



# 2018 Samoa Disability Monograph

An Analysis of the 2016 Population and Housing Census



Pacific Community  
Communauté du Pacifique



unicef   
for every child





# 2018 Samoa Disability Monograph

An Analysis of the 2016 Population and Housing Census

Photo credits: Ministry of Women, Community and Social Development, Samoa and UNICEF/ 2006/ Pirozzi

©UNICEF Pacific, Samoa Bureau of Statistics, Ministry of Women, Community and Social Development and Pacific Community

Any part of this publication may be freely reproduced with appropriate acknowledgement.

Suggested citation: Samoa Bureau of Statistics, Ministry of Women, Community and Social Development, Pacific Community and UNICEF Pacific, 2018 Samoa Disability Report: *An analysis of 2016 Census of Population and Housing*. UNICEF, Suva, 2018

# FOREWORD

The principle of “leaving no one behind” underpins the Sustainable Development Goals. “Leaving no one behind” also implies reaching the furthest and most disadvantaged. Children and adults with disabilities face many challenges to full participation, are often the poorest and most marginalized members of society and therefore are most at risk of being left behind.

This report makes an important contribution to documenting the extent of the disabilities and their impact on the lives of people in Samoa. In 2014, the Government of Samoa through the Samoa Bureau of Statistics, incorporated the Washington Group Extended Set of Disability Questions in its Demographic and Health Survey to collect disability data. More recently, the 2016 Samoa Population and Housing Census (PHC) incorporated the short set of questions to collect similar information from all households that were surveyed in Samoa at the time of the Census.

This report undertakes a detailed analysis of the 2016 Census data to explore the situation of children, women and men with disabilities with respect to their living conditions, educational, economic activities and health. This analysis makes an important contribution to the ongoing quest of Pacific leaders to ensure the equalization of opportunities for persons with and without disabilities in all aspects of life, as outlined in Pacific Framework for the Rights of Persons with Disabilities that was adopted in 2016 at the 47th Pacific Islands Forum Leaders’ Meeting.

The release of this report is timely as the results will inform the development of a successor policy to Samoa’s National Disability Policy 2011–2016 that aimed to “create a human rights-based, inclusive and barrier free society which advocates for and empower people with disabilities”.

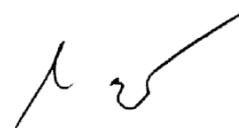
The report demonstrates that disparities persist in education and economic activities. Persons with disabilities are less likely to have attended school and the majority of those who do attend rarely continue beyond the secondary school level. In terms of economic participation, a significant proportion of persons with disabilities are not employed or seeking employment and very few of those who are engaged are paid for their work. Thus, opportunities to improve their livelihoods are limited.

This report further recognizes that given the considerable proportion of persons with disabilities in Samoa, policy, service and programmatic attention is required urgently and particularly for children. Early identification and referral helps improve the likelihood that children with disabilities have access to equal opportunities and the best possible start in life.

It is our sincere wish that this report becomes an accessible and widely used reference for stakeholders in Government, civil society, faith-based organizations, the private sector as well as development partners and that the contents inform evidence-based policies and inclusive development activities that are of benefit to all Samoans.



Ali'imuaamua Malaefono Tauā T. Faasalaina  
Samoa Bureau of Statistics  
Government Statistician/Chief Executive Officer



Sheldon Yett  
UNICEF Pacific  
Representative



# ACKNOWLEDGEMENTS

This report was produced as part of a Samoa Disability Analysis Workshop held 7<sup>th</sup>–11<sup>th</sup> May 2018 at Tanoa Tusitala Hotel in Apia Samoa and organized by the Samoa Bureau of Statistics (SBS) in partnership with the Ministry of Women Community and Social Development (MWCSO). The workshop was supported by UNICEF Pacific (Stanley Gwavuya) and Pacific Disability Forum (Laisa Vereti).

The Government Statistician of Samoa would like to acknowledge the following participants of the Samoa Disability Analysis Workshop who contributed immensely to the analysis and writing of this report:

- Ministry of Education, Sport and Culture (MESC): Jennifer Pemila and Dawn Rogers.
- SENESE Inclusive Education Support Services: Malama Parker, Taunese Faasalaina.
- Loto Taumafai Society for People with Disabilities: Hillier Savea Pouesi, Leata Toma.
- Nuanua-O-Le-Alofa (NOLA): Andrew Taofi, Mataafa Faatino Utumapu.
- Ministry of Commerce Industry and Labour (MCIL): Uputaua Lefauaitu, Toaiva A Iosi
- Office of the Ombudsman: Lagafuaina Tavita.
- Ministry of the Prime Minister and Cabinet (MPMC): Aufata Aiesi.
- Ministry of Finance (MOF): Faavae Mulitalo.
- National University of Samoa (NUS): Muliagatele Dr. Rasela Tufue.
- Australian Government's Department of Foreign Affairs and Trade (DFAT): Kassandra Betham
- MWCSO: Fitiao Susan Faoagali, Mataia Meritiana Fepuleai Tanuvasa, Leausa A Taala, Ana Sherry Atua, Christabelle Gabriel, Sapati S Malietoa, Elizabeth Ah Poe, Heker Puela Matai, Alan Aiolutotea, Patricia Timua.
- SBS: Taiaopo Faumuina, Lewis Sinclair, Kaisarina Moananu, Alefa Leofo, Aniva Nati, Poinsettia Epati.

The authors appreciate comments received from Talei Cama and Amy Delneuville (UNICEF Pacific), Kaobari Matikarai and Toga Raikoti (SPC). This report was edited by Alanna Jorde and designed by Joseph Hing and Talei Simpson (UNICEF Pacific).

The Government of Samoa acknowledges the funding support provided by the Australian Government's DFAT through the MWCSO's Samoa Disability Program.

UNICEF acknowledges the funding support provided by DFAT through the Rights, Education And Protection Project.

## ACRONYMS AND ABBREVIATIONS

AUA	Apia Urban Area
CEB	Children Ever Born
CSPRO	Census and Survey Processing System
DFAT	Department of Foreign Affairs and Trade
IWSA	Independent Water Scheme Association
LER	Labour and Employment Relations
LTA	Land Transport Authority
MCIL	Ministry of Commerce Industry and Labour
MESC	Ministry of Education, Sport and Culture
MoH	Ministry of Health
MWCSD	Ministry of Women Community and Social Development
NOLA	Nuanua-O-Le-Alofa
NWU	North West Upolu
NUS	National University of Samoa
PFRPD	Pacific Framework for the Rights of Persons with Disabilities
PHC	Population and Housing Census
PSC	Public Service Commission
RoU	Rest of Upolu
SBS	Samoa Bureau of Statistics
SDG	Sustainable Development Goal
SPC	Pacific Community
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
VIP	Ventilated Improved Pit (latrine)
WHO	World Health Organization

# CONTENTS

Foreword .....	I
Acknowledgement .....	III
Acronyms and abbreviations .....	IV
List of figures.....	VII
List of tables .....	VIII
Executive summary .....	IX
 1 Introduction .....	 1
1.1. Disability-inclusive development in Samoa.....	2
1.2. Concepts and definitions .....	3
1.3. Organization of this Report.....	4
2. Methodology.....	5
2.1. Population and housing census survey.....	5
2.2. Data analysis.....	5
2.3. Limitations of the disability data and analysis.....	7
3. Prevalence of Disability .....	8
3.1 Prevalence of difficulties by domain .....	8
3.2 Prevalence of disability.....	10
4. Living conditions of persons with disabilities .....	13
4.1. Disability by wealth status.....	13
4.2. Access to drinking water sources.....	15
4.3. Access to improved sanitation facilities .....	16
4.4. Energy sources.....	17
4.5. Conclusions and recommendations.....	18
5 Education, literacy and disability status .....	19



5.1. Educational attainment.....	19
5.2. Literacy .....	23
5.3. School attendance .....	24
5.4. Conclusion and recommendations.....	26
6. Economic activity and disability status.....	27
6.1. Employment status.....	28
6.2. Occupation .....	29
6.3 Conclusions and recommendations.....	30
7. Reproductive health and disability status .....	31
7.1. Marital status.....	31
7.2. Children ever born .....	33
7.3. Age at first birth .....	35
7.4. Conclusions and recommendations .....	37
8. Conclusions.....	38
8.1. Policy implications and recommendations .....	39
Annex.....	41
Endnotes.....	47

# LIST OF FIGURES

Figure 2-1: Continuum of disability .....	6
Figure 3-1: Distribution of population aged 5 years and above with disability by domain and degree of difficulty .....	8
Figure 3-2: Distribution of population aged 5 years and above at different cut-off points .....	10
Figure 3-3: Prevalence of disability using the Washington Group recommended cut-off point .....	12
Figure 3-4: Prevalence of disability by background characteristics .....	12
Figure 4-1: Population aged 5 years and above with and without disability by wealth status .....	14
Figure 4-2: Population aged 5 years and above access to sources of drinking water by disability status .....	16
Figure 4-3: Population aged 5 years and above access to sanitation by disability status .....	17
Figure 4-4: Population aged 5 years and above access to energy sources by disability status .....	18
Figure 5-1: Population aged 5 years and above reading literacy rates by disability status and background characteristics .....	23
Figure 5-2: Population aged 5 years and above writing literacy rates by disability status and background characteristics .....	24
Figure 5-3: Population aged 5–24 years by current school attendance and disability status .....	25
Figure 6-1: Employment status for population 15 years and above by disability status .....	28
Figure 7-1: Female population aged 15–49 years by number of children ever born (CEB) alive and disability status .....	34
Figure 7-2: Age at first birth by disability status of mother .....	36

## LIST OF TABLES

Table 3-1: Population aged 5 years and above by functional domain, degree of difficulty and by background characteristics.....	9
Table 4-1: Population aged 5 years and above with and without disability by wealth status.....	14
Table 5-1: Population aged 5 years and above with and without disability by educational attainment .....	21
Table 5-2: Population aged 5–24 years by school attendance and disability status....	25
Table 6-1: Population aged 15 years and above occupation by disability status .....	30
Table 7-1: Population aged 15 years and above by disability status, marital status and background characteristics.....	32
Table 7-2: Female population aged 15–49 years by disability status, age group and CEB.....	35
Table A-1: Population aged 5 years and above with and without disabilities by background characteristics .....	41
Table A-2: Population aged 5 years and above access to drinking water sources by disability status, .....	42
Table A-3: Population aged 5 years and above access to sanitation by disability status.....	43
Table A-4: Population aged 5 years and above access to energy sources by disability status .....	44
Table A-5: Population aged 5 years and above educational attainment and literacy by disability status and other background characteristics .....	45
Table A-6: Employment status of population aged 15 years and above by disability status and background characteristics .....	46

## EXECUTIVE SUMMARY

The principle of “leaving no one behind” underpins the Sustainable Development Goals (SDGs). “Leaving no one behind” also implies reaching the furthest and most disadvantaged, first. In many parts of the world, persons with disabilities are among the poorest, most vulnerable and marginalized members of society and therefore are most at risk of being left behind. They often lack consistent access to health care, education, employment and economic opportunities that is equal to those without disabilities. Thus, people with disabilities are more likely to suffer social exclusion, economic vulnerability and hardship.

Several relevant initiatives were put in place prior to Samoa becoming a signatory to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in September 2014 followed by its ratification in December 2016. With Government support, persons with disabilities formed the Nuanua-O-Le-Alofa (NOLA) in 2001, a disability advocacy organization to advocate for equal rights and opportunities for persons with disabilities in Samoa. In 2008, Cabinet endorsed the formation of a National Disability Task Force to oversee the work on persons with disabilities. As part of the process of UNCRPD ratification, Samoa conducted a comprehensive legislative review and developed a UNCRPD costed implementation plan in 2015. Further, in 2016, the Government developed the second National Disability Policy, Gender Disaster Management Policy, Disability Disaster Management Policy and reviewed the National Building Code of Samoa to ensure provisions were included for persons with disabilities.

Lack of up-to-date data and information on persons with disabilities makes it difficult to effectively plan, budget and implement programmes. In the Pacific, there is growing recognition of the need to improve the collection of disability statistics. This has led to various regional initiatives such as the inclusion of Goal 5 in the 2016–2025 Pacific Framework for the Rights of Persons with Disabilities (PFRPD) that focuses on strengthening disability research, statistics and analysis.

This report utilizes data from the Samoa 2016 Population and Housing Census (Census). The reference point for the 2016 Census was midnight on 7 November 2016. The survey included the six Short Set of Disability Questions developed by the Washington Group on Disability Statistics and recommended for use in census surveys. The main variable for analysis was therefore derived from these questions for persons aged 5 years and above. The Short Set of Disability Questions included six core functional domains – seeing, hearing, mobility, cognition/memory, self-care and communication.

Disability is conceptualized as a continuum, from minor functioning difficulties to severe difficulties that significantly impact one’s life. Responses are purposefully designed to reflect this continuum. Cut-off points for disability can therefore be determined by the purposes for use of the data.

If the level of inclusion for disability is set “at least some difficulty” (includes a lot of difficulty and cannot do at all), about 7.1 per cent (11,587) of the population aged 5 and

older will be classified as having some disability. If the level of inclusion for disability is set at “at least a lot of difficulty” (includes cannot do at all) about 2.0 per cent (3,370) of the population aged 5 and older will be classified as having some disability. If a very conservative cut-off level of “cannot do it” at all is chosen, the prevalence of disability is about 0.7 per cent (1,216). The various cut-off points for disability prevalence help to guide policy positions. For example, provision of assistive devices/technologies and cash transfer support could first apply to those who have severe functional challenges. For the purposes of analysis for this report, persons with disabilities are classified as anyone with at least one domain that is coded as “a lot of difficulty” or “cannot do it at all”.

Analysis was limited to available data collected in 2016 Census. Further secondary analysis was conducted and highlighted disparities in living conditions, education, employment opportunities and health situation between persons with disabilities and those without disabilities. Key findings include the following:

### Living condition

Data suggests that no disparity exists in access to basic services such as water, sanitation and clean energy sources. Persons with disabilities and persons without disabilities were found in households with similar wealth status and equal access was found to the following: improved drinking water sources and sanitation facilities and clean energy sources. However, the data collected did not permit an assessment of access at the individual level because only data at the household level was collected in the Census. Further, the analysis assumed all household members have equal access to the above measures of standard of living. Information was not available to assess the accessibility of available water and sanitation facilities by persons with disabilities. Therefore, the data may not necessarily reflect and depict the realities of persons with disabilities within households.

### Education

Data related to education revealed significant disparities between persons with disabilities compared to those without. Persons with disabilities were found to be five times more likely to have never attended school compared to persons without disabilities. About 10 per cent of persons with disabilities had no education compared to only 2 per cent of persons without disabilities.

