



Kiribati Disability Monograph

From the 2015 Population and Housing Census



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Kiribati Disability Monograph

From the 2015 Population and Housing Census

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Foreword

Global recognition that children and adults with disabilities must enjoy all human rights and freedoms was solidified with the adoption on 2006 and entry into force in 2008 of the Convention on the Rights of Persons with Disabilities (CRPD). The 2030 Agenda for Sustainable Development explicitly includes disability in the Sustainable Development Goals, targets and indicators.

Governments in the Pacific region continue to take positive steps towards recognizing the rights of persons with disabilities through legislative and policy frameworks such as the 2016–2025 Pacific Regional Framework on the Rights of Persons with Disabilities and improving programmes and service delivery to meet the needs of persons with disabilities. While we applaud efforts to date, more work is clearly needed to strengthen the collection, analysis and use of reliable national-level disability data to enable policy formulation, evidence-based decision-making and the efficient and effective use of the limited resources.

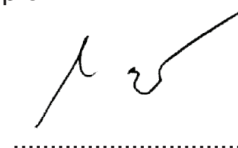
This report makes an important contribution to understanding the situation of persons with disabilities in Kiribati by highlighting disparities that exist in social and economic sectors. Overall, children and adults with disabilities are more likely to be found in the poorest households. Children face barriers to access education and adults are more likely to be excluded economically. Both adults and children are more likely to face barriers to access to basic services such as improved water and sanitation facilities.

The report recommends the adoption of important legislative and policy provisions (which are compliant with the CRPD) that are required to create an enabling environment to equalize opportunities for persons with disabilities. It is also recommended that national coordination mechanisms and existing frameworks be strengthened.

It is our sincere wish that this report is an accessible and widely used reference for all relevant stakeholders in Government, civil society, faith-based organizations, the private sector as well as development partners that it informs evidence-based policies and inclusive development activities that are of benefit to all Kiribati's people.



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Acronyms and abbreviations

CRPD	United Nations Convention on the Rights of Persons with Disabilities
DFAT	Department of Foreign Affairs and Trade
ICF	International Classification of Functioning, Disability and Health
NCD	Non-Communicable Diseases
PFRPD	Pacific Framework for the Rights of Persons with Disabilities
PUB	Public Utility Board
SDGs	Sustainable Development Goals
SPC	Pacific Community
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Kiribati Disability Key Indicators

Disability prevalence population 5+ (‘At least with a lot of difficulty (severe) or cannot do at all’)	With disability	Without disability
Region		
Total	3.1	96.9
Urban	2.8	97.2
Rural	3.4	96.6
Sex		
Male	3.0	97.0
Female	3.1	96.9
Island group		
Northern	3.2	96.9
Central	3.8	96.2
Southern	4.0	96.0
Line & Phoenix	2.4	97.6
Age group		
5-17	0.9	99.1
18-49	2.1	98.0
50+	11.1	88.9
Wealth quintile		
Lowest quintile	17.7	16.5
Second quintile	18.3	17.2
Middle quintile	24.2	18.1
High quintile	21.3	22.1
Highest quintile	18.5	26.1
Accessibility		
Improved water source	22.5	25.1
Improved sanitation	61.0	66.3
School attainment		
No School	5.1	18.0
Pre-school	1.2	3.8
Primary	22.4	22.5
Junior Secondary	41.5	33.8

Kiribati Disability Key Indicators Cont'd

Senior Secondary	13.4	31.9
Higher education	2.6	2.6
School attendance (population 5-24)		
Ever attended school		
Attended school	74.7	96.4
Never attended school	25.3	3.6
Currently attending school		
Currently attending	47.6	66.9
Left school	52.4	33.1
Literacy		
Total	54.5	75.6
Urban	57.9	79.1
Rural	51.6	71.9
Male	61.5	74.7
Female	48.2	76.4
5-17	45.7	67.4
18-49	64.9	83.6
50+	49.6	64.9
Northern	50.0	69.7
Central	57.5	72.7
Southern	46.7	73.5
Line & Phoenix	56.2	73.1
Economic activity - 15 years and above		
Current activity		
Employee	9.2	22.5
Self-employed	12.8	13.0
Employer	0.1	0.2
Subsistence	2.6	3.9
Unemployed	9.0	24.0
Homemaker	7.8	8.0
Student	4.7	8.4
Not able to work	18.4	1.9

Kiribati Disability Key Indicators Cont'd

Employment status of household heads		
Employee	14.8	35.6
Self-employed	17.8	21.4
Employer	0.0	0.4
Subsistence	2.5	5.4
Unemployed	5.6	10.6
Homemaker	8.0	7.4
Student	3.1	1.1
Not able to work	17.1	2.4
Other non-economically active	30.8	15.4
Sport engagement		
Total	13.6	34.6
Urban	12.9	37.2
Rural	14.4	32.3
Male	20.7	44.9
Female	7.5	25.1
5-17	45.8	61.5
18-49	26.9	37.8
50+	3.9	7.9
Northern	14.3	39.1
Central	12.1	35.9
Southern	11.2	36.5
Line & Phoenix	14.5	35.8
Reproductive health - 15 years and above		
Marital status		
Never married	15.5	28.7
Married	61.3	63.2
Widowed	18.8	4.9
Divorced/Separated	4.0	2.6
Average children ever born	2.7	1.9
Median age at first birth	21	21

Executive summary

Children and adults with disabilities are among the most marginalized and excluded groups of society. They are also among the poorest members of the population, often lack access to essential services such as health care and tend to be excluded from education, economic and social opportunities and political spaces, which hinders their ability to effectively realize their right to survival.

The Convention on the Rights of Persons with Disabilities (CRPD) and the 2030 Sustainable Development Goals reinforce the principles of “equal opportunity” and “leaving no one behind”, marking a paradigm shift in attitudes and approaches to inclusive society and development. The CRPD, for example, gives universal recognition to the dignity of persons with disabilities.

Over the years, the Government of Kiribati has taken important steps towards improving the welfare of persons with disabilities. Kiribati ratified the CRPD in 2013. In 2015, the Government launched an Inclusive Education Policy. Disability is identified as a priority issue in the 2016–2019 Kiribati Development Plan and the Government intends to finalize a draft Kiribati National Disability Policy. Lack of up-to-date data and information on disability makes it difficult to effectively plan, budget and implement programmes.

In the Pacific, there is growing recognition of the need to improve disability statistics. This has led to various regional initiatives such as the inclusion of Goal 5 in the recently adopted 2016–2025 Pacific Framework for the Rights of Persons with Disabilities which focuses on strengthening disability research, statistics and analysis.

A national disability survey carried out in 2003–2005 shed more light on the prevalence of disability and helped assess the welfare of persons with disabilities in the country. The survey was undertaken by a coalition of groups concerned about disability in Kiribati with support from Inclusion International and funding from the Government of New Zealand. Disability-related questions were not explicitly included in national surveys prior to 2015; however, surveys had included reference to disability such as in the 2010 Kiribati Census, when it was cited a reason for non-participation in employment. Challenges related to the limited data collection efforts that have taken place are similar to those identified in surveys administered around the world that focused on the impairment rather than providing a functional-based assessment.

This report used data from the Kiribati Population and Housing Census carried out in 2015. This Census is conducted every five years and the 2015 Census followed the 2010 Census. The 2015 Kiribati Population and Housing Census marked the first time that disability-related questions were included in the country’s regular national survey. Data collection for the 2015 Kiribati Census used the Washington Group Short Set of Questions on Disability, which are recognized as an international best practice for disability measurement in censuses and population surveys. The Short Set of Questions query respondents on whether they face difficulty in six core functional domains – seeing, hearing, walking,

cognition, self-care and communication. Responses in the 2015 Census were modified to include the following: 1. No, no difficulty; 2. Yes, moderate; 3. Yes, severe; and, 4. Cannot do it at all.

Respondents were classified as persons with disabilities if at least one domain was coded as a “severe” or “cannot do it at all,” per recommendations of the Washington Group. Various cut-off points can be used to determine disability depending on the intent of the policy designed to address it. This report has used a rather conservative cut-off point of “severe” functional limitation (also referred to as having “a lot of difficulty”) to highlight disparities among the population with and without disabilities.

This analysis is limited to available data collected through the 2015 Kiribati Population and Housing Census. The Washington Group Short Set of Disability Questions (see Annex B) were designed for adults and though certain questions may be suitable for some child/youth subpopulations, the questions were not developed with this group in mind. In other words, the questions are not designed to identify children with disabilities. Questions that are best suited for children were finalized in 2016 by the Washington Group and UNICEF and are now available for use by countries. (The questions are accessible at: <https://data.unicef.org/topic/child-disability/module-on-child-functioning>).

Disability prevalence was found to be 3 per cent when using a more conservative cut-off point of at least “severe” difficulty. If level of inclusion for disability is set at “yes, moderate” (or some difficulty), about 12.4 per cent of population aged 5 and above are considered to have disabilities. If a very conservative cut-off level of “cannot do it at all” is chosen, the prevalence of disability is about 0.9 per cent. The various cut-off points provide valid disability prevalence rates that could serve specific policy positions. For example, provision of assistive devices/technologies and social protection support could focus on those who respond “cannot do at all” and then expanded to include those in the “severe” category. Inclusive policies for education, employment and other economic opportunities as well as social protection could be targeted to those with “severe” and/or “moderate” forms of disability.

Data analysis suggests that disparities exist across several areas that were assessed as summarized below.

- Persons with disabilities are more likely to live in poverty and in households at risk of poor access to improved water and sanitation facilities. Only 18 per cent of the population with disabilities (compared with 26 per cent of households without) is found in households in the highest quintile for wealth. Overall, persons without disabilities (25 per cent) are more likely to have access to improved waters sources compared with persons with disabilities (22 per cent). About 61 per cent of persons with disabilities have access to improved sanitation facilities including Public Utility Board flush toilets, other flush toilets and water latrines compared with 66 per cent of persons without disabilities

- Huge disparities exist between person with and without disabilities in access to education. Only one in six persons with disabilities has had access to education. Most persons with disabilities who manage to enrol in school have attended only up to junior secondary. Differentials in highest level of education attended for the population aged 5 years and over by disability status show that about 18 per cent of the population with disabilities have never received any formal education compared with only 5 per cent of the population without disabilities.
- Differentials in literacy rates by gender reveal that female persons with disabilities are more disadvantaged in education. Literacy rates are 75 per cent and 76 per cent for males and females without disabilities, respectively. In contrast, literacy rates are lower among females with disabilities (48 per cent) compared with males with disabilities (62 per cent).
- About one in five persons with disabilities is not able to work at all. One in three persons with disabilities is economically active. For those who are economically active, the majority are self-employed.
- One in 10 persons with disabilities is engaged in a sporting activity compared with one in three among persons without disabilities. Data for substance abuse shows that more persons with disabilities had stopped drinking alcohol and kava as well as ceased smoking compared with persons without disabilities.

