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REPORT

Women with disabilities sharing knowledge:

Education, Employment, Reproductive History

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SINTEF Helse

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ABSTRACT

In studies of living condition both among people with and without disabilities, gender is an important, but often underestimated dimension. To analyse data according to gender is important because women and men often have different positions within the household and different control over resources. They also have different and changing roles in society, and they often have different needs.

While the data presented in this report give a clear impression of the sharp differences between those with and those with disabilities, the gender differences one might have expected were less than conclusive. In many instances, females with disabilities were worse off than were males, but the differences were not as large as had been expected.

In order to provide more conclusive evidence regarding the role of gender with respect to disability, the disability process, and the living conditions of those with disabilities it is recommended that a research study (designed to incorporate both quantitative and qualitative methodologies) with gender as its focus be initiated.

KEYWORDS	ENGLISH	NORWEGIAN
GROUP 1	Living Conditions	Levekår
GROUP 2	Disability	Funksjonshemming
SELECTED BY AUTHOR	Gender	Kjønn

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1 Introduction

1.1 Background

The Norwegian Network for Women with Disabilities, together with SINTEF Health Research, received financial support from FOKUS (Forum for Women and Development) to assess the living conditions for women with disabilities in Namibia. The Namibian partner in the project has been NADAWO (Namibian Association for Differently Abled Women). Our current knowledge on some of the aspects of living conditions for women with disabilities has been extracted from the *Living Condition Studies on People with Disabilities in Namibia* (Eide et al, 2003). Backed by the Norwegian Federation of Organisations of Disabled People (FFO) and the Southern Africa Federation of Disabled People (SAFOD), this study was carried out by SINTEF Health Research in cooperation with the University of Namibia and the Ministry of Lands, Resettlement and Rehabilitation (MLRR). The main data collection was done in May/June 2002.

In addition to this report, the results were presented in Namibia in August 2005 at a workshop for representatives from several of the disability organizations in Namibia[1], local and central authorities, and the media: The Namibian (one of the nationwide newspapers) and NBC (Namibian Broadcasting Corporation).

1.2 The relationship between disability and gender

Women and men all over the world face challenges and obstacles in their everyday lives. Some face more obstacles than others, and people with disabilities often fall within this category. It has been said that disability is a determining factor in the lives of people in general, and that gender is a determining factor in the lives of people with disabilities. It has also been argued that women with disabilities are less likely to live up to the expectations of everyday-life, compared to women without disabilities, and men with disabilities (Asch, Fine 1997). This will be explored further in relation to living conditions of people with disabilities in Namibia; first, however, a discussion of the terms "disability" and "gender".

The term 'disability' is a controversial and much debated term. A disability occurs when the demands of a society is greater than an individual's capacities (WHO 2001). This could be

[1] List of participants attached

because the individual has capacity limitations, or because the environment in which they live is not adapted to the whole range of human existence. This causes the individual to experience barriers in everyday life (Traustadóttir and Kristiansen 2004).

At the onset of feminist theory, a distinction was made between 'sex' and 'gender', where 'sex' was referring to the biological, while 'gender' was a social or cultural term. By focusing on gender in feminist research, one aims to look at the social differences between men and women, and the implications of these differences (Traustadóttir and Kristiansen 2004).

There are many important parallels and similarities between disability research and feminist research. They address many of the same issues, the main issue being the distinction between the biological and the social, which is sex and gender in feminist studies, and impairment and disability in disability studies (Traustadóttir and Kristiansen 2004).

There is an estimated world population of 300 million women and girls with disabilities, and most of them live in developing or resource-poor countries (The World Bank Group 2005). It has been argued that women with disabilities face a 'double handicap', because of their gender and because of their disability. This notion stems from the idea that women have certain socially constructed gender roles, and these roles can be difficult to fulfill for women with disabilities. Wendell (1997) writes that:

> *'Disabled women struggle with both the oppressions of being women in male-dominated societies and the oppressions of being disabled in societies dominated by the able-bodied'* (quote p. 261).

In 1990 the United Nations sponsored the first experts meeting on the situation of women with disabilities. During this meeting some patterns were identified; in many countries women and girls with disabilities are not sent to school, do not get education, a job, get married or inherit or own property. Consequently they are often among the poorest in a population (The World Bank Group 2005).

Studies have been done to estimate frequencies of certain types of disabilities in men and women. These studies have told us that some disabilities occur more often in women, while others are more frequent in men. We know that for example multiple sclerosis and blindness are found more

often in women, while traffic-, sport- and gunshot related disabilities are found more often in men (The World Bank Group 2005).

However, few studies have been done on the living conditions and opportunities of women with disabilities compared to other women, men and men with disabilities.

