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NATIONAL REPORT ON DISABILITY STATISTICS IN EGYPT

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**Economic & Social
Commission for Western
(ESCWA)**

**Central Agency for Public
Mobilization & Statistics (Egypt)
(CAPMAS)**

**National Report
on
Disability Statistics in Egypt
21-23 March 2005**

**By
Dr. Bothaina El Deeb
Head of Statistical Sector
of
CAPMAS**

Introduction:

International efforts with of co-ordination and collaboration of many countries in the field of care for disabled persons are shown in numerous documents such as the Declaration on the Rights of Mentally Retarded Persons (1971) and Economic and Social Council resolution 1921 (VIII) that held for the prevention of disability and rehabilitation of disabled persons. In addition, there are some other resolutions and documents issued by specialized international agencies such as UNESCO and the United Nations Children's Fund (UNICEF) to help disabled persons too.

Services and care provided to the disabled person in the advanced countries have developed greatly in term of quantity and quality. In the developing countries such care is still well below the required level, in spite of the fact these countries contain 80 percent of the total number (over 500 million) of disabled persons in the world (UNICEF 2000).

Several large-scale surveys from industrialized countries indicate a disability rate affecting 10% of the population. In developing countries, some 100 studies (survey, censuses, etc.,) have been made. Comparing the outcome of these studies is difficult because different methods have been used. It would, however, be reasonable to assume that about 5 to 7 percent of the population are disabled (ESCWA, 1992).

Traditionally, Egyptian society ascribed simple work, such as cloth folding, threading beads and wool spinning to handicapped persons. Al- Azhar university was the first to rehabilitate the visionary handicapped persons and to educate them as motives for Islam. Early in the nineteenth century, Egyptian citizens started to form benevolent assemblies serving the handicapped. In 1939 the Ministry of Social Affairs was established. Among its targets, the ministry should help handicapped persons through providing their essential requirements and rehabilitating them to be productive persons in the society. In 1953 the Ministry of social Affairs established the first handicapped rehabilitation center. Now there are many centers that are distributed in all the most of Egyptian governorates.

The year 1990 was devoted to improving the welfare of the handicapped children. Many conferences were held under the sponsorship of the first lady in Egypt: Mrs. Mubarak. All professional concerned with handicapped children participated in these conferences and came up with many recommendations which are now under execution.

The present national report will throw some lights on the sources of data on disabled persons in Egypt volume and characteristics of disabled persons, reasons for under-reporting in census or surveys and raising some suggestions to improve the disability statistics, in Egypt.

Objectives of the national report:

1. Throwing some lights on the available sources of data about disability, volume and characteristics of disable persons in Egypt.
2. Reporting on a meeting held by ESCWA, UNSD of New York and 8 Arab countries on Disability statistics, Cairo 1-12 June 2002 for using censuses to improve data collection on disability.
3. Illustrating for the modifications done in the 2006 Egyptian census questionnaire to improve data collection on disability.
4. Raising some suggestions for having better & more accurate data on Disability through conducting a sample survey on disability in Egypt.

I. Sources of data disability in Egypt and its limitation:

1.1 Population Censuses:

Egypt has a national census every 10 years since 1907 containing data on disability. The results of 1947, 1960, 1976 and 1996 censuses will be present in this report. The census provides data about the categories of disabled persons, classified according to type, age, sex distribution. Education, work status and occupational status are also available for disabled persons

The population of Egypt in 1996 census was 59,312,914 disable persons constituted only 0.48% of the population. There is no doubt that the number of disable persons in 1996 census was underreported implying that there are in fact more disables persons than those calculated by the census. In this case, the reasons for the inaccuracy of the results concerning the disabled could be as follows:

- A- Prevailing customs and traditions, whereby some families are unable for various social reasons to admit cases of disability, particularly when the disabled persons are females;
- B- The low educational level of some families, which makes them decline to admit that there are any disabled persons in the family;
- C- The failure of the media to explain disability and the services provided to disables persons by the community. As a result, the family has no wish to report the existence of disable persons because it thinks that to do so is neither important nor useful;
- D- A lack of awareness on the part of some of those responsible for the collection of data with respect to the importance of accurate information on the situation, characteristics, abilities and requirements of disables persons in the community. They therefore fail to obtain correct data in this field;
- E- The fact that the general population census questionnaire does not include categories of disability, which, if include, might affect the number of disable persons. These categories include psychiatric disorders, epilepsy, learning disabilities, certain chronic diseases, etc.;
- F- The imprecision of definitions and explanations relating to the categories of disability covered by the questionnaire.