Most persons with disabilities who managed to attend school, only completed primary education. Persons with disabilities are over-represented at the primary level and underrepresented at secondary level and beyond. Primary school was the highest level of education attained by about 42 per cent of persons with disabilities compared to 32 per cent of persons without disabilities. Only 37 per cent of persons with disabilities attended school up to the secondary level compared to 51 per cent of person without disabilities. A sharp decline was noted in school attendance starting at 13 years of age, suggesting bottlenecks in the advancement of persons with disabilities to secondary school and school attendance rates correlated with disparities in reading and writing proficiency. Only about 38 per cent and 35 per cent of persons with disabilities could

read and write without any difficulty compared with 68 per cent and 66 per cent of persons without disabilities, respectively.

The sharp decline in attendance rates at secondary school could be due a variety of factors at home and at school. For instance, the curriculum offered at school may fail to meet the diverse learning needs. Teachers tend to lack the pedagogical knowledge and skills required to support learning for students with disabilities. At home, parents tend to prioritize education for the children without disabilities over the children with disabilities on the belief that the former stand a better chance of achieving the success required to support the family.

## **Economic activities**

Only one in twenty persons with disabilities were engaged in paid work compared to one in four persons without disabilities. More than half (58 per cent) of persons with disabilities were not economically active compared to 17 per cent of persons without disability and 56 per cent were unable to work. People with disabilities are skeptical that they would benefit from job interventions and suggested a need for a combination of economic activities and social protection mechanisms. Men with and without disabilities were more likely to be engaged in paid work. Apia Urban Area (AUA) and NWU offer the best opportunities for economic engagement across the board, which was expected as they include industrial zones with freehold lands and Samoa's central business district.

## **Health**

Women with disabilities tend to start child bearing earlier compared to women without disabilities. About 20 per cent of women had their first birth between the ages of 15 and 19 years compared to 12 per cent of women without disabilities. The median age of first birth is 22 years for women both with and without disabilities. Women without disabilities had an average of 2.0 children ever born (CEB) compared to 1.7 CEB for women with disabilities. More research is required to unpack the results and determine disparities, if any, in access to contraception.

## **Conclusion**

Significant disparities exist in education and economic activities that require urgent policy and programmatic attention. While no obvious disparities were noted in living conditions, further research is required to fully understand how the living conditions of persons with disabilities compare to those without disabilities. For example, data is not available on the suitability of facilities for persons with disabilities. Moreover, Census data was not available to carry out comprehensive comparisons of the health of people with disabilities and those without.



# 1

## Introduction

The principle of “leaving no one behind” underpins the SDGs and this principle also implies reaching the furthest and most disadvantaged, first. In many parts of the world, persons with disabilities are among the poorest, most vulnerable and marginalized members of society and therefore are most at risk of being left behind. Persons with disabilities often lack consistent access to health care, education, employment and economic opportunities equal to those without disabilities and, thus, are more likely to suffer social exclusion, economic vulnerability and other hardships.

The UNCRPD ushered a paradigm shift in attitudes and approaches to persons with disabilities. Persons with disabilities are no longer viewed as “objects” of charity, medical treatment and social protection but as “subjects” with rights, capable of claiming those rights and making decisions about their lives based on free and informed consent as well as being active members of society. Adopted in 2006 and coming into force in 2008, the UNCRPD universally recognizes the dignity of persons with disabilities.

The UNCRPD is both a development and human rights instrument. It contains several articles that outline the commitment to and provide guidance on the inclusion of persons with disabilities across all sectors. Relevant to this report is Article 31, which requires governments to collect relevant disaggregated information to identify and address barriers faced by persons with disabilities.

Availability of reliable national-level disability data enables policy formulation, evidence-based decision-making and more efficient and effective use of limited resources. Moreover, reliable disability data can play a pivotal role in the development, implementation, monitoring and evaluation of programmes aimed at equalizing opportunities for all. Since persons with disabilities are most at risk of being left behind, it is necessary to disaggregate data by disability status to inform policies that aim to address these disparities.

The situation of persons with disabilities has been on the radar of governments in the Pacific region for some time. The need to improve the availability of reliable disability statistics has been a subject of discussion at recent high-level meetings.



- Pacific leaders in 2016 endorsed the 2016–2025 PFRPD, which was developed to support governments in the Pacific on promoting and protecting the rights of persons with disabilities. At the 47th Pacific Islands Forum Leaders Meeting, leaders reiterated that disability remains an issue of significance for the region. Goal 5 of the PFRPD focuses on strengthening disability research, statistics and analysis.
- Member States of the United Nations Economic and Social Commission for Asia and the Pacific declared 2013–2022 the “Asian and Pacific Decade of Persons with Disabilities” and adopted the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific. The Strategy includes a specific goal to improve the reliability and comparability of disability data.
- The Fourth Regional Conference of Heads of Planning and Heads of Statistics hosted by the Pacific Community (SPC) in 2013 endorsed a proposal to re-analyze existing census and survey datasets to obtain richer information on disability related to equalization of opportunities and to include disability as a theme in the SPC’s online National Minimum Development Indicator Database.

### 1.1. Disability-inclusive development in Samoa

Samoa’s commitment to address challenges faced by persons with disabilities dates to the 1970s. Special education programmes were set up to support continued education for persons with hearing, vision and intellectual impairments that were largely driven by non-governmental organizations. Since then, strong sectoral partnerships between Government, civil society and community-based organizations have been established leading to the signing of the UNCRPD in 2014 and its ratification in 2016.

Several initiatives were in place prior to Samoa becoming a signatory to the UNCRPD in September 2014 and its ratification in December 2016. With Government support, NOLA a disability advocacy organization was formed in 2001 by persons with disabilities to advocate for their rights and equal opportunities in Samoa. The 2006 Parking Policy and Standards included provisions for persons with disabilities. In 2008, Cabinet endorsed the formation of the National Disability Task Force to oversee work on persons with disabilities.

Under the coordination of the MWCSO and support from the Australian Government’s DFAT, the Samoa Disability Program was launched in 2013 to support capacity building on disability-inclusive policy and implementation across Government, service providers and organizations supporting persons with disabilities.

While data collection on disability has always been a feature of national surveys, the questions posed yielded disparate results on the prevalence of disability in Samoa until international and cross-nationally comparable population-based measures of disability developed by the Washington Group on Disability Statistics were incorporated into the 2014 Demographic and Health Survey.

The Government of Samoa has also taken some important steps towards establishing an enabling environment and services for persons with disabilities. These include the setting up of the Mobility Services Unit; a UNCRPD comprehensive legislative review

and the development in 2015 of a UNCRPD-costed implementation plan. Further, in 2016, the Government developed the second National Disability Policy, Gender Disaster Management Policy, Disability Disaster Management Policy and reviewed the National Building Code of Samoa to ensure provisions were included for persons with disabilities.

Ongoing programmes such as the Strategy for the Development of Samoa and the Community Development Sector Plan 2016–2021 fully mainstream disability and continue to demonstrate the Government’s commitment to ensuring persons with disabilities are not left behind. The Government aims to promote disability mainstreaming across all 14 economic, social, infrastructure and cross-cutting sectors.

## 1.2 Concepts and definitions

Disability is an evolving concept and over the past decade, a transformation occurred in how disability is viewed – from a problem that belongs to an individual to a societal problem (WHO 2007). The International Classification of Functioning, Disability and Health (ICF) classifies disability in three interrelated areas as follows:

- Impairments are loss or abnormality of a body part (i.e. structure) or body function (i.e. physiological function including mental functions).
- Activity limitations are difficulties an individual may have in executing activities.
- Participation restrictions are problems an individual may experience in life situations.

Disability refers to challenges faced in all three areas. Disability denotes the negative aspects of the interaction between an individual’s health condition and that individual’s environmental or personal factors (WHO 2007).

Recognizing the complexity of measuring disability, in 2001, the United Nations Statistical Commission established the Washington Group on Disability Statistics – commonly known as the Washington Group – to develop measures of disability. With participation from national statistics offices from 123 countries and other key stakeholders, the Washington Group developed questions suitable for use in censuses, population surveys as well as specialized surveys.

The questions use the International Classification of Functioning, Disability and Health as a conceptual framework and as such do not focus on the impairment but rather focus on identifying limitations in functioning. The Short Set of Questions includes six core functional domains – seeing, hearing, walking, cognition, self-care and communication. The Washington Group also developed an extended set of survey items on functioning to be used as components of population surveys or as supplements to specialized surveys. These questions identify persons who are at a greater risk of experiencing restrictions in performing usual activities such as those undertaken in daily living or participating in roles if no accommodations are made (Washington Group, 2006). The questions were tested during several rounds of testing (see Miller et. al., 2011 for further information). UNICEF, in conjunction with the Washington Group, also developed tools

appropriate for identifying children who are at a greater risk of experiencing restrictions in performing usual activities such as those required for daily living.

It has been recommended that countries use the Washington Group questions in censuses and other national surveys. The Short Set of Questions are recommended for use in censuses. When these questions are used, data can be utilized to compare levels of participation in education, employment and family life of persons with disabilities with levels of participation among persons without disabilities. The data can also be used to monitor prevalence and trends for persons with disabilities.

### **1.3 Organisation of this report**

This report is divided into eight sections. Section 2 describes the methodology employed. Section 3 highlights the prevalence of disability while Sections 4 to 7 detail specific disparities that exist between persons with disabilities compared with persons without disabilities. Section 8 draws key conclusions, summarizes policy implications and recommends possible action by development and Government partners.



## 2 Methodology

This section describes the data used for this report, the analysis that was performed and the limitations intrinsic to that analysis.

### 2.1 Population and housing census overview

This report used data from Samoa's 2016 Population and Housing Census which is conducted every five years. The 2016 Census Operation followed the same format as the 2011 Census. The 2016 Census questionnaires were piloted in July 2016 in the village of Toamua in the NWU a near by region to the urban area. Substantial changes were made to the initial questionnaire following the pilot test to simplify the questions and to address challenges observed during the pilot. Household listing commenced in December 2015. Challenges that were observed with the initial listing subsequently were corrected in August and September 2016.

Staff members from SBS completed one week of supervisory training in September to ensure they had fully mastered the Census questions, including enumeration area demarcation, concepts and practice and to ensure they were fully capable of delivering similar training to enumerators. Training of enumerators took place in October over a three-week period during which enumerators were trained on Upolu, Manono and Apolima Islands which make up three statistical regions of Upolu Island, where the capital city of Apia is located. An additional one-week training session was provided for the Island of Savaii, Samoa's largest island. The reference point for the 2016 Census was midnight on 7 November 2016. Census data was entered in Samoa's Census and Survey Processing System (CSPRO). Further details on the Census are available in SBS Census brief reports and <http://www.sbs.gov.ws/>.

### 2.2 Data analysis

Final data sets from the 2016 Census were used in the completion of this report. Data was processed and analysed using CPro 6.3 and Stata 15.

The following questions were asked in the 2016 Census:

P20: Does (name) have any difficulty seeing, even if wearing glasses?

P21: Does (name) have any difficulty hearing, even if wearing hearing aid?

P22: Does (name) have any difficulty walking or climbing steps?

P23: Does (name) have any difficulty remembering or concentrating?

P24: Does (name) have any difficulty washing all over or dressing?

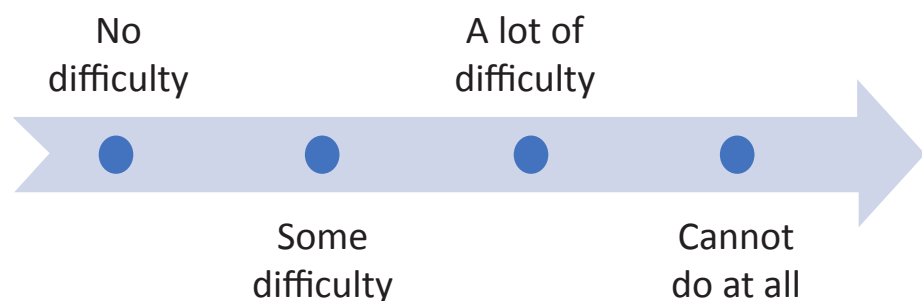
P25: Does (name) have any difficulty communicating, understanding or being understood?

Respondents had the following choice of responses to the questions:

1. No difficulty.
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all.

The main variable for analysis was derived from these questions for persons 5 years of age and above. Disability was conceptualized as a continuum, from minor functioning difficulties to severe difficulties that significantly impact one's life; answer categories were purposefully designed to reflect this continuum; and cut-off points for disability subsequently were determined. Persons with disabilities were classified as anyone with at least one domain coded as "a lot of difficulty" or "cannot do it at all" as recommended by the Washington Group for international comparability.

Figure 2-1: Continuum of disability



Additional variables, including wealth quintile, were created for variables that were not directly available from Census data. An analysis of principal components was

performed using information data on the ownership of household goods and assets. Amenities or assets were weighted to obtain wealth scores for each household in the sample. The households were divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores. Household members were allocated to the respective category of households in which they live. The wealth index captured underlying long-term wealth using information on household assets and was to be used to rank households by wealth, from poorest to richest. The final index was tested against the income data collected in the Census survey. The wealth index did not provide information on absolute poverty, current income or expenditure levels and calculated wealth scores are applicable only to the data set on which they are based. Some variables were re-categorized to facilitate analysis, including on age categories, education variables among others.

### **2.3. Limitations of the disability data and analysis**

Analysis was limited to available data collected in the 2016 Census and as such only aspects of disability for which available data exists are explored in this report. While it would have been preferable to provide information on and analysis of all aspects of disability, this was not achievable from data provided from the Census and/or other surveys that did not focus exclusively on persons with disabilities. Limitations in the data available, analysis performed and interpretation of results in this report are summarized below.

The Washington Group Short Set of Disability Questions was designed to collect data on functioning among adult populations. Certain questions may be suitable for child subpopulations (17 years of age and younger), but the questions were not developed with this group in mind. While the Short Set includes six core domains of functioning, the questions were not designed to identify children with disabilities. Questions that are best suited for children (17 years of age and younger) were finalized in 2016 by the Washington Group and UNICEF and available for use by countries. (The questions are accessible at: <https://data.unicef.org/topic/child-disability/module-on-child-functioning>).

The Washington Group also developed an extended set of questions that expands on its Short Set to include additional domains of functioning (i.e upper body functioning, affect, pain and fatigue) and additional information per domain for use as components of populations surveys or supplements to specialized surveys. (These questions are accessible at:

[http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/WG\\_Extended\\_Question\\_Set\\_on\\_Functioning.pdf](http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/WG_Extended_Question_Set_on_Functioning.pdf)).

# 3 Prevalence of Disability



## 3.1 Prevalence of difficulties by domain

The six core domains assessed include seeing, hearing, mobility, memory, communication and self-care. Figure 3.1 shows the prevalence rates of the six core domains by degree of difficulty. Difficulties in seeing were the most common followed by mobility, memory and hearing cognition. Communication was the least prevalent. The prevalence of “at least some difficulties” includes some difficulties, a lot of difficulties and cannot do at all while prevalence of “at least a lot of difficulties” include a lot of difficulties and cannot do at all. The prevalence of “at least some difficulties” in the seeing domain was 4.3 per cent while only 0.7 per cent suffered “a lot of difficulties” and 0.2 per cent could not see at all. These prevalence ratios were similar for the five other core functional domains. The domain of mobility is highest for “at least a lot of difficulty” and “cannot do at all”.