1.3 Why focus on gender?

In studies of living condition both among people with and without disabilities, gender is an important, but often underestimated dimension. To analyse data according to gender is important because women and men often have different positions within the household and different control over resources. They also have different and changing roles in society, and they often have different needs. In addition, it is important to acknowledge differences among women, because as a group, women (like men) are heterogeneous. It is therefore important to know where different categories of women are placed vis-à-vis men and vis-à-vis other women in socio-economic groups. Knowledge about such differences is important in targeting development planning to improve women's situation. To ensure that women are adequately represented in development politics and programs, and to promote gender equality for women both with and without disabilities, it is essential to know more about social and economic conditions for women.

Combining the field of disability with gender can yield important knowledge to be used in improving women's living condition and for political action. Further research and knowledge is important to give a better understanding of people's everyday life and how they are affected by both gender and disability.

1.4 Methodological considerations

It is important to emphasise that a quantitative, statistical survey must be carefully *designed* with a view to provide the information it seeks when formulating conclusions. The national survey on Living Conditions among People with Disabilities in Namibia (Eide et al, 2003)was not designed specifically to assess gender differences in the population, and while acknowledging the important role gender has in most socio-economic surveys, and referring to our attempts to control for the effects of gender in the majority of our analyses - the mere fact that the design did not specifically incorporate the gender dimension allows for a degree of uncertainty in the conclusions about gender in the data presented here.

2 Living conditions among People with Disabilities in Namibia: A National, Representative study undertaken in 2002

There are numerous reasons for carrying out studies on living conditions among people with disabilities in Namibia. Firstly, quality data have been in demand from the United Nation since 1990. Secondly, specific formulations on the need for data on living conditions among people with disabilities are found in the National Disability Policy of Namibia (MLRR, 1997). Thirdly, and most importantly, we strongly believe that studies like this, in combination with other efforts, have a strong potential for contributing to an improvement of the situation for people with disabilities, as they have in many high-income countries.

The initiative to carry out the study in Namibia was developed in collaboration between Southern Africa Federation of Disabled People (SAFOD), the Norwegian Federation of Organisations of Disabled People (FFO), and SINTEF Health Research. Major stakeholders in Namibia have been the National Federation of People with Disabilities in Namibia (NFPDN), Ministry of Lands, Resettlement and Rehabilitation (MLRR), and University of Namibia (MultiDisciplinary Research and Consultancy Centre, MRCC). MLRR contributed politically, economically as well as directly in the research process. MRCC was responsible for carrying out all aspects of data collection. NFPDN provided valuable support during the data collection, took part in the development of the research design and recruited enumerators and supervisors. A number of individuals and organisations in Namibia took part in the design development phase. SINTEF Health Research had the overall responsibility for the study, and funding was provided through the Norwegian Agency for Development Cooperation (NORAD) and the Atlas Alliance, and by Ministry of Lands, Resettlement and Rehabilitation in Namibia.

A thorough adaptation process involving a broad range of stakeholders took place before data collection. Organisations of people with disabilities and individuals with disabilities played a particularly active role during development of the design as well as in the data collection. The research instrument comprises a section on living conditions among households with and without disabled members, (including screening questions for disability), and a section with specific questions to individuals with disabilities.

In addition to the study in Namibia, similar studies have been carried out in Zimbabwe and Malawi and a new study is currently underway in Zambia. Parallel to these studies, capacity

building programs for the organisations of disabled people have been developed and carried out. An important next initiative will be to establish a program with the aim of ensuring that the results from these studies are applied to the benefit of people with disabilities in the Southern Africa Region.

2.1 Living conditions

The concepts of "level of living" or "living conditions" have developed from a relatively narrow economic and material definition to a current concern with human capabilities and how individuals utilise their capabilities (Heiberg and Øvensen 1993). Although economic and material indicators play an important role in the tradition of level of living surveys in the industrialised countries, an individual's level of living is currently defined not so much by his or her economic possessions, but by the ability to exercise choice and to affect the course of his or her own life. The level of living studies have been more and more concerned with such questions and are currently attempting to examine the degree to which people can participate in social, political and economic decision-making and can work creatively and productively to shape their own future (UNDP 1997).

2.2 Method

The survey that is the basis for this report consists of a two-stage stratified sampling carried out with enumeration areas as strata. 2286 households with one or more disabled family members and 1356 households without disabled family members (control households) were sampled. The sample of 23,314 individuals comprises 1.3% of the population in Namibia.

Since the family members in the control households were not screened for disability, comparisons between disabled and non-disabled individuals was based on the individuals in the households with disabled members, i.e. a total of 16 459 individuals.

2.3 Results from the general study

A total of 2537 persons with disabilities were identified in the 2286 households with disabled members (i.e. 15.4% of 16459 individuals). A significant gender difference was found in that 46.6% (n = 1181) of the disabled were females whereas the corresponding figure for the non-disabled was 53.8% (n = 7472).