Table (1) presents the categories of impairments encountered in the 1947, 1960, 1976 and 1996 Egyptian censuses. It is obvious that there are disparities between the basic patterns of disability in different censuses. It is also important to mention that the proportion of male disable persons is always higher than those of females in all censuses see tables (2,3). This may be due to some traditions and cultural factors that parents have no wish to report on disable children specially females.

Table 1: Type of impairments encountered in the 1947, 1960, 1976 and 1996 Egyptian census

		Type of impairment	1947	1960	1976	1996
Sensory	Visual	Blind (total loss)	+	+	+	+
		Partial loss	-	-	-	-
		Loss of one eye	+	+	+	+
	Hearing	Deaf (total loss)	-	-	+	+
		Partial loss	-	-	-	-
	Speech	Dumb (total loss)	-	-	+	+
		Partial loss	-	-	-	-
Physical	Locomotor	Upper limb disability	-	+	+	+
		Lower limb disability	-	+	+	+
		Poliomyelitis	-	-	-	+
		Paralysis total or partial	-	-	-	+
Mental	Mentally retarded	Intellectual	+	-	+	+
Multiple	Deaf- Dumb		+	+	+	+
	Blind-Deaf- Dumb		+	-	-	-
	Blind- Mentally retarded		+	-	-	-
	Blind –Mentally retarded -Deaf- Dumb		+	-	-	-
	Loss of one eye- Deaf- Dumb		+	-	-	-
	Loss of one eye- Mentally retarded		+	-	-	-
	Loss of one eye- Mentally retarded- Deaf- Dumb		+	-	-	-
	Deaf- Dumb - Mentally retarded		+	-	-	-

Note: (+) Data are existed (-) Data are not existed

Table 2: Disable Persons and Prevalence per 100 Population by Sex, Egypt in 1947, 1960, 1976 and 1996

Year	Number of disable persons			Disable persons prevalence per 100 population		
	Males	Females	Total	Males	Females	Total
1947	116621	83828	200449	1.44	1.01	1.22
1960	143073	113126	256199	1.09	0.88	0.99
1976	82905	28419	111324	0.44	0.16	0.30
1996	183391	101484	284875	0.60	0.35	0.48

Table 3: Percent distribution of Disabled Persons by Type of Disability in 1996

Type	M	F	T
1-Blind	10.7	11.1	10.8
2-Lose of one eye	1.8	1.3	1.6
3-Deaf-dumb	3.1	3.5	3.2
4-Deaf	1.6	1.9	1.7
5-Dumb	3.9	4.6	4.2
6-Lose of one or both arms	2.1	0.6	1.6
7-Lose of one or both legs	4.1	1.4	3.2
8- Mental Retardation	17.5	15.3	16.7
9-Poliomyelitis	12.8	12.1	12.5
10-Paralysis total or partial	19.4	17.6	18.7
11-Other disabilities	23.1	30.6	25.8
Total	100	100	100

1.2 Surveys

There is a general shortage in surveys concerning the nature and extent of disability. Some surveys conducted to collect basic information on the health status of the Egyptian as well as related factors affecting it such as the Health Interview Survey (HIS). This survey formed part of five years national research project for the period 1977 to 1984. The classification scheme applied in this survey was the World Health organization (WHO) 1980 international classification, which included a part on disability.

In the Egypt Maternal and Child Health Survey, 1991, data on disabilities was collected. In the disability module, the following question was asked **‘Does anyone in the household, including very young children and women, have any long –term condition or health problem which prevents or limits his/her participation in activities as a normal person of his/her age?’** This question was directed to every person in the household which reported to have a disability, both the type and the cause of the disability were ascertained. Some results of this survey are listed in table (4).

Table 4: Percent distribution of disabled persons by type of disability, and type specific prevalence rates per 100,000 persons, according to sex, Egypt MCHS 1991

Type of impairment		Percent distribution of disabled persons by type of impairment		Prevalence rate per 100,000 population	
		Males	Females	Males	Females
Sensory	All	27.6	34.7	451	392
	Visual	16.9	21.8	276	246
	Hearing/Speech	10.7	12.9	174	146
Physical	All	31.3	26.8	510	303
	Upper Limb	4.1	2.8	66	32
	Lower limb	7.1	4.1	115	46
	Paralysis	20.1	19.9	329	225
Mental		10.1	9.5	164	107
Other		31.0	29.0	507	328
Total		100	100	1632	1130

According to all data shown in table (2) and (4) it could be confirmed that the statistics of disability in Egypt are highly affected by under reporting specially if it is compared with the proportion of disability in all developed countries. (see tables 5,6).

