conducted in Bermuda in 2007 sought to identify the immediate and long term service needs of seniors (persons aged 60 and over). While the study was not a direct attempt to measure disability among senior citizens, it featured the six questions endorsed by the Washington Group and thereby enabled an assessment of the limitations in functional activities (seeing, hearing, walking and climbing, remembering and concentrating, self-care and communication) among persons in that cohort. The distribution of seniors by disability is given in the figure.



The level of severity of those disabilities was also assessed and, as such, disability level groups were also derived from that survey.

The full report of the survey can be accessed via: <http://www.ageconcern.bm/docs/STATS.pdf>

(b) WHO/ICF

Countries were also asked to report on their governments' endorsement and use of WHO/ICF in their planning and collection of data on disability. The ICF is a multidimensional framework for defining health and disability which was endorsed by WHO in 2001. "ICF is a classification of health and health related domains that describe body functions and structures, activities and participation. The domains are classified from body, individual and societal perspectives" WHO (2001, p.1). It provides standardized concepts and definitions for use measurement of disability and contributes to greater comparability of data at both a national and international level.

Across the countries, there was very low rate of endorsement and application of the ICF. Governments of only three countries had endorsed the ICF and even fewer stated that the ICF was used for some applications. Guyana and Saint Lucia were the only two countries that indicated that the ICF had been endorsed and used. Evidence of the use of the ICF in Guyana can be seen in the 2005 report⁵.

⁵ Mitchell Hannah (2005), Raising the Profile of Disability in Guyana: An agenda for action, NCD (National Commission on Disability).

Table 3

Country Responses to the endorsement and use of the ICF and Guidelines and Principles for the Development of Disability Statistics

<i>Country</i>	<i>Endorsement of ICF</i>	<i>Application of ICF</i>	<i>Guidelines for Principles for the Development of Disability Statistics</i>
Aruba	Yes	No	For some applications
Bahamas	No	Not Applicable	Yes
Belize	Not stated	Not stated	Not stated
Bermuda	No	Not applicable	No
British Virgin Islands	Not stated	Not applicable	No
Grenada	Not stated	Not stated	Not stated
Guyana	Yes	Yes	Yes
Montserrat	Not stated	Not stated	Not stated
Saint Lucia	Yes	Yes	Yes
Netherland Antilles	No	No	No
Trinidad and Tobago	Not stated	Not stated	Not stated

(c) Guidelines for the development of disability statistics

Responses to the item on the use of the Guidelines and Principles for the Development of Disability Statistics indicate very low implementation across the countries. The Guidelines and Principles for the Development of Disability Statistics which was published by the United Nations provides assistance to NSOs and other producers of disability statistics on data collection, compilation and dissemination of data on disability. It also recommends the designing of questions for the measurement of disability within the conceptual framework of the ICF.

A breakdown of the positions of the countries which responded to the survey as it regards the use of the Guidelines and Principles for the Development of Disability Statistics is captured in table 3 above.

5. Main categories of data available by country

The recommendation set out by the United Nations Statistical Commission in the *Principles and Recommendations for Population and Housing Censuses* calls for collection of data on disability that would allow for analysis of the prevalence and distribution of persons with disabilities in the population. In order to gain an assessment of the key social and economic characteristics of persons with disabilities, there should be inclusion of relevant variables that would enable tabulations to be of characteristics within the population of persons with disabilities. The inclusion of those variables alongside other relevant key variables such as sex, age, level of education, employment status facilitates the analyses of key social and economic characteristics.

Table 4 shows the availability of disaggregated data by the main categories or variables which included:

- Categories of disability
- Age
- Rural/ urban residence
- Level of education
- Employment Status
- Income categories
- Origin/ cause of disability
- Age at which person became disabled

For the most part, the majority of countries indicated the availability of disability data for the categories identified. The census was the main source of disability data in the majority of the countries; as such, the years indicated in table 4 correspond to census years. Only in the case of Guyana was the National Commission on Disability administrative register identified as the source of some categories of data.

Table 4
Main categories of data available by sex and year (s) for which data is available

<i>Country</i>	<i>Categories of disability</i>	<i>Age</i>	<i>Rural/urban residence</i>	<i>Level of Education</i>	<i>Employment Status</i>	<i>Type of employment</i>	<i>Income Categories</i>	<i>Origin/ cause of disability</i>	<i>Age at which the disability occurred</i>
Aruba	1981, 1991, 2000	1981,1991, 2000	No	2000	2000	2000	2000	2000	Not available
Bahamas	2000	2000	2000	2000	2000	2000	2000	Not available	Not available
Belize	1991, 2000		1991,2000					Not available	Not available
Bermuda	1991, 2000	1991, 2000		1991, 2000	1991, 2000	1991, 2000	1991, 2000	Not available	Not available
British Virgin Islands	2001	2001	No	2001	2001	No	No	2001	No
Cayman Islands	No	1999	No	No	No	No	No	No	No
Grenada	2001	2001	No	2001	2001	2001	2001	2001	2001
Guyana	2002	2002	2002	2002	2002	2002	NCD ⁶ Register	2002	NCD Register
Jamaica	2001	2001	No	2001	2001	2001	No	No	No
Montserrat	2001	2001	No	2001	2001	2001	2001	2001	2001
Saint Lucia	2001	2001	2001	2001	2001	2001	2001	2001	2001
Netherland Antilles	2001	2001	Not Applicable	2001	2001	2001	2001	2001	Not Available
Trinidad and Tobago	2000	2000	2000	2000	2000	2000	2000	Not available	Not available

Note: In all cases, the data above was available from the census and years stated above correspond to the census years

⁶ National Commission on Disability

6. Prevalence of disability

This section presents a summary of the available statistics on disability in the subregion. In all cases, the data was based on the year 2000 Population and Housing Census. Data for this section was compiled either on the basis of responses sent by countries to the questionnaire or on analyses done by ECLAC on census data provided.

Table 5
Basic information on persons with disabilities based on the 2000 census⁷

Country	Persons with disabilities						Total Population (Absolute)
	Share (%)			Absolute			
	Total	Male	Female	Total	Male	Female	
Antigua and Barbuda	5.1	4.4	5.7	3 918	1 600	2 318	76 886
Aruba	5.6	5.8	5.4	5 036	2 520	2 516	90 506
Bahamas	4.3	4.0	4.5	12 930	5 933	6 997	302 197
Barbados	4.0	3.8	4.2	9 993	4 532	5 461	250 010
Belize	5.9	6.0	5.9	13 774	6 988	6 786	232 111
Bermuda	4.6	4.2	4.9	2 832	1 265	1 567	62 059
British Virgin Islands	4.8	4.8	4.8	1 107	548	559	23 161
Cayman Islands	4.3	3.8	4.7	1 673	729	944	39 020
Grenada	4.4	4.0	4.7	4 499	2 073	2 425	103 137
Guyana	6.4	6.3	6.6	48 419	23 652	24 767	751 223
Jamaica	6.3	6.2	6.3	163 206	80 187	83 019	2 607 632
Montserrat	4.7	5.0	4.4	202	116	86	4 303
Netherlands Antilles	8.5	8.2	8.6	14 844	6 795	8 049	175 653
Saint Lucia	4.9	4.7	5.1	7 720	3 610	4 110	156 735
Saint Vincent and the Grenadines	4.4	4.3	4.6	4 717	2 283	2 434	106 253
Trinidad and Tobago	4.1	4.0	4.2	45 496	22 353	23 143	1 114 772
Weighted Total	5.6	5.5	5.7	340 363	165 153	175 210	6 095 656

During the 2000 census round, 340,363 persons reported that they had some kind of disability that limited their participation in activities. This number constituted about 5.6% of the total population of the 15 member and associate member countries and Bermuda for which data was supplied. The data also indicated that the percentage of women with disabilities was slightly higher than that of males. There were variations in the prevalence at the national level which may be reflective of the differences in the country-specific definitions for disability. Belize, Guyana and the Netherlands Antilles had the highest share of persons with disabilities while the lowest shares were recorded in Barbados and Trinidad and Tobago.