No appreciable difference between disabled and non-disabled was observed with respect to marital status. Of the disabled, 27.3% are married (either with certificate or traditionally), whereas this figure for the non-disabled is 27.9%.

School attendance as well as performance (measured as school grade completed) is clearly lower among disabled persons. Among children older than 5 years, 38.6% of the disabled had never attended school, while the corresponding figure for non-disabled was 16.2%. Among those who had attended school, 23% of the disabled had completed 8^{th} – 12^{th} grades as their highest grade, while the corresponding figure for non-disabled was 31%.

Unemployment is high in Namibia, with 77.6% of the controls reporting that they are "not currently working". For disabled persons, this figure is 90.9%. Of those employed, the largest group was domestic workers. Mean monthly salary among those who work is significantly lower among disabled persons. The mean figure for non-disabled is approximately 30% higher than for the disabled (less than USD 4 per day and somewhat more than USD 5 per day respectively).

Comparison between the two types of households revealed systematic differences. On most of the important indicators of level, or standard of living, households with disabled members score lower than the control households. This goes for housing standard, number of possessions, access to information, monthly expenses, and monthly income. While mean income in a "good month" for households with disabled members was approximately N $ 600, the corresponding figure for control households was N $ 850 (approximately USD 75 and 106). An important reason for this difference was that households with disabled members had fewer people with salaried work.

(The study also revealed that a little over one fourth of respondents with disabilities received financial assistance through a disability grant or pension, mostly a disability grant from Social Services Division. One third of those who received grants had an old age pension.)

Disability was found to be evenly spread with respect to age, although prevalence is somewhat lower among young children. This profile results from the demographic situation in Namibia with more than half the population being under 20 years of age and relatively fewer in the 50 + age ranges. More than 40% of the disabled had mobility difficulties (major or minor disability, paralysis), more than one third reported sensory impairments, while intellectual disabilities, learning disorders and emotional disorders amounted to 17.2%. The major causes of disability

were reported to be illness, congenital or natural causes, and accidents. Close to half of the respondents reported onset of disability before the age of 5 years, indicating a serious challenge to health services for mothers and children in the country.

Health services were found to be available for the large majority of disabled; two thirds of those who needed this service had actually received it. Primary health care clinics and hospitals are also among the most accessible facilities. The most noticeable shortcomings with regards to services were vocational training, counselling services, assistive devices, welfare services and educational services. All received by less than 30% of those who claimed that they needed these services. (Assistive devices are used by less than one fifth of the disabled while two thirds claim that they need some type of device.)

While an overview of accessibility to many services and institutions gives a mixed picture, it is clearly the case that many important services are reported not to be accessible. Only 25% classify schools as accessible. Public transport is on the other hand reported to be accessible by almost 60%. Overall, the results here show that there is a great potential for making various types of services and institutions more accessible for people with disabilities.

A good deal of information was collected during the survey that could be used to define the severity of a person's situation with respect to their disability. We have assessed an individual's needs for services, and their need for assistance in performing some daily activities. By summating the items an individual claims they need (either services or assistance), simple scores can be constructed by adding up the number of services one needs or the number of daily tasks one needs help in accomplishing, to indicate the severity of a person's situation. The more services needed: the worse off that person is; or the more help needed in doing daily tasks: the worse off that person is.

Measurements were made of an individual's activity limitations and participation restrictions based on 47 daily activities under nine domains (sensory experiences, learning & knowledge, communication, mobility, self-care, domestic life, interpersonal behaviours, major life areas and community, social & civic life). For each of the 47 activities under these 9 domains the degree to which an individual is capable of carrying out that activity without assistance (activity limitations) is recorded on a scale from (0) no difficulty to (4) unable to carry out the activity. In the same manner the person's performance in their current environment (participation restrictions) is also recorded on a scale from (0) no problem to (4) unable to perform the activity. By adding up an

individual's responses to each of the 47 items a single activity limitation score and a single participation restriction score is developed.

It was found that individuals with physical/mobility impairments needed more help in their daily activities than other disability categories, while particularly hearing impaired but also those with seeing impairments needed less help than others. Seeing and hearing impaired also reported less activity limitations and participation restrictions, while those with communication and mental/emotional problems scored highest and thus experience more barriers to full participation in society.

Assessing the indices on activity limitations and participation restrictions with respect to indicators of living conditions revealed that three out of four of these measures were associated with indicators on level of living. The more severe a person's disability was with respect to daily life activities and social participation, the lower the level of living conditions of the person.

The baseline produced through this study can be applied later for monitoring purposes. Results can be applied directly as documentation of the standard of living among people with disabilities and their families, and as a basis for comparison with non-disabled. This information is potentially useful when decisions are made on utilisation of meagre resources, as argument towards prospective donors or other funding sources, and as a tool for organisations of disabled people in setting priorities, educating their own members and the population in general, and as a basis for advocacy.