Figure 3-1: Distribution of population aged 5 years and above with disability by domain and degree of difficulty

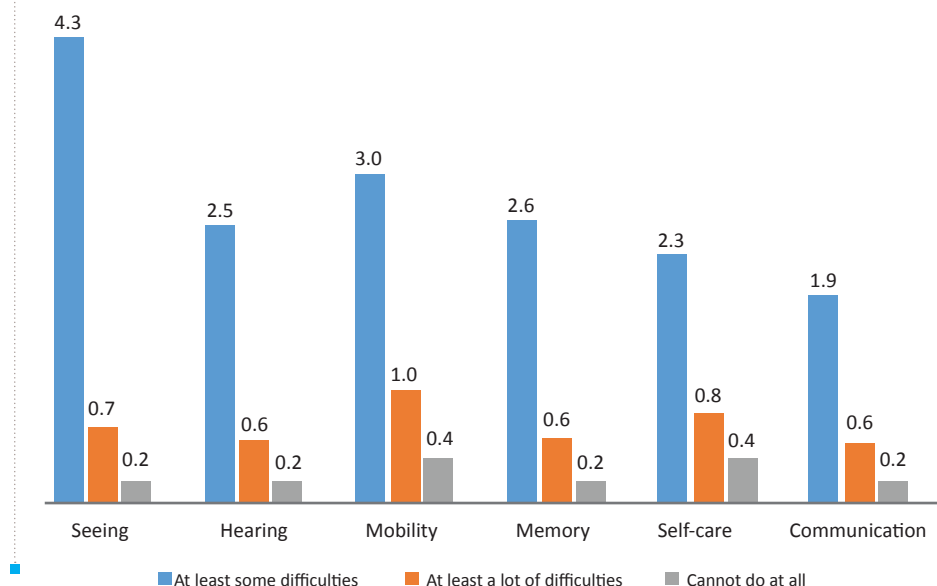




Table 3-1: Population aged 5 years and above by functional domain, degree of difficulty and by background characteristics.

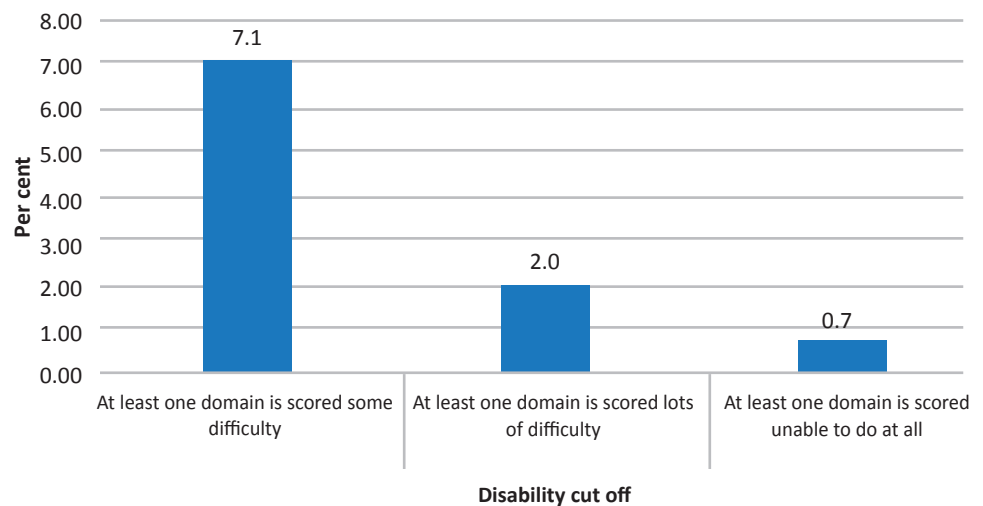
Functioning domains	Sex			Age group			Region			
	Total	Male	Female	5-17	18-49	50+	AUA	NWU	RoU	Savaii
<b>Seeing</b>										
<b>Total</b>	7,151	47.8	52.2	6.9	15.5	77.5	20.5	30.5	22.0	27.0
Some difficulty	6,026	47.8	52.2	6.1	15.3	78.5	21.3	30.6	21.9	26.2
A lot of difficulty	843	47.1	52.9	9.4	14.6	76.0	17.1	29.9	20.9	32.2
Cannot do at all	282	49.7	50.4	16.7	23.1	60.3	14.9	30.1	26.2	28.7
<b>Hearing</b>										
<b>Total</b>	4,252	50.0	50.1	11.6	13.6	74.8	16.2	28.4	24.3	31.2
Some difficulty	3,303	49.3	50.7	10.9	13.1	76.0	17.0	28.5	24.0	30.5
A lot of difficulty	680	51.3	48.7	11.3	11.8	76.9	13.5	29.0	24.3	33.2
Cannot do at all	269	54.3	45.7	21.2	24.2	54.7	12.6	25.3	27.5	34.6
<b>Mobility</b>										
<b>Total</b>	5,060	44.6	55.4	7.7	11.3	81.0	16.8	28.2	24.2	30.8
Some difficulty	3,334	44.8	55.2	7.5	10.5	82.0	18.1	27.7	24.3	29.9
A lot of difficulty	1,023	44.0	56.0	6.7	10.4	82.9	14.8	26.7	23.4	35.2
Cannot do at all	703	44.2	55.8	10.2	16.2	73.5	13.8	32.6	25.2	28.5
<b>Memory</b>										
<b>Total</b>	4,361	47.6	52.4	19.1	14.3	66.6	14.0	27.0	25.2	33.9
Some difficulty	3349	47.8	52.2	18.6	12.3	69.1	13.9	27.3	25.3	33.5
A lot of difficulty	668	47.5	52.5	17.8	18.0	64.2	16.0	24.9	24.3	34.9
Cannot do at all	344	46.2	53.8	26.2	27.0	46.8	10.5	28.5	25.6	35.5
<b>Self-care</b>										
<b>Total</b>	3,800	46.4	53.6	25.1	11.9	63.0	15.6	26.1	25.7	32.7
Some difficulty	2,420	47.9	52.1	28.8	9.9	61.3	16.3	24.4	25.6	33.7
A lot of difficulty	780	44.5	55.5	19.6	12.6	67.8	15.1	27.8	25.8	31.3
Cannot do at all	600	43.0	57.0	17.5	19.0	63.5	13.3	30.7	25.8	30.2
<b>Communication</b>										
<b>Total</b>	3,181	49.3	50.7	30.6	18.7	50.7	14.5	25.1	25.3	35.1
Some difficulty	2238	49.0	51.0	29.9	16.4	53.7	14.6	24.7	25.7	34.9
A lot of difficulty	605	50.1	49.9	31.4	20.8	47.8	15.5	25.6	23.1	35.7
Cannot do at all	338	50.3	49.7	33.4	30.2	36.4	12.1	26.6	26.0	35.2

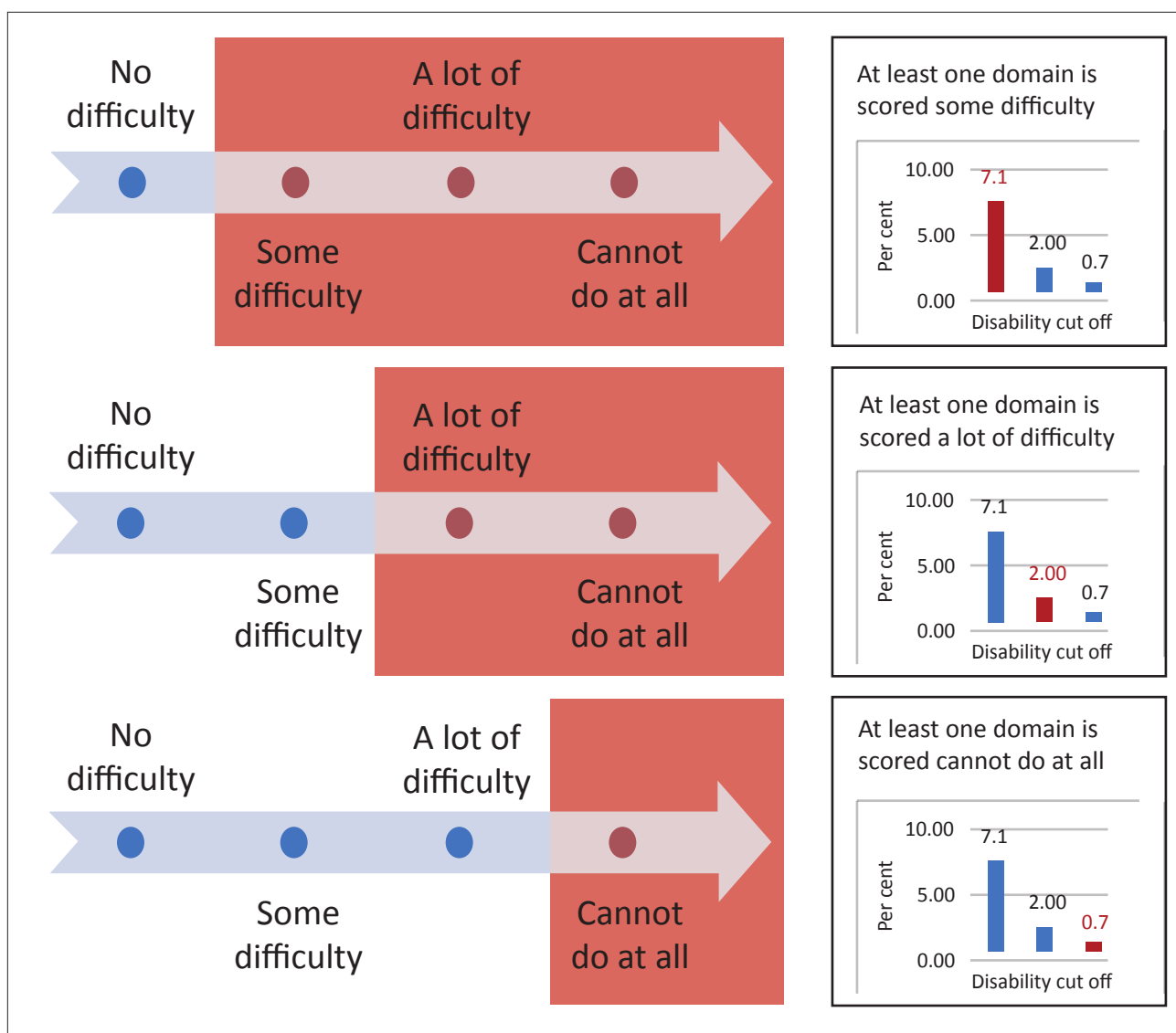
### 3.2 Prevalence of disability

Disability is conceptualized as a continuum, from minor functioning difficulties to severe difficulties that significantly impact one's life. The answer categories are purposefully designed to reflect this continuum from "no difficulty" to "cannot do at all". Where one draws the line depends on the purposes for the use of the data.

Figure 3.2 shows the disability prevalence at various cut-off points. If the level of inclusion for disability is set "at least some difficulty" (includes some difficulty, a lot of difficulty and cannot do at all), about 7.1 per cent (11,857) of the population aged 5 years and older will be classified as having some disability. If the level of inclusion for disability is set at least at a lot of difficulty (includes a lot of difficulty and cannot do at all), about 2.0 per cent (3,370) of the population aged 5 years and older will be classified as having some disability. If a very conservative cut-off level of "cannot do it at all" is chosen, the prevalence of disability is about 0.7 per cent (1,216). The various cut-off points for disability prevalence help to guide specific policy positions. For example, provision of assistive devices/technologies and cash transfer support could first apply to those who respond, "cannot do at all".

Figure 3-2: Distribution of population aged 5 years and above at different cut-off points





As explained previously, this report considers Washington Group recommendations and uses a cut-off for disability as "a lot of difficulty" or those who "cannot do it at all". A person is defined as having a difficulty by the Washington Group if at least one domain is coded as "a lot of difficulty" or "cannot do at all".

Figure 3-3: Prevalence of disability using the Washington Group recommended cut-off point.

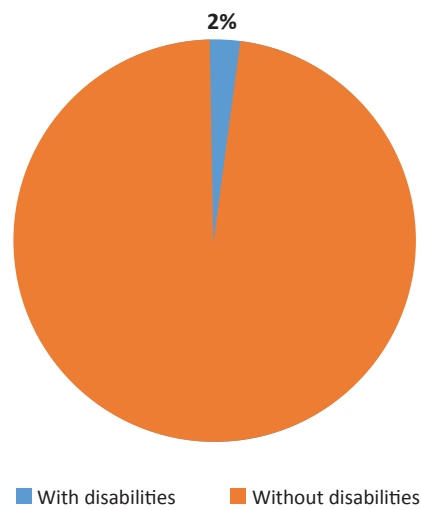
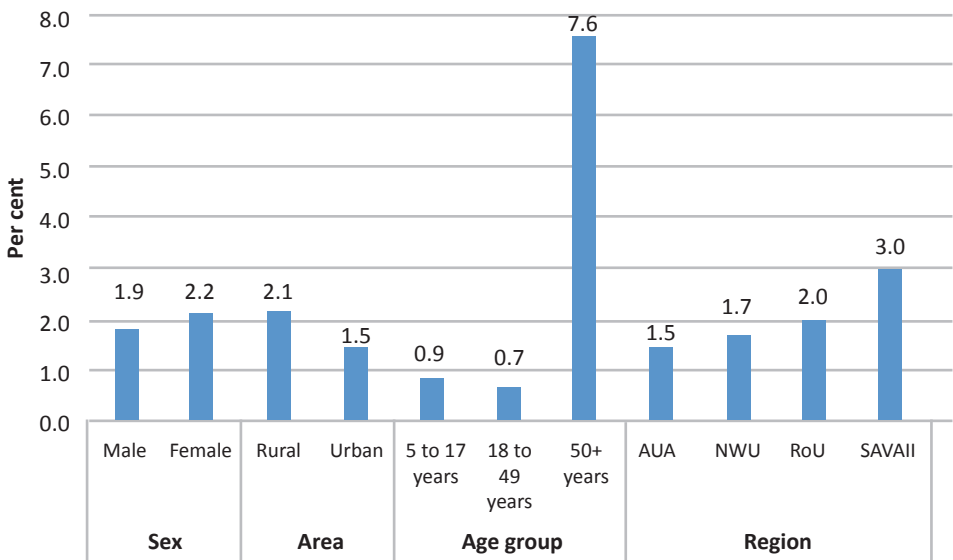


Figure 3.3 shows that the disability prevalence for the population 5 years of age and above in Samoa was 2 per cent based on the Washington Group recommendations.