Given the findings of this report, it is important for the Government of Kiribati to put in place requisite legislative and policy provisions to create an enabling environment that is appropriate for equalization of opportunities for the population with disabilities. The Government is also encouraged to fast-track the finalization of a National Disability Policy and accompanying costed implementation plan that includes relevant resources needed to effectively implement the policy.

Chapter 1

Introduction

The Sustainable Development Goals (SDGs) built on the principle of ‘leaving no one behind’ and ushered in a new era of inclusive development. Persons with disabilities are among the poorest, most vulnerable and marginalized members of society. In many parts of the world, persons with disabilities do not have access to health care, education, employment and economic opportunities that is equal to those without disabilities. They are, as a result, more likely to suffer social exclusion, economic vulnerability and hardship.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is one of the international treaties with specific focus on disability. The CRPD was adopted in 2006 and came into force in 2008. The Convention marked a paradigm shift in attitudes and approaches to persons with disabilities. Persons with disabilities were not 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. The Convention gives universal recognition to the dignity of persons with disabilities.

The CRPD is both a development and a 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 disability programmes. 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 equalize opportunities.

The issue of disability and improving the availability of reliable disability statistics has become more prominent in the Pacific and a subject of discussion at recent high-level meetings, including the following.

- Pacific leaders in 2016 endorsed the 2016–2025 Pacific Framework for the Rights of Persons with Disabilities (PFRPD), which were developed to support Pacific governments in promoting and protecting the rights of persons with disabilities. At the 47th Pacific Islands Forum, 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 as 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 reanalyse existing census and survey datasets to obtain richer information on disability, such as on ‘equalization of opportunities’, and to include disability as a theme in the SPC’s online National Minimum Development Indicator Database.

1.1 Background on disability in Kiribati

The Government of Kiribati has taken important steps towards improving the welfare of persons with disabilities. Kiribati ratified the CRPD in 2013. In 2015, the Government launched an Inclusive Education Policy. Disability is identified as a priority issue in the Kiribati Development Plan for 2016–2019 and a draft Kiribati National Disability Policy is being finalized. While progress has been made, more must be done by the Government of Kiribati, including implementing, monitoring and evaluating disability policies and programmes more consistently.

Efforts have been made to improve understanding about the prevalence of disability and assess the welfare of persons with disabilities in Kiribati. A Kiribati National Disability Survey was completed in 2003–2005 by a coalition of disability-concerned groups in Kiribati with support from Inclusion International and funds from the Government of New Zealand. The 2010 Kiribati Census referenced disability as a reason for non-participation in employment. However, other than these two examples, questions related to disability were not included in national surveys or official counts prior to 2015. Challenges related to the limited data collection efforts that have taken place are similar to those identified in surveys administered around the world that focused on the impairment rather than providing a functional-based assessment.

The 2015 Kiribati Population and Housing Census marked the first time that disability-related questions were included in the country’s regular national survey. Data collection for the 2015 Kiribati Census used the Washington Group Short Set of Questions on Disability, which are recognized as an international best practice for disability measurement in censuses and population surveys.

1.2 Concepts and definitions

Disability is an evolving concept. A paradigm shift has occurred over the past decade that has transformed 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) classify disability in three interrelated areas as follows and disability refers to challenges faced in all three areas:

- 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 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 a disability measure. 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 and specialized surveys.

The questions use the International Classification of Functioning, Disability and Health as 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 questions and further information on this is available (Miller et. al., 2011). UNICEF, in conjunction with the Washington Group, has 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.

Chapter 2

Methodology

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

2.1 Population and Housing Census Survey

This report used data from the Kiribati 2015 Population and Housing Census. The Population and Housing Census for Kiribati is conducted every five years. The 2015 census survey followed the same format as the 2010 census survey.

The 2015 Census questionnaires were piloted from 22 June–3 July in South Tarawa and North Tarawa. 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 for the main survey commenced in January of 2015. Challenges that were observed with the initial listing subsequently were corrected between August and September of 2015.

Supervisors were trained over a period of two to three weeks in South Tarawa in September 2015. The trained supervisors subsequently trained enumerators in their respective areas. The training of supervisors was designed to ensure they had fully mastered the Census questions, including enumeration area demarcation, concepts and practice and were fully equipped to deliver similar training to enumerators.

Enumeration for the 2015 Population and Housing Census commenced on 7 November 2015 and Census enumeration commenced much later in some areas, for example on the 29 November in Tabuaeran and 30 November in Teraina. The reference point for the 2015 Census was midnight on 7 November 2015.

Census data was entered in the Census and Survey Processing System. Further details on the 2015 Housing and Population Census are available in the Census report (Kiribati National Statistics Office, 2016).

2.2 Data analysis

Final data sets from the 2015 Population and Housing Census were used for the purposes of this report. Data was exported to STATA for analysis. Analysis was conducted in STATA 13.

The following questions were asked in the Kiribati 2015 Population and Housing Census:

1. QP25_Do you have difficulty seeing?
2. QP26_Do you have difficulty hearing?
3. QP27_Do you have difficulty walking?
4. QP28_Do you have difficulty remembering?
5. QP29_Do you have difficulty communicating?
6. QP30_Do you have difficulty dressing?

Respondents had the following choice of responses to the questions:

1. No, no difficulty.
2. Yes, moderate.
3. Yes, severe.
4. Cannot do it at all.

The main variable for analysis was therefore derived from these questions for persons aged 5 years and above. Persons with disabilities were classified as anyone with at least one domain that is coded as “severe” or “cannot do it at all.” This is the classification recommended by the Washington Group (Washington Group, 2009).

Additional variables, including wealth quintile, were created for variables that were not directly available in the final Census data. An analysis of principal components was performed using information on the ownership of household goods. 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 for which they lived. The wealth index is assumed to capture underlying long-term wealth through information on the household assets and is intended to be used to rank households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels and the wealth scores calculated are applicable only for the data set on which they are based. Some variables were recategorized to facilitate analysis on age categories, education variables and others.

SPC and UNICEF developed the analysis plan, including dummy tables. The analysis plan was discussed in January 2017 at a Kiribati Disability Committee meeting organized by the Ministry of Women, Youth and Social Affairs and the Kiribati National Statistics Office. Feedback received during the meeting, particularly on the dummy tables, was incorporated into existing tables and some new tables were added in the process. A first round of analysis to populate the tables was jointly conducted by SPC and UNICEF. A second round of analysis involved National Statistics Office staff who had intimate knowledge of the data set and were leading the analysis of the 2015 Census survey. Analysis was carried out in various stages, which meant that the results derived from analysis were cross-checked more than once. Tables produced from analysis were verified against the Census report whenever possible. The results were interpreted and a report written from 24–28 April 2017 at a stakeholder’s workshop in Kiribati. The workshop included participants from the National Disability Committee comprising representatives from line ministries and disabled persons organizations.

2.3 Limitations of the disability data

While it is desirable to have information on all aspects of disability, this is not achievable from data provided from censuses or in surveys that are not dedicated to disability. This analysis is limited to the available data that was collected through the 2015 Population and Housing Census and as such only aspects of disability for which available data exists are explored in this report.

The Washington Group Short Set of Disability Questions (see Annex B) were designed for adults and though certain questions may be suitable for some child/youth subpopulations, the questions were not developed with this group in mind. In other words, the questions are not designed to identify children with disabilities. Questions that are best suited for children were finalized in 2016 by the Washington Group and UNICEF and are now available for use by countries. (The questions are accessible at: <https://data.unicef.org/topic/child-disability/module-on-child-functioning>).

The Washington Group short set Module was implemented in Kiribati with Government statistics personnel who lacked prior experience. Minimal training was provided to field personnel on disability and the rationale behind the questions. The questionnaire was modified and contextualized, especially for the question related to the level of difficulty in climbing stairs. It was not administered to pregnant women. The impact of this can be seen in the data from one island, where all individuals in all households were coded as having “moderate” disabilities among the six domains, which could be the result of the supervisor’s lack of understanding about the disability questions or interviewer’s behavioural preferences.

Chapter 3

Prevalence of Disability

This section describes the prevalence of “moderate”, “severe” and “cannot do at all” disability ranking among people aged 5 and above across the various functional limitations. Functional limitations are also examined across socio-demographic characteristics: urban/rural residence, sex, age and region of residence. Only Tarawa is classified as urban.

3.1 Prevalence of disability

Persons with disabilities are defined as those experiencing severe and ‘cannot do at all’ functional limitation in at least one of the six domains. Figure 3.1 shows the per cent distribution of the population by disability status. Of 95,743 people age 5 years and above, prevalence of disabilities was 3.1 per cent of which 2.2 per cent had difficulty in one domain while 0.9 per cent had difficulty in more than one domain. A total of 0.4 per cent (354 people) had difficulty in more than two domains.