3 Gender differences of level of living conditions

Analyses in this section are presented to further examine the gender dimension with respect to disability and living conditions in the Namibian sample described above. There are numerous reasons for carrying out such analyses; perhaps the most obvious being that the role of women in traditional African societies is quite different than that of men. Women often are discriminated against, and the opportunities available to them are fewer than men in most African countries. In addition, as shown in the previous section, disability offers few rewards, often placing the person with a disability in a more disadvantageous position compared to people without disabilities. It is important therefore to examine in what ways the combination of disability and gender act to aggravate the conditions described above.

Although it could be interesting to study all aspects covered in the study referred to above, we have chosen to concentrate on some selected aspects that are considered as the most important. All of the analyses below have been shown to be of consequence to people with disabilities, so additional focus will be placed on the aspect of gender.

3.1 Education

In the figure below, data have been analyzed to determine if there are any differences between men and women, with or without disabilities with respect to education.

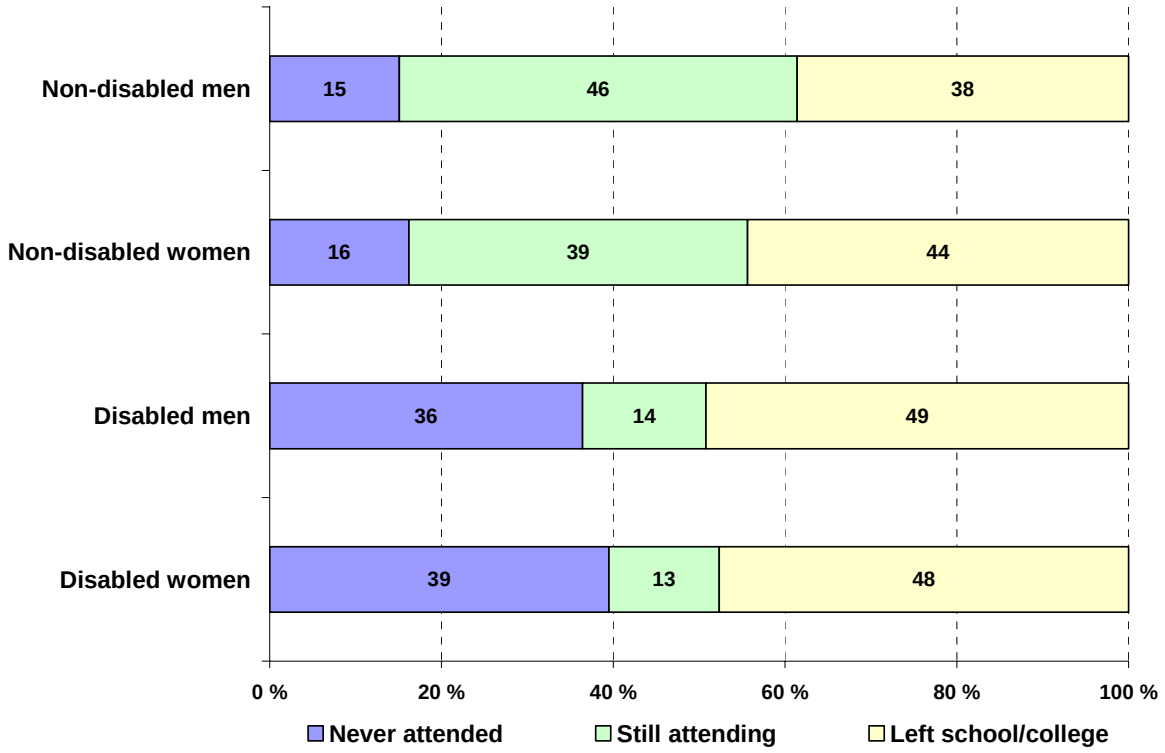

Figure 1: School attendance (age 5 years or older) Percent

The analysis of all those five years and older show no significant differences between women and men's school attendance within disability category. Striking differences are observed however in school attendance between disabled and non-disabled. As seen in the figure, the number of men and women who never attended school is approximately the same. The relatively small, but observable difference between women and men "still attending" school may be due to a tendency for men to complete higher degrees of education than women.

By analysing the age group 5 years *or older*, an historic sub sample is included in the analysis - namely those who may have attended school 20 - 60 years ago. Certain changes may be expected

in the school system in Namibia with respect to, for example, attendance restrictions and requirements, participation or length of schooling. In order to examine if there have been any changes in school attendance patterns, a similar analysis was conducted restricting the sample to those currently 5 to 18 years of age, contemporary boys and girls who will give an insight of how the school system works today.