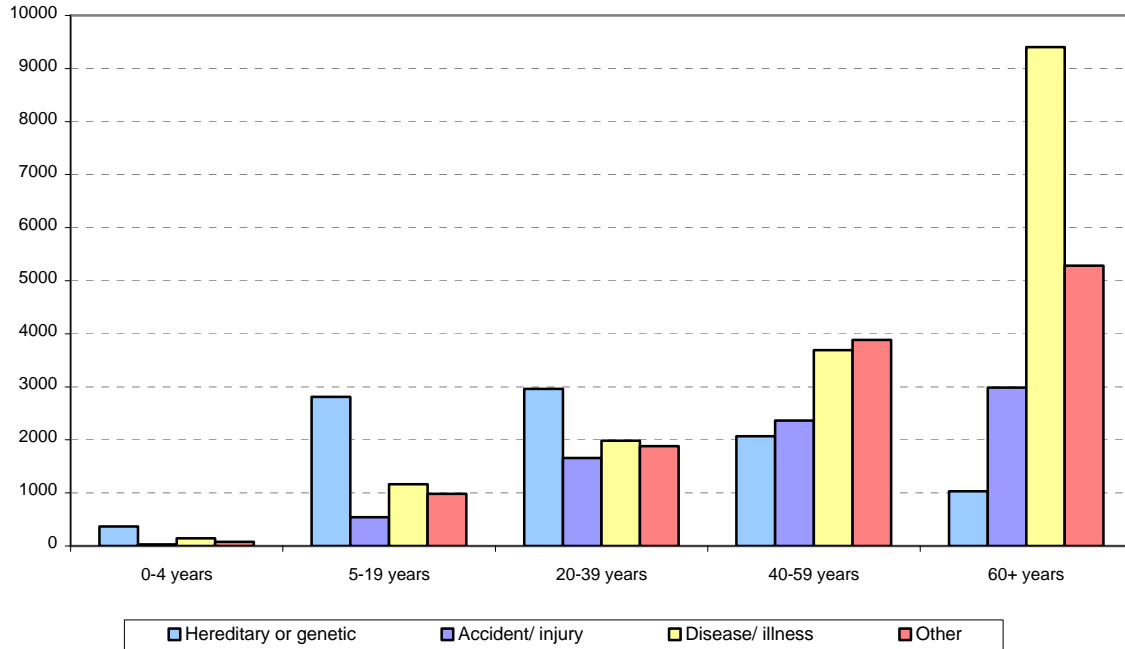
Data on the origin of disability was only collected in eight⁸ of the countries. Figure 1 displays the distribution of the origin of disability by age for persons with disabilities in those countries. Hereditary or genetic factors were identified as the primary cause of disability for persons within the age group 0 to 39 years; while

⁷ The actual census year for countries in the subregion varied. For Aruba, the Bahamas, Belize, Bermuda, Trinidad and Tobago the census year was 2000. For OECS countries (Antigua and Barbuda, Grenada, Montserrat, Saint Lucia and Saint Vincent), British Virgin Islands and the Netherlands Antilles the census year was 2001. Guyana's census was conducted in 2002.

⁸ Antigua and Barbuda, Aruba, Bahamas, Grenada, Montserrat, Netherlands Antilles, Saint Lucia and Saint Vincent and the Grenadines.

disease or illnesses and other unspecified factors were identified as the main cause for persons over the age of 40. This was especially evident for persons aged 60 and above.

Figure 1
Origin of disability in eight countries (number of persons)



Disability was defined in most instances as an impairment or “handicap” that hampered a person’s day-to-day activity. For that reason, most countries collected data on disability by using the screening question which asked respondents specifically to specify the impairment (s) that hindered or limited their everyday activities. In the case of Jamaica, the disability approach recommended by the United Nations was adopted in the design of the census questions rather than the “impairment” approach. A number of different categories were used across the subregion and those included, among others: visual impairment, hearing impairment, speech impairment, mobility and physical disabilities, cognitive and learning disabilities. Table 6 gives an overview of those categories of disability. As can be seen, there are differences in the types of disabilities that were measured across the countries. A few countries used a few unique categories which satisfied specific national needs.

Table 6
Categories for type of disability by country⁹, 2000 census round

	ABW	ANT	ATG	BHS	BLZ	BMU	BRB	GND	GUY	JAM	MSR	LCA	TTO	VBG	VCT
Sight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hearing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Speech		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Upper Limb/ Gripping		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓
Lower Limb/ Mobility		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓
Learning/ Intellectual	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behaviour/ Mental	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ ¹⁰	✓	✓	✓	✓	✓
Neck/ Spine					✓	✓	✓					✓	✓	✓	
Body Movements	✓		✓			✓		✓	✓		✓		✓	✓	✓
Other Physical		✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓
Multiple Disability										✓					
Personal Care					✓										
Sense of Taste									✓						

Table 7 tabulates the total share of persons with each type of disability by broad age groups for the 13 countries given in table 6. The data indicates that sight-related disabilities were most prevalent across the countries. The share of persons with disabilities related to lower limbs was the second largest. In comparison to the other types of disabilities, the share of persons with neck/spine disabilities was disproportionately low. This was primarily due to the fact that very few countries collected data on disabilities of that nature.

Table 7
Share of persons with each type of disability by broad age groups (%), both sexes

	Total	0-4 years	5-19 years	20-39 years	40-59 years	60+ years
Sight	1.6	0.1	0.4	0.7	2.3	8.0
Hearing	0.5	0.1	0.2	0.3	0.4	2.8
Speech	0.3	0.2	0.3	0.3	0.3	0.8
Upper Limb/ Gripping	0.3	0.1	0.1	0.2	0.4	1.6
Lower Limb/ Mobility	1.1	0.1	0.2	0.4	1.3	6.5
Learning/ Intellectual	0.4	0.1	0.4	0.4	0.4	0.8
Behavioural/ Mental	0.5	0.1	0.2	0.5	0.7	1.1
Neck/ Spine	0.1	0.0	0.0	0.0	0.1	0.2
Body Movements	0.4	0.1	0.1	0.2	0.5	2.0
Other	0.5	0.2	0.2	0.3	0.7	1.6
Total	5.7	1.0	2.3	3.3	7.3	25.4

Note: One person may have more than one impairment hence the total shares above exceed the prevalence rate of 5.1 quoted earlier

Further analysis of the age pattern of disability indicated that the incidence of disabilities increased with age and that the differences in shares were most dramatic between the 40-59 and 60+ age groups. Approximately one quarter of the population 60 and over were afflicted with at least one disability.