Figure 3.4 shows disability prevalence by background characteristics. The prevalence of disability is highest among the age group 50 years and older. This could reflect the fact that health problems leading to functional limitations tend to increase with age. Across regions, Savaii has the largest prevalence of 3 per cent compared to AUA with 1.5 per cent. The rural regions are defined as NWU, Rest of Upolu (RoU), and Savaii.

Figure 3-4: Prevalence of disability by background characteristics





## 4 Living conditions of persons with disabilities

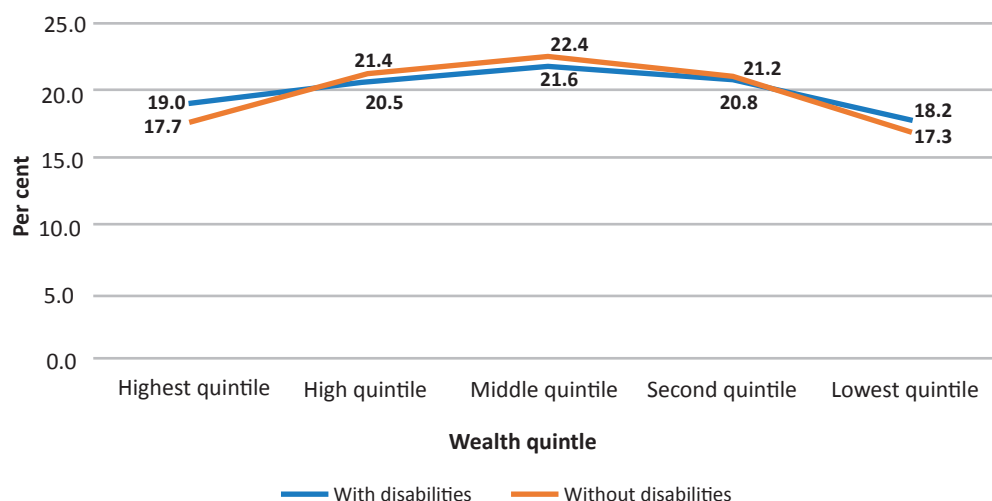
The Water for Life Sector Plan (2016–2020) and Energy Sector Plan (2017–2020), which are relevant to this section on living conditions, do not contain specific provisions for persons with disabilities. However, there are ongoing programmes and projects that directly support the access of persons with disabilities to improve their engagement in society. These include the Australian-funded Samoa Disability Program with its initial phase that focuses on promoting the rights of persons with disabilities consistent with international conventions such as UNCRPD and meeting the targets related to SDGs 1 (no poverty), 6 (clean water and sanitation) and 7 (affordable and clean energy). The World Bank also supports a programme – the Pilot Programme for Climate Resilience – that provides water tanks to households identified to have a person(s) with disability(s). Most programmes are currently funded by development partners with the aim that the Government of Samoa eventually will sustain the initiatives and they will be mainstreamed into “business as usual”.

To recapture the definition of disability as outlined in Section 3 and for the purposes of this section, persons with disabilities are those who report a lot of difficulty or cannot do at all in at least one of the six domains.

### 4.1 Disability by wealth status

Figure 4-1 and Table 4-1 show differentials in wealth status for persons with disabilities and those without disabilities. The wealth index, derived from the household asset ownership, is a proxy indicator of long-term wealth. Analysis of wealth index is based on the population of (163,367 persons without disabilities and 3,304 with disabilities) private households whose data on household asset ownership was available.

Figure 4-1: Population aged 5 years and above with and without disability by wealth status



The distribution of the population across the five categories of household wealth endowment is presented. Overall, about 18 per cent of the population was found in the poorest households while about 19 per cent of the households were in the richest households. The largest proportion of the population with disability was found in the middle quintile. The distribution for the population without disabilities was similar to that of the overall population. In terms of wealth quintile for persons without disabilities, 19 per cent were categorized in the highest quintile and 18 per cent in the lowest. The data shows a slight difference between the proportion of those in the highest and lowest quintile for persons both with and without disabilities. (See Table 4-1).

Table 4-1: Population aged 5 years and above with and without disability by wealth status

Category		Total Population	Without Disabilities	With Disabilities
Total		166,671	163,367	3,304
Wealth Status				
	Highest quintile	19.0	19.0	17.7
	High quintile	20.5	20.5	21.4
	Middle quintile	21.6	21.6	22.4
	Second quintile	20.8	20.8	21.3
	Lowest quintile	18.1	18.2	17.3

## 4.2 Access to drinking water sources

Access to safe and clean water and sanitation facilities are basic rights for all people, including persons with disabilities, and the denial of these basic rights can seriously affect well-being. Table A-2 in the annex of this report shows the population of people 5 years of age and above by disability status and access to water. The data shows that persons with disabilities have almost the same access to improved water compared to persons without disabilities at 95 per cent.

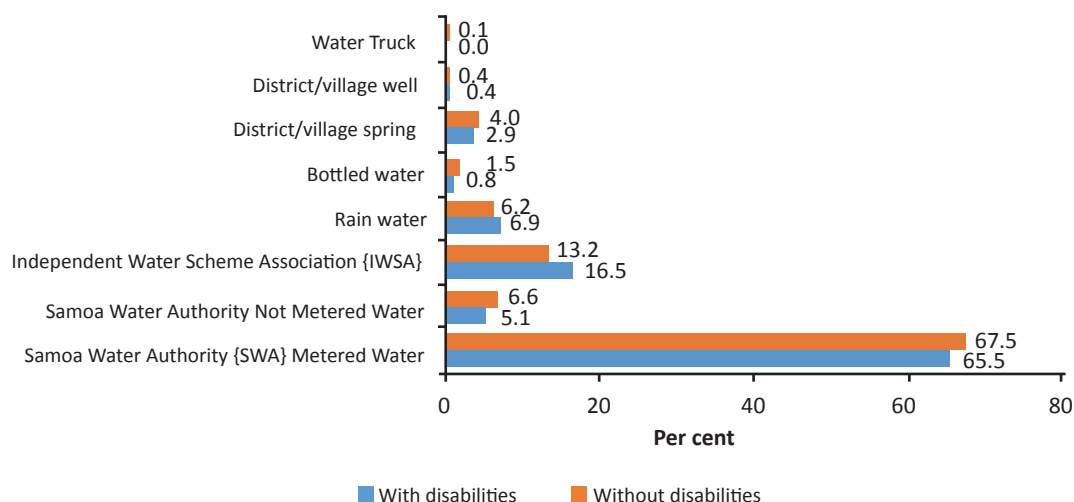
Figure 4-2 shows the population of people 5 years of age and above by disability status and sources of drinking water. Improved drinking water sources only include metered water provided by the Samoa Water Authority (SWA non-metered water excluded) and bottled water. Overall, the data shows some differences between those with and without disabilities in access to improved water sources. For instance, more persons with disabilities access water from IWSA sources compared with persons without disabilities (16.5 per cent and 13.2 per cent), while access to other improved water sources is more common among people without disabilities.

Most persons with disabilities, 66 per cent, access Samoa Water Authority-metered water following by IWSA sources while a margin number, or 0.4 per cent, rely on access to district and village wells. Access to IWSA sources is more common in RoU and Savaii among people with and without disabilities. There is a significant reliance on rainwater in RoU and NWU as well as district springs in RoU suggesting the need for improved water supplies in these regions. Similarly, most persons without disabilities, 67.5 per cent, have access to Samoa Water Authority-metered water while only 0.4 per cent rely on access to district wells.

The percentage of males and females with and without disabilities with access to improved water sources is similar for all sources. No significant differences were seen among age groups for both persons with and without disabilities in terms of accessibility to improved water source. A comparison of data across regions showed that AUA region had the highest proportion of people with access to improved water for both persons with disabilities and without disabilities.



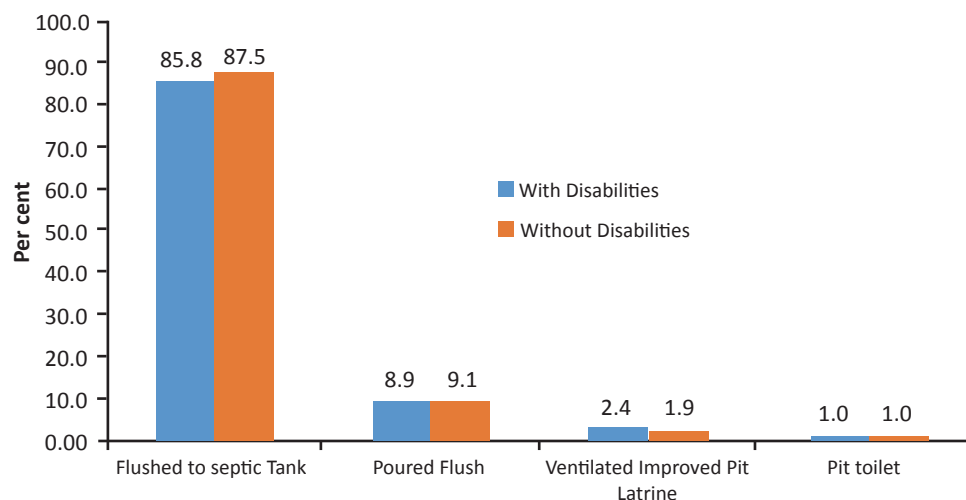
Figure 4-2: Population aged 5 years and above access to sources of drinking water by disability status



### 4.3. Access to improved sanitation facilities

Figure 4-3 shows the population of people 5 years and above by disability status and sanitation access with 97 per cent of persons with disabilities and 98 per cent of those without disabilities having access to improved sanitation facilities. A comparison of data by sex, age group and region found similarities across all sectors. Most had access to improved sanitation facilities with little variance found across all regions. However, 5 per cent more of the residents of RoU and Savaii only had access to “poured flush” sanitation facilities compared with other regions. The data were understandably similar to those relating to access to water in RoU and Savaii since improved sanitation facilities require a water supply and thus suggested a need for improved in sanitation facilities (Table A-3) in these areas. Moreover, the data also indicated that access to ventilated improved pit (VIP) latrine was more common among males with disabilities and those aged 5–17 years compared to persons similar in age without disabilities.

Figure 4-3: Population aged 5 years and above access to sanitation by disability status

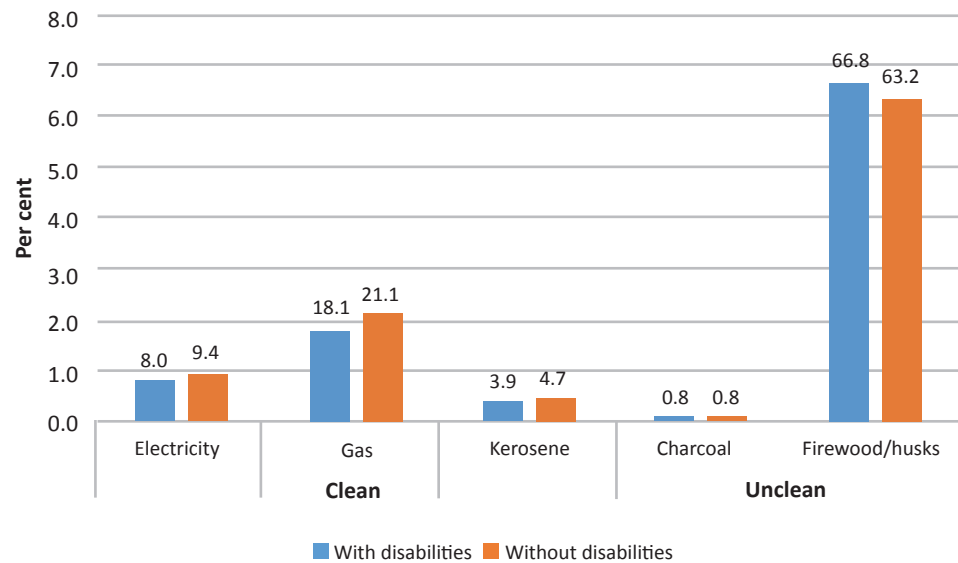


#### 4.4. Energy sources

The data shows that a small proportion of persons with disabilities (30 per cent) use clean energy sources for cooking (electricity, gas and kerosene) compared with 67 per cent who use unclean energy (charcoal and firewood/husks) sources. A higher proportion of persons without disabilities use unclean energy sources compared with those who use clean energy sources. No differentials were observed by sex, age group and region. (See Table A-4).

Figure 4-4 shows the population of people aged 5 years and above by disability status and energy source. Most use unclean energy sources (firewood/outdoor cooking space) and more so in the rural areas (RoU and Savaii) compared with NWU and AUA. (See Table A-4). The second highest source of energy is gas, which was more commonly found in AUA and NWU than rural regions possibly due to differences in lifestyle and income levels.

Figure 4-4: Population aged 5 years and above access to energy sources by disability status



#### 4.5. Conclusions and recommendations

All measures for standard of living considered in this report such as wealth quintile, water source, sanitation and energy source showed similar trends and differences were insignificant (majority below 2 per cent). However, the Census focused on households rather than individuals and, as such, the data may be a reflection of the Samoan way of life, which focuses on communal living and supporting and caring for all individuals in the family.

Although the data reflects the Samoan way of life and communal living, it also shows that access at the individual level within a household to assets, water, sanitation and energy is almost the same for persons with disabilities as those without. The analysis assumes that all household members have equal access to the above measures of standard of living. Information was not available to assess the accessibility of persons with disabilities to water and sanitation facilities. Therefore, the data may not necessarily reflect and depict the realities of persons with disabilities within households.

It is recommended that a survey be carried out specifically for persons with disabilities so that the data collected from their responses may be used to more accurately capture their realities and experiences within households in terms of livelihoods and accessibility. In addition, the mainstreaming of disabilities across all sectors ought to be a priority so that the specific needs of persons with disabilities may be adequately addressed, reflected in policies and consistent with ongoing efforts to achieve the goal of ensuring that no one is left behind.



## 5 Education, literacy and disability status

The 2011 World Report on Disability states that “education contributes to human capital formation and is thus a key determinant of personal well-being and welfare”. A lack of education limits the capacity of persons with disabilities to fully contribute to household and national economies and, consequently, carries high social and economic costs both at the micro and macro levels. Globally, households with members with a disability tend to be poorer than households that do not have members with a disability. Persons with disabilities who do not have an education and are not employed, are a cost factor for national economies. They could be a productive contributor if given appropriate opportunities, since education is linked to the ability of persons with disabilities to play an active role in the social and economic development of their respective countries.

In less developed countries, children with disabilities are often excluded from formal education systems, placing them at a disadvantage from the start of their lives. This issue is, however, receiving increasing attention from policymakers who are interested in eliminating the social exclusion of children with disabilities and ensuring the rights of all people to access education.

Samoa acknowledges the importance of ‘education for all’ as a State Party to international conventions such as UNCRPD and UN Convention on the Rights of the Child. Samoa’s commitment to this principle is reflected by the development of various national policies for persons with disabilities such as National Policy for Persons with Disability and Education Act 2009.