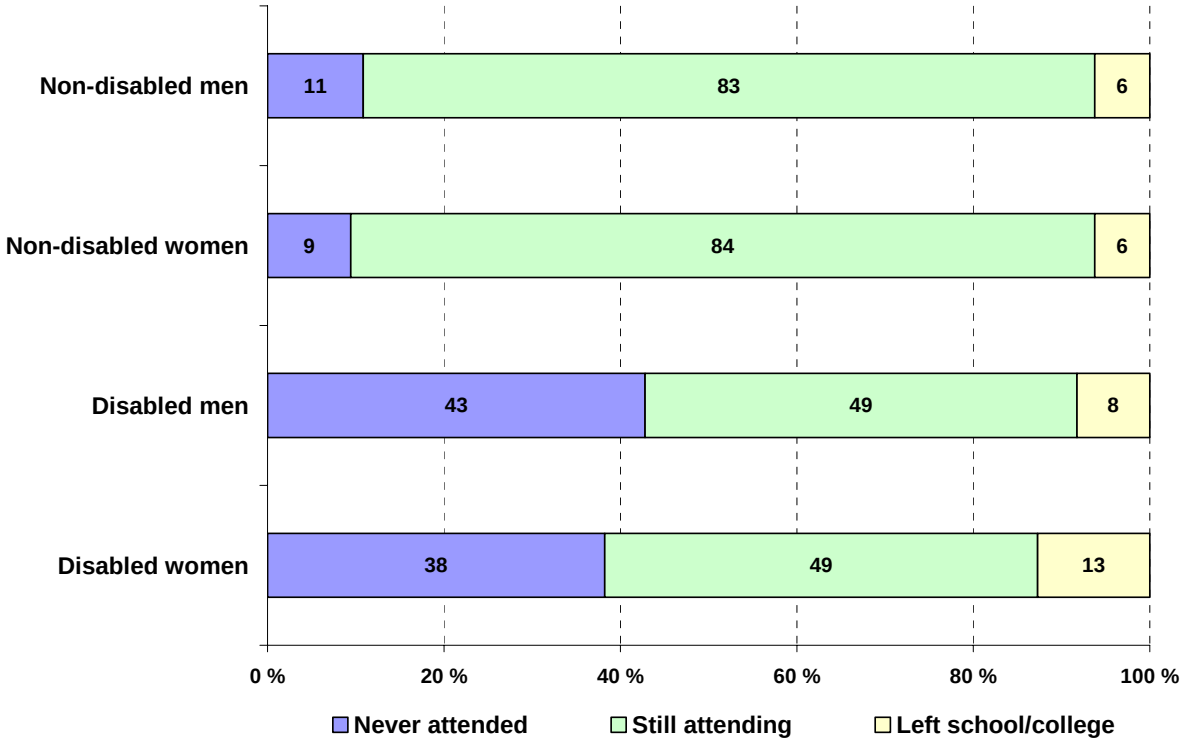

Figure 2: School attendance (age 5 to18 years) Percent

Figure 2 shows some very interesting, but also some disturbing tendencies regarding school participation today. Looking at the proportions who "never attended" school, the proportion of non-disabled girls and boys who never attended school is less than in the previous figure, indicating that the situation for current school aged children has improved in relation to the larger sample (5 years or older). The proportion of girls and boys with a disability who never have attended school has, however, remained about the same (girls) or increased slightly (boys). In general this may indicate that school has become more available for the general population, but not for girls and boys with a disability.

Potential differences between rural and urban areas in school attendance were also addressed. There is a tendency towards a higher proportion of boys and girls never attending school in rural areas, with one exception: the proportion of boys with disabilities never attending school is 42%

both in rural and urban areas. When it comes to girls with disabilities, 40% never attend school in rural areas (N= 200), while this amount decreases to 33% in urban areas (N =60).

It appears from the data presented here that the school situation for girls with disabilities seems to be slightly better today than earlier, and girls seems to have had a more positive development than boys when it comes to school attendance.

Interestingly, when scholastic achievement is assessed (as highest grade completed) the difference between disabled and non-disabled students is somewhat diluted. Of students with disability 91% have completed grade 7 or less compared to 84% of students without disability. Slightly more students without disability have completed grade 8 or higher (16% versus 9%), but the differences are not as striking as the figures above. This would indicate that, given the chance to attend school, the competence of students with disabilities is approaching that of students without disabilities.

Another aspect concerning school is whether type of disability had any bearing on school attendance. In the report on Living Conditions among People with Disabilities (Eide et al, 2003), a separate analysis was performed to explore whether particular types of disabilities were over represented among those who had not attended school. Individuals with disabilities that could be described as seeing, hearing, communication intellectual or learning were analysed together. It was found that 63% of individuals in this group never had attended school. In contrast, 35% of individuals who reported a physical disability had never attended school.

Corresponding analyses were carried out among those 5-18 years of age and the effect of gender on school attendance was also assessed. Separate analyses by type of disability showed that among those with communication problems alone 83% of boys and 56% of girls aged 5 - 18 years had never attended school. Combined as above with seeing, hearing and intellectual disabilities, among those within this group of disabilities 48% had never attended school (52% boys and 43% girls). In contrast, among those with physical disabilities 33% had never attended school (34% boys and 32% girls).