⁹ List of the 3 digit ISO codes are given in Annex 1

¹⁰ Category has two subdivisions Mental Retardation and Mental Illness

III. DISABILITY IN THE CARIBBEAN: ANALYSIS OF CENSUS DATA

This part of the study documents the gaps or imbalances in participation among persons with disabilities and those without, in relation to access to education and employment. It builds on previous statistical analyses published by ECLAC in the study *A Further Study on Disability in the Caribbean: Rights, Commitment, Statistical Analysis and Monitoring*. That study examined the prevalence of disability in eight countries in the subregion and provided detailed statistical analysis of the situation of persons with disabilities in terms of the nature and causes of disability.

This section of the study presents an assessment of the relationship between disability and exclusion through a comparative analysis of the level of educational attainment and employment¹¹ position of persons in eight countries in the Caribbean subregion. As far as possible, the data presented in this section is disaggregated by age and gender to capture differences between those groups both among persons with disabilities and those without. The examination of the issues of social inclusion is especially apt within the context of the CRPD which espouses the core principles of non-discrimination, full participation, social exclusion, equality of opportunity and accessibility. Rights related to access to education and employment are laid out in articles 24 and 27, respectively.

This section uses data from the 2000 Population and Housing Census round (PHC) for Antigua and Barbuda, Bahamas, Barbados, Grenada, Netherlands Antilles, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago. As emphasized in chapter one of this study and previous analyses by ECLAC, there are considerable definitional and methodological issues that affect the comparability of measurements of disability across countries of the subregion. Due to those issues, as well as differences in census years and census questionnaires, all elements of this report may not be entirely comparable. However, in the absence of any other reliable data, the data presented in this chapter effectively forms a baseline for future studies on persons with disabilities in the Caribbean.

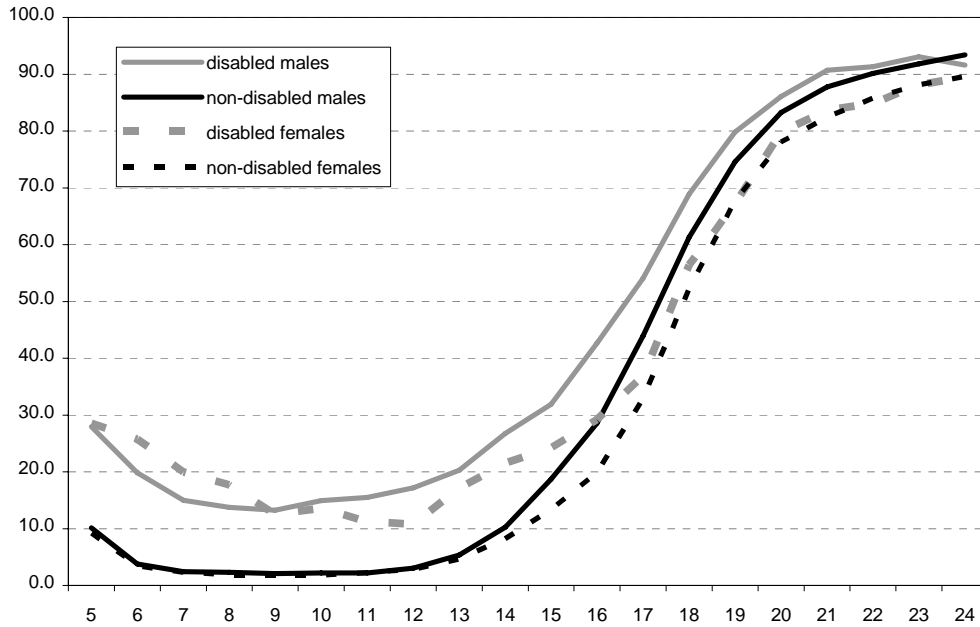
It is worth noting also that the data used here are for the 2000 round of censuses and, as such, the analysis may not be entirely reflective of the current situation in the subregion. Coupled with that is the limitation of the census to households. Given that a significant number of persons with disabilities reside in institutions (old age homes, infirmaries, hospitals, rehabilitation centers, etc.), this analysis does not reflect the characteristics of this population.

A. DISABILITY AND EDUCATION

Between the ages of 6 and 12, nearly all children without disabilities are receiving formal schooling. Unfortunately, participation is lower for children with disabilities. For the eight countries, as a whole, between 10% and 20% of these children with disabilities were not 'currently in education', at the time of the Census. For the age group 5-14, for which education is compulsory in most countries in the subregion, 18% of disabled children are not pursuing any education against 4% of non-disabled children. This means that the former are more than four times as likely not to be in education. After age 12, the share of children not in education starts to rise and differences between children with and without disabilities decrease. In all cases, girls are less likely to be kept outside of education. Figure 2 shows the percentages of children aged 5 – 24 who were not in education by sex and disability status.

¹¹ A person was classified as employed if they were aged 15-64 and worked for pay at a job or business, was self-employed in a business, profession, or farm during the week, or worked without pay in a family-run business (unpaid work) during the reference week. Also included in that category are persons who had a job or business, but were temporarily absent whether for personal reasons, such as illness or vacation, or work-related such as job training or labour-management disputes.

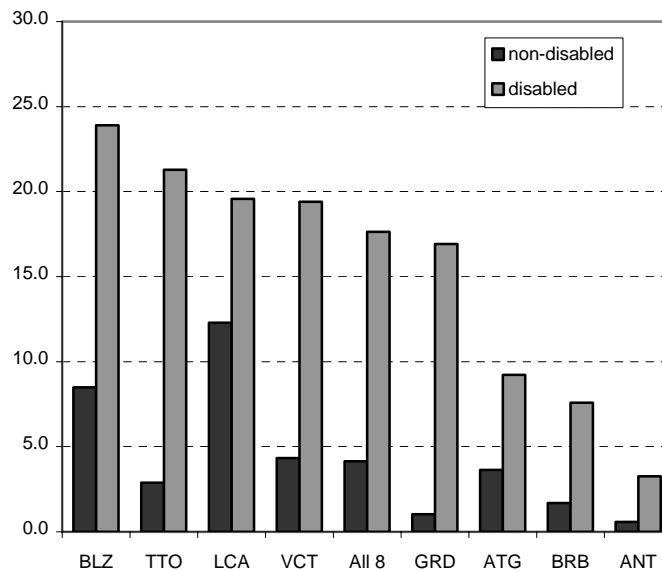
Figure 2
Percentage not in education, by sex and disability status



The situation is not the same in all eight countries. Participation of both children with and without disabilities is by far highest in the Netherlands Antilles. Antigua and Barbuda and Barbados also have relatively favourable participation for children living with disabilities. In the other countries, about 20% of the children between 5 and 14 are not pursuing any formal education.