Figure 3 1: Distribution of population aged 5 and above with and without disabilities

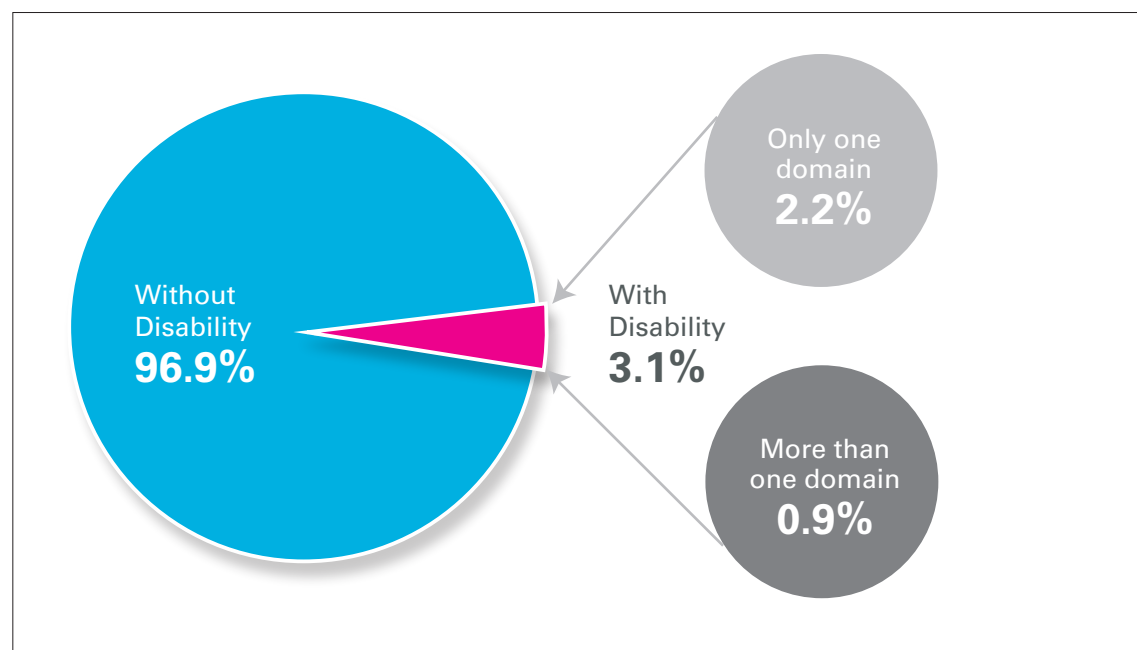
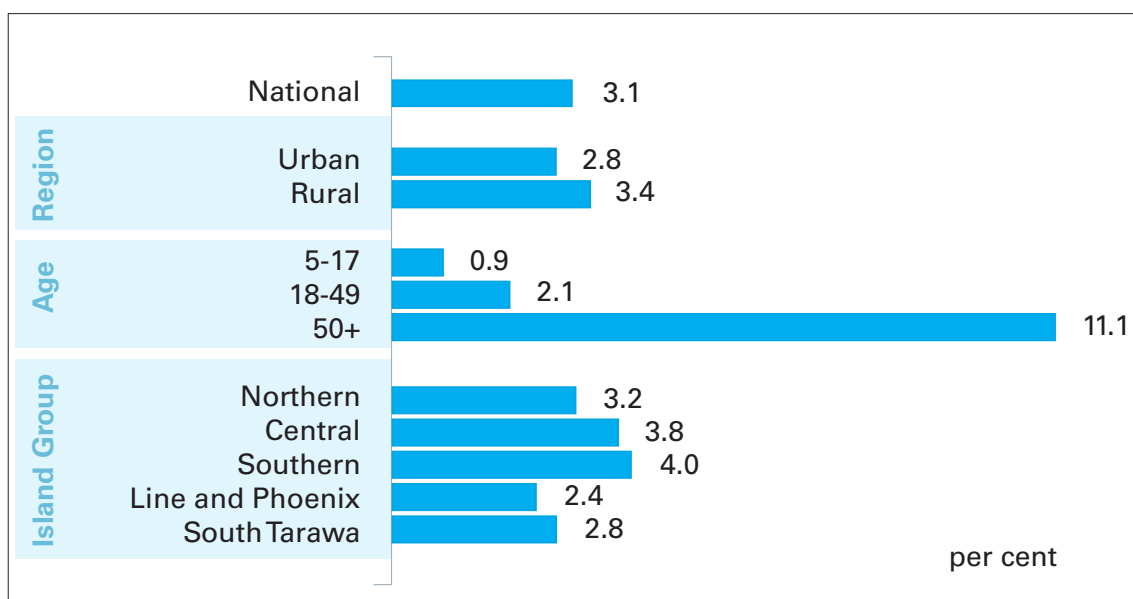


Figure 3.2 presents prevalence of disability by region, age group and island group. A higher proportion of persons with disabilities is found in rural areas with 3.4 per cent compared to urban areas with 2.8 per cent. The prevalence of disability is higher in older persons (50 years and over) with a rate of 11.1 per cent compared with 2.1 per cent among those aged 18–49 years and 0.9 per cent for those aged between 5 and 17 years. Likely factors that contribute to the high prevalence rate in persons 50 years and older include Non-Communicable Diseases (NCD). The 2010 Global Burden of Diseases, Injuries, and Risk Factors Study cites diabetes mellitus as one of five leading causes of years lived with disabilities in Kiribati (Vos, et. all, 2012). The highest proportion of persons with disabilities was found in the Southern island group with a rate of 4 per cent covering a total of eight islands. The Central group had the second highest prevalence rate of 3.8 per cent, with the most populated island of South Tarawa having a prevalence rate of 2.8 per cent. The lowest prevalence rate of 2.4 per cent was found on the Line and Phoenix Islands.

Figure 3 2: Distribution of population aged 5 and above with disability by region, age group, and island group



The distribution of persons living with disabilities by sex is presented in Figure 3.3. Of the total male population of 46,550, 3.0 per cent had disabilities compared with 3.1 per cent of the total female population of 49,193. Females outnumber males with disabilities in rural areas, Central, Southern and line and Phoenix Island Groups. But the reverse was true of urban areas, where about 3.9 per cent of the male population had disabilities compared to 2.3 per cent of the female population in urban areas.

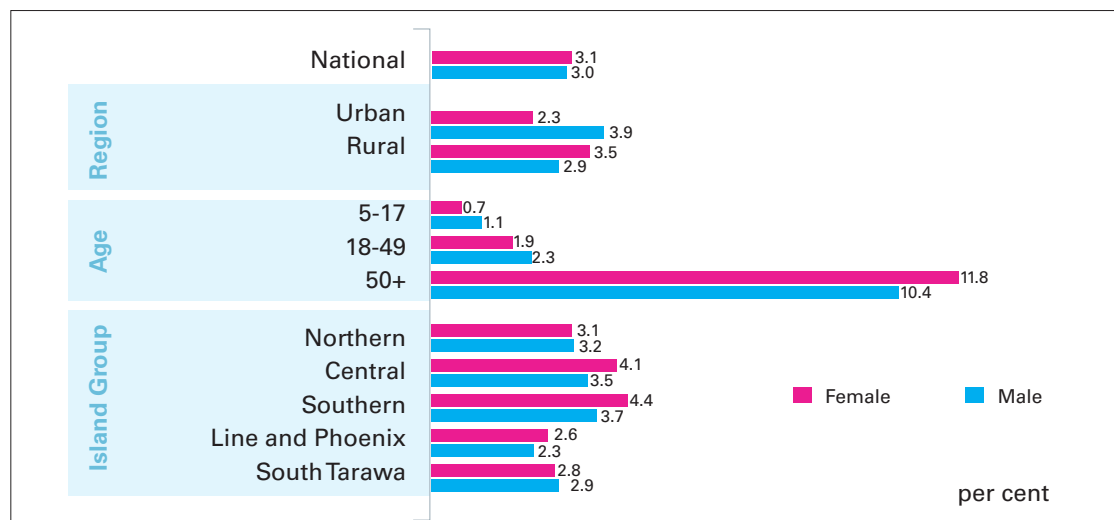
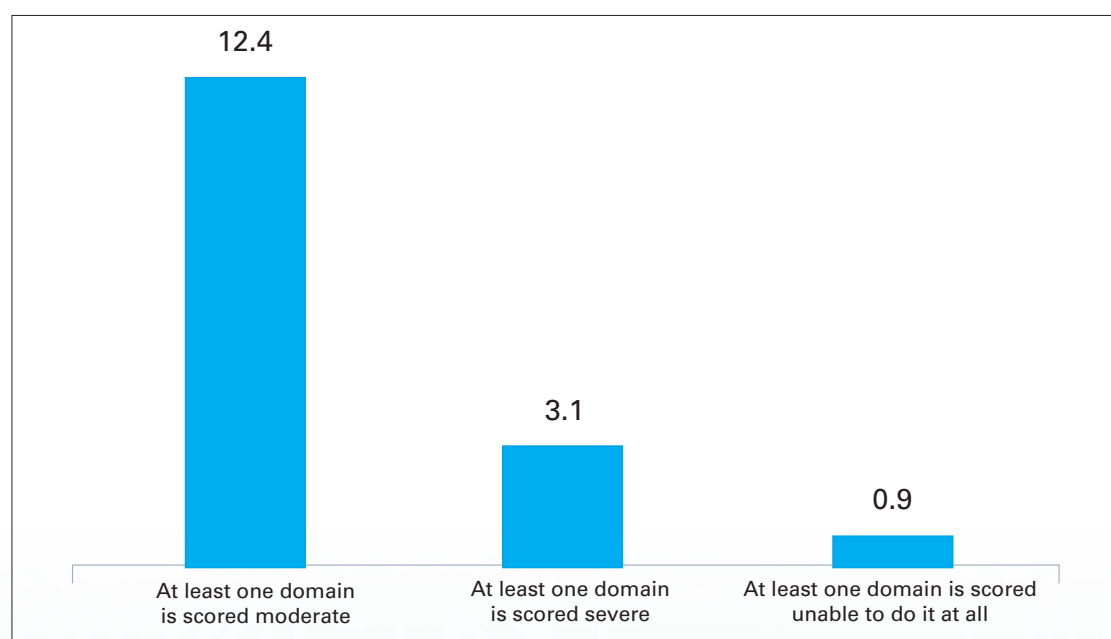
Figure 3.3: Distribution of population aged 5 and above with disability by sex, region, age and island group

Figure 3.4 shows the disability prevalence at various cut-off points. If the level of inclusion for disability is set at “yes, moderate” (some difficulty), about 12.4 per cent of the population aged 5 and above have disabilities. If a very conservative cut-off level of “cannot do it at all” is chosen, the prevalence of disability is about 0.9 per cent. The various cut-off points for the level of difficulty help to guide specific policy positions. For example, provision of assistive devices/technologies and social protection support could start with those who respond “cannot do at all”. Inclusive employment policies, other economic opportunities and social protection could be targeted for those with “severe” and “moderate” forms of disabilities.

Figure 3.4: Distribution of population aged 5 and above at different cut-off points

3.2 Disability by functional domain and degree of difficulty

The six core domains assessed include vision, hearing, mobility (walking only), cognition, communication and self-care. Figure 3.5 shows the prevalence rates of the six core domains by degree of difficulty. Difficulties in vision were the most common followed by hearing and mobility. Self-care was the least prevalent. The prevalence of “moderate” vision difficulty was 7.8 per cent while 1.2 per cent suffered “severe” vision difficulty and 0.2 per cent could not see at all. These ratios were similar for the five other core functional domains.

