United Nations
Educational, Scientific and
Cultural Organization

EFA GMR EDUCATION FOR ALL GLOBAL MONITORING REPORT

2012/ED/EFA/MRT/PI/23

Background paper prepared for the
Education for All Global Monitoring Report 2012

Youth and skills: Putting education to work

Education, employment and barriers for young people with disabilities in southern Africa

Arne H. Eide

2012

EDUCATION, EMPLOYMENT AND BARRIERS FOR YOUNG PEOPLE WITH DISABILITIES IN SOUTHERN AFRICA

By Arne H. Eide

Individuals with disabilities in low-income countries face severe challenges with regards to participating in society on equal terms as non-disabled. Bearing in mind the demographic situation, it will be paramount for political stability and economic prosperity that youth are educated and employed. In poor countries, lacking the "security net" of developed welfare states, youth with disabilities face particular barriers in this regard. In spite of intensive international and national efforts to reach the Millennium Development Goals[i] (MDGs) and the signing and ratification of the UN Convention on the Rights of People with Disabilities (CRDP)[ii], there is marginal evidence on the particular situation of young people with disabilities and the barriers they face to be included in mainstream society. This chapter draws on recent and unique research on living conditions among people with disabilities in southern Africa, aiming at generating new knowledge about the situation and which barriers that will need to be overcome to achieve participation in society also for the disabled in the young generation of people in low-income countries.

Background

All six southern Africa countries included in this chapter, i.e. Namibia, Zimbabwe, Malawi, Zambia, Lesotho and Swaziland, have signed CRDP, and five of the countries have ratified[iii]. Specific disability policies are in place in some of the countries[iv, v], and development and adoption of National Disability Policies have been underway for several years in for instance Swaziland and Lesotho. the Zambian Government stated in 2011 that they would review a disability policy in the process of implementing the CRPD[vi], and they followed up with passing the Person with Disabilities Bill[vii] in June 2012. In Zimbabwe, a Task Force on National Disability Policy was set up in 2007[viii]

Table 1. Status with regards to the UN Convention[ix] and Disability policy in six countries in southern Africa

	Convention		Protocol		
Country	Signed	Ratified	Signed	Ratified	Disability policy adopted
Namibia	2007	2007	2007	2007	1997
Zimbabwe	-----	-----	-----	-----	1992 (Disability act)
Malawi	2007	2009			2006
Zambia	2008	2010	2008		(under review, Disability Bill passed 2012)
Lesotho		2008			(draft developed)
Swaziland	2007		2007		(in process)

In a recent Disability Policy Audit undertaken in Namibia, Malawi, Swaziland and Mozambique[x], the authors found that all four countries had developed national disability strategies, and that there is explicit reference to disabled people and the need for upholding and enforcing inherent human rights within the written Constitutions as well as in sector legislation in all countries. Together with the MDGs, this provides a strong drive for inclusion of disabled in all sectors of society, including education and employment, as well as controlling and influencing on their own situation. Ratification of CRPD implies a strengthening of the legal basis for disabled and represents a further push towards ensuring the rights of disabled people. It is however the case that inclusion of disabled and a disability perspective in political processes leading to practical measures is problematic even in countries where awareness of disability issues is relatively high, as argued in the Policy Audit[vi], in a recent multi-country study on Poverty Reduction Strategies[xi].

Access to primary education is explicitly formulated among the 8 MDGs. Education as well as employment are key factors in reducing poverty and to build a sustainable future for youth in developing countries in particular. Access to education for disabled children and youth is regarded as a key strategy for inclusion in society and a key to employment, income and self-sustainability. In southern Africa, disabled youth find themselves in a context where there are serious general problems with access to education, quality of the education system, as well as meager opportunities in the labor market[xii]. Clearly, this situation creates a particularly demanding situation for youth with disability and for all efforts towards equity in opportunities.

A major problem in securing access to education and employment for youth with disabilities has been the absence of good data that could be utilized for assessments of the situation, for monitoring and for guiding priority setting and policies. Statistics on disability in developing countries has for a long time been defined as problematic, and provision of good statistics is given high priority in for instance CRDP and in the recently launched World Disability Report[xiii] . This chapter presents statistics on barriers for and access to education and employment among youth with and without disabilities in the age range 15 – 29 years, drawn from recent national surveys in southern Africa.

Methods and measures

National, representative studies on living conditions among people with disabilities have been carried out in seven countries in southern Africa over the last decade[xiv,xv,xvi,xvii,xviii,xix,xx]. This has been achieved through collaboration between SINTEF, Southern Africa Federation of the Disabled (SAFOD), The Norwegian Federation of Organizations of Disabled People (FFO), Universities, Central Statistical Offices and relevant Government Ministries in the respective countries. The studies were all national, representative household surveys with two-stage sampling; activity based screening was carried out in a sample of small geographical units (enumeration areas) drawn from the national sampling frames. Households with a disabled member were later revisited for full data collection. One section in the research instrument was about disability, one on general indicators on level of living in the households, and one on activity limitations and restrictions in social participation. Individuals with disabilities responded to the disability related questions, otherwise the heads of the households were interviewed. If the individual with a disability was unable to answer for some reason, the head of the household responded as proxy. The questionnaire was based on previous surveys in the region and contextually adapted to each country through a comprehensive process

involving relevant stakeholders. A participatory approach was used, including individuals with disabilities in all stages of the research process, and controlled by the national affiliated organization to SAFOD in each country.

The different national studies are comparable, but due to the contextual adaptation as well as influence from conceptual development in the field of disability, as represented by the International Classification of Functioning, Disability and Health[xxi] and the work of the Washington Group on Disability Statistics[xxii], there are certain differences that affect comparability. This relates particularly to the screening of disability, but also the choice of topics and formulations of some questions. To the extent that these developments in the design affect comparability, this is referred to in the results section. A further methodological issue here is clearly that the studies have been carried out over a period of approximately 10 years, by different teams, in culturally and language wise different contexts, and to a large extent including individuals with disabilities with limited experience as interviewers. A thorough recruitment process and extensive training by the same team over the years (SINTEF) prior to data collection has most likely reduced this problem, but it is still likely that some of the differences between the countries are directly related to these concerns. Particularly pronounced comparative deviations may stem from such quality issues and from differences in understanding that may be due to particular translation issues, but also, in some cases, that limited sample sizes may produce unexpected differences when analyzing on group levels.

The different country data bases comprise i) household level combined with individual data, ii) data on individuals with disabilities, iii) for two countries, a control sample. The results presented below will be drawn from all three data bases in each country. Thus, variations in N will largely stem from this usage of different data bases. The household level data bases comprise a large number of individuals with and without disability, the individual data bases comprise the number of individuals with disabilities required (by the national statistical office) to obtain a sufficiently large national sample, and the control data base comprise a smaller number of non-disabled individual controls.

Demographics

The six studies were carried out between 2003 and 2011. All are based on the same design, with adaptation to different contexts and certain changes in the content due to the development in the field of disability statistics.

The sample sizes vary between the countries, to some extent due to large differences in population size, but also for more practical and economic reasons. Thus total sample of individuals and households with and without disabilities in the different countries were: Zimbabwe (2071 and 11460, 1943 and 1948), Namibia (2537 and 23314, 2286 and 1356), Malawi (1623 and 15364, 1521 and 1537), Zambia (3090 and 28189, 2885 and 2886), Lesotho (589 and 5894, 589 and 631), Swaziland (876 and 8734, 812 and 823.