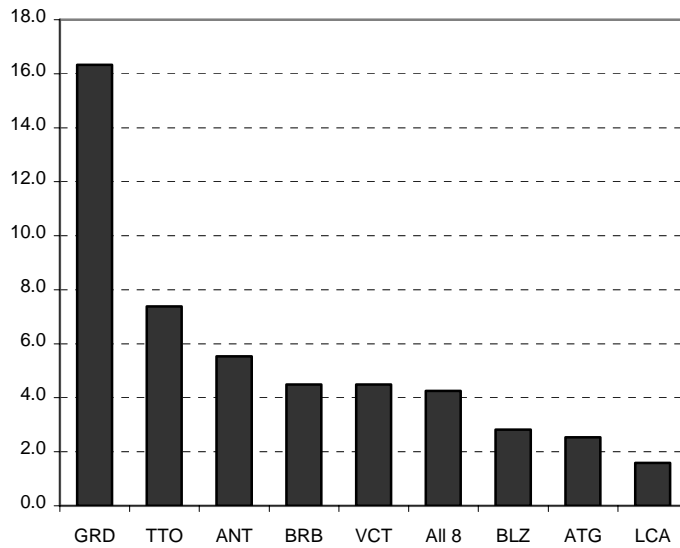
Overall participation in education differs from country to country. In order to assess the position of children with disabilities within a country they have to be compared to those without disabilities in the same country. These comparisons are captured in figure 3 below.

Figure 4
Percentage of 15-24 year olds not at school by type of disability



Ratios of disabled and non-disabled children revealed that disabled children in Grenada and Trinidad and Tobago were 16 and 7 times, respectively, more likely not to be in education compared to those without disabilities. This is captured in figure 4. Although few disabled children are outside of education in the Netherlands Antilles, the nearly universal participation of non-disabled children in that country means that they are between five and six times as likely to be outside.

Figure 4
Ratio disabled and non-disabled not in education by country



Participation in education differs by type of disability. Of the five most common types of disability for age group 5-19, children with sight and hearing impairments are least likely to be outside of education. Children with disabilities related to the lower limbs and speech are far more likely to be outside of education; over 40% of them are not following any education. Though levels differ, patterns are similar in all countries.

Figure 5
Percentage of 15-24 year olds not at school by type of education

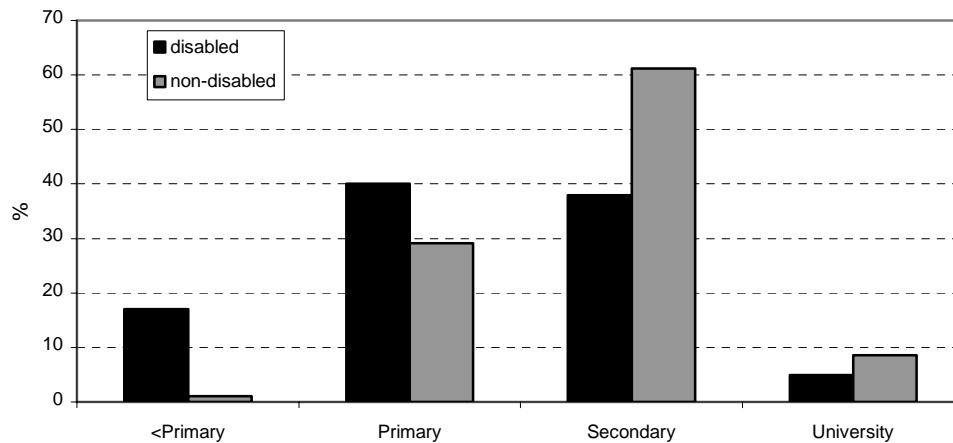
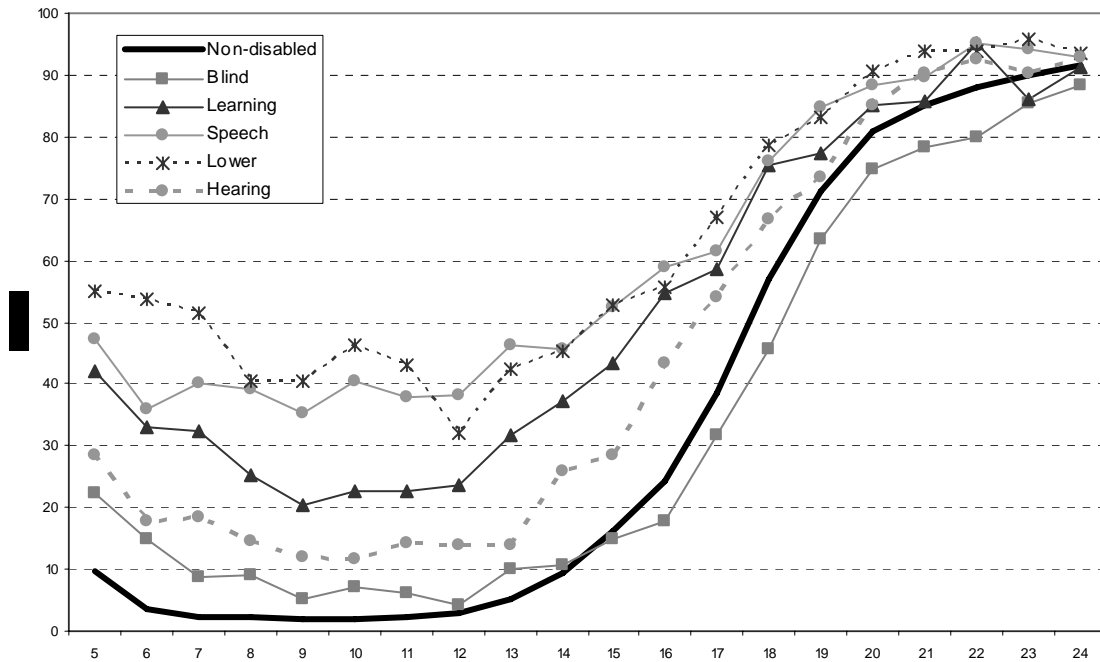


Figure 6
Number of 15-24 year olds not at school by type of disability



It could be that disabled persons spend longer in education but ultimately get on average the same degree. However, at all ages the participation of disabled persons is lower. The problem with analysing data on highest grade obtained is that it can only be measured after at least age 25 and it is not clear when the disability occurred. A comparison can be made of the highest level of education achieved in age group 25-34 for persons that were disabled at the time of the Census with those that were not. The former group is much more likely to have less than primary education (more than 15 times as much) and overall has obtained less education. Disabled persons that were between 25 and 34 at the time of the Census 2000 round were about 40% less likely to have reached secondary or university education than non-disabled persons¹².

B. DISABILITY AND EMPLOYMENT

For the eight countries included in this study, persons with disabilities represented 4.2% of the total working-age population, however, employment rates¹³ among them were significantly lower. A comparison of the overall employment rate revealed that only 34% of working-age persons with disabilities were employed compared to 59% of those persons without disabilities. Table 8 summarizes the differences in employment rates between persons with disabilities and those without. Notably, there were variations in the employment levels among countries, notwithstanding that, the general trends in employment indicated that people with reported disability/disabilities generally experienced considerably lower rates of employment than those without

¹² Results would not change significantly if disability type 'learning/intellectual' and 'Behavioural/mental' would be excluded.

¹³ Employment rate is calculated as the ratio of the number of employed persons to the total population of working age. In all cases the working age population was restricted to persons aged 15-64. The nationally accepted minimum working age was set at 15 years for all countries, except Belize, for which the minimum age was 14 years. To facilitate comparison across the eight countries, a standard minimum age of 15 was applied in the analysis.

disabilities. In the case of Antigua and Barbuda and Belize, the disparities in employment rates between disabled and non-disabled persons were not as stark when compared to the other six countries.