Figure 3.5: Distribution of population aged 5 and above with disability by domain and degree of difficulty

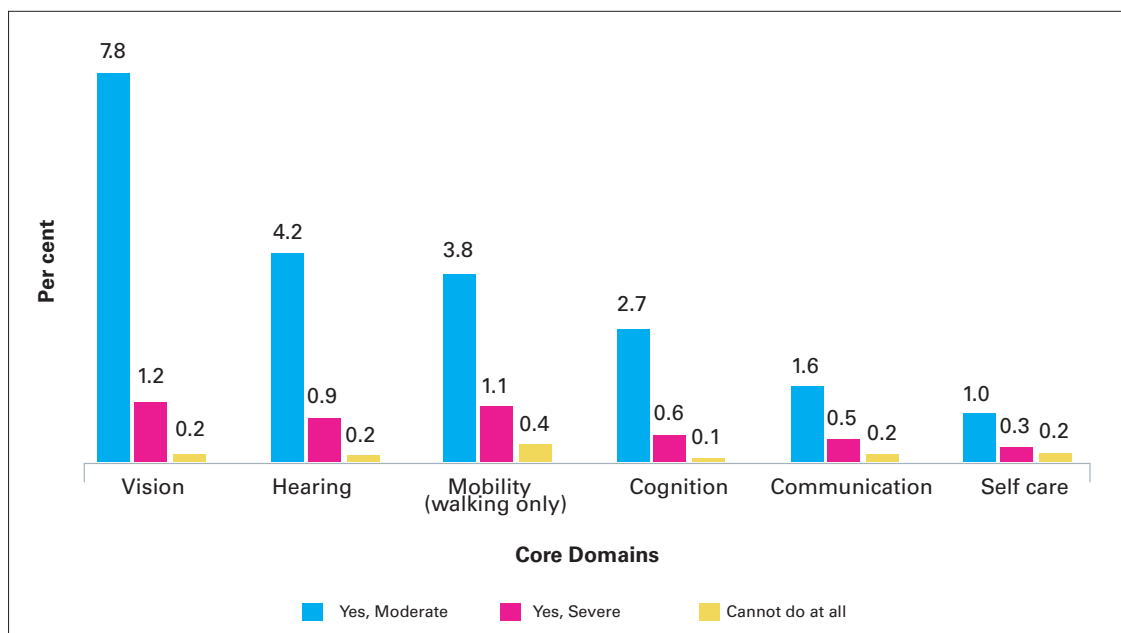


Table 3.1 shows the percentage of people 5 years of age and above by functional domain, severity, sex, region and age. More females than males reported difficulty for all functional domains except communication. Of those with cognition difficulties, 60.2 per cent of females reported at least moderate difficulty remembering compared with 39.8 per cent of males. More people who reside in rural areas compared to urban areas reported a difficulty. People over the age of 50 reported suffering sight, mobility, cognition, and self-care difficulty more than those younger the age of 50 while more people in the 18–49 years age category suffered hearing and communication difficulty. The prevalence of mobility difficulty was especially high among people 50 years of age and older.

Table 3.1: Population 5 years and above by functional domain, degree of difficulty and background characteristics

Functional domain	Severity	Sex		Region		Age (Years)			Total
		Male	Female	Rural	Urban	5–17	18–49	50+	
Seeing	Moderate	45.3	54.7	57.5	42.5	3.6	41.3	55.1	6,283
	Severe	46.7	53.3	49.3	50.7	6.2	34.5	59.3	1,012
	Cannot do at all	58.5	41.5	49.4	50.6	29.0	35.2	35.8	176
	Total	45.8	54.2	56.2	43.8	4.6	40.2	55.2	7,471
Hearing	Moderate	46.6	53.4	60.6	39.4	9.2	49.1	41.7	3,188
	Severe	48.0	52.1	56.0	44.0	7.9	38.7	53.4	684
	Cannot do at all	53.7	46.3	53.7	46.3	19.5	40.9	39.6	164
	Total	47.2	52.9	59.5	40.5	9.4	47.0	43.6	4,036
Mobility (walking only)	Moderate	44.6	55.4	57.9	42.1	4.7	31.6	63.7	2,514
	Severe	42.2	57.8	53.3	46.7	4.9	21.3	73.8	694
	Cannot do at all	43.9	56.1	49.1	50.9	10.5	16.2	73.3	401
	Total	44.1	55.9	56.0	44.0	5.4	27.9	66.7	3,609
Cognition (remembering)	Moderate	40.8	59.2	57.5	42.5	7.3	38.2	54.6	2,029
	Severe	35.3	64.7	53.6	46.4	7.7	23.9	68.5	431
	Cannot do at all	39.5	60.6	56.0	44.0	18.4	21.1	60.6	109
	Total	39.8	60.2	56.8	43.2	7.8	35.0	57.1	2,569
Communication	Moderate	52.4	47.6	69.3	30.8	17.6	47.5	34.9	1,034
	Severe	46.8	53.2	57.6	42.4	19.7	32.7	47.6	269
	Cannot do at all	57.0	43.0	56.4	43.6	32.4	38.0	29.6	179
	Total	52.0	48.0	65.6	34.4	19.8	43.7	36.6	1,482
Self-care (dressing)	Moderate	47.4	52.6	59.6	40.4	19.0	33.6	47.4	646
	Severe	41.5	58.5	62.7	37.3	15.3	28.0	56.8	118
	Cannot do at all	49.5	50.5	48.4	51.6	21.8	26.1	52.1	188
	Total	47.1	52.9	57.8	42.2	19.1	31.4	49.5	952

Chapter 4

Living Conditions of Persons with Disabilities

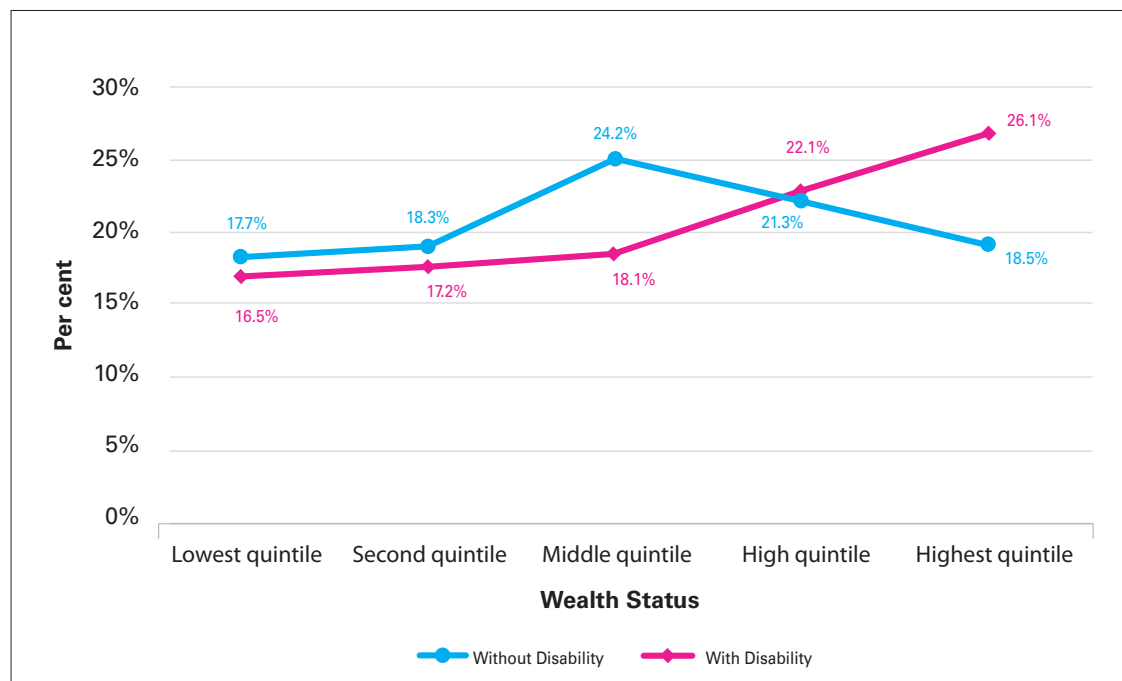
The living conditions of persons with disabilities are considered in this section. For the purposes of this review, persons with disabilities are those who report severe or cannot do at all in at least one of the six domains.

4.1 Disability by wealth quintiles

Household data was not collected for people enumerated in institutions. Therefore, this analysis is based exclusively on data derived from those who live in households.

Figure 4.1 shows wealth status differentials for persons with and without disabilities. About 17.7 per cent of persons with disabilities were found in households in the lowest quintile for wealth and 18.5 per cent in the highest quintile compared with 16.5 per cent and 26.1 per cent of the population without disabilities in the lowest and highest quintile, respectively. Persons with disabilities are over represented in the bottom three quintiles, with the largest proportion falling in the middle quintile at 24.2 per cent.

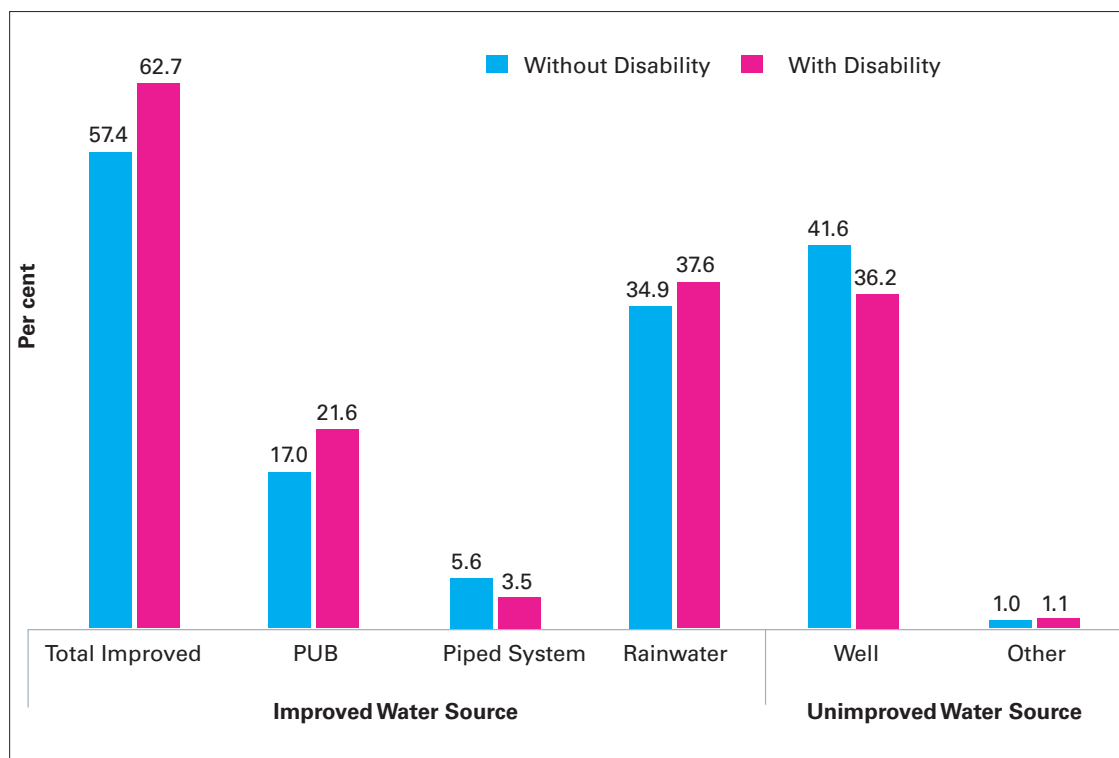
Disability and wealth status are linked through several pathways. Disability can be both a cause and consequence of poverty. Disability is a cause of poverty when it limits opportunities for education, skills development and employment, which lead to reduced lifetime earnings for persons with disabilities. This is particularly relevant in Kiribati, where limited opportunities are available for persons with disabilities to obtain education, which is explored further in section 5 of this report. Disability is a consequence of poverty when poor living conditions and limited access to health care and preventive services undermine health and lead disability.