Table 2. Total sample of individuals with disabilities by age categories (year of study)

	Males		Females		Urban		Rural		Total
	N	%	N	%	N	%	N	%	N
Namibia (2003[1])									
0 – 14 years	323	24.5	233	20.5	110	23.0	448	22.6	556
15-29 years	**311**	**23.6**	**271**	**23.8**	**111**	**23.2**	**471**	**23.7**	**582**
30 > years	686	52.0	635	55.8	258	53.9	1065	53.7	1321
Zimbabwe (2003)									
0 – 14 years	167	17.1	142	15.3	113	21.0	197	14.5	309
15-29 years	**192**	**19.7**	**158**	**17.1**	**100**	**18.6**	**250**	**18.4**	**350**
30 > years	615	63.1	626	67.6	326	60.5	914	67.2	1241
Malawi (2004)									
0 – 14 years	197	28.0	171	24.4	47	29.6	299	26.0	346
15- 29 years	**146**	**20.7**	**144**	**20.6**	**39**	**24.5**	**229**	**19.9**	**268**
30 > years	361	51.3	385	55.0	73	45.9	620	54.9	693
Zambia (2006)									
0 – 14 years	388	29.3	273	27.9	166	28.6	495	28.8	661
15- 29 years	**322**	**24.3**	**250**	**25.5**	**131**	**22.6**	**439**	**25.5**	**570**
30 > years	614	46.4	457	46.6	283	48.8	786	45.7	1061
Lesotho (2010)									
0 – 14 years	56	14.9	56	14.1	25	10.4	88	16.2	113
15- 29 years	**88**	**23.5**	**88**	**22.1**	**64**	**26.7**	**115**	**21.2**	**179**
30 > years	231	61.6	254	63.8	151	62.9	340	62.3	491
Swaziland (2011)									
0 – 14 years	124	24.6	100	27.8	57	26.9	127	25.7	224
15- 29 years	**138**	**27.3**	**111**	**30.8**	**60**	**28.3**	**186**	**28.6**	**246**
30 > years	243	48.1	149	41.4	95	44.8	297	45.7	392

Table 2 describes the sample of disabled in the six national studies by gender and location (urban/rural). It is the age range 15 – 29 years that is included in the analyses below. As these studies were not originally designed for youth and young adolescents, the sample sizes may be regarded as in the low range (from 179 to 582), in particular when analyzing on subgroups. Stringency of sample design, co-ordination, execution of data collection, analyzes on national level, and the use of scale construction, do on the other hand contribute to the quality and the robustness of the results. The quality of the sampling and data collection is indicated by the relatively small variation in proportion of subgroups by gender and location across age categories.

[1] Year of study here means the year the reports from the studies were published, and this is for all countries one year after the data collection took place.

Control samples

In two countries, Lesotho and Swaziland, matched control samples were included in the individual level data collection, thus yielding a unique possibility for comparison between disabled and non-disabled. All controls are from households without disabled members and they were selected and matched with respect to age (+/- 5 years) and gender with disabled individuals in the case households. As this was not constructed for a particular age range, the matched control samples are relatively small. To some extent comparison between disabled and non-disabled has also been possible by utilizing individual level data in the household data bases in each country. N in the different analyses will thus vary depending on which data base is used.

Table3. Control samples in Lesotho and Swaziland

	Aged 15 – 29 years							
	Disabled				Matched sample of non-disabled			
	N_M	%	N_F	%	N_M	%	N_F	%
Swaziland (2011)	138	55.4	111	44.6	35	68.6	16	31.4
Lesotho (2010)	24	55.8	19	44.2	64	48.1	69	51.9

Types of disability/impairment

Two different ways of screening for disability have been employed. In Namibia, Zimbabwe and Malawi, a set of activity based questions preceding the Washington Group questions were applied . In Swaziland and Lesotho, the Washington Group on Disability Statistics' screening questions were used, and the Zambia data set includes both methods. Categorizing disability in Namibia, Zimbabwe and Malawi was based on self-reported disability/ impairment (open ended question) followed by categorization by the researchers, while the six Washington Group items were used in Swaziland; Lesotho and Zambia.

Table 4. Self-reported type of impairment (% of N)

Country[1]	Visual		Hearing		Communication		Physical		Intellectual/ Emotional		Other[2]	
	M	F	M	F	M	F	M	F	M	F	M	F
Namibia (N = 540)	11.5	13.9	12.2	12.7	9.2	7.8	35.3	35.5	27.1	23.7	4.7	6.5
	M		F									
Zimbabwe (N = 350)	27.6[3]		25.9[3]				34.9	38.6	21.4	21.5	16.1[4]	13.9
Malawi (N = 290)	30.8		47.9				45.2	36.8	21.2	12.5	2.7	2.8
Zambia (N = 572)	38.2		49.5				44.3	36.6	17.6	13.8		

[1] Based on self-description and later categorization , [2] E.g. epilepsy, [3] Combining visual, hearing and communication, [4] Includes "medical"

Table 4b. Self-reported level of difficulties/disability on six WG screening questions

Country	Visual		Hearing		Walking or climbing stairs		Remembering or concentrating		Self-care		Communicating	
	M	F	M	F	M	F	M	F	M	F	M	F
Zambia (N = 572)	19.2	25.6	23.1	22.1	37.0	37.1	24.0	19.4	16.2	13.4	21.9	16.5
Swaziland (N = 249)	8.0	12.6	22.6	17.1	44.5	39.6	65.7	55.0	36.8	36.9	38.2	27.9
Lesotho (N = 192)	24.7	34.7	29.1	28.4	27.8	21.1	39.2	45.3	16.5	18.9	25.8	25.3

[2] Based on Washington City Group Disability core domains (at least "some problems" or higher)

The development in screening and defining disability has some implications for the interpretation of Tables 4a and b. The disability/impairment described by the respondent and categorized by the researchers (Table 2a) adds up to 100 % as this is the primary disability/impairment. In Table 4b, on the other hand, using the scorings on the WG items will also include secondary conditions and thus add up to more than 100 %.

In spite of some variation between the countries, a generalized picture is that the proportion of disabled youth (15 – 29 years) with sensory disability (visual, hearing) is around 15 %, physical/ mobility related disability (walking or climbing stairs) in the area of 30 – 40 %, movement (self-care)

15 – 20 %, and intellectual and emotional around 25 %[2]. No particular gender specific pattern was observed. Gender differences do not appear to be either systematic or sufficiently pronounced to be "real" (in a statistical sense) differences.

The distribution of different impairment types among disabled is crucial as it indicates the need for different types of assistive devices and adapted education. Previous studies have demonstrated that most technical devices in southern Africa are for physically disabled, and that other impairment types may have been neglected[xxiv].

Education

Table 5. Have you ever received formal primary education

	Zambia		Swaziland		Malawi		Namibia		Zimbabwe		Lesotho	
	N	%	N	%	N	%	N	%	N	%	N	%
Males												
Yes	171	66.0	72	52.6	110	75.9	218	70.1	158	82.3	76	78.4
No	87	33.6	65	47.4	35	24.1	93	29.9	34	17.7	21	21.6
Females												
Yes	127	65.8	62	57.9	100	69.4	181	67.3	133	84.2	83	87.4
No	66	34.2	45	42.1	44	30.6	88	32.7	25	15.8	12	12.6
χ^2/p	n.s.		n.s.		n.s.		n.s.		n.s.		2.74/.07	
Urban												
Yes	73	65.8	32	53.3	32	82.1	75	68.2	91	91.0	55	87.3
No	38	34.2	28	46.7	7	17.9	25	31.8	9	9.0	8	12.7
Rural												
Yes	223	65.8	101	55.8	163	71.5	314	66.8	200	80.0	104	80.6
No	116	34.2	80	44.2	65	28.5	156	33.2	50	20.0	25	19.4
χ^2/P	n.s.		n.s.		n.s.		8.84/.032		6.83/.033		n.s.	

The proportion of individuals with disabilities who report that they have received formal primary education varies between the countries, from 52 % among males in Swaziland to 91% among urban youth in Zimbabwe. A substantial proportion of disabled thus report that they have not had access to

[2] These figures describe the proportion of different disability/impairment types among those who are disabled and must not be understood as prevalence in the population. However, if using 10 % as a "standard disability prevalence", the proportions may be calculated by dividing by 10. Thus, for instance, prevalence of intellectual and emotional disability/impairment will be 2.5 % at population level. By using 15 % as a standard, as argued in the World Report on Disability[xi], this particular estimate would be 3.8 %.

formal education. It is important to bear in mind here that "having ever received primary education" also will include those who have a minimum of experience with the formal education system, and that many of those included will not have finished formal primary education.

No particular gender specific pattern could be observed, with the exception of Lesotho where a higher proportion of females reported access to formal education. In three countries, rural respondents reported to have less access to education than their urban counterparts, although this difference was significant in two of the countries only.

Table 6. Have you ever been refused entry to primary school because of your disability?