Table 8

Employment Rates among disabled and non-disabled persons of working age by sex

<i>Country</i>	<i>Persons with disabilities</i>			<i>Non-disabled persons</i>		
	<i>Employment Rate (%)</i>		<i>Male: Female Ratio</i>	<i>Employment Rate (%)</i>		<i>Male: Female Ratio</i>
	<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>	
Antigua and Barbuda	63.6	64.5	0.99	77.1	67.1	1.15
Barbados	36.3	30.4	1.19	80.7	67.4	1.20
Belize	62.8	28.0	2.24	76.0	33.0	2.31
Grenada	38.9	24.0	1.62	68.3	47.8	1.43
Netherland Antilles	41.6	32.7	1.27	67.7	54.0	1.25
Saint Lucia	40.9	32.9	1.25	68.4	51.5	1.33
Saint Vincent & Grenadines	33.0	23.7	1.39	62.8	41.6	1.51
Trinidad and Tobago	34.7	21.1	1.64	72.3	41.6	1.74
Total	40.8	27.2	1.50	72.5	46.7	1.55

Differences in employment rates among disabled and non-disabled persons by gender revealed that the effects of having a disability on employment were more pronounced for women than men. On average, disabled men were almost twice as likely to be employed compared to women. Similar employment patterns across the sexes were observed for persons with no disability. Thus, irrespective of the disability status, women remained disadvantaged in the labour market relative to their male counterparts. The male to female ratios in table 8 provides an indication of within group comparison by gender. In Belize, within-group comparisons revealed greater dominance of disabled males in employment over their female counterparts. On the other hand, in Antigua and Barbuda there seemed to be equality of opportunity in employment across gender.

The comparatively low employment rates among persons with disabilities in eight countries are striking considering the reforms and global initiatives over the past few years aimed at ensuring that persons with disabilities are afforded the full range of opportunities to participate in all aspects of social and economic life. Several factors can account for the low representation of persons with disabilities in employment and those can range from attitudinal barriers to the lack of policies at a national level that promote inclusion and enable persons with disabilities to exercise their right to work. Box 3 provides an overview of the article 27 in the CRPD which deals with work and employment.

Box 3: United Nations Convention on Persons with Disabilities- Work and Employment

Recently, global efforts towards the promotion of full participation of persons with disabilities in mainstream society have gathered much momentum. This is reflected in the number of international initiatives that have been introduced by the United Nations and other organizations aimed at protecting the human rights of persons with disabilities and ensuring their inclusion in both social and economic life on an equal basis with non-disabled persons. The adoption of the Convention of the Rights of Persons with Disabilities (CRPD) in December 2006 marked one significant milestone in that process. The Convention focuses on the human rights of people with disabilities and identifies areas, such as accessibility, equality of opportunity, non-discrimination, full and effective participation and inclusion in society.

Article 27 of the CRPD on *Work and Employment* calls for the recognition of the rights of persons with disabilities to work, prohibits discrimination on the basis of disability in all forms of employment and promotes access to employment opportunities in the public and private sectors as well as self-employment and entrepreneurship. It also calls on states to promote accessibility of workplaces through the provision of “reasonable accommodation” in the workplaces.

Ratification and endorsement of the CRPD are two important initial steps to establishing awareness and compliance at the national level. The table below presents the status of the eight countries in this study with respect to the signature and ratification of the CRPD and Optional Protocol.

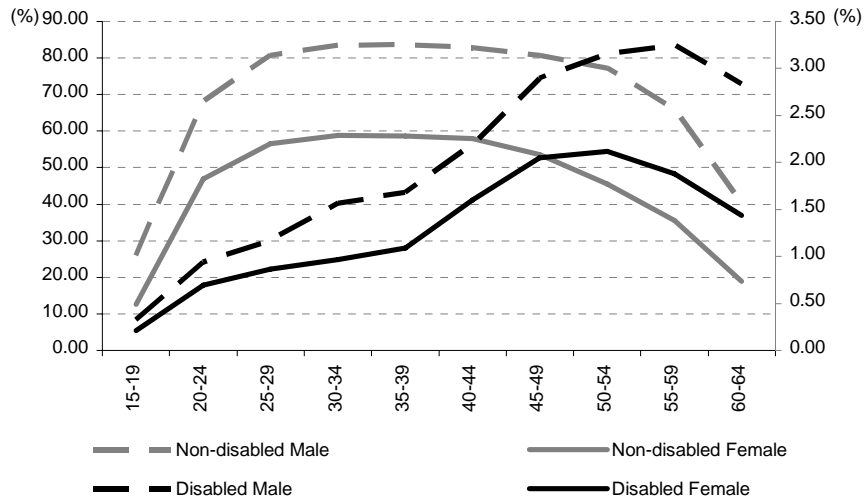
<i>Country</i>	<i>Convention Signature date</i>	<i>Optional Protocol Signature date</i>	<i>Convention Ratification date</i>	<i>Protocol Ratification date</i>
Antigua and Barbuda	30-03-2007	30-03-2007	-	-
Barbados	19-07-2007	-	-	-
Belize	-	-	-	-
Grenada	12-07-2010	-	-	-
Netherland Antilles	-	-	-	-
Saint Lucia	-	-	-	-
Saint Vincent & Grenadines	-	-	-	-
Trinidad and Tobago	27-09-2007	-	-	-

Source: Extracted from United Nations Enable (2010) [online], <http://www.un.org/disabilities>

Figure 7 shows the employment rates by disability status and sex in 5-year age groups. In the graph, employment rates for persons with disabilities were plotted against the secondary axis; the primary axis was used for the non-disabled. There were clear patterns in the employment rates among disabled and non-disabled persons across the sexes both in terms of their entry into and exit from the labour force. In contrast to persons without disabilities, the likelihood of employment of persons with disabilities increased with age up until age 54 for both males and females. Disabled males, however, worked for more years than disabled females. Dips in employment rates among disabled men occurred after age 59 but occurred five years earlier for disabled women.