Table 5: Disability Statistics in the Caribbean Region

Aruba 1991	5.5
Bahamas 1990	1.5
Belize 1991	6.6
Bermuda 1991	7.6
Jamaica 1991	4.8
Saint Vincent and the Grenadines 1991	7.2

Table 6 :Disability Statistics in Selected Developed Countries

Australia 1998	19.3
Canada 1991	15.5
New Zealand 1996	20.0
United Kingdom 1991	12.2
United States 1994	15.0
United States 1990	10.0

It is also important to mention that the under-reporting of disability statistics is shown not only in Egypt but also in all Arab countries (see table 7).

Table 7 : Disability Statistics in the ESCWA Region

Bahrain 1995	1.5	Oman 1995	2.4
Bahrain 1991	0.8	Oman 1993	1.9
Bahrain 1981	1.0	Palestine 1997	1.8
Egypt 1996	0.5	Qatar 1998	1.0
Egypt 1991	1.6	Qatar 1996	0.2
Egypt 1976	0.3	Saudi Arabia 1996	1.6
Gaza Strip 1996	2.1	Syrian Arab Rep. 1993	0.8
Iraq 1977	0.9	Syrian Arab Rep. 1981	1.0
Jordan 1994	1.2	Syrian Arab Rep. 1970	1.0
Jordan 1991	2.6	United Arab Emirates 1995	1.1
Kuwait 1996	1.1	Yemen 1994	0.5
Kebebib 1994	1.0		

Source, ESCWA, 1998

The Characteristics of Disable Persons in 1996:

Tables (8) to (12) demonstrate the characteristics of disable persons by age, sex, education status, economic activity, occupation and employment status. According to these data it can be noticed the illiteracy are greatly prevailed among disable persons (61% for males & 70% for females) as compared with all population (10+) (29% for males, 50% for females). Likewise, the proportion of disable persons having any certificate is nearly half of those of all population. As expected, the participation rate for disable persons (26%) is nearly half of that of all population (46.5%). Most of them are working in services or in agricultural occupations (due to their disability and their lower level of education). However, about two-thirds of them are employees and about one-fifth are employers. It can be noticed that specially for educational status and work status equalization between disable persons and others is not existed.

Table 8: Percent Distribution of Disabled Persons by Age Groups and Sex,1996

Age	Males	Females	Total
Less than 5	3.2	5.4	4.0
5-	6.1	8.3	6.8
10-	10.2	13.5	11.4
15-	13.6	14.6	14.0
20-	11.3	10.0	10.8
25-	8.2	7.7	8.0
30-	7.2	6.9	7.1
35-	6.7	6.1	6.5
40-	6.2	5.1	5.8
45-	5.9	3.9	5.2
50-	4.8	3.8	4.5
55-	4.2	2.8	3.7
60-	4.2	3.7	4.0
65-	3.3	2.6	3.1
70-	2.4	2.7	2.5
75+	2.4	2.9	2.6
Total	100	100	100

Source: CAPMAS, Population Census in 1996.

Table 9: Percentage distribution of the disabled persons (10 +) and all Persons (10+) by educational status and sex, 1996

Educational Status	Disable persons			Total population		
	M	F	T	M	F	T
Illiterate	60.6	70.1	63.9	29.1	50.3	39.4
Read and Write	16.4	8.8	13.8	22.7	14.6	18.7
Below Intermediate	10.1	10.1	10.1	19.6	15.6	17.7
Intermediate	9.0	7.4	8.5	19.0	13.9	16.5
Over Intermediate. and Less Than University	1.0	1.1	1.0	2.3	1.7	2.0
University and over	2.9	2.5	2.8	7.3	3.9	5.7
Total	100	100	100	100	100	100

Table 10:Participation rate of the disable persons and all population (15+), 1996

Disable persons`			Total Population		
M	F	T	M	F	T
33.4	11.9	26.2	77.3	14.5	46.5

Table 11 : Percentage Distribution of working disabled persons and total labour force (15 Years and Over) by Occupation, Sex, 1996