	N_M	$\%_M$	N_F	$\%_F$	χ^2/ p	N_R	$\%_R$	N_U	$\%_U$	χ^2/p
Namibia					n.s.					n.s.
Yes	39	21.3	26	16.8		14	18.6	50	18.3	
No	144	78.7	129	83.2		51	81.4	223	81.7	
Zimbabwe					2.63/.076					n.s.
Yes	13	11.7	20	19.8		24	16.0	9	14.5	
No	98	88.3	81	80.2		126	84.0	53	85.5	
Malawi					n.s.					n.s.
Yes	12	14.3	10	13.0		16	12.4	5	17.9	
No	72	85.7	67	83.0		113	87.6	23	82.1	
Zambia					n.s.					12.63/.001
Yes	24	12.8	26	18.2		27	11.0	23	27.1	
No	163	87.2	117	81.8		218	89.0	72	72.9	

The proportion of disabled youth who have experienced being refused entry to primary school because of their disability varies between 27.1 % (urban Zambia) and 11.0 % (rural Zambia). In general this implies that disability status in itself is perceived by around one in six among disabled youth as being the direct cause of not accessing the education system. With reference to Table 5, a rough estimate will then be that around half of the disabled youth who have not accessed education at primary level, attributes this to the disability status.

Gender differences were marginal and not systematic in any way. In two countries, there was an observed urban/rural difference with urban respondents being more inclined to report that they had been refused, although this difference reached statistical significance only in the Zambian sample.

Table 7. Have you ever been refused entry to secondary school because of your disability?

	N_M	$\%_M$	N_F	$\%_F$	χ^2/ p	N_R	$\%_R$	N_U	$\%_U$	χ^2/p
Namibia					n.s.					n.s.
Yes	7	7.7	6	7.7		9	6.8	4	10.8	
No	84	92.3	72	92.3		123	93.2	33	89.2	
Zimbabwe					n.s.					n.s.
Yes	4	8.3	3	7.7		2	4.4	5	11.9	
No	44	91.7	36	92.3		43	95.6	37	88.1	
Malawi					n.s.					n.s.
Yes	1	4.2	0	0.0		1	3.1	0	0.0	
No	23	95.8	22	100.0		31	96.9	13	100.0	
Zambia					n.s.					4.42/.035
Yes	14	15.9	11	15.3		14	12.0	11	25.6	
No	74	84.1	61	84.7		103	88.0	32	74.4	

Around 10 % of those who perceive the question about secondary school as relevant have experienced being refused entry to secondary school because of their disability, with some variation. There are small gender and urban/rural differences, and only one real difference with one fourth of urban Zambian respondents reporting refused access as compared to 12 % of rural respondents. Refused entry to secondary school is highest in Zambia and lowest in Malawi.

Results in tables 6 and 7 are influenced by a relatively large proportion of the respondents reporting "not applicable", i.e. largely due to not attending school at all. The results nevertheless indicate that, all countries seen in one, around one out of every sixth individuals have been refused entry to primary school due to their disability, and one out of every tenth among those who could continue their education to the secondary level. Disability is thus an important reason for not accessing education that affects a large number of individuals in southern Africa.

Table 8. Did you study as far as planned - by gender and urban/rural

	Yes				No				Still studying					
Gender	N_M	$\%_M$	N_F	$\%_F$	N_M	$\%_M$	N_F	$\%_F$	N_M	%M	N_F	$\%_F$	χ^2	p
Namibia	6	3.4	6	4.3	123	70.3	93	66.9	46	26.3	40	28.8	8.04	.09
Zimbabwe	9	7.8	4	3.8	85	73.9	91	87.5	21	18.3	9	8.7	6.39	.041
Malawi	2	2.2	0	.0	57	64.0	63	73.5	30	33.7	22	26.5	3.16	n.s.
Zambia	11	6.4	10	7.5	99	57.2	71	53.0	63	36.4	53	39.6	.58	n.s.
Swaziland	1	1.5	1	2.2	47	72.3	34	73.9	17	26.2	11	23.9	.12	n.s.

Urban/rural

	Yes				No				Still studying					
	N_R	$\%_R$	N_U	$\%_U$	N_R	$\%_R$	N_U	$\%_U$	N_R	$\%_R$	N_U	$\%_U$	χ^2	p
Namibia	8	3.2	4	6.5	176	69.8	40	64.5	68	27.0	18	29.0	4.54	n.s.
Zimbabwe	5	3.3	8	11.8	127	84.1	49	72.1	19	12.6	11	16.2	6.93	.031
Malawi	1	.8	1	3.6	89	66.9	21	75.0	43	32.3	6	21.4	2.61	n.s.
Zambia	14	6.2	7	8.6	126	55.8	44	54.3	86	38.1	30	37.0	.56	n.s.
Swaziland	2	2.5	0	0.0	59	72.8	20	71.4	20	24.7	8	28.6	.82	n.s.

A small proportion of respondents report that they have studied as far as planned, i.e. between 1 % and 8 %, while the large majority has not. As those who are still studying are also included in the analyses, the proportion of "yes" and "no" will both increase if this group is excluded from the analyses, and/or if the analyses were done on an older age segment. The general picture of individuals with disabilities experiencing less education than expected is the same across the five countries included in Table 8, and except from the Zimbabwe sample, no systematic gender or urban/rural differences were found. The gender difference in Zimbabwe is due to a higher proportion of males reporting to have studied as far as planned and more males still studying. The urban/rural difference in Zimbabwe stem from a higher proportion of urban respondents having studied as far as planned and/or still studying. In all five countries in Table 8, more urban respondents state that they have studied as far as planned, but this is significant in the Zimbabwe sample only.

Table 9. Did you receive vocational training? By gender and urban/rural

	Yes				No					
Gender	N_M	$\%_M$	N_F	$\%_F$	N_M	$\%_M$	N_F	$\%_F$	χ^2	p
Namibia	7	2.8	3	1.3	250	97.2	233	98.7	2.38	n.s.
Zimbabwe	12	6.3	11	7.0	180	93.8	147	93.0	.07	n.s.
Malawi	8	5.5	6	4.2	138	94.5	138	95.8	.27	n.s.
Zambia	18	5.8	11	4.6	295	94.2	228	95.4	.36	n.s.
Swaziland	12	9.2	13	12.5	119	90.8	91	87.5	.68	n.s.

	Yes				No					
Urban/Rural	N_R	$\%_R$	N_U	$\%_U$	N_R	$\%_R$	N_U	$\%_U$	χ^2	p
Namibia	6	1.5	4	4.5	399	98.5	84	85.5	6.14	n.s.
Zimbabwe	9	3.6	14	14.0	241	96.4	86	86.0	12.58	.001
Malawi	9	3.9	5	12.8	220	96.1	34	87.2	5.32	.037
Zambia	20	4.7	9	7.0	402	95.3	119	93.0	1.03	n.s.
Swaziland	20	11.4	5	8.8	155	88.6	52	91.2	.78	n.s.

The proportion of respondents reporting that they have received any form of vocational training varies between the countries and subgroups (gender and urban/rural) from 1.3 to 14 %. In all countries, access to vocational training is higher in urban than in rural areas, although this difference is significant in two of the countries only. Gender differences appear to be marginal. In general, access to vocational training is limited.

Table 10. Has your level of education helped you to find work? (% of N)

Gender	Yes				No				Still studying/NA					
	N_M	$\%_M$	N_F	$\%_F$	N_M	$\%_M$	N_F	$\%_F$	N_M	$\%_F$	N_F	$\%_F$	χ^2	p
Namibia (N=355)	16	8.7	8	4.7	167	91.3	164	95.3					2.36	.093
Zimbabwe (N=176)	8	9.4	5	5.5	77	90.6	86	94.5					.99	n.s.
Malawi (N=155)	4	3.8	7	6.6	54	51.4	54	50.9	47	44.8	45	42.5	.86	n.s.
Zambia (N=234)	13	6.8	2	1.5	78	41.1	69	50.4	99	52.1	66	48.2	6.81	.033

Urban/rural	N_R	$\%_R$	N_U	$\%_U$	N_R	$\%_R$	N_U	$\%_U$	N_R	$\%_R$	N_U	$\%_U$	χ^2	p
Namibia (N=355)	17	5.9	7	10.1	269	94.1	62	89.9					1.56	n.s.
Zimbabwe (N=176)	5	4.0	8	15.4	119	96.0	44	84.6					6.90	.013
Malawi (N=155)	7	4.2	3	10.0	82	49.4	8	26.7	77	46.4	8	26.7	4.90	.086
Zambia (N=234)	10	4.1	5	5.9	107	44.2	40	47.1	125	51.7	40	47.1	.80	n.s.