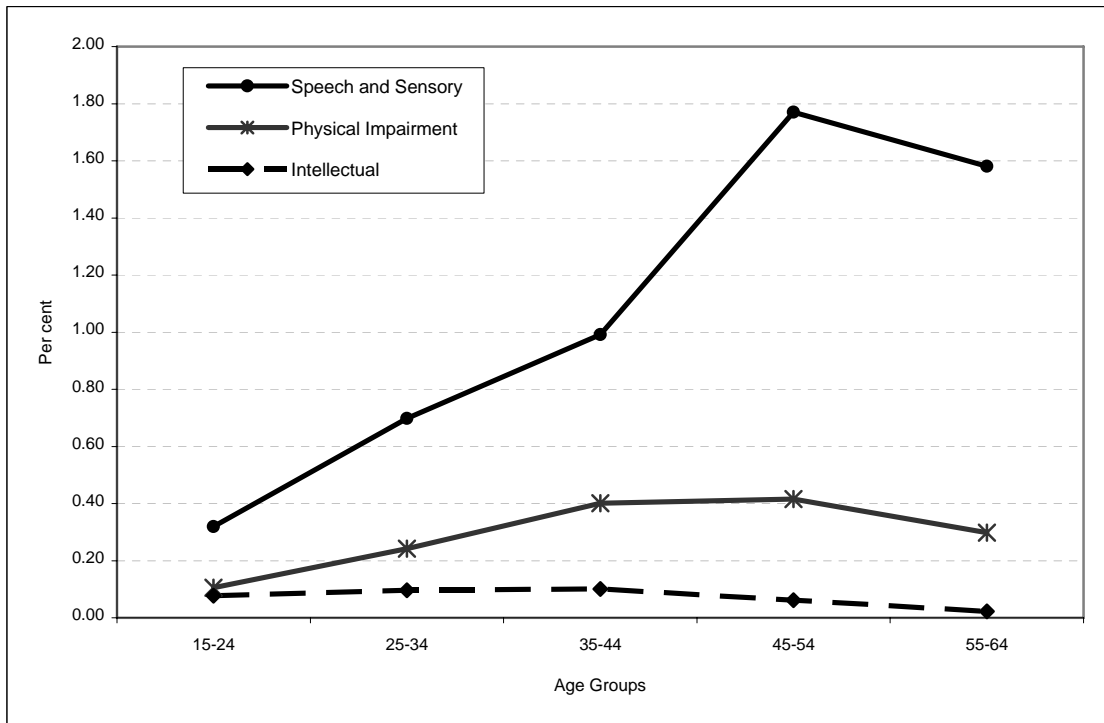
The situation was different among the non-disabled with the most economically active persons being aged 25-44. There were slight disparities across gender with respect to the ages at which non-disabled persons exited the labour force. Non-disabled females tended exit the labour force from as early as 45 years, 10 years earlier than disabled females. Similar patterns were observed for males.

Figure 7
Employment rates of persons 15-64 by disability status, gender and age group



For the disabled, the nature of disability also affected the likelihood of employment. Higher employment rates were recorded for persons with sensory (hearing or vision) or speech disabilities compared to persons with physical or mental/intellectual disabilities. Notably, persons with mental/ intellectual disabilities appeared to fare the worst with only a small minority of them gaining employment. The effect of the type of disability was also greater for women than men. Figure 8 shows the rates of employment for persons with disability by age and nature of the disability.

Figure 8
Percentage of employed persons aged 15-64 by nature of disability in 10-year age groups



The data also showed disparities in employment of disabled and non-disabled persons by sector. Table 9 shows the overall distribution of disabled and non-disabled persons by sector and gender as a proportion of total employed across the six countries. Data for Saint Lucia and the Netherlands Antilles are not included in that table. The data indicates sectoral variations in the employment patterns among persons with disabilities and those without. Disabled persons were more likely to be self-employed without paid help or employed in the private sector. The data also showed that a relatively low percentage of persons with disabilities were employed in the public sector.

Table 9
Employment rates by sector, gender and disability status

	<i>Disabled Persons</i>			<i>Non-disabled</i>		
	<i>Male</i>	<i>Female</i>	<i>Male: Female Ratio</i>	<i>Male</i>	<i>Female</i>	<i>Male: Female Ratio</i>
Paid employee - Government	15.9	22.3	0.7	15.6	20.7	0.8
Paid employee - Private	45.4	47.8	1.0	52.6	56.2	0.9
Paid employee - Statutory Body	1.8	2.2	0.8	1.9	1.9	1.0
Worked for Private Household	0.3	0.7	0.4	0.2	1.2	0.2
State owned ¹⁴	4.7	2.6	1.8	5.8	3.2	1.8
Unpaid family worker	2.1	1.4	1.5	0.8	0.8	1.0
Own business with paid help	5.5	3.1	1.8	4.3	2.5	1.7
own business without paid help	21.2	15.5	1.4	15.7	10.2	1.5
Apprentice	0.2	0.1	1.6	0.4	0.1	2.9
Don't know/not stated	2.9	4.3	0.7	2.7	3.2	0.9

In terms of the distribution by gender of persons with disabilities across the employment sectors, the majority of women were employed within the public sector (government) or in the private sector. In contrast, the majority of men were either self-employed or employed in the private sector. The male to female ratios provide evidence of the relative proportions of males and females per sector. Similar trends were noted for persons without disabilities.

Trends in occupations indicated that considerably more disabled persons had jobs that were required at the first and second skill levels, i.e. primary education and stages 1 and 2 of secondary education, respectively. Approximately one quarter of disabled persons had jobs in elementary occupations. Only a small minority occupied managerial or professional posts. For disabled persons, there were also gender disparities across occupations. Disabled women were heavily concentrated in low-skilled elementary occupations, routine clerical work and service sector jobs. Table 8 presents a comparison of the employment rates among disabled and non-disabled workers by occupation along with the male to female ratios for each group. Disabled males were almost four or five times as likely to have jobs in the agriculture and craft-related occupations. There was, however, a more even distribution of disabled males and females in the elementary occupations.

¹⁴ Category used for only Trinidad and Tobago.

Table 10
Comparison of employment rates of disabled and non-disabled in the major occupational groups by gender

	<i>Disabled Workers</i>			<i>Non-disabled Workers</i>		
	<i>Male</i>	<i>Female</i>	<i>Male: Female Ratio</i>	<i>Male</i>	<i>Female</i>	<i>Male: Female Ratio</i>
Armed Forces	0.3	0.1	3.0	0.2	0.1	4.3
Legislators, Senior Officials and Managers	7.0	7.9	0.9	6.6	7.3	0.9
Professionals	4.5	7.3	0.6	4.8	7.7	0.6
Technical and Associate Professionals	7.2	11.6	0.6	7.8	12.4	0.6
Clerks	4.0	16.9	0.2	5.1	21.5	0.2
Service Workers and Shop & Market Sales Workers	8.1	17.5	0.5	11.6	20.1	0.6
Skilled Agricultural and Fishery Workers	10.3	2.2	4.8	6.3	1.4	4.3
Craft and Related Workers	20.9	5.3	4.0	23.0	5.2	4.4
Plant and Machine Operators and assemblers	9.6	2.2	4.3	10.2	2.5	4.0
Elementary Occupations	25.4	25.9	1.0	21.6	18.9	1.1
Not Stated	2.7	3.2	0.9	2.6	2.8	0.9

An analysis of the differences in income levels would have been of interest. However, due to differences in the income ranges and currencies used across the countries, such an analysis proved a bit challenging.