Figure 4.1: Distribution of population aged 5 years and above with and without disability by wealth status

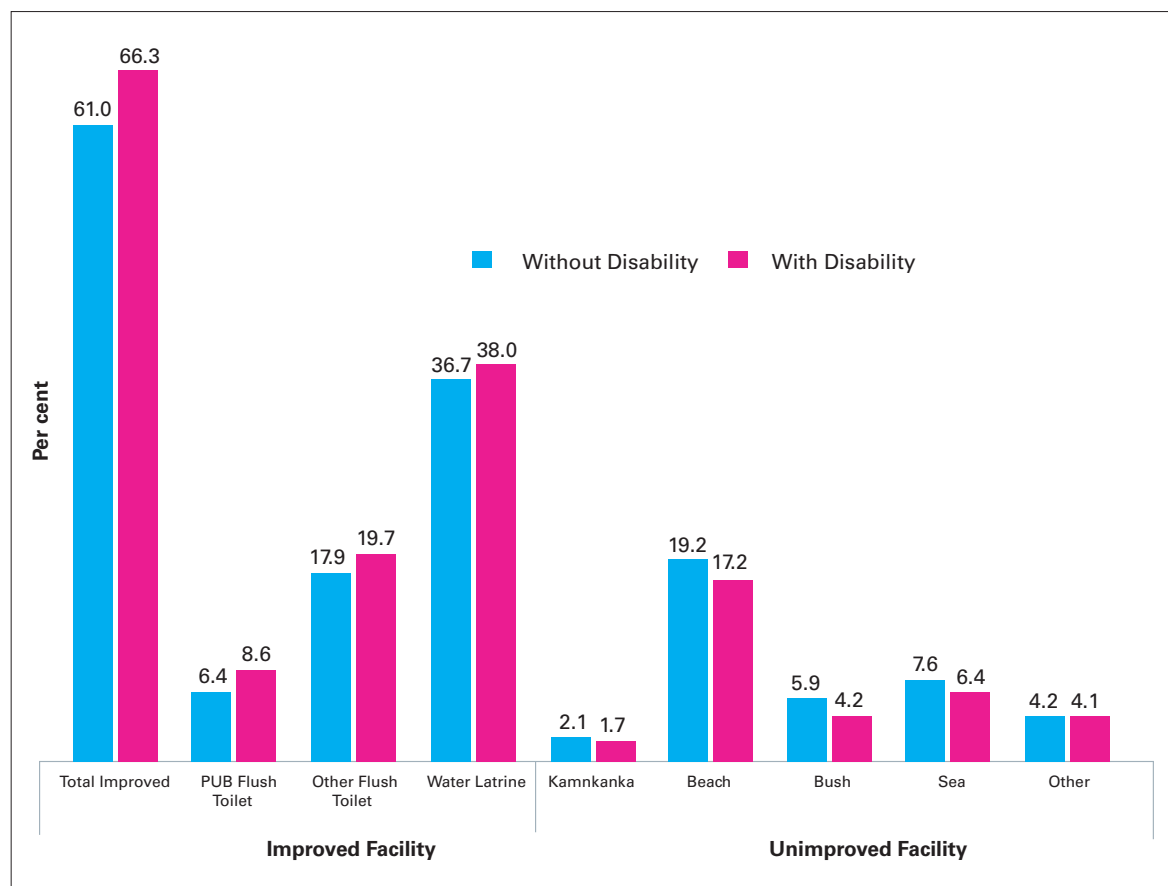
4.2 Water and sanitation

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 have serious implications on well-being. This is more relevant in Kiribati where infections such as trichuriasis are directly correlated with the years lived with disabilities in Kiribati (Vos et. al., 2012). Differentials in access to water and sanitation for persons with and without disabilities are presented in Figures 4.2 and 4.3.

Persons without disabilities (62.7 per cent) are more likely to have access to improved water sources compared to persons with disabilities (57.4 per cent). Persons without disabilities are more likely to have access to the country's Public Utility Board (PUB) water source while persons with disabilities are more likely to access water systems that are piped to their homes. Persons with disabilities are more likely to use a well while those without disabilities are more likely to use rainwater. These findings suggest challenges exist in accessing the PUB water system.

Figure 4.2: Distribution of population aged 5 years and above with and without disability who have access to water facilities

As Figure 4.3 shows, about 61 per cent of persons with disabilities have access to improved sanitation facilities that include PUB flush toilets, other flush toilets and water latrines compared with 66.3 per cent of persons without disabilities. Access to unimproved sanitation facilities is slightly higher for persons with disabilities compared to persons without disabilities. The available data did not indicate whether improved sanitation facilities were designed to meet the needs of persons with disabilities. Disaggregated data by age, sex, region, and island group is presented in Annex A Table A.5.

Figure 4.3: Percentage distribution of population age 5 years and above with and without disability with access to sanitation facilities

Key findings

- Persons with disabilities are more likely to live in poverty and in households that do not have access to improved water and sanitation facilities.

Recommendations

- Kiribati has made significant progress in improving access to water facilities, particularly community facilities. The Government of Kiribati is encouraged to continue investing in accessible public facilities. However, the needs of households with persons with disabilities requires additional attention.
- The PUB has improved access to appropriate sanitation facilities. The Government is encouraged to ensure that the provision of accessible and inclusive facilities is expanded to include public spaces and private homes.
- The Government is encouraged to expedite social assistance programmes for persons with disabilities.

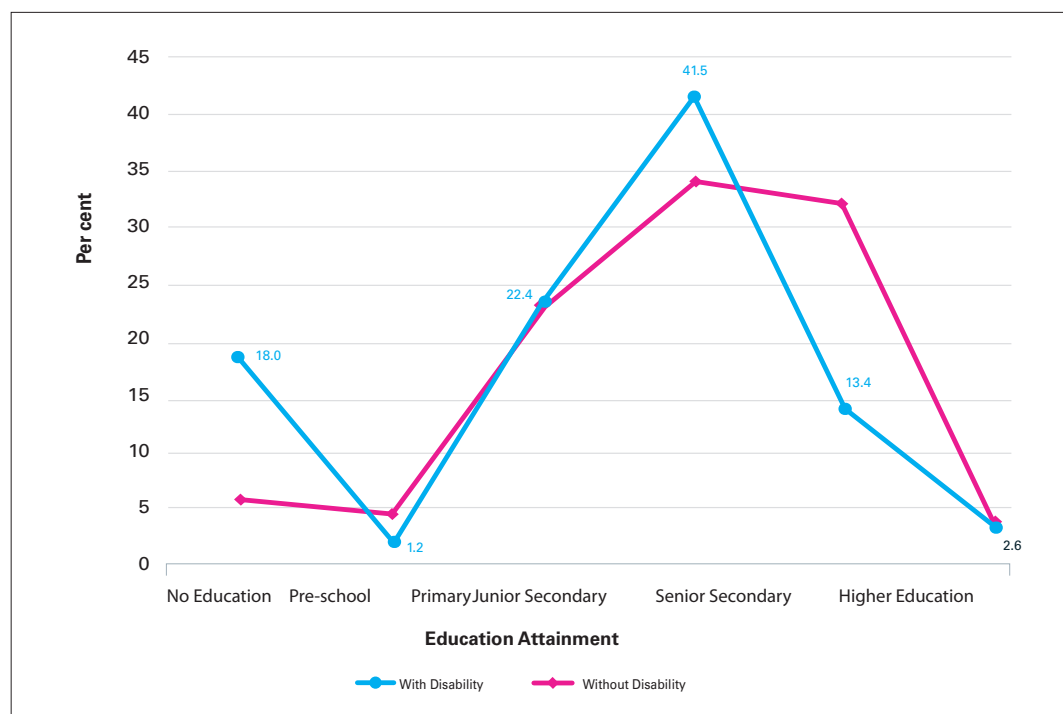
Chapter 5

Education, Literacy and Disability Status

Education is central to individual well-being and national development and this section explores educational attainment, literacy and school attendance across disability status with the intention of identifying differentials, if any, that exist between persons with disabilities compared to those without disabilities.

5.1 Education levels

Differentials in highest level of education attained for people aged 5 years and over by disability status is shown in Figure 5.1. About 18 per cent of the population aged 5 years and above with disabilities have had no formal education compared with 5.1 per cent of those without disabilities. Persons with disabilities are more likely to have attained junior secondary level (about 42 per cent compared with 34 per cent) and are grossly under represented at senior secondary levels (about 13 per cent compared with 32 per cent). The Government of Kiribati provides subsidies to support persons with disabilities who attend junior secondary school and infrastructure at these facilities has improved on all of Kiribati's islands. However, the data suggests that persons with disabilities are encountering bottlenecks making the transition to senior secondary school difficult. Better infrastructure at lower levels, particularly in rural areas, is also reflected in slightly better educational attainment levels in rural areas compared to urban areas that are presented in Annex A Table A.6. Persons without disabilities are 2.4 times more likely than persons with disabilities to attain senior secondary education possibly because the country has much fewer senior secondary schools than junior secondary schools. Students who wish to attend senior secondary school therefore are required to travel longer distances and even to other islands, which can be logistically challenging or prohibitive for students with disabilities.