Due to differences in the questionnaire, two of the countries include the "still studying" category, while the other two with this question included have measured without. Even though close to half of the respondents is still studying, results in Table 10 still is a strong indication that young individuals with disability do not experience that education is related to later employment. It appears from the results from Namibia and Zimbabwe that those who are still studying largely fall into the "no" category, while there is just a small increase in "yes". This internal difference in Table10 thus contributes to confirm that approximately 5 – 10 % experience that there is a relationship between education and work/employment. For two countries, a higher proportion of men experience that education is relevant for employment, and the result further indicates that education pays somewhat better off in the form of employment in urban areas.

For some countries, a question about formal/informal skills[3] was included. The association between skills and employment in the Namibian sample is shown in Table 11.

Table11. Skills and employment (Namibia, N = 586)

Skills	Employed		Not employed	
	n	%	n	%
Yes, have formal/informal skill	14	34.1	45	8.3
No, have no skill	27	65.9	500	91.7
	41	100.0	545	100.0

Table 11 demonstrates that those with skills are more inclined also to be employed (χ^2 =28.23, df = 1, p < .001), and this association is found also when analyzing men and women, among rural respondents, while the difference was not large enough to produce statistical significance among the urban respondents. Among those who are employed, four times as many report that they have a skill as compared to those who are not employed. The same pattern was also found for the other countries where this analysis was possible.

[3] The question about skills: "Apart from formal school education, have you received any formal or informal training that has resulted in your having a particular skill?" The question refers to any kind of formal/informal competence to carry out practical work (e.g. agriculture, sewing, bicycle repair, shoemaking)

Table 12. Comparing disabled and non-disabled[1]

Measure	Yes_{CASE}	$Yes_{CONTROLS}$	χ^2	p
<u>Swaziland</u>				
Received formal education? (N = 285)	45.1	80.5	17.60	< .001
Are you currently working? (N = 250)	2.8	26.3	29.67	< .001
<u>Lesotho</u>				
Received formal education? (N = 1775)	78.4	93.7	53.39	< .001
Can read and write? (N = 1747)	72.6	90.5	52.98	< .001
Do you possess any skills[4]? (N = 1741)	7.5	6.2	.44	n.s.
Are you currently working? (N = 1780)	6.8	11.3	3.69	.031
<u>Namibia</u>				
Received formal education? (N = 6588)	69.9	93.3	458.67	< .001
Do you possess any skills? (N = 6620)	10.2	16.0	12.94	< .001
Are you currently working? (N = 6620)	7.0	17.0	21.09	< .001
<u>Zimbabwe</u>				
Received formal education? (N = 6137)	94.2	98.0	4.71	.055
Do you possess any skills? (N = 6088)	16.2	18.9	.33	n.s.
Are you currently working? (N = 6157)	15.9	15.2	.03	n.s.
<u>Malawi</u>				
Received formal education? (N = 4042)	80.0	93.1	87.77	< .001
Do you possess any skills? (N = 4048)	34.5	37.6	.90	n.s.
Are you currently working? (N = 4055)	27.9	33.1	3.78	.029

Did you study as fas ar planned? (Swaziland)

	$Yes_{CASE/CONTROLS}$	$No_{CASE/CONTROLS}$	Still $studying_{CASE/CONTROLS}$	χ^2	p
Did you study as far as planned? (N = 144)	1.8/3.0	73.0/84.8	25.2/12.1	2.62	n.s.

[4] The question about skills: "Apart from formal school education, have you received any formal or informal training that has resulted in your having a particular skill?" The question refers to any kind of formal/informal competence to carry out practical work (e.g. agriculture, sewing, bicycle repair, shoemaking)

All analyses in Table 12 are controlled for gender and urban/rural, and in most cases results presented in the table were repeated on sub-group level. Analyses of data from Swaziland reveal that for both disabled and non-disabled, the large majority did not study as far as planned. More non-disabled receive formal education, are literate, and are currently working. The pattern is less clear with regards to skills, although non-disabled largely report more often that they have a skill, the exception to this being Zimbabwe. The said differences appear to be most dramatic in Swaziland, and in Zimbabwe there is a small difference in access to education and no differences with regards to skills and work status.

While Tables 5 to 9 demonstrate particular problems in accessing education for individuals with disability, Table 12 completes this picture by comparing disabled and non-disabled. This contributes to highlight the particular problems for disabled in accessing education in these contexts.

Activity limitations and Participation restrictions

The concepts of Activity limitations and Participation restrictions as defined and operationalized in ICF‴ were included in all countries, largely by including the full "ICF matrix" which is a detailed list of 47 activities and participation items organized under 9 different life domains[5]. Answer category for each item are: No difficulty (0), Mild difficulty (1), Moderate difficulty (2), and Severe difficulty (3), describing the level of difficulty to do (capacity/activity) and actual performance (participation). The matrix is here used in two different ways:

Firstly, as an additive scale including the values (responses) on all items. In this way, the measure (mean scale values) represent values on a scale from 0 to 141 (maximum possible value). The mean scale value in itself is most useful in comparative analyses or in regression models. In the following table, the scales are used for comparison between groups, i.e. for statistically testing the differences in mean scale value between for instance men and women. Higher values on the scales represent higher levels of activity limitations and participation restrictions respectively. Sub-scales may be produced if the objective is to analyze activity limitations and participation restrictions within specific life domains.

Secondly, the responses on the different items can be used as simple frequencies, yielding information on limitations and restrictions with respect to specific activity and participation items.

[5] Life domains in the ICF matrix: Sensory experiences, Basic learning & applying knowledge, Communication, Mobility, Self care, Domestic life, Interpersonal behaviours, Major life areas, and Community, social and civic life

Table 13. Activity/Participation scale:

Country	Range	St.dev.	Mean								
			Total	M	F	F	p	R	U	F	p
Namibia											
A (N = 582)	0-46	8.69	9.75	9.43	10.11	.89	n.s.	10.09	8.28	3.92	.05
P (N = 582)	0-46	8.79	9.68	9.34	10.07	.98	n.s.	10.03	8.20	3.92	.05
Zimbabwe											
A (N = 350)	0-40	8.06	9.56	10.28	8.68	3.43	.065	9.23	10.38	1.45	n.s.
P (N = 350)	0-41	8.07	9.56	10.29	8.68	3.45	.064	9.22	10.41	1.54	n.s.
Malawi											
A (N = 290)	0-40	8.89	12.15	12.90	11.39	2.11	n.s.	12.51	11.18	.72	n.s
P (N = 268)	0-38	8.85	10.74	11.71	9.76	3.54	.061	11.11	9.39	1.24	n.s.
Zambia											
A (N = 572)	0–43	8.62	11.05	11.66	10.26	3.74	.054	11.10	10.94	.04	n.s.
P (N = 572)	0–42	8.58	10.32	10.98	9.48	4.34	.038	10.58	9.51	1.57	n.s.
Swaziland											
A (N = 222)	0 – 63	21.25	21.46	21.99	20.76	.55	n.s.	22.43	19.41	2.72	n.s.
P (N = 134)	0 – 80	20.44	26.05	27.03	24.36	.45	n.s.	28.81	20.00	4.56	.035
Lesotho											
A (N = 43)	0 – 60	13.24	19.44	19.50	19.36	.00	n.s.	20.59	17.50	.54	n.s.
P (N = 43)	0 – 88	40.06	46.30	44.08	49.11	.16	n.s.	55.70	30.44	4.31	.044

The main findings in Table 13 is that the level of activity limitations and restrictions in social participation vary slightly between the country samples, and that living in rural areas imply higher levels (more difficulties and restrictions) on both scales with one exception, although this association is not statistically significant in all country samples. Differences between gender mostly imply that females report higher activity limitations and restrictions in social participation, but these differences are small (mean differences around 1) and thus not statistically significant.