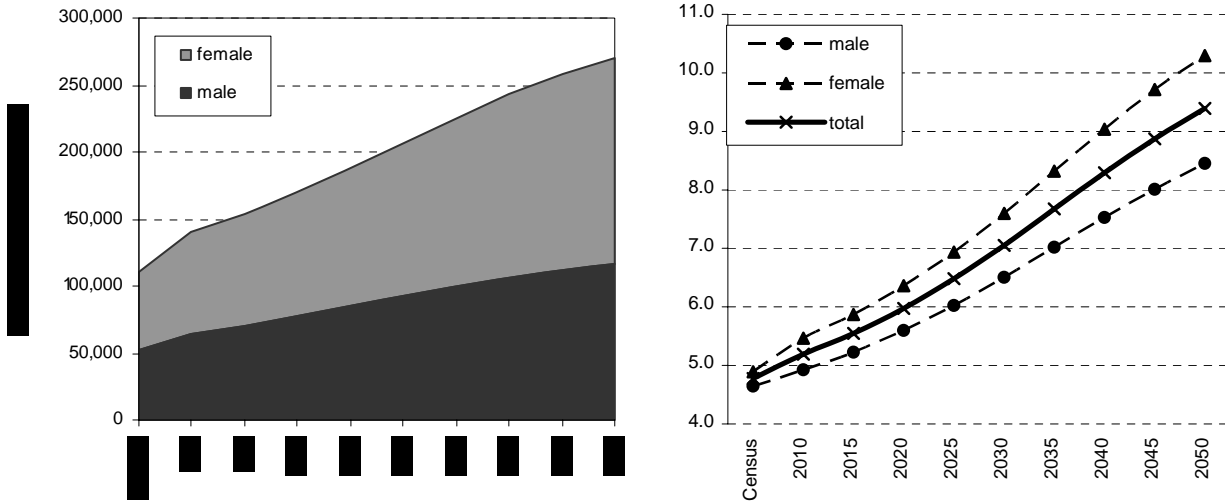
C. AGEING AND DISABILITY

As shown in a previous study, disability increases strongly with age. With the ageing of the population there will be a shift in the population towards higher risk groups. If the risks of becoming disabled do not change for the age group, the changes in the number of persons disabled in the future can be projected. Of course, changes in preventive measures and new medical interventions can lower these risks or changing lifestyles or environmental and other changes can increase risks. Additionally, population projections have uncertainty, too. The outcome should, therefore, be interpreted as a scenario of the number of disabled persons if there are no changes in the risks by age that was found in the population at the time of the Census and under the condition of the assumptions of the population projections.

For the nine¹⁵ countries, the effects are quite dramatic. From about 110,000 disabled persons, the number will double between 2030 and 2035 and increase to nearly 270,000 in 2050. This translates into an increase from an average of 4.8% at the 2000 Census round, to 9.4% in 2050. Because of higher life expectancies, the number and share of disabled females will be larger than that of males.

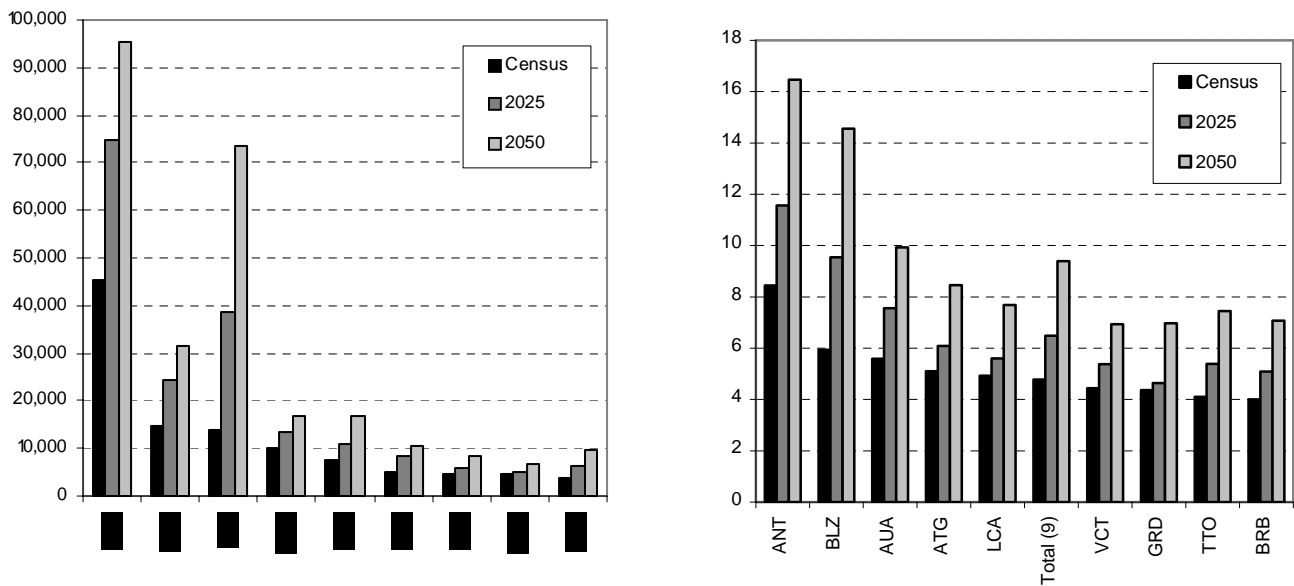
¹⁵This section included data from the eight countries listed previously and Aruba

Figure 9
Total number of disabled in the nine countries and the share of disabled persons in those countries



Developments differ by country. Effects are estimated to be moderate for Grenada where the number of disabled persons will increase by 10% in 2025 and by 50% in 2050. Most affected will be Belize. With no change in the disability risks as measured in Census 2000, the number of disabled will nearly triple by 2025 and be more than five times the 2000 number by 2050. This is a combined effect of population growth and ageing of the population. The percentages of disabled persons in Belize will grow to 9.5% in 2025 and 14.6% in 2050. Trinidad and Tobago might have between 90,000 and 100,000 persons living with disability by 2050, while in the Netherlands Antilles the share in the total population might grow to over 16%.

Figure 10
Total number of disabled persons by country and the share of disabled persons in those countries (census round 2000, 2025 and 2050)



IV. CONCLUSION

Data from the subregion indicate that while some countries have incorporated the collection and compilation of disability data as part of their statistical activities, the statistics generated are not comparable. The issues of non-comparability stem from differences in the concepts and methods used to identify persons with disabilities. Notwithstanding the strides that have been made through the development and advancement of international recommendations and frameworks for collecting and disseminating data on disability, many countries still have not revised their data collection practices to be in line with those agreed standards. A majority of the countries used the decennial census as the vehicle for measuring the prevalence of disability. Those censuses have in the past included questions that enabled the mapping of the number of persons with the different types of impairments. While this information was valuable, it was often limited and varied by country. In some instances, outdated screening questions were used and, therefore, provided little insight on the profiles of persons with disabilities. This, therefore, further reinforces the strong need for countries to apply the standardized guidelines and principles for disability measurement in their surveys and censuses. Already some NSOs have indicated their intentions to use the Washington Group questions for the 2010 year census and, as such, there should be an improvement in the comparability and use of disability statistics produced in the subregion.

Notwithstanding the value of a census as a vehicle for obtaining information on persons with disabilities, due recognition must also be given to its limitations. Firstly, as censuses are conducted, in the best case, every 10 years, data becomes outdated over time thereby losing its accuracy and reliability. Additionally, the potential use of data derived from the inclusion of a few questions on persons with disabilities is restricted by the inherent characteristic of a census questionnaire to only allow the inclusion of a limited number of questions. As such, censuses are best suited for providing baseline data on prevalence only. More detailed information on characteristics, specific needs or other issues faced by persons with disabilities are best captured through dedicated sample surveys that are administered using well trained enumerators.

This study used data from population censuses for eight countries to assess the impact of disability on employment and education probabilities. Persons with disabilities were likely to be enrolled in education and tended to have lower levels of educational attainment than those without disabilities. With respect to employment, only a minority of persons with disabilities were employed. There are also gender disparities in the proportions of disabled persons in employment and education. These results gave evidence to the fact that despite the global and regional efforts at promoting equal rights and opportunities for persons with disabilities, some countries in the subregion still have not made any major advances in that direction. The difficulty with the analysis was with determining the extent to which the disability itself limited participation in employment and education, as opposed to other external factors such as current legislation and policies.