Occupation	Disabled persons			Total labour force		
	M	F	T	M	F	T
Legislators, Senior Officials and Mangers	3.9	2.6	3.7	4.5	3.4	4.3
Science Professionals	8.9	19.6	10.5	9.8	24.8	12.1
Technicians and Associate Professionals	7.8	13.6	8.6	7.8	16.1	9.1
Clerks	7.2	17.6	8.8	4.7	16.6	6.5
Service Workers Shop and Market Sale Workers	16.8	10.3	15.8	9.2	4.7	8.5
Agriculture and Fishery Workers	26.8	15.6	25.1	30.6	8.0	27.2
Crafts and Related Trade Workers	13.6	4.2	12.2	16.1	2.1	14.0
Plant and Machine Operators and Assembles	3.9	2.1	3.7	7.0	1.6	6.2
Elementary Occupation	3.0	1.1	2.7	2.7	1.1	2.4
Person Not Classified	8.1	13.4	8.9	7.6	21.5	9.7
Total	100	100	100	100	100	100

Table 12: Percentage Distribution of working disabled persons and total Labour Force (15 Years and Over) by Employment Status, sex, 1996

Employment Status	Disabled persons			Total labour force		
	M	F	T	M	F	T
Own Account Workers	5.8	2.7	5.3	7.3	1.4	6.4
Employers	19.8	7.6	17.9	21.2	4.2	18.6
Employees	65.8	77.7	67.6	62.0	71.6	63.5
Unpaid Family Workers	2.7	1.3	2.5	2.6	2.4	2.6
Ever Worked Unemployed	1.1	0.5	1.1	0.5	0.2	0.4
Newly Unemployed	4.8	10.2	5.6	6.4	20.2	8.5
Total	100	100	100	100	100	100

II . A meeting held on a core set of census questions and disability measurement for ESCWA countries Cairo, 1-12 June 2002

Due to the strong realization that the disability statistics in all Arab countries are under-reported, ESCWA and the UN Social Statistic Department of New York (UNSD) held a meeting in Cairo 1-12 June 2002 to get use from the censuses to collect accurate data on disability. The questions on disability should be changed. The other

methodological process as for data collection should be modified too. The meeting was held among representatives of 8 Arab countries.

In the following, more details on the objectives and the results of the meeting are shown:

Objectives of the meeting Disability Measurement:

- To agree on a regional common approach to collect disability data on censuses
- To initiate a dialogue in the region between census managers and users of disability statistics on how best a census can be utilized to collect data on persons with disabilities.
- To introduce countries to the International Classification of Functioning, Disability and Health (ICF) and discuss its use as conceptual framework for collecting census data on disability
- To introduce the countries of the region to the work of the Washington City Group on Disability Statistics

Recommendations of the Cairo Meeting (1-5) June 2002 on disability statistics

In order to have more accurate data on disability we need:

Interviewer Training for:

- Improve reporting on disability status
- Minimize non-response
- Minimize stereotyping
- Improve quality of data collected
- Training in probing techniques

Sensitivity Training about: How to ask questions on disability:

- How to cope with listening to people talk about their disability
- Attitude in dealing with persons with disabilities-no prejudice

Issues to be Considered by Interviewers

- Establishing trust is vital for quality responses
- Be sensitive to the language you use
- Treat persons with disabilities as you would treat anyone else
- Language (Use of negative and derogatory terms)
- Do not make assumptions about a person's disability
- Do not make assumptions about the person based on their observed disability That they can not answer questions because of the disability.

Questions recommended to be used in the ESCWA Countries:

Question design:

- The question should be phrased in the context of health
- The question should relate to each person and not to the household in general
- The question should include a reference to a duration (long-term disability)
- The wording of the question should relate to the Activities/ participation outcome
- The wording of the question should include simple language and should avoid the use of negative terms

- The term disability should be avoided in the formulation of the question and in the conversation between the interviewer and the respondent
- The “filter” question should be very simple and short
- Multiscale response categories should be considered.

Then the wording of the question should be as the following:

In the context of an health condition that lasts for 6 months or more, does... have any difficulty in performing usual activities?

yes
often yes
sometimes no

**In which area does... have this difficulty?
(all that apply)**

- Hearing Speaking
- Seeing Learning
 Moving around
 Self-care
 Other...

What is the main cause of difficulty?

- Congenital/prenatal
- Diseases/illness
- Injury/accidents/trauma
- Aging
- Other

III. Improvements in disability data done in the Questionnaire of 2006 Census of Egypt:

According to the recommendations of ESCWA meeting 2002, Egypt has a chance to improve the question of disability in the new census of 2006. The questionnaire of the past census 1996 was including only one question which is:

Type of disability (if existed)?

This question should be asked to all members of the household. But, since the question including the word (if existed), most of enumerators did not ask this question, in order to squeeze their work load.