Table 14. Activity limitations (Do you have any difficulty with ….)

Basic learning and applying knowledge	No	Mild	Moderate	Severe	Unable
Namibia (N = 582)					
Learning to read/write/count/calculate	63.6	9.1	8.4	11.2	7.7
Acquiring skills	74.7	5.8	5.8	7.9	5.7
Thinking/concentrating	72.5	7.2	7.9	7.9	4.5
Reading/writing/counting/calculating	65.1	8.2	7.4	11.2	8.1
Solving problems	71.0	6.7	7.4	8.4	6.5
Zimbabwe (N = 350)					
Learning to read/write/count/calculate	61.4	4.0	12.0	12.0	10.6
Acquiring skills	74.3	2.9	8.9	8.0	6.0
Thinking/concentrating	74.3	4.9	7.1	10.9	2.9
Reading/writing/counting/calculating	61.7	4.3	10.9	12.3	10.9
Solving problems	76.3	4.9	5.7	7.1	6.0
Malawi (N = 288)					
Learning to read/write/count/calculate	51.3	7.9	12.3	12.7	15.8
Acquiring skills	60.9	6.8	11.7	10.5	10.2
Thinking/concentrating	70.5	4.5	8.3	13.5	3.1
Reading/writing/counting/calculating	57.1	6.3	9.6	10.0	17.1
Solving problems	63.0	7.5	9.3	10.3	10.0
Zambia (N = 371)					
Learning to read/write/count/calculate	61.7	3.2	7.8	15.4	11.9
Acquiring skills	70.5	2.8	6.2	12.8	7.7
Thinking/concentrating	76.1	1.5	5.1	12.0	5.3
Reading/writing/counting/calculating	63.4	3.3	7.4	14.6	11.3
Solving problems	74.9	2.0	3.8	9.9	7.6
Swaziland (N = 244)					
Learning to read/write/count/calculate	36.5	3.7	11.5	20.9	27.5
Acquiring skills	38.0	7.9	15.3	16.5	22.3
Thinking/concentrating	44.1	4.0	17.4	25.9	8.5
Reading/writing/counting/calculating	31.6	5.3	13.5	21.3	28.3
Solving problems	26.5	7.3	24.4	22.2	19.7
Lesotho (N = 43)					
Learning to read/write/count/calculate	42.5	10.0	7.5	22.5	17.5
Acquiring skills	39.0	4.9	14.6	22.0	19.5
Thinking/concentrating	35.7	9.5	4.8	28.6	21.4
Reading/writing/counting/calculating	41.0	7.7	12.8	15.4	23.1
Solving problems	43.2	10.8	10.8	13.5	21.6

Table 14 reveals some variation between the countries. The proportion of respondents saying that they do not have any problems with "basic learning and applying knowledge" varies from around

35 % in Swaziland to around 65 % in Zimbabwe and Zambia. Likewise, Swaziland and Lesotho reports the highest proportion of "serious" and "unable", while Zimbabwe is lowest, followed by Zambia.
A scale adding the five items on "basic learning and applying knowledge" (BLA) was constructed, using the five variables included in Table14.

Table 15. Activity limitations: Basic learning and applying knowledge (BLA)

			BLA mean							
	Range	St. dev.	M	F	F/df	p	U	R	F/df	p
Namibia	0 – 20	5.58	4.19	3.87	.49/581	n.s.	3.60	4.14	.85/581	n.s.
Zimbabwe	0 – 20	5.44	4.33	3.73	1.07/349	n.s.	4.29	3.97	.25/349	n.s.
Malawi	0 – 20	5.50	5.82	4.90	2.02/289	n.s.	4.92	5.46	.32/289	n.s.
Zambia	0 – 20	5.63	4.12	3.48	1.75/549	n.s.	3.43	3.97	.89/549	n.s.
Swaziland	0 – 20	6.41	9.41	9.20	.16/228	n.s.	7.78	9.81	4.25/228	.04
Lesotho	0 – 20	6.54	8.95	9.34	.21/42	n.s.	7.39	10.15	12.32/42	.01

For five of the six countries, activity limitations categorized as "basic learning and applying knowledge" scored higher among rural respondents, and for two countries this difference was statistically significant. No significant gender differences were found, but for all sub-samples, males score higher than females.

The Washington Group on Disability Statistics[xxv] has developed, tested and validated a set of six questions on activity limitations intended for censuses, but also applied in surveys.
Individual respondents are asked if they have difficulty with seeing, hearing, walking, remembering or concentrating, washing all over or dressing, and with communicating. Answer categories are "no" (0) "some" (1) "a lot" (2) and "unable to do" (3). Combined together, the six questions form a scale from 0 – 18.

Table 16. Washington Group on Disability Statistics Activity Scale

Country	Mean				St.dev.
	Male	Female	Total	F/df/p	
Zambia (N = 572)	3.23	3.18	3.22	.15/571/n.s.	1.72
Swaziland (N = 247)	4.07	3.72	3.91	1.27/246/n.s.	2.40
Lesotho (N = 158)	2.02	2.29	2.15	.45/157/n.s.	2.50
Country	Mean				St.dev.
	Urban	Rural	Total	F/df/p	
Zambia (N = 572)	3.38	3.17	3.22	1.49/569/n.s.	1.72
Swaziland (N = 194)	3.70	4.00	3.93	.70/243/n.s.	2.41
Lesotho (N = 158)	2.84	1.98	2.15	3.01/157/.085	2.50

Activity limitations as measured by means of the WG scale does not vary between genders and urban/rural.

In Table 17, two of the items with particular relevance for education are shown in detail.

Table 17. Difficulty remembering or concentrating, communicating

Difficulty remembering or concentrating

Country	N	No	Some	A lot	Unable
Zambia	555	77.5	2.5	15.7	4.3
Swaziland	248	39.1	15.3	37.9	7.7
Lesotho	151	41.9	13.9	13.2	10.6

Difficulty communicating

Country	N	No	Some	A lot	Unable
Zambia	549	75.6	6.7	11.3	6.4
Swaziland	247	63.2	18.6	8.5	9.7
Lesotho	151	74.8	12.6	4.6	10.6

In general, around 25 % have "some problems", "a lot" of problems or are "unable" to remember/concentrate and to communicate. The proportion who are unable are in the 5 – 10 % range, and no pronounced gender difference was found. In spite of the country variation, the results nevertheless indicate that many youth in these populations have difficulties with functions that are of great importance for their progress at school, and possibly a direct cause for many to fail and later drop out. At least, this indicates an area for intervention that may positively influence the learning outcome for many students.

Table 18. Activity limitations (ICF); Communication

Country	N	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable to do
Difficulty understanding others						
Namibia	582	77.3	6.9	6.7	2.4	2.2
Zimbabwe	350	78.9	6.3	8.3	4.3	2.3
Malawi	290	66.6	8.6	10.3	12.8	1.7
Zambia	568	72.5	2.6	7.4	12.1	5.3
Swaziland	236	47.9	11.9	15.3	14.4	10.6
Difficulty producing messages						
Namibia	582	78.9	5.5	4.3	8.4	2.9
Zimbabwe	350	77.7	4.0	8.6	5.7	4.0
Malawi	290	71.0	7.2	7.2	11.7	2.8
Zambia	567	78.8	2.6	5.1	7.9	5.5
Swaziland	235	46.0	11.5	14.0	17.9	10.6
Communicating with others						
Namibia	582	76.3	7.4	4.6	9.3	2.4
Zimbabwe	350	73.1	8.0	9.1	6.0	3.7
Malawi	289	60.9	9.3	12.1	15.2	2.4
Zambia	564	70.7	2.3	7.3	12.8	6.9
Swaziland	247	53.0	9.7	13.0	14.6	9.7
Communicating using devices (phone/typewriter/computer/braille						
Namibia	582	85.6	4.3	2.4	5.5	2.2
Zimbabwe	350	89.7	1.1	2.0	3.4	3.7
Malawi	286	81.8	1.4	2.4	2.4	11.9
Zambia	572	70.7	2.3	7.3	12.8	6.9

Around 25 % of the respondents have some form of communication problem, while 8 – 14 % have severe problems. Swaziland differs with a higher proportion reporting problems. Communication using devices is according to Table 18 a problem for around 20 % and a severe problem for 7 – 13 %, i.e. slightly lower figures than for the three first items.