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Annex I

LIST OF 3-DIGIT ISO CODES

3-digit ISO code	Country
ABW	Aruba
ANT	Netherland Antilles
ATG	Antigua and Barbuda
BLZ	Belize
BHS	Bahamas
BMU	Bermuda
BRB	Barbados
CYM	Cayman Islands
DOM	Dominica
GRD	Grenada
GUY	Guyana
JAM	Jamaica
LCA	Saint Lucia
MSR	Montserrat
TTO	Trinidad and Tobago
VBG	British Virgin Islands
VCT	Saint Vincent and the Grenadines

Annex II

SURVEY QUESTIONNAIRE

COUNTRY :	Antigua and Barbuda	
DATE:		
SUBMITTED BY:		
<i>List contact source for information:</i>		
Name	Contact Information (Name of Ministry/ Office)	Contact Information (Telephone, Facsimile/ E-mail)
		Tel: Fax: Email:
		Tel: Fax: Email:
		Tel: Fax: Email:
		Tel: Fax: Email:
		Tel: Fax: Email:

INTRODUCTION

This is a short questionnaire on the availability of data on persons living with disability. For your convenience we have prepared a word form in which the data can be entered directly so you can fill and return the file electronically. Please answer the questions to the best of your ability.

The questionnaire has two sections. The first part covers basic questions on definitions and availability of data. In the second section we have requested vital information on the number of persons living with disabilities according to the questions proposed by the Washington group and according to the traditional (Census) type of questions. Please provide the most recent data available and list the source. If data is available in Excel format you can also attach the Excel file.

We would also very much welcome any publication that uses these data to be forwarded to us. If survey data is available and no national estimates have been produced, please, provide the numbers as found in the survey and provide the total sample population where we requested information on total population.

If your office does not collect or disseminate the information requested, please indicate the name and contact information for the organization or department charged with that responsibility.

Should you have any further questions, please do not hesitate to contact us.

STATISTICAL INFORMATION

Please answer the following questions to the best of your ability. If you do not know the answer to any of the questions, please indicate the name and contact information of a person/organization/institution that you believe would be able to provide an accurate response.

If data is not available, please indicate this by writing NA. Please remember to specify the dates of any data you provide.

I. Data Collection and Meta data

1. What is the current definition of disability used in your country for the purposes of data collection?

2. What does your government use as a source for collecting disability statistics?
Registers *Please specify*
Population censuses *Please specify*
Sample surveys *Please specify*
Others (*please specify*)

3. What government agency or ministry is the principal collector of data related to disability?
(please indicate name and contact information)

4. Are the following main categories of data available in your country by sex and the year (s) for which the data is available? (*check all that apply*)
Total population of disabled persons desegregated by:

<input type="checkbox"/> Categories of disability	Year(s) for which data is available
<input type="checkbox"/> Age	Year(s) for which data is available
<input type="checkbox"/> Rural/ urban residence	Year(s) for which data is available
<input type="checkbox"/> Level of education	Year(s) for which data is available
<input type="checkbox"/> Employment status	Year(s) for which data is available
<input type="checkbox"/> Types of employment	Year(s) for which data is available
<input type="checkbox"/> Income categories	Year(s) for which data is available
<input type="checkbox"/> Origin/ cause of disability	Year(s) for which data is available
<input type="checkbox"/> Age at which you became disabled	Year(s) for which data is available

5. Has the short set of questions developed by the Washington Group on Disability Statistics been used?
- Yes in year(s): No Plan to use them in year: 2010
6. Has your government endorsed the International Classification of Functioning, Disability and Health (ICF) from the World Health Organization?
- Yes No
- (a) Has it been applied yet?
- Yes No For some applications
7. Does your government use the Guidelines and Principles for the Development of Disability Statistics issued by the United Nations in 2001?
- Yes No For some applications

II. General Demographic Questions

Please remember to specify the dates of any data you provide. If the data is available in Excel format you can also attach the excel file.

A. Washington Group Questions

- Please complete the table below on the distribution of the population and of the number of persons with disability in your country? Please use the most recent data available.

Year (for which data is available): 1999

Source:

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Persons with disabilities</i>	Male						
	Female						
	Total						
<i>Total population</i>	Male						
	Female						
	Total						

- Please state the estimated number of persons experiencing difficulties with:

a) Seeing, even if wearing glasses:

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Some difficulty</i>	Male						
	Female						
<i>A lot of difficulty</i>	Male						
	Female						
<i>Cannot do it at all</i>	Male						
	Female						

b) Hearing, even if using a hearing aid:

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Some difficulty</i>	Male						
	Female						
<i>A lot of difficulty</i>	Male						
	Female						
<i>Cannot do it at all</i>	Male						
	Female						

c) Walking or climbing steps:

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Some difficulty</i>	Male						
	Female						
<i>A lot of difficulty</i>	Male						
	Female						
<i>Cannot do it at all</i>	Male						
	Female						

d) Remembering or concentrating:

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Some difficulty</i>	Male						
	Female						
<i>A lot of difficulty</i>	Male						
	Female						
<i>Cannot do it at all</i>	Male						
	Female						

e) Self-care such as dressing, bathing or getting around inside the home:

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Some difficulty</i>	Male						
	Female						
<i>A lot of difficulty</i>	Male						
	Female						
<i>Cannot do it at all</i>	Male						
	Female						

f) Communicating, (for example understanding or being understood by others):

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Some difficulty</i>	Male						
	Female						
<i>A lot of difficulty</i>	Male						
	Female						
<i>Cannot do it at all</i>	Male						
	Female						

B. Traditional Census Questions

3. Please complete the table below on the distribution of the population and of the number of persons with or without disability in your country? Please use the most recent data available.

Year (for which data is available): 1999

Source:

<i>Group</i>		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Persons with disabilities</i>	Male						
	Female						
<i>Persons without disabilities</i>	Male						
	Female						
<i>Missing</i>	Male						
	Female						

4. Please state the estimated number of persons by type of disability (all categories might not be applicable):

		0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Sight</i>	Male						
	Female						
<i>Hearing</i>	Male						
	Female						
<i>Speech</i>	Male						
	Female						
<i>Upper Limb / Gripping</i>	Male						
	Female						
<i>Lower Limb / Mobility</i>	Male						
	Female						
<i>Learning / Intellectual</i>	Male						
	Female						
<i>Behavioural / Mental</i>	Male						
	Female						
<i>Neck/ Spine</i>	Male						
	Female						
<i>Body Movements</i>	Male						
	Female						
<i>Missing</i>	Male						
	Female						

5. Please complete the tables below on the distribution of the population and of the number of persons with disability by cause of disability in your country? Please use the most recent data available.

<i>Group</i>	0 – 4 years	5 - 19 years	20 – 39 years	40 – 59 years	60+ years	TOTAL
<i>Hereditary/genetic conditions or congenital disorder:</i>						
Male						
Female						
<i>An accident, injury or fall</i>						
Male						
Female						
<i>Disease or illness:</i>						
Male						
Female						
<i>Other:</i>						
Male						
Female						

THANK YOU FOR YOUR ASSISTANCE!!!