There appears to an association between type of disability and school attendance. There is also a connection between these variables and gender, but to a somewhat lesser degree. According to the data, individuals with seeing impairments have a greater likelihood of attending school (76%

girls, 71% boys) than individuals with hearing impairments (girls 63% and boys 67%) and physical disabilities (girls 68% and boys 66%).

Further analysis indicates that there is a tendency towards more individuals achieving a higher grade or level of education in urban areas. Moreover, those without disabilities have generally completed higher grades than those with disabilities. In urban areas, more disabled men have achieved higher levels of education than disabled women, but the opposite was observed in rural areas.

According to the data and analysis, it would appear that the school situation for boys and girls with disabilities has not had the same positive development as for individuals without disabilities. Individuals in urban areas have greater access to school than persons in rural areas; this pattern was particularly evident for girls with disabilities. It seems that a larger proportion of individuals with communication and intellectual disabilities have never attended school than individuals with seeing, hearing and physical disabilities. Finally, it appears that girls with a disability have an overall greater likelihood of attending school than boys with disabilities.

3.2 Employment

According to the data presented here and in the main report on Living Conditions among People with Disabilities in Namibia (Eide et al, 2003), unemployment is currently very high. These data show a much higher unemployment rate than in a study conducted by the Namibian Planning Commission (2000). This may be explained by difference in questions on employment, and that the results produced in this inquiry refers to formal employment, and not self-employment or work at home. The employment situation for the age group 15 - 65 years is shown in the figure below.

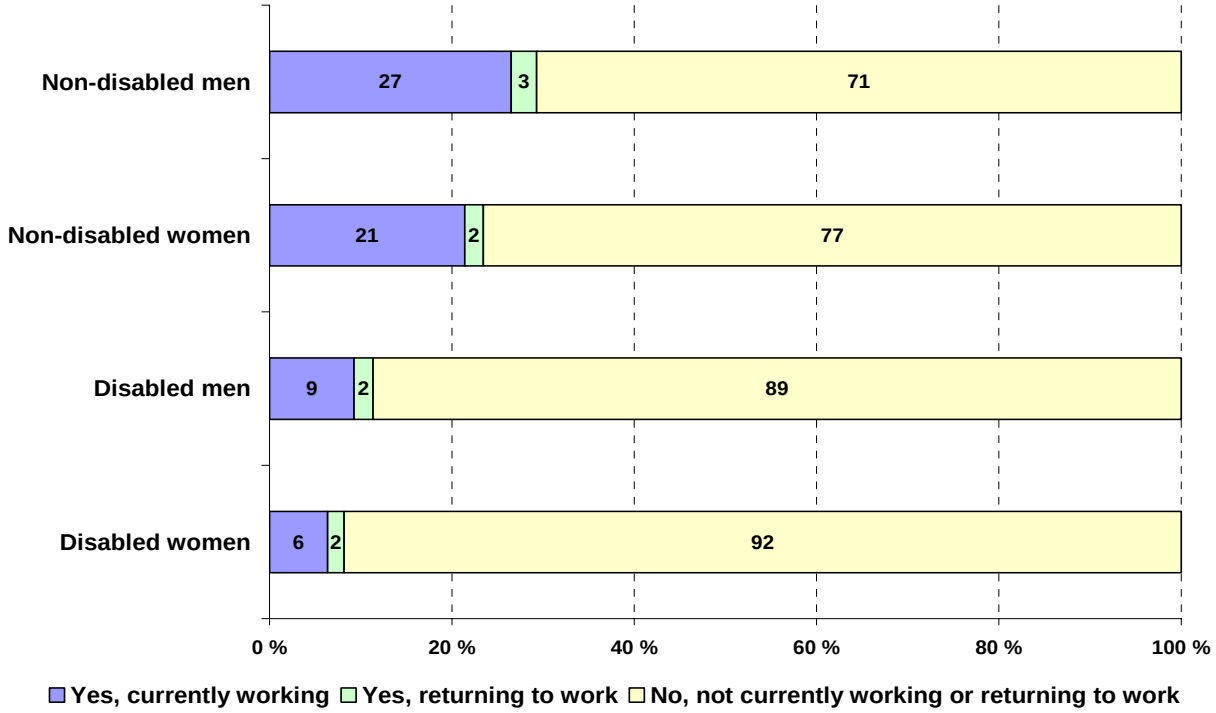

Figure 3: Employment in Percent

Fewer people with disabilities have formal employment than people without disabilities. Women's employment rates are lower than men's, a pattern that applies both to women with and without disabilities. The difference in employment between those with and those without a disability is quite large, and the pattern is repeated when "possession of a skill acquired either formally or informally" is analysed - though here the differences are not as dramatic. About 23% of all men aged 15 to 65 years had acquired a skill (21% disabled versus 24% non-disabled). The corresponding figures for women were: 18% overall having a skill (17% disabled and 19% non-disabled). Overall fewer of those with a disability had acquired a skill. Furthermore, among women, the proportion who had acquired a skill was even lower, and lowest among women with a disability.