A scale adding the four items on "communication" (COM) was constructed with range 0 – 16 for 4 countries and 4 – 16 for 2 countries.

Table 19. Activity limitations: Communication (COM) scale

			COM mean							
	Range	St. dev.	M	F	F/df	p	U	R	F/df	p
Namibia	0 – 16	3.47	5.83	5.98	.28/581	n.s.	5.72	5.94	.37/580	n.s.
Zimbabwe	0 – 16	3.39	2.19	1.52	3.39/349	.066	1.95	1.86	.05/349	n.s.
Malawi	0 – 16	2.96	3.37	2.55	3.58/284	.059	1.85	3.26	4.92/262	.027
Zambia	0 – 16	4.20	3.09	3.08	.00/571	n.s.	3.21	3.05	.16/569	n.s.
Swaziland	0 – 12	3.80	4.22	3.38	2.82/234	.095	3.21	4.12	2.49/231	n.s.
Lesotho	0 – 12	3.89	4.21	2.21	2.93/42	.095	2.81	3.63	.44/42	n.s.

The results show two tendencies, i.e. that males tend to score higher than females and rural respondents higher than urban on activity limitations within the communication domain. Few of the differences are however significant on .05 level.

Environmental barriers

Environmental barriers were measured in two different ways; in two countries using the ICF matrix (sometimes called checklist), and in three countries using CRAIG Hospital Inventory of Environmental Factors (CHIEF)[xxvi]. Both measures are used here in the form of scales reflecting environmental barriers, in analyses comparing (mean scale values) between groups, and it bivariate regressions.

In addition to a number of questions on activity limitations and participation restrictions (see above), the ICF matrix also includes a section on environmental barriers. In two countries (Zimbabwe and Zambia), the same items, life domains and measures (answer categories) as applied for the activity limitations and the participation restrictions scales, were used to construct a scale reflecting environmental barriers that hindered the respondents in performing the specific items in the matrix. The scale is here used for comparing between groups (e.g. men and women) and in bivariate regression analyses.

The second measure on environmental barriers, applied in three of the countries, is a widely used and tested broad-based measure of the environment quantifying the degree to which elements of the physical, social, and political environments act as barriers or facilitators to full participation (for people with disabilities).

Table 20. Environmental barrier scale

Country	Range	St.dev.	Mean								
				Gender				Urban/Rural			
ICF Checklist			T	M	F	F/df	p	U	R	F/df	p
Zimbabwe	0 – 46	6.31	4.27	4.54	3.94	6.31/349	n.s.	3.49	4.58	2.16/349	n.s.
Zambia	0 – 50	11.61	27.22	27.61	26.71	.83/563	n.s.	24.91	32.93	6.77/563	.01
CHIEF											
Zambia	0 – 45	19.49	19.62	19.62	19.33	.15/571	n.s.	19.33	19.51	.04/571	n.s.
Swaziland	0 – 48	13.06	21.15	20.54	21.91	.68/248	n.s.	26.52	19.35	14.40/248	< .001

Lesotho	0 – 48	5.11	41.00	42.20	39.50	3.12/41	.085	40.68	41.19	.10/42	n.s.

Environmental barriers do not differ much between genders, but there are mixed and significant differences between urban and rural respondents. In Swaziland, higher environmental barriers are reported in urban areas, whereas the opposite is the case in Zambia.

Table 21. Bivariate logistic regressions of Basic learning and applying knowledge (BLA), Environmental barriers, Activity limitations, Participation restrictions and Urban/rural on Access to education (received formal education: No = 1, Yes = 2).

	OR	95 % CI	p
Namibia (N = 582)			
BLA	.89	.86 - .92	< .001
Participation	.94	.92 - .96	< .001
Activity limitations	.94	.92 - .96	< .001
Gender (Male=1, Female=2)	.88	.62 – 1.25	n.s.
Urban/rural (1/2)	.59	.36 – .96	.034 .
Zimbabwe (N = 350)			
BLA	.86	.82 - ,90	< .001
Environment	.95	.91 - .99	.006
Participation	.91	.88 - .94	< .001
Activity limitations	.91	.88 - .94	< .001
Gender	1.15	.65 - 2.02	n.s.
Urban/rural (1/2)	.40	.19 - .84	.016
Malawi (N = 290)			
BLA	.89	.84 - .93	< .01
Participation	.95	.93 - .98	.003
Activity limitations	.95	.92 - .98	.001
Gender	.62	.36 - 1.08	.093
Urban/rural	.44	.18 - 1.06	.067
Zambia (N = 572)			
BLA	.89	.86 - .92	< .001
Environmental barriers	.88	.77 – 1.00	.045
Participation	.90	.87 – .93	< .001
Activity limitations	.92	.90 – .95	< .001
Gender	.98	.65 – 1.49	n.s.
Urban/rural	.95	.58 - 1.54	n.s.
Swaziland (N = 235)			
BLA	.80	.76 - .85	< .001
Environmental barriers (C)	.97	.95 - .99	.01
Participation	.95	.93 - .97	< .001
Activity limitations	.91	.88 - .94	< .001
Gender	.80	.48 – 1.34	n.s.
Urban/rural (1)	.91	.50 – 1.63	n.s.
Lesotho (N = 42)			
BLA	.88	.78 - .99	.027
Environmental barriers (C)	.99	.87 – 1.13	n.s.
Participation	.99	.97 – 1.01	n.s.
Activity limitations	.94	.89 - .99	.031
Gender	1.16	.32 – 4.21	n.s.

Urban/rural	.86	.23 – 3.25	n.s.

Increased level of "basic learning and applying knowledge" increases odds for not accessing the formal education system. Likewise, rural individuals tend to have less access to education, while the analyses did not reveal any significant gender differences. A consistent pattern is further shown whereby increased Environmental barriers, Participation restrictions, and Activity limitations reduces odds for accessing formal education. This implies that increased severity of disability as conceptualized by ICF, i.e. higher activity limitations, participation restrictions and environmental barriers, is associated with reduced access to education.

In order to explore whether the results from the regression in Table 21 were disability specific, the regressions were analyzed for disabled and non-disabled separately and compared.

Table 22. Bivariate regressions on Access to education (received formal education: No = 1, Yes = 2) for individuals with (case) and without (controls) disability (Swaziland)

	Case			Control		
	OR	95 % CI	p	OR	95 % CI	p
BLA	.80	.76 - .85	< .001	.79	.63 - .98	.035
Environment	.97	.95 - .99	.001	.95	.89 - 1.01	n.s.
Participation	.95	.93 - .97	< .001	.92	.53 - 1.60	n.s.
Activity limitations	.91	.88 - .94	< .001	.86	.73 - 1.02	.082
Gender (Male=1, Female=2)	.80	.48 – 1.34	n.s.	3.50	.38 – 32.12	n.s.
Urban/rural (1/2)	.91	.50 - 1.63	n.s.	.22	.02 - 2.00	n.s.

It is shown here (Table 22) that the ICF related predictors clearly are able to explain access to formal education for the disabled sub-sample but less so for the non-disabled. This is of importance for two reasons. Firstly, the results demonstrate the relevance of the ICF components and their measures for disability specific analyses. Secondly, the results invite a multifaceted approach to solving the inequity in education.

Access to services

In order to identify gaps in service provision, questions were asked about specific services; whether respondents were aware of the services, whether they needed tem, and whether they had actually accessed/received the services. Five of the most relevant services are included in Table 22. Service gap for each service is here understood as the difference between needed and received.