### 5.1 Education attainment

Table 5-1 summarizes the proportion of the population aged 5 years and older by disability status, educational attainment and other background characteristics. About 51 per cent of the entire population aged 5 years and above had completed secondary school as their highest educational qualification while about 2 per cent had never been to school and these proportions were similar for persons without disabilities. In contrast, only 37 per cent of persons with disabilities had completed secondary school and about 10 per cent had never been to school.

The proportion of school non-attendance was higher (19 per cent) among persons with disabilities aged 5–17 years compared with 3 per cent of persons without disabilities who have never attended school. Data also indicated that the proportion of persons with disabilities who had never attended school was higher in rural areas, which could be attributed to level of support available within the home and schools. For example, in the past children with disabilities faced challenges related to accessing schools due to poor infrastructure and transportation.

Table 5-1: Population aged 5 years and above with and without disability by educational attainment

Background characteristics	Total population on (5+)	Never been to school	Preschool	Primary School	Secondary School	Higher education	Special needs education	Missionaries	Missing
Total									
Total	167,633	1.8	1.1	31.5	51.2	14.1	0.1	0.1	0.2
With disabilities									
Total	3,370	9.6	1.6	41.5	36.7	7.2	1.6	1.0	0.6
Sex									
Male	1,621	9.9	1.5	41.6	35.4	8.1	1.9	0.9	0.7
Female	1,749	9.4	1.7	41.3	38.0	6.4	1.3	1.0	0.9
Area									
Rural	2,883	10.4	1.7	42.8	36.1	5.7	1.5	0.9	0.9
Urban	487	4.9	1.4	33.7	40.3	16.4	2.3	1.0	0.0
Age group									
5-17	519	19.3	4.8	65.3	9.8	0.4	0.4	0.0	0.0
18-49	565	17.7	0.7	18.1	44.4	10.3	8.0	0.4	0.5
50+	2,286	5.4	1.1	41.8	40.9	8.1	0.3	1.3	1.1
Region									
AUA	487	4.9	1.4	33.7	40.3	16.4	2.3	1.0	0.0
NWU	984	10.6	0.8	39.9	35.8	8.3	2.6	0.6	1.3
RoU	786	10.8	1.0	42.2	38.4	5.3	1.0	0.3	0.9
Savaii	1,113	10.0	2.9	45.6	34.8	3.6	0.8	1.7	0.6
Without disabilities									
Total	164,263	1.7	1.1	31.3	51.5	14.2	0.1	0.1	0.1
Sex									
Male	84,562	1.9	1.1	32.8	50.8	13.2	0.1	0.1	0.1
Female	79,701	1.5	1.1	29.7	52.2	15.3	0.1	0.1	0.1
Area									
Rural	132,208	1.8	1.2	32.5	52.9	11.5	0.1	0.1	0.2
Urban	32,055	1.3	0.7	26.4	45.8	25.6	0.1	0.1	0.0
Age group									
5-17	57,904	3.3	2.1	67.3	26.9	0.4	0.0	0.0	0.0
18-49	78,370	0.6	0.5	6.8	67.9	24.0	0.1	0.0	0.2
50+	27,989	1.5	0.7	25.5	56.3	15.4	0.0	0.3	0.3
Region									
AUA	32,055	1.3	0.7	26.4	45.8	25.6	0.1	0.1	0.1
NWU	58,155	1.9	0.6	30.6	51.8	14.8	0.1	0.1	0.2
RoU	38,076	1.7	0.9	33.1	53.9	10.2	0.0	0.1	0.2
Savaii	35,977	1.7	2.3	34.9	53.4	7.4	0.0	0.1	0.1

The proportion of persons with disabilities (42 per cent male and 41 per cent female) who have attended primary school is higher than the proportion of persons with disabilities who have attended secondary school (35 per cent male and 38 per cent female). This decline can be attributed to challenges faced by persons with disabilities in advancing beyond the primary level.

The data also indicates that persons with disabilities in Samoa face challenges in progressing beyond the secondary level with only 7 per cent attaining higher education compared to 14 per cent of those without disabilities. Moreover, persons with disabilities living in rural areas, particularly in Savaii and the RoU region, were more likely to face these challenges.

The data also showed a low proportion of persons with disabilities or about 2 per cent attending special needs education activities. There is need to understand challenges and difficulties in delivering special needs education to targeted groups.

In the home environment, parents tend to prioritize education for the children without disabilities over the children with disabilities on the belief that the former stand a better chance of achieving the success required to support the family. Furthermore, the prevalence among Samoan families of the concept known as “fa’alavelave” in the Polynesian language in which cultural and religious financial commitments supersede other needs can act as a barrier to continued school attendance. It is crucial that families are made aware of the importance of supporting education for all children, especially for children with disabilities.

Apart from the home environment, other factors relating to the school environment can act as barriers to education. The participation of students with disabilities may be constrained by physical school environments that are not learner friendly and curriculum that does not accommodate diverse learning needs. For example, a lack of pedagogical skills among teachers that support learning for students with disabilities can adversely affect both learning and educational opportunities for students with disabilities. A common concern often expressed by teachers working with students with disabilities in regular classrooms is their limited capacity to support students with disabilities. A 2010 study on inclusive education policy in Samoa found that a failure to provide inclusive classroom learning environments resulted in children with disabilities being excluded.

Teacher training impacts critically on the role of teachers in creating inclusive learning environments. It is important that ongoing in-service training delivered to teachers includes inclusive approaches and practices that supports holistic learning for all students. The school community needs to implement a “whole school approach” to cater for all students including those with disabilities. Such an approach could include the establishment of inclusive education committees to discuss and share ideas in planning relevant teaching practices. The need for pre-service teachers to be knowledgeable about inclusive education and possess the skills required to teach inclusively cannot be over emphasized. Another important consideration relates to improving partnerships between Government and key stakeholders such as Ministry



of Health (MoH), MESC, NOLA, MWCSD, Samoa Qualifications Authority, NUS, Australia-Pacific Technical College, development partners, special schools and inclusive education service providers.

## 5.2. Literacy

Literacy rates (see Figure 5-1) were found to be higher among persons without disabilities (68.5 per cent) compared with persons with disabilities (38.1 per cent). Analysis by region indicated that the reading literacy rate is higher in urban area dwellers and lower in rural areas, especially Savaii, for both persons with and without disabilities. A high literacy failure rate on Samoa national exam results over the years has been an issue that educators and the MESC have been attempting to address. Writing literacy rates are similar (see Figure 5-2). To address lagging literacy and numeracy rates, it is recommended a home-school partnership programme be reintroduced to encourage parents to assist children in developing literacy and numeracy skills. The development of standards for teacher aides to assist teachers in facilitating classroom literacy and numeracy programmes also warrants consideration.

Figure 5-1: Population aged 5 years and above reading literacy rates by disability status and background characteristics

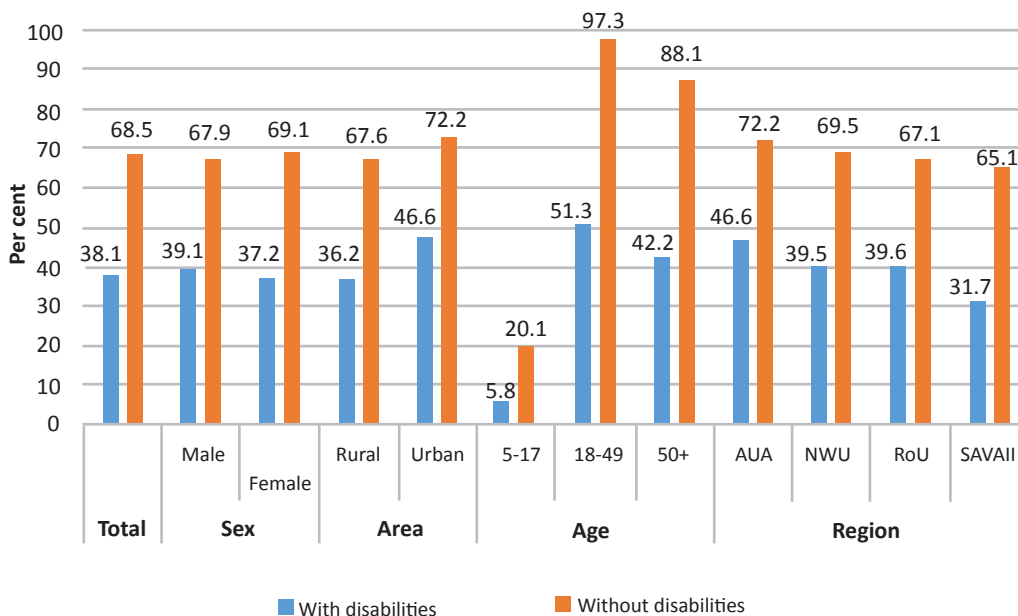
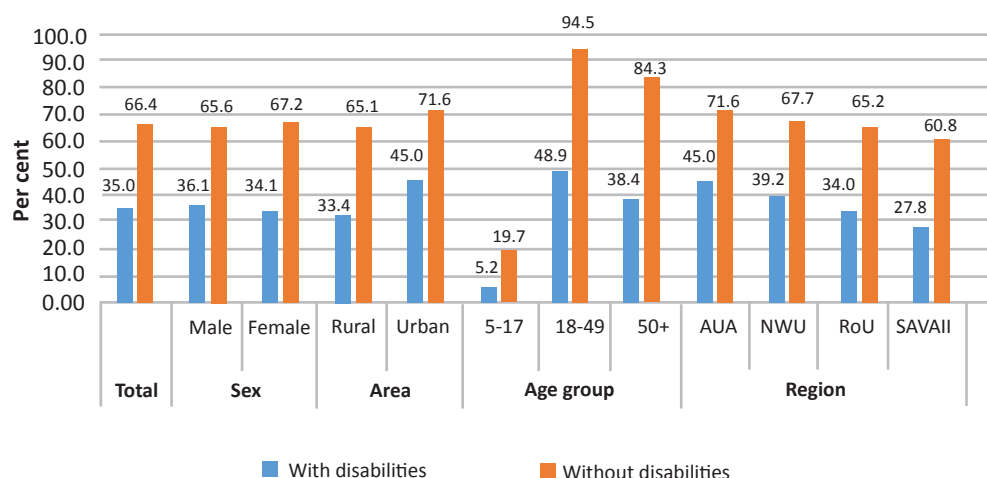


Figure 5-2: Population 5 years and above writing literacy rates by disability status and background characteristics



### 5.3. School attendance

Figure 5-3 presents data on the population of people aged 5–24 years by school attendance and disability status. Attendance rates are lower for children aged 5 years (Year 1) than other ages among both persons with and without disabilities with rates of 68 per cent for persons with disabilities and 73 per cent for those without disabilities. This is an expected trend of attendance rates in Samoa. A sharp decline in attendance rates is observed from the age of 13 years (secondary school) for persons with disabilities compared to persons without disabilities that continues until the age of 21 years. This may reflect bottlenecks in the transition to secondary level for students with disabilities. This sharp decline in attendance rates has been considered in MESC transition planning strategies for the implementation and delivery of services at various educational stages.

Figure 5-3: Population aged 5–24 years by current school attendance and disability status

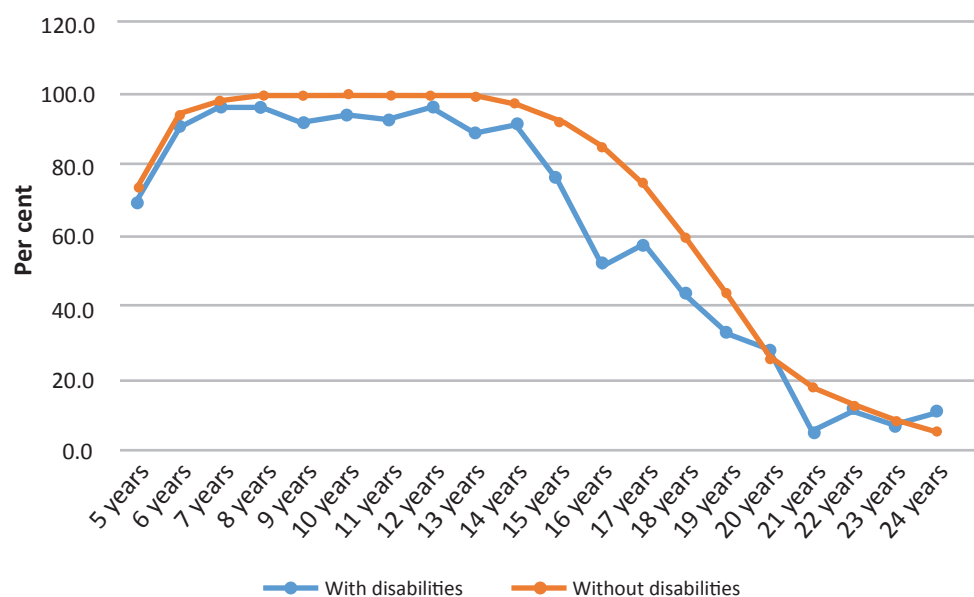


Table 5-2 presents data for the population aged 5-24 years by school attendance and disability status. One in five (20 per cent) of persons with disabilities in the age group of 5–24 years had never attended school compared to 2 per cent for persons without disabilities. This is a concern for it indicates that despite policies stressing the importance of education for all children, a significant proportion of people with disabilities have never entered school. This can also be an indication of poor and/or indifferent attitudes toward education as they relate to persons with disabilities as mentioned previously in this report. The Government needs to take a more proactive role in prioritizing activities that aim to transform societal attitudes about the value and benefits of education for all.

Table 5-2: Population aged 5–24 years by school attendance and disability status

School attendance	With disabilities		Without disabilities	
	Number	%	Number	%
<b>Ever attended school</b>				
<b>Total</b>	641	100	80,653	100
Attended school	512	79.9	78,667	97.5
Never attended	129	20.1	1,986	2.5
<b>Currently attending school</b>				
<b>Total</b>	512	100	78,667	100
Attending school	409	79.9	59,213	75.3
Left school	103	20.1	19,454	24.7

The data found that one in five (20 per cent) of persons with disabilities had left school compared to 25 per cent of student without disabilities. These findings are more positive for persons with disabilities who had less students leaving school compared to those without disabilities.

#### 5.4. Conclusion and recommendations

Education data reveals significant disparities between persons with disabilities compared to those without disabilities. Persons with disabilities are five times more likely to have never attended school compared to persons without disabilities. About 10 per cent of persons with disabilities had no education compared to only 2 per cent of persons without disabilities. Many of the persons with disabilities who manage to enter school only go on to complete primary education. Persons with disabilities are over-represented at the primary level and under-represented at secondary level and beyond. Primary education was the highest level of educational attainment for 42 per cent of persons with disabilities compared with 32 per cent of persons without disabilities. Conversely, only 37 per cent of persons with disabilities had attained secondary level compared with 51 per cent of person without disabilities. Attendance data for the age group of 5–24 years showed a sharp decline at age 13 years suggesting bottlenecks that impede the advancement of persons with disabilities to secondary education. Among those who had attended school, the data showed disparities in reading and writing proficiency. Only about 38 per cent and 35 per cent of persons with disabilities could read and write without any difficulties compared with 68 per cent and 66 per cent of persons without disabilities, respectively.