3.3 Reproductive health: The importance of disability

This section focuses on the potential differences between women with and without a disability with respect to their reproductive health.

An overall tendency in developing countries is that the social status of women is strongly determined by family structure, and motherhood usually bestows a high social value. When

women have authority within the sphere of the home, children tend to increase the scope of their activity and power.

		Male ♂		Female ♀	
	N	n	%	n	%
Total sample					
Head of household	3642	2095	57.6	1540	42.4
In Control household[2]	1354	827	61.1	527	38.9
In Disability household	2282	1269	55.6	1013	44.4
In disability households					
Head of household disabled	1627	857	52.7	770	47.3
Head of household not disabled	665	412	62.9	243	37.1

Table 1: Gender, disability and role in the Household

Table 1 above illustrates that among the total sample of 3642 households there are fewer women than men who act as head of household. The same pattern is found in both control households and households having a disabled family member; however, in the latter group, the proportion of women heading the household is larger than in the former.

In households having a disabled family member, the head of household is most often not disabled (n=1627, 71.3%) and most often male (n=1269, 55.6%). Women with disabilities are head of households in 10.6% of households having a disabled family member.

Individuals identified as having a disability were also asked about their role within the family. The experiences of individuals with disabilities, by gender, are presented in Table 2.

Involvement in family life	% who respond No/Never			
	Male ♂	**Female ♀**	**Total**	**p-value**
Do you go with the family to events?	14.9	17.8	16.3	ns
Do you feel involved and part of the family?	6.4	4.2	5.3	p=0.02
Does the family involve you in conversations?	10.6	9.1	9.9	ns
Does the family help you with daily activities?	5.0	4.3	4.6	ns
…for those over 15 years				
Are you consulted about making household decisions?	16.2	14.8	15.5	ns
Do you make important decisions about your life?	9.9	10.3	10.1	ns

Table2: Involvement in family life

[2] Both households with and without a disabled family member were selected for inclusion in the survey so that comparisons could be made between the two types of households.

Among those identified as having a disability, both males and females experienced, for the most part, the same degree of involvement in family life. Only with respect to the question about feeling involved and part of family life did the responses of women differ significantly from those of men. Women answered that they less frequently felt involved and part of the family (p=0.02).

While the majority of those questioned were involved at least sometimes in different aspects of family life, it is worth noting that as many as 16% are not included in family events, 10% are not involved in conversations and 5% do not feel a part of the family. Furthermore, of those 15 years and older, 23% are not consulted about making household decisions and 10% are not part of the decision-making process concerning their own lives. Some of these findings may be related to the type or severity of the disability in question. Analyses show a variation in answers according to type of disability. There is a clear tendency towards people with communication and intellectual/emotional disabilities being less involved or integrated into family life than people with other kinds of disabilities. People with seeing difficulties are most involved.

With respect to reproductive history of females in the sample, replies were restricted to those between the ages of 12 and 49 years (inclusive) as these are considered to be the main child bearing years for women. The sample was further restricted to those households having at least one disabled family member.

	non-disabled		**disabled**	
	n	%	n	%
♀ **12-49 years (n = 4601)**	3973	86.4	628	13.6
never married	2872	72.6	454	73.0
married	902	22.8	114	18.3
Separated/divorced	113	2.9	31	5.0
Widowed	69	1.7	23	3.7

Table 3: Marital status of women 12 - 49 years of age

The total number of women age 12 - 49 years in households having a disabled family member was 4601, and of these 628 women (13.6%) had a disability. When interpreting these results it is important to keep in mind that about 20 percent of the sample of women are 15 years of age or younger. Furthermore, analyses indicated that approximately 70 percent of both women with and without disabilities have never been married.

	non-disabled		disabled	
	n	%	n	%
Contraceptive use (n = 4086)	3515	86.0	571	14.0
none	1807	51.4	384	67.3
any	1708	48.6	187	32.7‡
exclude never married (n = 1181)	1019	86.3	162	13.7
none	457	44.8	92	56.8
any	562	55.2	70	43.2†

‡ $p < 0.001$ † $p = 0.005$

Table 4: Use of contraceptives

Two sets of results are presented in Table 4 above and Table 5 below. First results are presented for the entire sub-sample of women 12 - 49 years of age in households with at least one disabled family member. Results are also presented for another sub-sample excluding those women who stated that they had never been married. While specific questions concerning the sexual debut or sexual practices of women were not asked - attention instead focussed on methods of birth control and reproductive history (pregnancies, births, stillbirths etc.). By excluding those who were never married we assume a more conservative approach - but one which we feel will more accurately capture the true situation for women who may be sexually active.