Table 23. Service gaps

Services	Aware	Needed[1]	Received[1]							
			$\%_M$	$\%_F$	χ^2	p	$\%_U$	$\%_R$	χ^2	p
Namibia (N = 574)										
Educational services	64.3	64.6	23.9	21.3	.51	n.s.	30.0	21.0	4.15	n.s.
Vocational training	49.3	54.3	3.4	1.6	1.84	n.s.	6.7	1.6	9.08	< .01
Counseling pwd	52.6	68.2	10.5	9.7	.10	n.s.	19.8	7.8	14.37	< .001
Counseling family	60.1	69.6	29.7	32.2	.41	n.s.	34.2	30.0	.74	n.s.
Welfare services	69.6	80.1	18.6	14.4	1.65	n.s.	14.6	17.1	.42	n.s.
Zimbabwe (N = 274)										
Educational services	65.1	63.7	27.1	30.4	.46	n.s	49.0	20.4	28.63	< .001
Vocational training	52.3	59.1	6.3	7.0	.07	n.s.	14.0	3.6	12.58	.001
Counseling pwd	38.9	55.4	17.2	19.0	.19	n.s.	27.0	14.4	7.68	< .001
Counseling family	38.6	57.1	21.4	25.3	.77	n.s.	32.0	19.6	6.18	.011
Welfare services	75.4	78.9	9.9	17.1	3.93	.034	14.0	12.8	.09	n.s.
Malawi (N = 290)										
Educational services	61.7	52.1	12.3	13.2	.05	n.s.	33.3	9.6	16.52	< .001
Vocational training	64.8	61.2	5.5	4.2	.27	n.s.	12.8	3.9	5.32	.037
Counseling pwd	49.0	57.9	10.3	11.1	.05	n.s.	25.6	7.9	11.26	.003
Counseling family	50.0	57.3	13.0	13.9	.05	n.s.	20.5	12.7	1.73	n.s.
Welfare services	61.0	69.7	6.2	9.0	.85	n.s.	12.8	7.4	1.29	n.s.
Zambia (N = 572)										
Educational services	55.5	52.4	12.2	12.4	.01	n.s.	12.4	12.3	.00	n.s.
Vocational training	46.0	46.0	5.8	4.6	.36	n.s.	7.0	4.7	1.03	n.s.
Counseling pwd	44.6	53.1	11.3	6.5	3.70	.036	6.1	10.2	1.99	n.s.
Counseling family	40.5	47.9	12.7	10.2	.83	n.s.	7.0	13.1	3.62	.036
Welfare services	51.1	60.3	8.3	4.5	3.08	.055	3.1	7.7	3.42	.043
Swaziland (N = 249)										
Educational services	67.1	55.9	20.6	13.3	2.15	.094	14.0	18.8	.66	n.s.
Vocational training	70.8	50.2	9.2	12.5	.68	n.s.	8.8	11.4	.32	n.s.
Counseling pwd	64.3	41.4	12.2	13.5	.08	n.s.	14.0	12.6	.08	n.s.
Counseling family	62.9	43.0	21.4	14.3	1.97	n.s.	14.0	19.9	.98	n.s.
Welfare services	87.5	56.1	21.4	12.4	3.28	.049	15.8	18.2	.17	n.s.
Lesotho (N = 43)										
Educational services	65.1	48.8	4.2	0.0	.81	n.s.	0.0	3.7	.61	n.s.
Vocational training	60.5	48.8	12.5	0.0	2.55	n.s.	12.5	3.7	1.20	n.s.
Counseling pwd	62.8	46.5	16.7	0.0	3.49	.086	12.5	7.4	.31	n.s.
Counseling family	60.5	39.5	16.7	5.3	1.34	n.s.	12.5	11.1	.02	n.s.

[1] Of N

With some variation, around half of the sample are aware of the different services, with some services in specific countries reaching 60 % and even higher. The proportion reporting that they needed the particular services tend to be somewhat higher, although there are exceptions to this. The "gap" between received and needed (100 % - Received) is high for all services, and in particular for Vocational training (between 95 and 86 %) and for Welfare services (between 84 and 87 %). The gap for Educational services is lowest in all countries but one, but is still in the range between 57 % and 75 %. Gender differences are in general not statistically significant. Bearing this in mind, there is

however a tendency in two countries that more females than men have received these services, while the pattern is the opposite in the other three countries. The urban/rural difference is somewhat clearer in three countries (Namibia, Zimbabwe, Malawi) with urban respondents having more access to services, while the pattern is less clear and mixed in the remaining three countries.

Main results:

1. The proportion of disabilities among youth in this population: Sensory disability (15 %), physical/mobility (30 – 40 %), movement/self-care (15 – 20 %), and intellectual/emotional (25 %).
2. The proportion of disabled who have not received formal primary education varies between the six countries from 48 % to 9 %.
3. Refused entry to primary school due to disability are around 15 %, and around 10 % for entry to secondary school.
4. Very few disabled students study as far as they planned.
5. Few disabled youth have received vocational training, varying from 1 – 11 %.
6. Approximately 5 – 10 % of disabled youth experience that education increases chances for employment
7. Around 10 – 20 % of disabled youth have severe problems with basic learning and applying knowledge.
8. Around 10 – 15 % of disabled youth have severe communication problems.
9. Key ICF components predict access to education, clearly indicating reduced access to formal education among disabled youth.
10. A majority of those who need educational services, vocational training or counseling, do not access such services.
11. There is a consistent pattern across countries with disabled youth having reduced access to formal education, higher levels of illiteracy, and less access to employment.
12. Gender differences are largely small, while rural respondents are worse off on many of the indicators presented above.

Discussion

The purpose of this chapter has been to analyze barriers and access to education and employment among young people with disabilities in poor countries. A set of unique data on living conditions among people with and without disabilities in six southern African countries has been utilized for this purpose. The results from the study suggest firstly that many youth with disabilities are deprived of formal education, that very few access vocational training, that there is a weak link between education and employment, and that unemployment is massive and there are large gaps in services for this group. Gender differences along these indicators are not pronounced, but there is a general tendency for rural youth to be worse off than their urban counterparts. ICF based scales were able to predict access to formal education, and the study finally has demonstrated that disabled youth have less access to education and employment than non-disabled, and that a number of barriers for formal education primarily are disability related.

The data used for the analyses of access to education and employment for disabled youth in southern Africa are unique, are generally of good quality and stem from a large exercise aiming at establishing a baseline of data on disability in southern Africa, but also with ambitions to generate new knowledge on barriers and facilitators for access to a range of basic services. There are challenges when comparing data across countries, in general and when it comes to this set of household surveys. This includes variation in content due to local adaptation, in the co-ordination and quality/content of training, contextual and cultural differences, and, in this case, also the time factor, as the studies have taken place over a 10 year period. With these and other reservations in mind, it is important to i) avoid over-interpretation of random errors, and, consequently, when comparing across countries, ii) focus on the broad picture and patterns across countries rather than on details and single figures.

Severe shortfalls in the education system are indicated from this data set. A major problem is evidently that many disabled youth do not access the formal education system at all. This is a blatant human rights problem and a direct breach of the CRPD which is ratified by five of the countries included. In principle, the Convention can be used to force Governments to fulfill the key requirement on access to education for all, although the first example of using the Convention in this way is still in waiting. The differences between disabled and non-disabled are clear indications of discrimination, and many respondents link lack of access directly to the disability status.

Access is in itself not sufficient for disabled youth to benefit from education. The quality of schools is generally more important for individuals who need special attention and adaptations. In one sense, the large proportion of youth who have not studied as far as they planned is also an access problem, although the explanations for early termination or drop-out of school is more complex than lack of access in the first place. According to the World Youth Report[xi], the cost of schooling and the poor quality of the education system are the main reasons for low completion rates, and there is all reason to believe that such factors are even stronger barriers for youth with disability.

The substantial proportion of disabled youth with basic learning or communication problems face particular challenges in a school system with quality issues far beyond those related to disability. It may be that these particular impairments have not been given sufficient attention, and that further research is needed to study the quality and content of education given to disabled children and youth.

The weak link between education and employment may itself pose a motivation problem, as well as a reason for questioning the role of the education system is these countries. If school is perceived as not relevant for future employment and success among the large majority of students with disability, it is legitimate to require that the consequences of this mismatch be explored. We do, however, know that the formal labor market in Africa is small, and that it is largely not accessible to youth who lack adequate skills, experience and strong social networks[xi]. Due to the demographic situation in Africa, the labor force is growing fast and creates even larger problems with regards to accommodate youth in the labor market in the years to come. In spite of the current rather positive economic development in Africa, it is difficult to see how the situation for youth with disability could improve without particular policies and measures to enforce equity are in place.