Suggested recommendations to address the issues highlighted in this section include the following:

- Transform mindsets and attitudes in relation to educational priorities, i.e. greater importance be placed on education through awareness and community-based training programmes.
- Strengthen collaboration on district development planning processes between service providers and the MWCSO.
- Provide ongoing MESC support and training for teachers in the classroom.
- Better accommodate the needs of persons with disabilities through school infrastructure, transport facilities and public services.
- Strengthen pre-service training of teachers.
- Enhance collaboration between the MoH and other organizations related to screening and early detection of disability.
- Government ought to prioritize educational funding so that these recommendations can be implemented.



## 6

### Economic activity and disability status

Article 27 of the UNCRPD stipulates that persons with disabilities have access to open, inclusive and accessible employment in the mainstream labour market. Access to livelihoods for adults is crucial for both persons with and without disabilities to achieve self-reliance and ensure the well-being of their families.

Samoa's private and public sectors have been working together to provide equal and inclusive employment opportunities for persons with disabilities. Economic stability requires a low unemployment rate and provision of secure and safe workplaces for all. The Public Service Commission (PSC) do not have policy measures specifically aimed at encouraging persons with disabilities to be involved in the labour force. However, the Labour and Employment Relations (LER) Act 2013 prohibits, under Section 20, discrimination against persons with disabilities. MCIL acts as a middleman in job seeker and employment services by connecting the unemployed to employers that are looking to hire new employees. Under Section 20(1) of the Labour and Employment Regulations 2016, employers are required to modify facilities to meet the needs of persons with disabilities. It is expected that this regulation will take time to enforce in Samoa.

MWCSD initiated the "Tua i le Vao-ola" Community Economic Development Strategy to assist unemployed persons with disabilities and persons without disabilities in their search for employment. Training and internships are provided for those who register and, once completed, they are often rewarded with permanent employment.

NOLA advocates for inclusive awareness programmes for persons with disabilities who seek employment. NOLA also works in partnership with the Samoa Chamber of Commerce, MCIL, PSC and Small Business Enterprise Centre to provide persons with disabilities with access to employment information and advice on small business skills, start-ups and employment opportunities.

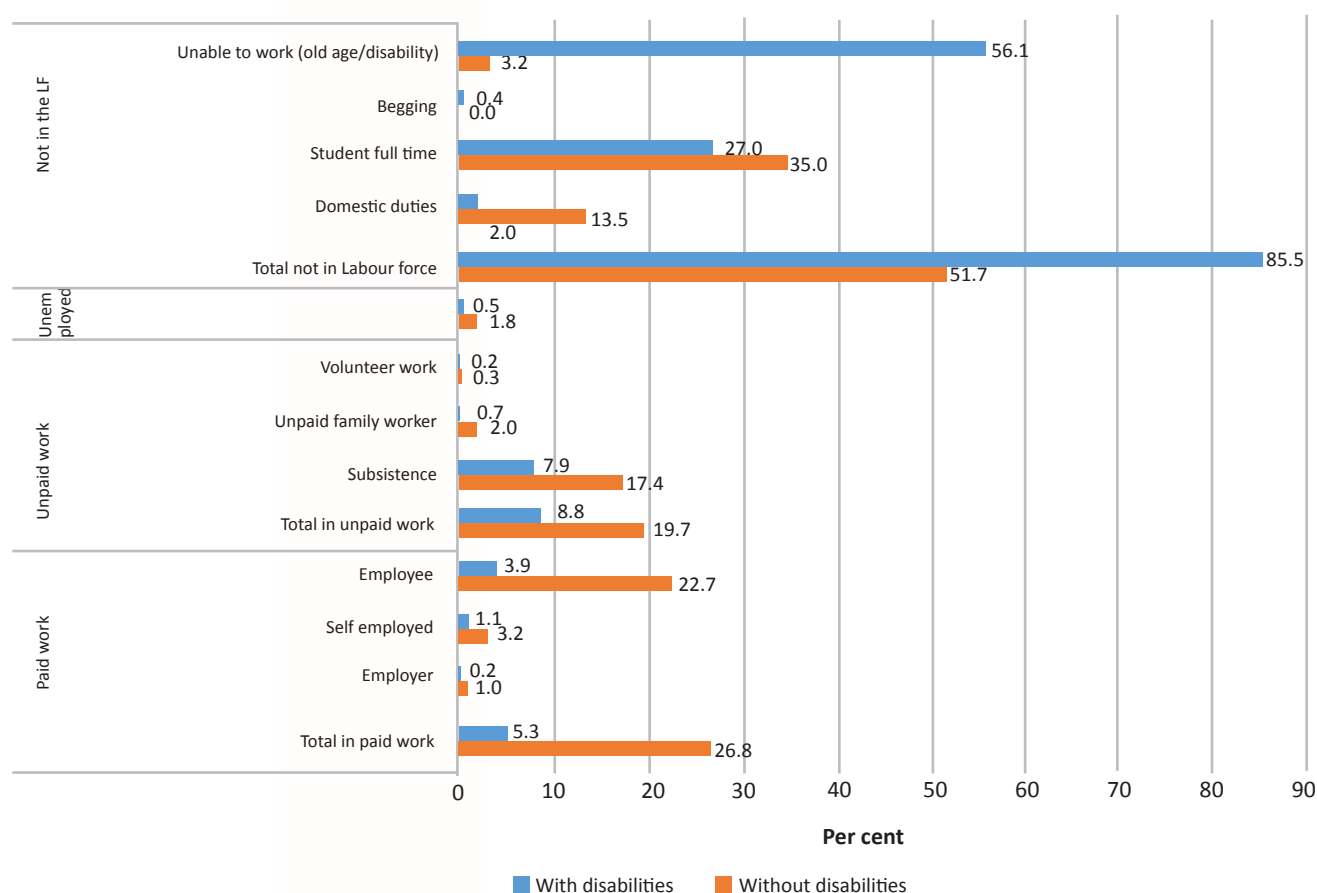
Supportive services are also available in other sectors. The National Building Code stipulates that all public and commercial buildings should have reasonable access and accommodate the needs of persons with disabilities. Similarly, the Land Transport Authority (LTA) has stipulated that parking spaces be designated for persons with

disabilities in all public parking facilities. However, a lack of awareness in Samoa regarding these spaces persists as members of the public continue to use parking spaces designated for persons with disabilities.

## 6.1 Employment status

Figure 6-1 and Table A-6 in the annex section presents data on the economic activities of persons with and without disabilities by background characteristics. A total of 121,200 persons aged 15 years and older, of which 47 per cent indicated they participated in the labour force. About 53 per cent indicated they were not labour force participants, of which majority were engaged in domestic or home duties such as looking after the kids and elderly, cleaning the rubbish and house, washing the dishes, cooking and other duties.

Figure 6-1: Employment status for population 15 years and above by disability status



Of the 2,910 persons identified with disabilities, only 15 per cent were engaged in the labour force whereas 85 per cent were non-economically active persons or not in the labour force with more persons (56 per cent) identified as those who were unable to work due to old age or disability. Only 5 per cent of the population with disabilities were engaged in paid work. About 9 per cent were engaged in unpaid work such as working in family plantations and businesses, doing voluntary works, raising livestock and doing subsistence fishing practices for family use. Although less than half of the working population with disabilities were male, they dominated the paid work (6 per cent) and unpaid work (16 per cent) of the employment spectrum. The highest proportion of persons with disabilities engaged in paid work were found in AUA (9 per cent) followed by NWU (7 per cent). More persons with disabilities in Savaii indicated they do not participate in the labour force than any other region in the country. This may be due to limited employment opportunities suitable for persons with disabilities in Savaii. As expected the population aged 18–49 years represented most of the economically active population across disability status and this reflects the common working age across society. This also supports the fact that persons aged 18–49 also has the highest percentage of those who were actively looking for jobs or unemployed.

In contrast, about 48 per cent of the 118,290 of the population aged 15 years and above without disabilities were engaged in the labour force compared. Among the non-economically active, the majority were primarily performing domestic duties (35 per cent) and attending school (14 per cent). Across the sexes a huge disparity was observed as males tend to dominate the economically active population whereas females outnumbered males in the non-economically active population. For example, more men were found working in paid works (32 per cent) and unpaid works (34 per cent) particularly in subsistence activities while almost three in every four women (72 per cent) were categorized in the non-economically active group with the majority involved in raising families and doing housewives related works, which reflects societal attitudes toward gender roles and responsibilities. By geography, 44 per cent of persons without disability that were engaged in paid labour were found in AUA followed by NWU at 32 per cent. AUA is where the capital city is located and the NWU is the industrial zone with freehold land and one of Samoa's business districts. As expected, Savaii had the fewest number of people engaged in paid work with only 13 per cent since very few industries exist in the region. A lack of economic opportunities has resulted in the movement of most of Savaii's working-age population to Upolu in search of better employment.

## 6.2. Occupation

Table 6-1 provides data on occupation by disability status. Most persons with disabilities (60.9 per cent) were employed in skilled agriculture, livestock and/or forestry and only 1.5 per cent indicated they were employed in the elementary occupation category. The next most popular employment categories for persons with disabilities were service and sales. This in line with the main occupation areas in Samoa.

**Table 6-1: Population aged 15 years and above occupation by disability status**

Occupation	With disabilities	Without disabilities
Legislators and managers	3.7	4.1
Professionals	9.5	10.4
Technicians/associate professionals	1.7	4.2
Clerical	2.7	6.1
Service and sales	10.8	15.3
Skilled agriculture, livestock, forestry	60.9	41.5
Craft, related trade workers and food	7.3	7.7
Machinery	2.0	5.7
Elementary occupation	1.5	5.0
Armed force	-	0.1
<b>Total</b>	<b>409</b>	<b>54,976</b>

### 6.3. Conclusions and recommendations

Only one in twenty persons with disabilities is engaged in paid work compared to one in four persons without disabilities. More than half of all persons with the disabilities were not economically active, with most indicating they were unable to work. Males have a better chance of being engaged in paid work among persons with and without disabilities. By region, AUA and NWU offered the best chances of economic engagement across the board and this was expected since industrial zones with freehold lands exist there and they are Samoa's most prominent business districts. To address employment-related disparities, the following recommendations are suggested:

- Review existing empowerment policies and programmes for persons with disabilities and ensure they are implemented through the delivery of capacity-building support for existing staff and enforcement of existing applicable legislation such as regulations stipulated in Section 20(1) of the LER Act as they apply to the private sector.
- Consider developing accessibility standards that are consistent with international standards and a comprehensive strategy to improve access to public and work spaces for persons with disabilities. These could include, for example, making parking spaces exclusively available to persons with disabilities and the establishment by relevant agencies such as LTA of mechanisms to prevent members of the public who are not entitled to do so from using these spaces.
- Consider establishing a relevant incentive mechanism and delivering training and awareness-raising in public and private sectors to employ persons with disabilities. This could include the provision of support to ensure employment information is more easily accessible by persons with disabilities.
- • Consider social protection measures for persons who are unable to work.





## 7 Reproductive health and disability status

Health is an important indicator of a nation's development. The ability of country's population to access high quality medical services is imperative to maintaining quality of life and this is especially true of persons with disabilities. Moreover, health service providers must possess critical knowledge and skills related to disability health issues to ensure no one is left behind. Although the data collected was based only on reproductive health, the information is critical since reproductive health impacts socio-economic situations, especially of women with disabilities.

### 7.1 Marital status

Table 7-1 provides data on the marital status of women and men in Samoa aged 15 years and older by disability status and other social demographic characteristics. More than half of the total population who responded to the Census were married (56 per cent) and 34 per cent had never been married. About 2 per cent of the population aged 15 years and older were people with disabilities and 98 per cent had no disability. For persons with disabilities, disaggregation of the data by sex revealed that a high percentage of males were married at 52 per cent, compared with only 28 per cent of females. Almost half (49 per cent) of females with disabilities were widowed, which could be due to a higher life expectancy for Samoan women than men and the fact that Samoan families tend to be protective of females and even more so of females with disabilities.

Table 7-1: Population aged 15 years and above by disability status, marital status and background characteristics

Background characteristics	Total	Never married	Married	Widowed	Divorced/ separated
Total population	121,200	34.3	55.7	5.8	4.2
With disabilities					
Total	2,910	20.8	39.2	34.7	5.3
Sex					
Male	1,365	25.4	51.8	18.2	4.6
Female	1,545	16.8	28.0	49.3	6.0
Age group					
15 to 17 years	59	100.0	0.0	0.0	0.0
18 to 49 years	565	64.3	29.7	1.6	4.4
50+ years	2,286	8.1	42.5	43.7	5.7
Without disabilities					
Total	118,290	34.6	56.1	5.1	4.2
Sex					
Male	60,625	40.0	54.6	2.4	2.9
Female	57,665	29.0	57.6	7.9	5.5
Age group					
15 to 17 years	11,931	100.0	0.0	0.0	0.0
18 to 49 years	78,370	35.1	59.7	0.9	4.3
50+ years	27,989	5.6	69.8	18.8	5.7

By age cohort, similar distribution of persons with and without disabilities were reported “never married” at the age of 15-17, however it is interesting to note that this distribution started to vary as the population aged. For example, only 30 per cent of persons with disabilities at the age of 18-49 were married compared to more than half (60 per cent) of those without disabilities in the same category. The small number of persons with disabilities that were married reflects the high percentage of those that were still never married or single (64 per cent). At the age of 50 years and over, the data shows that almost half (43 per cent) of persons with disabilities were in union whereas persons without disabilities still dominating the group with 70 per cent. Conversely, there is a high number of widow/widower for persons with disabilities over those without disabilities (44 per cent and 19 per cent respectively). This is a reflection of the increase number of persons with disabilities due to old age where the majority are widow/widower either living with their families or living in Old people’s shelter. For an example are those living in the “Mapu-i-Fagalele” home of the elderly in Samoa.

For persons without disabilities, more males indicated they had never married (40 per cent) compared with females (29 per cent). About 55 per cent and 58 per cent of men and women, respectively, were married. Conversely the data shows that females with disabilities have a very low chance of getting married (28 per cent) compared to males with disabilities (52 per cent). For the widowed category of persons with disabilities the female outnumbered the males by 49 per cent to 18 per cent respectively.

## 7.2 Children ever born

Data on CEB revealed that the number of children born to women over their reproductive lifespan has an impact on the health and livelihoods of women. This section examines the data on CEB among women aged 15 to 49 years by disability status.