In order to improve the questions of disability in the census, multiple questions should be involved. But this needs a space in the questionnaire. It is well known that in the census questionnaire every centimeter was used and no spare places are existed.

Therefore, there was a suggestion to exclude the fertility questions due to many reasons:

- 1- The Egyptian Demographic and Health Survey has been conducted in Egypt every 5 years since 1984. It collects more accurate data on fertility and family planning than those collected in the census. An evaluation study for all census data of 1986, including the fertility data, proved that the average number of children ever born taken from the census is less than the average number of

children ever born taken from the fertility survey by 2 children (El- Deab 1987). Hence, all fertility analyses in Egypt depend on the fertility and family planning surveys such as EDHS but not on census data.

- 2- Since census of 1976, Egypt collect data on fertility from 20% of the total households and the fertility data did not published due to the serious under-enumeration. Hence it is considered that it is waste of time and money to continue to collect data which are not valuable and not –used.

The new questions on disability that involved in the new census (2006)questionnaire are:

- A filter question: that should be asked to all members of the household:
Is (name) is normal (healthy) or disable?
- In case of disable person there are two groups of questions that should be answered:

Type of disability
1-Blind
2-Lose of one eye
3-Deaf-dumb
4-Deaf
5-Dumb
6-Lose of one or both arms
7-Lose of one or both legs
8- Mental Retardation
9-Poliomyelitis
10-Paralysis total or partial
11-Other disabilities

Causes of disability
1-Congenital/prenatal
2-Infant Birth Trauma
3-Diseases/illness
4- Body or Moral abuse
5- Injury/accidents
6- Aging
7- Others
8- Don't Know

IV: Suggestions to improve the Egyptian data on disability in future:

In order to raise some suggestions to improve data collection on disability we have not to scratch from the beginning, but to get benefit from great efforts done by Washington Group on disability.

The Washington Group (WG) on Disability is a group of international experts from Australia, Austria, Belgium, Brazil, Canada, Columbia, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Greece, Hong Kong (China), Hungary, India, Ireland, Israel, Italy, Latvia, Macao (China), New Zealand, Norway, Palestine, Peru, Philippines, Poland, Romania, Sierra Leone, Slovenia, South Africa, Spain, St. Lucia, Sweden, The Netherlands, Turkey, Uganda, United Kingdom, and the United States. In addition, there are representatives from some International and non-government organizations such as European Disability Forum, Eurostat, International Federation for Spina Bifida and Hydrocephalus, International Development Project (IDP), International Labor Organization (ILO), Organization for Economic Cooperation and Development (OECD) Health Policy Unit, Partnership Health EU, Rehabilitation International, United Nations Statistics Division, United Nations Economic Commission for Europe (UNECE), United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), United Nations Economic and Social Commission for Western Asia (ESCWA), World Bank, and World Health Organization (WHO).

The main purpose of the WG is the promotion and co-ordination of international co-operation in the area of health statistics by focusing on disability measures suitable for censuses and national surveys which will provide basic necessary information on disability throughout the world. More specifically, the WG aims to guide the development of a small set(s) of general disability measures, suitable for use in censuses, sample-based national surveys, or other statistical formats, for the primary purpose of informing policy on equalization of opportunities. The second priority of the Washington Group is to recommend one or more extended sets of survey items to measure disability, or principles for their design, to be used as components of population surveys or as supplements to specialty surveys.

It is also important to note that four meetings were held by (WG) in Washington, Ottawa, Brussels and Bangkok during 2001-2004.

According to these meetings, the working group (1) decided some main questions as a short form or the core questions. These questions could be applied in a recommended field survey in Egypt. In addition to these core questions some more questions about the availability of services in each community for handicapped persons and also some questions directed to disable persons to define their needs which could be differ from one place to another.

These core questions are:

1. Do you have difficulty seeing even if wearing glasses or are you blind?
2. Do you have difficulty hearing even if using hearing aid/s or are you deaf?
3. Do you have difficulty walking or climbing stairs?
4. Do you have difficulty remembering or concentrating?

Additional possibilities

5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Because of a physical, mental, or emotional health condition, do you have difficulty communicating, (for example understanding or being understood by others)?

However, Egypt also recommended as the experts of WG recommended that Yes / No as answer of these questions is not enough but more response categories like: No / Some / A lot should be included in the categories of answering the related questions.

Finally, in short, CAPMAS needs funds from any international organization such as ESCWA or UNICEF/WHO to conduct a comprehensive Disability Sample Survey in order of gain accurate estimation for disable persons, their characteristics and distribution, in addition to define their needs.