While the results presented here demonstrate pronounced access problems among disabled youth, the comparison between disabled and non-disabled within the same data sets provide an even clearer demonstration of the particular problems faced by disabled youth. In a situation with pronounced assess and quality problems with regards to education and a generally very high unemployment and a large proportion of youth being neither in the education system nor in the labor force[xi], the situation for youth with disabilities is substantially worse than among non-disabled youth. The results further demonstrate that access, with the example above being access to formal education, is at least partly explained by factors that are part of the current extended understanding of disability; activity limitations, participation restrictions, environmental barriers, and personal factors. This implies that access problems, in the shape of participation restrictions, is seen as caused by a combination of factors, and where forces/factors outside the individual play a substantial part. While this data material does not explain the underlying causes further, qualitative studies have been able to demonstrate how structural factors, poverty, traditional practices, negative attitudes, lack of awareness, are all key explanations to persistent discrimination of disabled with regards to education and employment[xxvii].

The information about formal/informal skills coming out of the above results indicates that differences between disabled and non-disabled youth are smaller than for other indicators, which may be due to this being seen as particularly relevant for youth who do not enter or who drop out of the regular school system. To some extent this may be seen as particularly relevant for disabled youth. The proportion of individuals who confirm that they have a skill varies between the countries, but seem generally to be in the low range. Although skills and employment are clearly associated, this is in itself not necessarily evidence for skills being the pathway to employment, as the direction may just as well be the other way around, i.e. that work/practice produces skills. This is an issue that needs further attention, as lack of artisanal and vocational skills have been regarded as an important cause for unemployment among youth in Africa[xi], but there are also warnings against this as some forms of low-competence (rudimentary) skills may easily become either too common or irrelevant due to technological development[xxviii]. Effects of the global economic crisis may further increase the particular problems faced by youth in the labor market, as rapid changes can further widen the gap between competence and labor market demand.

While different sources have pointed to the particularly difficult situation for disabled women in poor contexts[xxv], the results have not demonstrated a very clear gender difference in accessing education and employment among disabled youth. This may at first instance be somewhat surprising, but the consistency across six southern African countries at least implies that with the current indicators, these studies have not been able to detect any general difference between young males and females. Bearing in mind that the data do not provide any explanation to this, it may nevertheless be suggested that an expected gender discrimination in the education system among disabled youth may be questioned.

The study confirms the urban – rural differences that have been highlighted in previous studies and publications , but the differences are sometimes not very pronounced, varies between the countries, and there are even examples of urban respondents scoring lower than rural respondents on single indicators, as for instance refused entry due to disability. While the education system may be less developed in rural areas, there are thus certain characteristics with the urban context that may

contribute to exclusion of disabled youth. This may further suggest that the strive for equity with regards to education faces challenges when opportunities in general increase, and that somewhat different strategies are needed depending on context (urban/rural) to provide youth with disabilities with the same opportunities within the educational system as non-disabled youth.

Conclusions

The results from studies on living conditions among people with and without disabilities in six southern African countries have contributed to confirm that disabled youth are far from experiencing equity in education and opportunities in the labor market. In order to improve this situation, it will be crucial to understand the distinction between the general problems in the education system in poor countries on one side, and the particular problems facing disabled youth on the other. Without targeting disabled youth particularly to increase access and improve achievement, there is clearly a danger that broad programs for improving the educational system will fail if a large minority as disabled youth are not included both through general and specific measures. The study has revealed some of the complexities involved in the relationship between disability, education and participation in society through meaningful employment. In order to achieve the intentions of the CRPD it is however necessary that interventions into the education system to improve the quality and the relevance goes hand in hand with research that can generate further knowledge on barriers and facilitators for disabled youth to participate fully.

References

[i] UN (2000) Resolution adopted by the General Assembly 55/2, UN Millennium Declaration. New Your; United Nations.

[ii] UN (2006) Convention on the Rights of people with Disabilities. UN General Assembly A/61/611. New York; United Nations

[iii] http://www.un.org/disabilities/countries.asp?navid=12&pid=166

[iv] Government of Namibia (1997) Government of Namibia, (1997), National Policy on Disability, Windhoek, Namibia.

[v] Ministry of Social Development and Persons with Disability, (2006), National Policy on Equalisation of Opportunities for Persons with Disabilities, Republic of Malawi, Lilongwe.

[vi] http://globalaccessibilitynews.com/2011/11/14/zambia-to-review-disability-policy/

[vii] http://globalaccessibilitynews.com/2012/06/28/zambia-disability-bill-goes-through-2nd-reading-in-parliament/

[viii] http://allafrica.com/stories/200711120193.html

[ix] http://www.un.org/disabilities/countries.asp?navid=17&pid=166

[x] Lang R (2008) Disability Policy Audit in Namibia, Swaziland, Malawi and Mozambique. London; The Leonard Cheshire Disability and Inclusive Development Centre, University College London.

[xi] Wazakili M, Chataika T, Mji G, Dube A K, MacLachlan M (2011) The Social Inclusion of People with Disabilities in Policy Reduction Policies and Instruments: Initial Impressions from Malawi and Uganda. In: A H Eide, B Ingstad. Disability and Poverty. Bristol: The Policy Press.

[xii] UN (2007) World Youth Report 2007. New York; United Nations.

[xiii] WHO and the World Bank (2012) World Report on Disability. Geneva; World Health organization.

[xiv] Eide A H, Nhiwatiwa S, Muderedzi J, Loeb M E (2003a) Living Conditions among People with Activity Limitations in Zimbabwe. A representative regional survey. SINTEF Report no STF78A034512. Oslo; SINTEF Unimed.

[xv] Eide A H, van Rooy G, Loeb M E (2003b) Living Conditions among People with Activity Limitations in Namibia. A National, Representative Study. SINTEF Report no STF78A034503. Oslo; SINTEF Unimed.

[xvi] Loeb M E, Eide A H (2004) Living Conditions among People with Activity Limitations in Malawi. A National, Representative Study. SINTEF Report no STF78A044511. Oslo; SINTEF health Research.

[xvii] Eide A H, Loeb M E (Eds) (2006) Living Conditions among people with disabilities in Zambia. A National, Representative Study. SINTEF Report no A262. Oslo; SINTEF Health Research.

[xviii] Eide A H, Kamaleri Y (Eds) (2010) Living Conditions among People with Disabilities in Mozambique. A National, Representative Study. SINTEF Report no A9348. Oslo; SINTEF Technology and Society.

[xix] Kamaleri Y, Eide A H (Eds) (2010) Living Conditions among People with Disabilities in Lesotho. A National, Representative Study. SINTEF Report no A17239. Oslo; SINTEF Technology and Society.

[xx] Eide A H, Jele B (Eds) (2011) Living Conditions among People with Disabilities in Swaziland. A National, Representative Study. SINTEF Report no A20047. Oslo; SINTEF Technology and Society.

[xxi] WHO (2001) International Classification of Disability, Functioning and Health. Geneva; World Health Organization.

[xxii] http://www.cdc.gov/nchs/washington_group.htm

[xxiv] Eide A H, Øderud T (2009) Assistive Technology in Low-Income Countries. In: M. MacLachlan & L Swartz. Disability and International Development. New York: Springer. Pp 149 – 161.

[xxv] Washington Group on Disability Statistics. (2008). Development of an internationally comparable disability measure for censuses. Retrieved from http://www.cdc.gov/nchs/citygroup/citygroup8.htm#papers

[xxvi] Harrison-Felix, C. (2001). The Craig Hospital Inventory of Environmental Factors. The Center for Outcome Measurement in Brain Injury. http://www.tbims.org/combi/chief (accessed February 23, 2012).

[xxvii] Eide A H, Ingstad B (2011) Disability and Poverty. Bristol: The Policy Press

[xxviii] Kanyenze, Godfrey, Guy C.Z. Mhone and Theo Sparreboom (2000). Strategies to Combat Youth Unemployment and Marginalisation in Anglophone Africa. Harare: International Labour Organization, Southern Africa Multidisciplinary Advisory Team (ILO/SAMAT).