



Household
INCOME AND
EXPENDITURE
Survey 2019



DEFINING DISABILITY MEASUREMENT IN MALDIVES

HOUSEHOLD INCOME & EXPENDITURE SURVEY 2019

Using Washington Group Short Set on Functioning (WG-SS)



National Bureau of Statistics,
Ministry of National Planning, Housing & Infrastructure

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INTRODUCTION

Disability as an umbrella term refers to problems, such as impairments, activity limitations or participation restrictions that indicate the negative aspects of functioning (World Health Organization. International Classification of Functioning, Disability and Health: ICF. Geneva: World Health Organization, 2001). Maldives just like other countries has an increasing number of disabled persons registering for government benefit though the extent of disability has not been identified at a national level.

The Disability Act (Law Number 8/2010) is governed under the social protection programs. Maldives is also party to and has ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) since 2010. Further reinforcing the constitutional rights and compliance to CRPD, 08/2010 Disability Act was formulated, whose overall objective is to safeguard the rights of person with disabilities. The National Disability Policy was launched in 2013 to implement the 'Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act' (8/2010, Disability Act) (Maldives ICPD 25+).

The National Social Protection Act (NSPA) also provides allowance for Persons with Disabilities (PWDs) under the Disability Act (8/2010). The objective of the program is to provide financial assistance to Persons with Disabilities to enable them to have equal opportunities in the society as others. A monthly allowance of MVR 2000 is provided under the program. Assistive devices such as wheelchairs, hearing aids and prosthetic limbs are also provided to PWDs under the Act (Maldives ICPD 25+). In 2012, the National Disability Award was introduced by the Ministry of Gender, Family and Social Services to improve the acknowledge the contribution of PWDs and people working for their rights.

Through all these efforts the government currently has a register of PWDs receiving government benefits. In 2019, close to 8,476 people received disability allowance from the government (SYB, 2020). The Ministry of Gender, Family and Social Services (MoGFSS) is working to have a comprehensive register of persons with disability for the country (regardless of the benefit they receive).

The Strategic Action Plan (SAP) of the government aims to improve the resilience and productive capacity of the vulnerable persons including PWDs for inclusive growth. To assess the progress of the intervention, data on PWDs is very crucial.

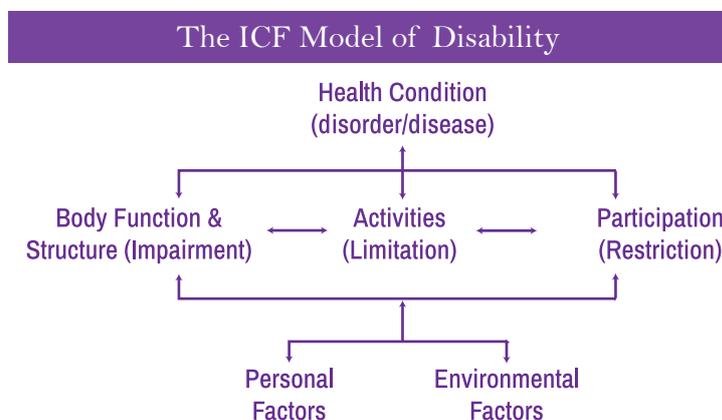
Thus, there is a growing need to rapidly gather and analyze data on persons with disability. These data are essential for program and policy development at the national level so that interventions and the allocation of medical, public health, social and economic resources are inclusive of persons with disability.

In the past, various studies on persons with disability have been conducted, but none of these has been representative at the national level. The DHS 2016/17 measured disability and the results showed that the prevalence of disability is low in Maldives (only 4% of the population reported to have any disability). This however, uses a different set of disability questions which is not comparable at an international level.

Household Income and Expenditure Survey (HIES) 2019 presents the first ever prevalence of disability in the country using the Washington Group short set of disability questions. We aim to look at the different characteristics of persons with disability and identify barriers and inequalities that they face. The results also provide data to monitor the progress of various Sustainable Development Goals (SDG) with regard to persons with disability.