The 2016 Census reported 92,171 CEB in Samoa from a total of 43,895 females aged 15 to 49 years, which suggests an overall average of two CEB per female. Women with disabilities averaged fewer CEB (1.6) compared with women without disabilities (2.1) and the average number of births was more likely to be higher for older women. Table 7-1 shows that higher proportion of persons with disabilities aged 18-49 years were never married while Figure 7-2 indicates females without disabilities average more CEB across all age groups. The data suggests more women with disabilities may give birth out of marriage. Further exploration of these figures is required to ascertain possible protection issues such as sexual abuse of persons with disabilities, having relations before marriage or even lack of knowledge on contraceptive methods.

Figure 7-1: Female population aged 15–49 years by number of children ever born (CEB) alive and disability status

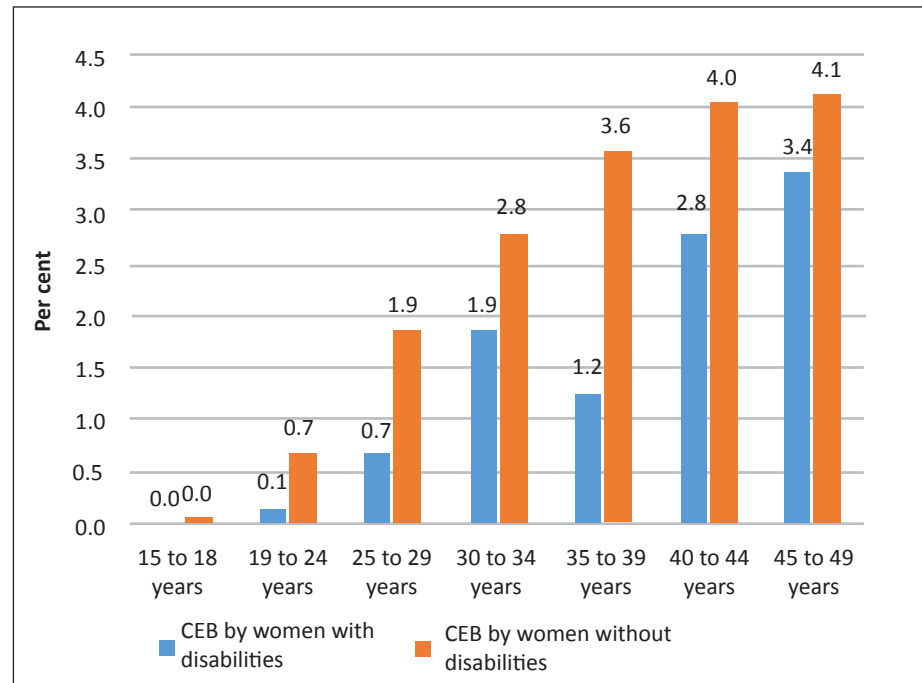


Table 7-2: Female population aged 15–49 years by disability status, age group and CEB

Women	Women	CEB	Average CEB
Total population			
<b>Total</b>	<b>43,895</b>	<b>92,171</b>	<b>2.10</b>
15 to 18 years	7,314	257	0.04
19 to 24 years	9,402	6268	0.67
25 to 29 years	6,632	12245	1.85
30 to 34 years	5,865	16290	2.78
35 to 39 years	5,232	18657	3.57
40 to 44 years	4,918	19824	4.03
45 to 49 years	4,532	18630	4.11
With disabilities			
<b>Total</b>	<b>279</b>	<b>434</b>	<b>1.56</b>
15 to 18 years	35	0	0.00
19 to 24 years	41	6	0.15
25 to 29 years	39	26	0.67
30 to 34 years	43	80	1.86
35 to 39 years	30	37	1.23
40 to 44 years	39	109	2.79
45 to 49 years	52	176	3.38
Without disabilities			
<b>Total</b>	<b>43,616</b>	<b>91,737</b>	<b>2.10</b>
15 to 18 years	7,279	257	0.04
19 to 24 years	9,361	6262	0.67
25 to 29 years	6,593	12219	1.85
30 to 34 years	5,822	16210	2.78
35 to 39 years	5,202	18620	3.58
40 to 44 years	4,879	19715	4.04
45 to 49 years	4,480	18454	4.12

### 7.3. Age at first birth

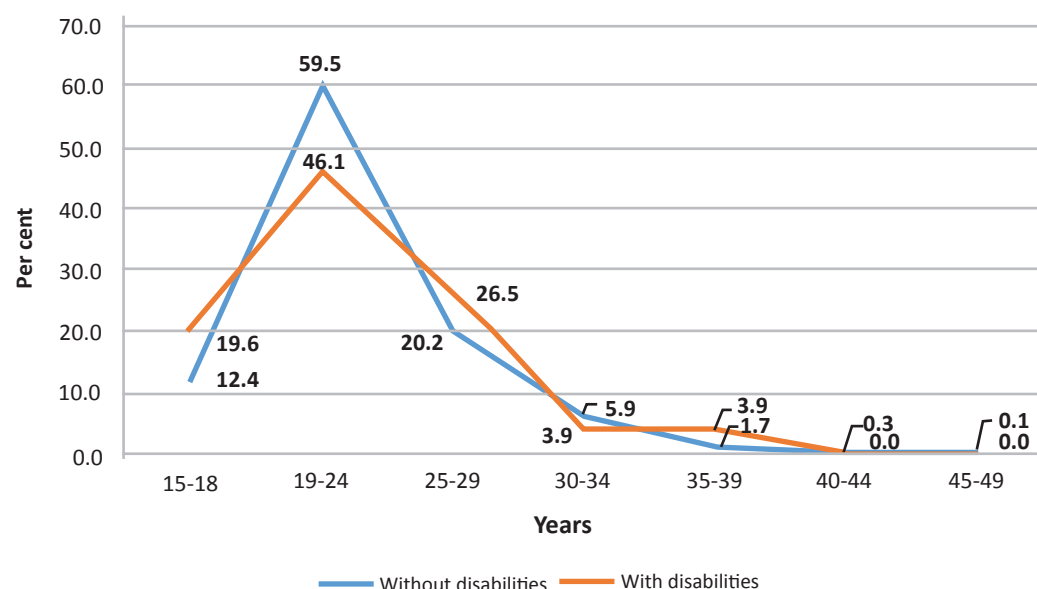
The age of a woman at first birth directly impacts her health since the risk of childbearing complications are higher among younger women and childbearing complications are among the main causes of disability or death among Samoan women.

The median age at first birth among women both with and without disabilities was 22 years of age. Although the average age was similar for both, it is important that

maternal health services are accessible particularly for women with disabilities and that educational programmes are promoted to ensure that health service providers continue to provide the necessary support for all mothers of newborns. The similar age at first birth also indicates that women with and without disabilities all have the same sexual reproductive health rights, which is important to stress during the delivery of educational awareness programmes.

Figure 7-1 presents the ages of first birth by disability status in five-year age bands. For females with disabilities, the most common age group for first birth was 19–24 years with 46 per cent followed by 25–29 years with 26 per cent. More women with disabilities (20 per cent) than without in the 15–18 years age group gave birth for the first time. One of the challenges is determining the impact of having a child at such a young age, including whether these females continue their education after giving birth. It is interesting that not one female over the age of 39 years was recorded to have given birth for the first time. This could be due to several issues including health issues related to a female’s disability that preclude older women with disabilities from giving birth for the first time.

Figure 7-2: Age at first birth by disability status of mother



## 7.4. Conclusions and recommendations

The collection of data on reproductive health issues is critical since these issues have an impact on socio-economic situations especially for women with disabilities whose reproductive health rights are not protected. The data suggests women with disabilities tend to start child bearing earlier compared to women without disabilities. The median age of first birth is 22 years for women both with and without disabilities. More research on health and disability is required to unpack these results. In the meantime, the following recommendations are suggested:

- Review existing health sector plans, policies and programmes to ensure that persons with disabilities are appropriately considered and that specific indicators are in place to promote access to health services for all. This includes the consideration of partners and allocating sufficient budgets.
- Improve mobile health clinics for persons with disabilities. A high percentage of persons with disabilities reside in rural areas and Savaii while most of the programmes that could benefit them are offered only in the urban areas. Coordination with village representatives could be improved to ensure these programmes benefit more people with disabilities.
- Education and awareness-raising programmes related to health issues and health rights for people with disabilities are also critical to improving capacity of health professionals and the health sector more generally to provide services to persons with disabilities.

# 8

## Conclusions



Key findings of the research and analysis carried out in the completion of this report include the following:

### Living condition

- No significant disparities exist in the living conditions of persons with disabilities compared to persons without disabilities.
- Analysis of the accessibility of existing facilities (for instance, whether water and sanitation facilities are accessible to persons with disabilities) was not carried out in the completion of this report.

### Education

- Persons with disabilities are less likely to attain the same level of education as their counterparts without disabilities.
- Persons with disabilities residing in outlying areas who complete primary school do not often advance to secondary school level.
- Differentials in achievements in higher education are apparent among those aged 18-49 years.
- Differentials in education attendance rates and attainment levels are reflected in abilities to read and write.

### Employment

- Only one in twenty persons with disabilities are paid to work.
- More than half of all persons with disabilities are not economically active compared to about 36 per cent of those without disabilities.



## Health

- While a higher proportion of women with disabilities give birth for the first time at a young age, the median age of child birth is the same across disability status.

## 8.1 Policy implications and recommendations

Overall it is critical for the Government of Samoa to ensure the requisite capacities (knowledgeable staff and resources) are in place to support mainstreaming of disability issues in planning process and to establish systems to implement, monitor and report disability empowerment programmes. More specifically, key policy implications and recommendations drawn from analysis completed for this report include the following:

### Living condition

- Persons with disabilities must actively participate in further studies to ensure the research adequately and accurately captures their realities and experiences within households in terms of livelihoods and living conditions.

### Education

- It is also crucial that the MESC, disability service providers and national advocacy organizations of and for persons with disabilities, including NOLA, provide ongoing support and training for teachers in the classroom.
- School infrastructure, transport facilities and public services must accommodate the needs of persons with disabilities.
- Efforts ought to be strengthened to train teachers at the pre-service level and to support ongoing capacity development to ensure educational opportunities are inclusive for all students.
- Collaboration is required between the MoH, disability service providers and persons with disabilities to address the need for screening and early detection of disability.
- Government ought to prioritize funds for education to ensure the recommendations described above are implemented.

### Employment

- Existing empowerment policies and programmes for persons with disability should be reviewed and subsequently implemented through capacity-building support for staff and enforcement of existing legislation such as Section 20(1) of the LER Act that applies to the private sector.
- PSC ought to incorporate in all its processes inclusive employment principles related to accessibility and reasonable accommodations.

- Social protection measures should be considered for persons who are unable to work.
- MCIL must ensure that regulations detailed in Section 20(1) of the LER Act are enforced within the private sector.

## Health

- Review existing health sector plans, policies and programmes with the active participation of persons with disabilities to ensure that all persons with disabilities are appropriately considered and that specific indicators are in place to promote equal opportunities for all to access health services. This includes allocation of appropriate resources and budgets.

## Annex

Table A-1: Population aged 5 years and above with and without disabilities by background characteristics

Background characteristic		Disability status		
		Total	With disabilities	Without disabilities
<b>Total</b>		<b>167,633</b>	<b>2.01</b>	<b>97.99</b>
Sex				
	Male	86,183	1.9	98.12
	Female	81,450	2.2	97.85
Area				
	Rural	135,091	2.13	97.87
	Urban	32,542	1.5	98.5
Age group				
	5-17	58,423	0.9	99.11
	18-49	78,935	0.7	99.28
	50+	30,275	7.6	92.45
Region				
	AUA	32,542	1.5	98.50
	NWU	59,139	1.7	98.34
	RoU	38,862	2.0	97.98
	Savaii	37,090	3.0	97.00

Table A-2: Population aged 5 years and above access to drinking water sources by disability status

Background characteristics	Total	Water source									Missing
		Improved water source			Unimproved						
		Total people access to improved	Samoa Water Authority (SWA) Metered Water	Bottled water	District/ village spring	Independent Water Scheme Association (IWSA)	Samoa Water Authority – not metered water	Rainwater	District/ village well	Tanker truck	
National											
Total	167,633	68.9	67.4	1.5	4.0	13.3	6.6	6.2	0.4	0.1	0.6
With disabilities											
Total	3,370	66.3	65.5	0.8	2.9	16.5	5.1	6.9	0.4	0.0	2.0
Sex											
Male	1,621	65.2	94.4	0.8	2.6	16.0	5.6	8.0	0.4	0.0	2.2
Female	1,749	67.3	66.4	0.9	3.1	17.0	4.7	5.8	0.3		1.8
Age group											
5-17	519	61.5	60.9	0.6	2.7	19.9	5.6	9.8	0.6	0.0	0.0
18-49	565	67.3	66.6	0.7	2.7	14.7	5.7	6.7	0.2	0.0	2.8
50+	2,286	67.2	66.2	0.9	2.9	16.2	4.9	6.3	0.4	0.0	2.2
Region											
AUA	487	85.0	81.7	3.3	1.2	3.5	6.8	1.2	0.6	0.0	1.6
NWU	984	72.9	72.61	0.8	1.4	6.0	5.6	8.2	0.1	0.0	5.8
RoU	786	44.8	44.4	0.4	8.8	29.8	5.7	10.3	0.6	0.0	0.0
Savaii	1,113	67.5	67.4	0.1	0.6	22.2	3.6	5.8	0.3	0.0	0.1
Without disabilities											
Total	164,263	68.9	67.5	1.5	4.0	13.2	6.6	6.2	0.4	0.1	0.6
Sex											
Male	84,562	68.4	67.0	1.4	4.1	13.3	6.7	6.3	0.5	0.1	0.8
Female	79,701	69.5	68.0	1.5	3.9	13.2	6.6	6.1	0.4	0.1	0.3
Age group											
5-17	57,904	68.0	66.8	1.2	4.3	13.6	6.7	6.6	0.5	0.1	0.2
18-49	78,370	69.4	67.8	1.5	3.9	12.8	6.7	6.0	0.4	0.1	0.9
50+	27,989	69.6	67.8	1.8	3.7	13.8	6.3	5.9	0.4	0.1	0.4
Region											
AUA	32,055	81.5	78.3	3.2	2.1	5.6	7.8	2.0	0.3	0.1	0.6
NWU	58,155	75.3	73.3	2.1	2.0	6.7	7.7	6.9	0.4	0.1	0.8
RoU	38,076	47.0	46.6	0.4	11.1	25.3	6.4	9.3	0.8	0.0	0.2
Savaii	35,977	70.6	70.4	0.2	1.3	17.8	0.4	5.6	0.3	0.0	0.4

Table A-3: Population aged 5 years and above access to sanitation by disability status