Figure 5.1: Distribution of population 5 years of age and above of educational attainment levels by disability status

5.2 School attendance

Table 5.2 shows school attendance for persons aged 5 to 24 years by disability status. A total of 450 persons with disabilities were aged 5–24 years. Of these, 336 persons (75 per cent) had attended school at some point compared with 114 persons (25 per cent) who had never attended school. Of persons without disabilities, 43,935 (96 per cent) had attended school at some point and only 1,644 (4 per cent) had never attended school.

Table 5.1: Total number of population aged 5–24 years by school attendance and disability status

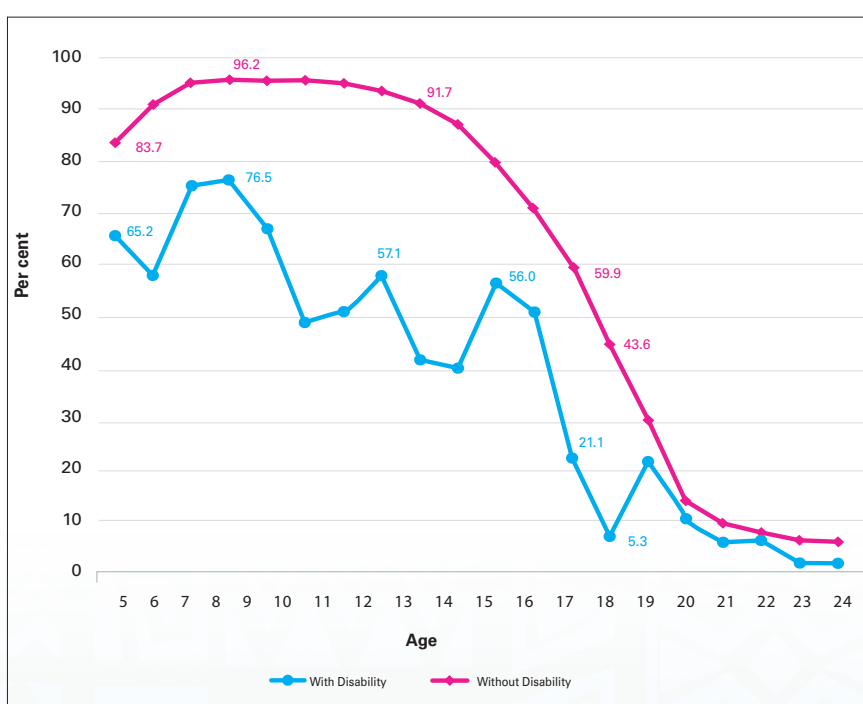
Category	Disability Status			
	With Disability		Without Disability	
	No	%	No	%
Ever attended school				
Total	450	100.0	45,591	100.0
Attended school	336	74.7	43,935	96.4
Never attended school	114	25.3	1,644	3.6
Missing	0	0.0	12	0.0
Currently attending school				
Total	336	100.0	43,947	100.0
Currently attending	160	47.6	29,381	66.9
Left school	172	52.4	14,566	33.1
Missing	0	0.0	0	0.0

Only 48 per cent or 160 of persons with disabilities were attending school in 2015, while 52.4 per cent or 172 of persons with disabilities had left school compared with 66.9 per cent or 29,381 of persons without disabilities who were in school and 33.1 per cent or 14,566 who had left school. For persons aged 5–24 years who had attended school at some point, less than half of children and young persons with disabilities were still attending school compared with two thirds of those without disabilities. (See Table 5.1).

Kiribati's official school-going ages are 6–11 years for primary school, 12–14 years for lower secondary and 15–17 years for upper secondary. Figure 5.2 shows current school attendance among those aged 5–24 years for each year by disability status. School attendance rates are higher for persons without disabilities aged 5–24 years and peak at about 96 per cent at the age of 7–11 years. The figures follow the expected dome shape with attendance increasing from the start of the official school-going age, reaching a peak and subsequently decreasing around secondary school age. School attendance for persons with disabilities peaks at 76.5 per cent at age 8 and sharply plummets to a low of about 5.3 per cent for people aged 18 years. The data shows that children with disabilities enter formal education slightly later, struggle to remain in school and drop out of formal education at a younger age than their peers without disabilities.

Several factors could explain these results. While specialized support is provided in some schools to children with vision and hearing impairments, limited services are available to children with disabilities on outer islands and the capacity of teachers in mainstream schools to support children with disabilities is weak. Parents and families may not believe formal basic education is important to the lives of children with disabilities. The Government of Kiribati has made progress in ensuring that children with disabilities are supported throughout the educational system with the introduction of an Inclusive Education Policy in 2015. An analysis of data for grades attained by age did not yield any specific trends for children with and without disabilities.

Figure 5.2: Distribution of population aged 5–24 years by current school attendance and disability status



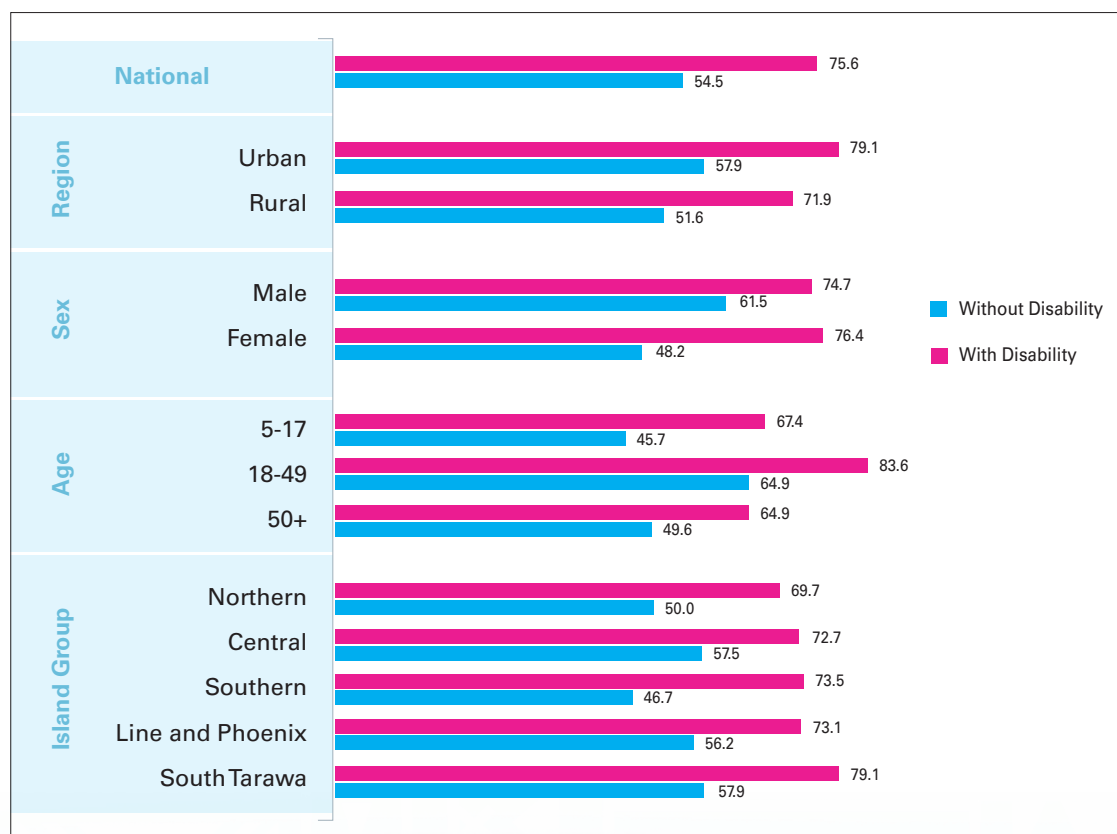
5.3 Literacy

Figure 5.3 lists literacy rates by disability status across region, sex, age, and island group. Literacy among persons with disabilities was about 54.5 per cent compared with about 75.6 per cent of those without disabilities. Across all the socio-economic characteristics, differentials between populations with and without disabilities are in the order of about 20 percentage points.

Among persons with disabilities, literacy rates were higher among males (62 per cent) compared with females (48 per cent) and those who resided in urban areas (58 per cent) compared with rural areas (52 per cent). Literacy among persons with disabilities was highest among those aged 18–49 years (64.9 per cent). Literacy rates among persons without disabilities were higher in urban (79.1 per cent) compared with rural areas (71.9 per cent) and among females (76.4 per cent) compared with males (74.7 per cent). People aged 18–49 without disabilities had the highest rate of literacy (83.6 per cent) (see Table A6).

A direct causal link between disability, educational levels and literacy rates cannot be made from the data available; however, the disparities that exist in educational and literacy rates between persons with and without disabilities warrant policy discussion.

Figure 5.3: Literacy rates of population aged 5 years and above by disability status, region, sex, age and island group



Key findings

- Wide disparities in access to education exist between persons with and without disabilities and among males and females. One in six persons with disabilities had access to education.
- Most persons with disabilities who manage to attend school do so only up to junior secondary school.