Table 4 above clearly shows that women with disabilities are less likely to use any form of contraceptive device than women without disabilities. The results are the same regardless of the marital status of the woman.

	non-disabled			disabled		
♀ **12-49 years**	N	mean	SD	N	mean	SD
N pregnancies	3881	**1.8**	2.5	619	**2.0**	2.5
Age at 1st pregnancy	1787	**19.8**	3.9	263	**20.2**	4.2
N stillbirths	2062	**0.2**	0.6	321	**0.2**	0.6
Total N children	2054	**3.3**	2.3	323	**3.5**	2.3†

† $p < 0.05$

	non-disabled			disabled		
♀ **12-49 years (excluding those never married)**	N	mean	SD	N	mean	SD
N pregnancies	1078	**4.3**	2.8	167	**4.2**	2.3
Age at 1st pregnancy	822	**19.6**	4.0	119	**19.7**	4.0
N stillbirths	1015	**0.3**	0.7	157	**0.3**	0.6
Total N children	1015	**4.2**	2.5	158	**4.2**	2.2

Table 5: Reproductive history

The reproductive history presented in the table above shows that of the 4520 women in the sample who responded to these questions, 53.6% have been pregnant at least once (52.3% of women with disabilities and 53.8% of women without disabilities).

Data in the tables presented above show that the experiences of women with and without disabilities is very similar - in terms of number of pregnancies, age at first pregnancy, the number of stillbirths and the total number of children. The slight difference in total number of children seen in Table 5 for the sub-sample of women 12 - 49 years of age disappears when those women who have never been married are excluded.

Onset of disability and children

An additional analysis examined whether there was any association between onset and type of disability and the likelihood of having children, among women with disabilities in the age range 12-49 years. It was hypothesised that women disabled after the age of six have learned some basic practical and social skills which may affect their decisions about becoming pregnant.

Analysis of the data indicated that of the 628 women with disabilities aged 12 - 49 years about 50% were disabled before they were 7 years old. Of these, 41 (7%) had children, while among women who were disabled after the age of six, 72% had children.

Further analyses indicated that of the women in the age group 12 - 49 years of age and disabled before they were 7 years old, those less likely to have children were those with intellectual (75%) or communication (80%) disabilities. These differences were no longer statistically significant among those disabled after the age of 6.

4 Conclusions

To reiterate: In studies of living condition both among people with and without disabilities, gender is an important, but often underestimated dimension. To analyse data according to gender is important because women and men often have different positions within the household and different control over resources. They also have different and changing roles in society, and they often have different needs.

Based on the information presented above, the following conclusions can be stated:

1. Striking differences are observed in school attendance between those with and those without disabilities.

2. Among those who are currently of school age (5 - 18 years) who never attended school it is observed that while the proportion of non-disabled girls and boys has decreased in relation to "historic data" (those 5 years or older), the proportion of girls and boys with a disability who never have attended school has remained about the same (girls) or increased slightly (boys). This may indicate that the school has become more available for the general population, but not for girls and boys with a disability.

3. The school situation for girls with disabilities seems to be slightly better today than earlier, and girls with a disability seems to have had a more positive development than boys with a disability when it comes to school attendance.

4. An examination of scholastic achievement (highest grade completed) seems to indicate that, given the chance to attend school, the competence of students with disabilities is approaching that of students without disabilities.

5. According to our data and analysis, it appears that the school situation for boys and girls with disabilities has not had the same positive development as for individuals without disabilities. Individuals in urban areas have greater access to school than persons in rural areas; this pattern was particularly evident for girls with disabilities. It seems that a larger proportion of individuals with communication and intellectual disabilities have never attended school than individuals with seeing, hearing and physical disabilities. Finally, it

appears that girls with a disability have an overall greater likelihood of attending school than boys with disabilities.

6. Fewer people with disabilities have formal employment than people without disabilities. Women's employment rates are lower than men's, a pattern that applies both to women with and without disabilities.

7. Women with disabilities are less likely to use any form of contraceptive device than women without disabilities. The results are the same regardless of the marital status of the woman.

While the data presented in this report give a clear impression of the sharp differences between those with and those with disabilities, the gender differences one might have expected were less than conclusive. In many instances, females with disabilities were worse off than were males, but the differences were not as large as had been expected.

This is not to presume that these differences do not exist - however, due to the methods chosen for our survey, we have been unable to demonstrate them in the sample presented here.

In order to provide more conclusive evidence regarding the role of gender with respect to disability, the disability process, and the living conditions of those with disabilities it is recommended that a research study (designed to incorporate both quantitative and qualitative methodologies) with gender as its focus be initiated.

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