Background characteristics	Total	Sanitation					
		Improved sanitation				Unimproved	
		Total improved	Flushed to septic tank	Poured flush	VIP	Pit toilet	Missing
<b>Grand total</b>	<b>167,633</b>	<b>98.4</b>	<b>87.5</b>	<b>9.1</b>	<b>1.9</b>	<b>1.0</b>	<b>0.6</b>
<b>With disabilities</b>							
<b>Total</b>	<b>3,370</b>	<b>97.1</b>	<b>85.8</b>	<b>8.9</b>	<b>2.4</b>	<b>1.0</b>	<b>2.0</b>
<b>Sex</b>							
Male	1,621	96.6	84.3	9.2	3.1	1.2	2.2
Female	1,749	97.5	87.2	8.6	1.7	0.7	1.8
<b>Age group</b>							
5-17	519	97.5	80.5	12.5	4.4	2.5	0.0
18-49	565	96.5	85.8	8.9	1.8	0.7	2.8
50+	2,286	97.2	87.0	8.1	2.1	0.7	2.2
<b>Region</b>							
AUA	487	96.9	91.6	4.3	1.0	1.4	1.6
NWU	984	93.2	82.3	7.6	3.3	1.0	5.8
RoU	786	99.0	85.8	12.1	1.2	1.0	0.0
Savaii	1,113	99.3	86.4	9.8	3.1	0.6	0.1
<b>Without disabilities</b>							
<b>Total</b>	<b>164,263</b>	<b>98.5</b>	<b>87.5</b>	<b>9.1</b>	<b>1.9</b>	<b>1.0</b>	<b>0.6</b>
<b>Sex</b>							
Male	84,562	98.2	87.1	9.2	1.9	1.1	0.8
Female	79,701	98.7	87.9	9.0	1.8	1.0	0.3
<b>Age group</b>							
5-17	57,904	98.6	86.0	10.3	2.3	1.2	0.2
18-49	78,370	98.2	87.7	8.8	1.7	1.0	0.9
50+	27,989	98.9	90.0	7.5	1.4	0.7	0.4
<b>Region</b>							
AUA	32,055	98.8	94.9	3.4	0.6	0.6	0.6
NWU	58,155	97.8	86.3	9.1	2.3	1.4	0.8
RoU	38,076	99.1	83.8	13.7	1.6	0.7	0.2
Savaii	35,977	98.6	86.7	9.2	2.7	1.0	0.4

Table A-4: Population aged 5 years and above energy sources by disability status

Background	Total	Energy source								Not stated/ Missing
		Clean		Unclean						
		Total use of clean energy source	Electricity	Gas	Kerosene	Total use of unclean energy source	Charcoal	Firewood/ husks		
National										
Total	187,633	35.1	9.4	21.0	4.7	64.0	0.8	63.3	0.9	
With disabilities										
Total	3,370	30.0	8.0	18.1	3.9	67.6	0.8	66.8	2.4	
Sex										
Male	1,621	41.7	8.3	16.7	4.3	67.9	1.0	66.9	2.8	
Female	1,749	46.5	7.6	19.4	3.5	67.4	0.7	66.7	2.1	
Age group										
5-17	519	21.2	6.9	11.0	3.3	78.8	1.4	77.5	0.0	
18-49	565	29.0	7.3	17.5	4.3	67.6	0.4	67.3	3.4	
50+	2,286	32.2	8.4	19.9	4.0	65.1	0.8	64.2	2.8	
Region										
AUA	487	70.0	18.1	41.1	10.9	27.7	0.4	27.3	2.3	
NWU	984	39.4	8.1	26.1	5.2	54.3	0.4	53.9	6.3	
RoU	786	19.5	6.0	11.2	2.3	79.9	0.4	79.5	0.6	
Savaii	1,113	11.5	4.8	5.8	0.9	88.1	1.7	86.4	0.4	
Without disabilities										
Total	164,263	35.2	9.4	21.1	4.7	63.9	0.8	63.2	0.8	
Sex										
Male	84,562	34.4	9.3	20.5	4.6	64.6	0.8	63.8	1.1	
Female	79,701	36.2	9.6	21.7	4.8	63.3	0.8	62.5	0.6	
Age group										
5-17	57,904	29.2	8.5	19.1	4.6	67.3	0.8	66.5	0.5	
18-49	78,370	64.2	9.5	21.8	4.8	62.7	0.7	62.0	1.2	
50+	27,989	13.9	11.2	23.2	4.5	60.4	0.8	59.7	0.7	
Region										
AUA	32,055	71.1	16.5	44.3	10.3	28.0	0.8	27.2	1.0	
NWU	58,155	40.2	9.8	25.2	5.2	58.8	0.5	58.3	1.0	
RoU	38,076	18.8	6.1	10.2	2.6	80.6	0.5	80.1	0.6	
Savaii	35,977	12.6	6.1	5.4	1.1	86.7	1.5	85.2	0.8	

Table A-5: Population aged 5 years and above educational attainment, literacy by disability status and other background characteristics

Background characteristics	Preschool	Primary school	Secondary school	Higher education	Special needs education	Missionaries	Never been to school/No education	Missing	Total population (5+)	Literacy rate	
										Reading	Writing
<b>National</b>											
<b>Total</b>	<b>1.1</b>	<b>31.5</b>	<b>51.2</b>	<b>14.1</b>	<b>0.1</b>	<b>0.1</b>	<b>1.8</b>	<b>0.2</b>	<b>167,633</b>	<b>67.9</b>	<b>65.7</b>
<b>With disabilities</b>											
<b>Total</b>	<b>1.6</b>	<b>41.5</b>	<b>36.7</b>	<b>7.2</b>	<b>1.6</b>	<b>1.0</b>	<b>9.6</b>	<b>0.6</b>	<b>3,370</b>	<b>38.1</b>	<b>35.0</b>
<b>Sex</b>											
Male	1.5	41.6	35.4	8.1	1.9	0.9	9.9	0.7	1,621	39.1	36.1
Female	1.7	41.3	38.0	6.4	1.3	1.0	9.4	0.9	1,749	37.2	34.1
<b>Area</b>											
Rural	1.7	42.8	36.1	5.7	1.5	0.9	10.4	0.9	2,883	36.66	33.37
Urban	1.4	33.7	40.3	16.4	2.3	1.0	4.9	0.0	487	46.61	44.97
<b>Age group</b>											
5–17	4.8	65.3	9.8	0.4	0.4	0.0	19.3	0.0	519	5.8	5.2
18–49	0.7	18.1	44.4	10.3	8.0	0.4	17.7	0.5	565	51.3	48.9
50+	1.1	41.8	40.9	8.1	0.3	1.3	5.4	1.1	2,286	42.2	38.4
<b>Region</b>											
AUA	1.4	33.7	40.3	16.4	2.3	1.0	4.9	0.0	487	46.6	45.0
NWU	0.8	39.9	35.8	8.3	2.6	0.6	10.6	1.3	984	39.9	39.2
RoU	1.0	42.2	38.4	5.3	1.0	0.3	10.8	0.9	786	39.6	34.0
Savaii	2.9	45.6	34.8	3.6	0.8	1.7	10.0	0.6	1,113	31.7	27.8
<b>Without disabilities</b>											
<b>Total</b>	<b>1.1</b>	<b>31.3</b>	<b>51.5</b>	<b>14.2</b>	<b>0.1</b>	<b>0.1</b>	<b>1.7</b>	<b>0.1</b>	<b>164,263</b>	<b>68.5</b>	<b>66.4</b>
<b>Sex</b>											
Male	1.1	32.8	50.8	13.2	0.1	0.1	1.9	0.1	84,562	67.9	65.6
Female	1.1	29.7	52.2	15.3	0.1	0.1	1.5	0.1	79,701	69.1	67.2
<b>Area</b>											
Rural	1.2	32.5	52.9	11.5	0.1	0.1	1.8	0.2	132,208	67.59	65.09
Urban	0.7	26.4	45.8	25.6	0.1	0.1	1.3	0.0	32,055	72.17	71.58
<b>Age group</b>											
5–17	2.1	67.3	26.9	0.4	0.0	0.0	3.3	0.0	57,904	20.1	19.7
18–49	0.5	6.8	67.9	24.0	0.1	0.0	0.6	0.2	78,370	97.3	94.5
50+	0.7	25.5	56.3	15.4	0.0	0.3	1.5	0.3	27,989	88.1	84.3
<b>Region</b>											
AUA	0.7	26.4	45.8	25.6	0.1	0.1	1.3	0.0	32,055	72.2	71.6
NWU	0.6	30.6	51.8	14.8	0.1	0.1	1.9	0.2	58,155	69.5	67.7
RoU	0.9	33.1	53.9	10.2	0.0	0.1	1.7	0.2	38,076	67.1	65.2
Savaii	2.3	34.9	53.4	7.4	0.0	0.1	1.7	0.1	35,977	65.1	60.8

Table A-6: Employment status of population aged 15 years and above by disability status and background characteristics

Background characteristics	Total pop (15+)	Paid work				Unpaid work					Unemp loyed	Not in the labour force			Missing	
		Total in paid work	Employer	Self employed	Employee	Total in unpaid work	Subsistence	Unpaid family worker	Domestic Duties	Volunteer work		Total not in Labor force	Student full time	Begging		Unable to work (old age/ disability)
Total	121,200	26.3	1.0	3.1	22.2	54.2	17.2	1.9	34.8	0.3	1.7	17.7	13.2	0.0	4.5	0.0
With disabilities																
Total	2,910	5.3	0.2	1.1	3.9	35.8	7.9	0.7	27.0	0.2	0.5	58.4	2.0	0.4	56.1	0.0
Sex																
Male	1,365	6.5	0.4	1.1	5.0	36.8	14.6	0.8	21.1	0.3	0.5	56.3	2.4	0.6	53.3	0.0
Female	1,545	4.2	0.1	1.1	3.0	35.0	2.1	0.5	32.3	0.1	0.5	60.3	1.6	0.2	58.6	0.0
Age group																
15 to 17 years	59	1.7	0.0	0.0	1.7	18.6	3.4	1.7	13.6	0.0	1.7	78.0	47.5	0.0	30.5	0.0
18 to 49 years	565	13.1	0.0	2.3	10.8	45.0	12.4	1.8	30.8	0.0	2.0	40.0	5.0	0.1	34.0	0.0
50+ years	2,286	3.4	0.3	0.8	2.3	34.0	7.0	0.4	26.5	0.3	0.1	62.5	0.0	0.2	62.2	0.0
Region																
AUA	433	8.6	0.7	1.6	6.2	35.1	3.9	0.0	30.7	0.5	0.2	56.1	2.3	0.9	52.9	0.0
NWU	873	6.5	0.1	1.0	5.4	34.9	5.7	0.6	28.3	0.3	1.2	57.4	1.8	0.3	55.2	0.0
RoU	674	2.5	0.2	1.0	1.3	38.6	10.2	0.3	28.0	0.0	0.2	58.8	1.3	0.2	57.3	0.0
Savaii	930	4.5	0.2	1.0	3.3	35.1	10.2	1.3	23.4	0.1	0.2	60.2	2.4	0.3	57.5	0.0
Without disabilities																
Total	118,290	26.8	1.0	3.2	22.7	54.7	17.4	2.0	35.0	0.3	1.8	16.7	13.5	0.0	3.2	0.0
Sex																
Male	60,625	31.7	1.2	3.9	26.6	50.5	30.7	2.5	17.0	0.3	1.9	15.9	12.9	0.0	3.0	0.0
Female	57,665	21.7	0.8	2.4	18.6	59.0	3.5	1.4	53.9	0.3	1.7	17.6	14.1	0.0	3.4	0.0
Age group																
15 to 17 years	11,931	1.9	0.0	0.1	1.7	13.9	4.8	1.1	8.0	0.0	1.1	83.1	83.0	0.0	0.1	0.0
18 to 49 years	78,370	32.3	1.1	3.3	27.9	57.1	18.8	2.4	35.7	0.2	2.5	8.1	7.7	0.0	0.4	0.0
50+ years	27,989	22.1	1.3	4.1	16.7	65.2	19.1	1.2	44.6	0.4	0.1	12.5	0.1	0.0	12.4	0.0
Region																
AUA	23,854	43.8	1.9	4.7	37.3	36.6	4.8	1.5	29.7	0.5	1.3	18.3	15.8	0.0	2.5	0.1
NWU	42,230	31.9	1.0	3.5	27.4	49.9	13.9	1.7	34.1	0.2	2.0	16.2	13.6	0.0	2.6	0.0
RoU	26,923	16.9	0.5	2.4	13.9	65.9	25.5	1.7	38.5	0.1	1.2	16.1	12.7	0.0	3.4	0.0
Savaii	25,283	12.9	0.7	2.1	10.2	67.7	26.7	3.1	37.7	0.2	2.6	16.8	12.1	0.0	4.7	0.0



## ENDNOTES

The Washington Group was established to address the urgent need for cross-nationally comparable population based measures of disability. Its mandate is the promotion and coordination of international cooperation in the area of health statistics focusing on disability data collection tools suitable for censuses and national surveys. For more details about the Washington Group, see <http://www.washingtongroup-disability.com/>.

World Health Organization (WHO), International Classification of Functioning, Disability and Health Children and Youth Version, WHO, Geneva, 2007. Accessible at: [http://apps.who.int/iris/bitstream/10665/43737/1/9789241547321\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/43737/1/9789241547321_eng.pdf).

Ibid.

Washington Group on Disability, 'The Washington Group Short Set of Questions on Disability', 2006. Accessible at: <http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf>

Miller Kristen, Daniel Mont, Aaron Maitland, Barbara Altman, and Jennifer Madans, 'Results of a cross-national structured cognitive interviewing protocol to test measures of disability', *Quality and Quantity*, vol. 45, issue 4, June 2011, pp. 801–815.

Washington Group on Disability Statistics, 'Understanding and Interpreting Disability as Measured using the WG Short Set of Questions', 20 April 2009. Accessible at: <http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/interpreting-disability.pdf>.

WHO and The World Bank, *World Report on Disability*, WHO, Malta, 2011.

Bines, Hazel and Philippa Lei, 'Disability and education: the longest road to inclusion', *International Journal of Educational Development*, 31(5), 2011 pp. 419–424.

A new policy is in development as the previous policy was meant to cover 2011–2016.

Cultural and religious financial commitments.



Samoa Bureau of Statistics  
P.O. Box 1151  
Apia, Samoa

Phone: (685) 21373  
Fax: (685) 24675

Email: [info.stats@sbs.gov.ws](mailto:info.stats@sbs.gov.ws)  
Website: [www.sbs.gov.ws](http://www.sbs.gov.ws)

United Nations Children's Fund  
3rd Floor, FDB Building  
360 Victoria Parade  
Suva, Fiji

Telephone: (679) 330 0439  
Facsimile: (679) 330 1667

Mailing Address:  
UNICEF Pacific  
Private Mail Bag  
Suva, Fiji

Email: [suva@unicef.org](mailto:suva@unicef.org)  
Website: [www.unicefpacific.org](http://www.unicefpacific.org)



Pacific  
Community  
Communauté  
du Pacifique



unicef   
for every child