Recommendations

- The Government is encouraged to expedite implementation of the Inclusive Education Policy with particular attention to pre-service and in-service teacher training and removing barriers to inclusive school environments, including accessible infrastructure as well teaching and learning materials, especially on the outer islands.
- Activities should target the change in attitudes of parents, caregivers and communities and provide them with knowledge and skills to support and promote education among children with disabilities

Chapter 6

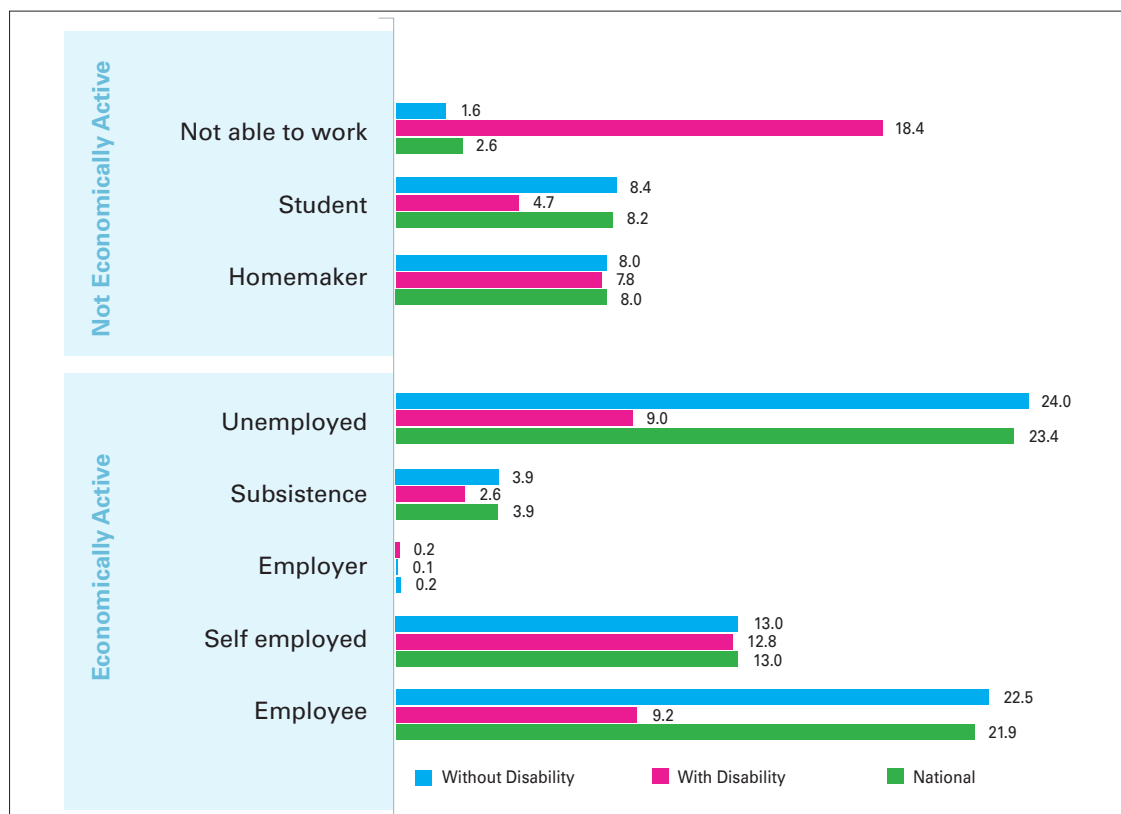
Economic Activity and Disability Status

Access to paid work for adults is crucial for both persons with and without disabilities to achieve self-reliance and ensure the well-being of their families. An analysis of data for economic activity reveals the extent of social and economic integration for persons with disabilities compared to those without disabilities. The “economically active” population is defined as those that are available for work and could be currently employed or actively seeking work. “Non-economically active” refers to those who are unable to work such as students and homemakers.

6.1 Employment Status

About 62.4 per cent of the total adult population of Kiribati, 15 years and above, are economically active and a wide gap exists in the level of economic engagement of persons with disabilities compared to those without. About 63.5 per cent of adult without disabilities are economically active compared with 33.7 per cent of persons with disabilities. (Annex A Table A.7).

Figure 6.1 presents further details of the distribution of people 15 years and above by current activity. Of a total of 71,698 people 15 years and above, 23.4 per cent were unemployed, 21.9 per cent were employees, 13 per cent were self-employed, 0.2 per cent were employers and 3.9 per cent were engaged in subsistence work. Only 9 per cent of persons with disabilities were employees, which means persons without disabilities are twice as likely to be employed compared with persons with disabilities. Persons with disabilities who were economically active were more likely to be self-employed with about 12.8 per cent of persons with disabilities self-employed. Almost one in five (18.4 per cent) of persons with disabilities are not able to work while only 1.9 of persons without disabilities fall into this category.

Figure 6.1: Distribution of population 15 years and above by current economic activity

Analysis by socio-economic characteristics such as urban/rural residence, age and sex are essential to identifying groups of the most disadvantaged groups in society. Disaggregated results for economic activity are presented in Annex A Table A.7. Across disability status, males are twice as likely as females to be an employee while females are more likely to be homemakers. The highest proportion of persons with disabilities that are unemployed reside in the urban area of South Tarawa, followed by the Central Group. This trend is the same for persons without disabilities. The highest proportions of persons both with and without disabilities that are not economically active reside in the Southern group of Islands.

6.2 Employment status of household head

Employment status of heads of households by disability is shown in Table 6.1. Unemployment is defined as those that are available for work or actively seeking work but are currently not engaged.

Of a total of 950 persons with disabilities identified as head of households in the 2015 Census data, 30.8 per cent were not economically active, 17.1 per cent were unable to work, and 5.6 per cent were unemployed. In contrast, of 16,822 household heads identified without disabilities, only 15.4 per cent were not economically active, 2.4 per cent were unable to work, and 10.6 per cent were unemployed. Across disability status, self-employed household heads were more commonly found in rural areas compared with urban areas. This finding reinforces the data explored in section 4 that found that persons with disabilities are more likely to live in poor households.

Table 6.1: Employment status of heads of households by disability status

Category		Employee	Self employed	Employer	Subsistence	Unemployed	Homemaker	Student	Unable to Work	Other Non-Economically Active	Total
With Disability											
Total		14.8	17.8	0.0	2.5	5.6	8.0	3.1	17.1	30.8	950
Sex	Male	16.2	17.5	0.0	2.8	7.2	7.4	2.5	17.5	28.6	692
	Female	11.2	18.6	0.0	1.9	1.2	9.7	4.7	15.9	36.8	258
Region	Rural	9.6	24.2	0.0	3.4	6.4	9.2	0.9	14.6	31.1	533
	Urban	21.6	9.6	0.0	1.4	4.6	6.5	5.8	20.1	30.5	417
Without Disability											
Total		35.6	21.4	0.4	5.4	10.6	7.4	1.1	2.4	15.4	16,822
Sex	Male	36.9	22.3	0.4	6.0	11.1	6.3	0.8	2.1	13.8	12,977
	Female	30.9	18.3	0.6	3.4	9.2	11.2	2.0	3.4	20.8	3,845
Region	Rural	23.8	30.0	0.2	7.7	10.0	9.0	0.7	2.5	15.8	9,362
	Urban	50.3	10.6	0.7	2.6	11.5	5.4	1.6	2.1	14.9	7,460

Employment status of heads of households by disability status and by wealth quintile is presented in Table 6.2. Household heads with disabilities are more likely to be found in other non-economically active employments status (31 per cent) followed by self-employed (18 per cent), unable to work (17 per cent) and being employed (15 per cent). Employment status of household heads without disabilities show the reverse with the highest of 36 per cent are employee followed by self-employed (21 per cent), other non-economically active (15 per cent) and not employed (11 per cent).

Employment status by wealth quintile and by disability status for household heads indicates that more than one in four (26 per cent) household heads with disabilities are in the lowest wealth quintile compared to only 19 per cent household heads without disabilities in this same category. There are as twice as many household heads with disabilities (31 per cent) in the lowest quintile engaged in other non-economic activities as compared to those household heads without disabilities in the lowest quintile and the same economic activity (18 per cent). The same pattern is observed with the other wealth quintile in this same group. In contrast, household heads with disabilities in highest wealth quintile are less likely to be employee (29 per cent) compared to 63 per cent of household heads without disabilities in the highest wealth quintile and are being employed (63 per cent).

The data also shows discrepancies among household heads with disabilities by their employment status and wealth quintile. For instance, household heads in lowest and second wealth quintile are more likely to be involved in self-employed, not employed, and other non-economically active. Household heads in highest and high wealth quintile are more likely to be employee and unable to work.

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The data also shows discrepancies among household heads with disabilities by their employment status and wealth quintile. For instance, household heads in lowest and second wealth quintile are more likely to be involved in self-employed, not employed, and other non-economically active. Household heads in highest and high wealth quintile are more likely to be employee and unable to work.

Table 6.2: Employment status of heads of households by disability status and wealth quintile

Category	Employee	Self employed	Employer	Subsistence	Unemployed	Homemaker	Student	Unable to Work	Other Non-Economically Active	Not Stated	Total
With Disability											
Total	14.8	17.8	0.0	2.5	5.8	8.0	3.1	17.1	30.8	950	950
Lowest quintile	3.3	30.6	0.0	2.4	7.8	8.6	0.8	15.1	31.4	245	245
Second quintile	9.8	21.1	0.0	2.5	5.9	8.3	1.5	16.7	33.8	204	204
Middle quintile	19.9	13.8	0.0	4.4	6.1	7.2	6.6	11.6	30.4	181	181
High quintile	19.8	7.0	0.0	1.7	4.7	11.6	3.5	22.1	29.7	172	172
Highest quintile	29.1	9.5	0.0	1.4	3.4	3.4	4.1	21.6	27.7	148	148
Without Disability											
Total	35.6	21.4	0.4	5.4	10.9	7.4	1.1	2.4	15.4	16,822	16,822
Lowest quintile	6.9	41.6	0.2	7.9	10.4	11.5	0.7	3.2	17.6	3,310	3,310
Second quintile	19.3	32.1	0.1	8.7	10.5	8.8	0.7	2.4	17.3	3,350	3,350
Middle quintile	40.9	14.8	0.3	5.7	14.1	5.7	0.9	2.3	15.2	3,374	3,374
High quintile	47.2	10.5	0.7	3.8	12.6	5.9	1.8	2.2	15.2	3,382	3,382
Highest quintile	62.6	8.6	0.8	1.2	6.9	5.1	1.4	1.6	11.7	3,406	3,406

6.3 Occupation/industry

Table 6.3 presents the currently engaged economically active population of people ages 15 years and above by industry and disability status. The highest proportion of persons with disabilities are employed in the manufacturing industry (22 per cent), followed by agriculture (20 per cent), wholesale and retail industries (13 per cent) and fishing (10 per cent). The highest proportion of persons without disabilities are employed in agriculture (15 per cent), manufacturing (14 per cent), public administration (13 per cent) and wholesale and retail (12 per cent).

Table 6.3: Economically active population (15 years and above) currently engaged by industry and disability status

Industry	Without Disability	With Disability
Agriculture	14.5	19.7
Fishing	9.6	10.4
Mining	0.2	0.6
Manufacturing	14.0	21.6
Utilities	0.6	0.6
Construction	3.0	2.8
Wholesale and retail	12.3	12.9
Transport & Postal	4.4	3.7
Hotel & Motels	1.2	0.6
Restaurant and food providers	1.2	0.9
Printing, Recording and Broadcasting	0.7	0.2
Finance	0.9	0.4
Real Estate	0.4	0.6
Rental and Business	6.2	3.3
Public Administration	12.6	7.3
Education	6.9	4.7
Health	3.5	2.7
Entertainment and Creative Activities	0.3	0.6
Membership	3.3	3.0
Personal Services	2.3	3.1
Foreign Bodies	0.6	0.4
Not Stated	1.3	0.2
Total (N)	27,482	676

Key findings

- Very few (one in three) persons with disabilities are economically active. For those that are economically active, the majority are self-employed.
- One in five persons with disabilities is not able to work at all.