DEFINING DISABILITY

No single definition of disability exists. Definitions vary depending on the purpose of measurement. Moreover, the nature and severity of disabilities can vary greatly depending on cultural context. Yet, data on the size and characteristics of the population with disability, which also allow for cross-cultural comparisons, require standardization in both the conceptualization and the measurement of the disability.



The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization provides the necessary and consistent definition of disability. According to the ICF model, disability arises from the interaction between an individual and that individual's context (personal and environmental) circumstances (WHO 2001). Thus, the degree to which participation in life activities is restricted depends on the interaction between the individual's functioning (ability to perform basic functional activities) and the environment (Washington Group on Disability Statistics).

This paper provides estimates of disability prevalence in the Maldives. Disability is defined using the Washington Group (WG) Short Set on Functioning (WG-SS) questions and following the methodology proposed by WG for analyzing disability¹. The questions use the ICF as a conceptual framework. The WG-SS gathers information about difficulties in basic activity functioning among the population. It was not the purpose of WG questions to identify every person with a disability within a community nor to replicate the population in administrative registers. It provides a tool for disaggregation in order to compare levels of participation in employment, education, etc for those with disability versus those without disability to see if persons with disability have achieved social inclusion (WG, 2016). The information gathered using WG questions can be supplemented by administrative data or by focused research/survey.

The WG-SS measures disability using the following 6 questions:

Because of a Health problem:

- 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 stairs?
- 4) Do you have difficulty remembering or concentrating?
- 5) Do you have difficulty with (self-care such as) washing all over or dressing?
- 6) Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)?

The response categories for each of these questions are: 'No difficulty; Yes- Some difficulty; Yes- a lot of difficulty; cannot do at all'.

¹ Refer to WG website (<https://www.washingtongroup-disability.com>) and the WG Primer (https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/15_11_Primer.pdf)

For the purpose of reporting and generating internationally comparable data, the WG recommended cut-off has been used to define the population of persons with disabilities as:

‘The sub-population identified as with disability includes those with at least one domain that is coded as a lot of difficulty or cannot do it at all.’

The cut-off used for identifying those ‘with disability’ is:



Disability by severity indicators:

For measuring disability severity, the Washington Group proposed ‘SS-Severity Category (SS-SC)’ has been used. This is a categorical measure of ‘severity’ based on cut points selected along the continuum of functioning.

This methodology assigns scores to the response options given for the six WG-SS and then adds the scores over individual domains to create an individual’s severity score (where the individual is on the severity score). This method assigns value to six WG-SS domains as:

- A response of no difficulty is coded 0.
- A response of some difficulty is coded 1.
- A response of a lot of difficulty is coded 6.
- A response of cannot do at all is coded 36.

Cut-points for a categorical severity indicator based on this continuum [SS-Severity Category (SS-SC)] were chosen along the distribution to create categories that would be as homogenous as possible regarding the risk associated with functional limitation.

Based on the scores generated for each individual, the following scale has been used to define severity in this measure:

- Individuals with no difficulty over all 6 domains were labelled as None². SS-SC = 0
- Individuals with 1 – 4 domains coded some difficulty only [no domains coded a lot or cannot do at all] were labelled as Milder. SS-SC = 1 to 4.
- Individuals with 5 or 6 domains coded some difficulty or up to 3 domains coded a lot of difficulty [no domains coded cannot do at all] were labelled as Moderate. SS-SC = 5 to 23
- Individuals with 4 or more domains coded a lot of difficulty or any domain coded cannot do at all were labelled as more Severe. SS-SC 24 to 216.

(For the definition of disability by severity -reference has been given to 'WG-20 Analysis Working: Document #1, creating disability severity indicators using WG-SS')

This paper presents results for the National, Male' and Atolls. Similarly, the results are presented by sex and age group. **The key population is 5 years and above Maldivians.** A special focus will be given to present the much-anticipated results for SDG indicators by disability status. This paper in specific has the following sections:

- 1- Demographic Characteristics by disability
- 2- Education by disability
- 3- Employment by disability
- 4- Housing condition by disability
- 5- Health and disability

² Severity labels are assigned based on degree of difficulty indicated in the response option selected. Other labels could be used (like low, intermediate and high) to describe different definitions of functional level.



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