Recommendations

- The Government, through its Ministry of Labour and Human Resources Development, is encouraged to fully implement an inclusive disability policy to ensure equal employment opportunities for persons with disabilities in all Government structures of the public administration.
- The Government is encouraged to roll out youth and livelihood skills training to outer islands to improve the skills of persons with disabilities to sustain themselves.
- Social assistance programmes ought to be considered for persons with disabilities who are unable to work at all.

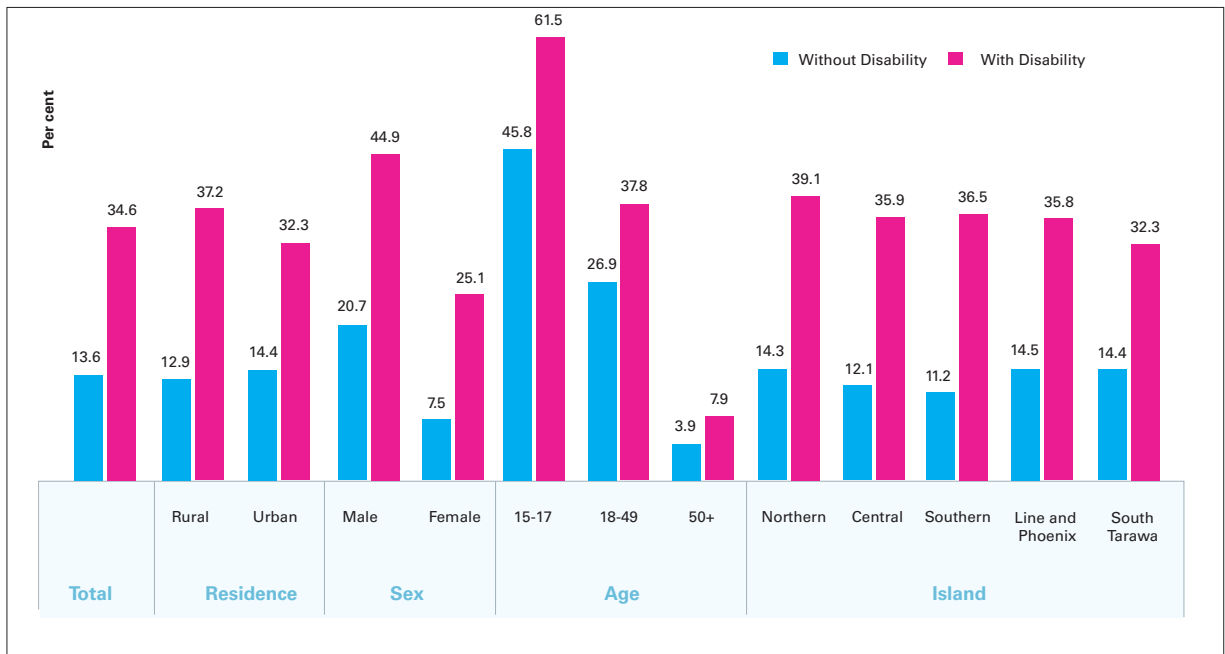
Chapter 7

Health Behaviour and Disability Status

Good health contributes significantly to quality of life. This section presents evidence on behaviours that have some bearing on the health status of persons with and without disabilities. Relevant data from the 2015 Population and Housing Census is limited to sports engagement and substance use/abuse.

7.1 Sport engagement

Participation in sporting can be a measure for inclusion of persons with disabilities. Data on sporting activities is drawn from Census questions posed to those aged 15 years and above about their sporting activities. Overall about 13.6 per cent of persons with disabilities were engaged in some sporting activity compared with about 34.6 per cent of persons without disabilities. Males were more likely to participate in sporting activities than females. Children aged 15–17 years were the most likely to engage in sporting activity among persons both with disabilities (46 per cent) and without disabilities (62 per cent). Rates of participation in sports were higher in rural areas (37 per cent) than urban areas (32 per cent) for persons without disabilities while slightly more persons with disabilities in urban areas (14 per cent) were engaged in sporting activities than rural areas (13 per cent). This could be because there are more inclusive sporting facilities in urban areas. Northern island group had the highest rate of sports engagement for persons without disabilities while Line and Phoenix had the highest rate of sports engagement for persons with disabilities. (See Figure 7.1).

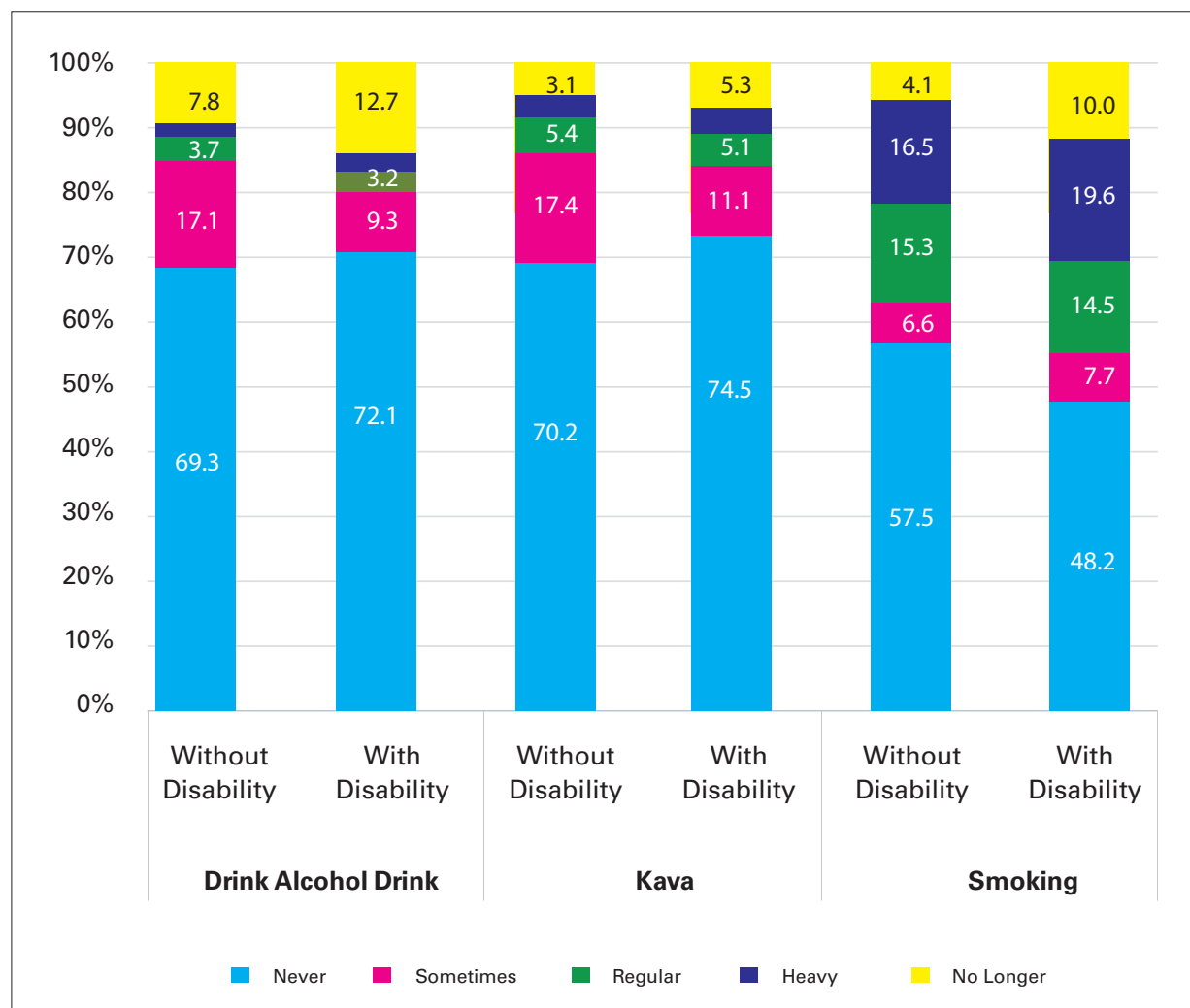
Figure 7.1: Distribution of population 15 years of age and over engaged in sporting activities by disability status

7.2 Substance use

Figure 7.2 shows substance use habits of populations with and without disabilities. Almost equal proportions of the population with and without disabilities were regular or heavy users of the following three substances; alcohol, kava, and tobacco. Around 6 per cent of persons both with and without disabilities were regular or heavy users of alcohol, 9 per cent were regular or heavy users of kava, and about one in three were regular or heavy smokers.

Only slight variations were noted in habits related to the use of the three substances. An interesting point of analysis that could not be fully explored with the data set is whether disabilities are a motivating factor for adopting positive health behaviours.

About 12.7 per cent of persons with disabilities had stopped drinking alcohol compared with 7.8 per cent of persons without disabilities. Similarly, 10 per cent of persons with disabilities had stopped smoking compared with only 4.1 per cent of persons without disabilities.

Figure 7.2: Substance use of population 15 years and above by disability status**Key findings**

- One in 10 persons with disabilities is engaged in sporting activity compared with one in three persons without disabilities.
- An assessment of substance abuse revealed that more persons with disabilities had stopped drinking alcohol and kava and smoking. However, the data did not reveal whether disability was a motivating factor in these health behavioural changes.

Recommendation

- Behavioural changes that promote good health among person with disabilities should be encouraged.

Chapter 8

Reproductive Health and Disability Status

This section compares aspects of reproductive health for persons with disabilities and persons without disabilities. The section reviews marital status before exploring reproductive health indicators like children ever born and age at first birth.

8.1 Marital status

The overall distribution of the population aged 15 years and above by marital status indicates that the majority were married (63 per cent) and about three in 10 had never married (28 per cent). More persons without disabilities (29 per cent) had never married compared with those with disabilities (16 per cent). Generally, more females than males were widowed. However, variations were noted in the proportion of persons who were widowed by disability status. About 18.8 per cent of persons with disabilities were widowed compared with 4.9 per cent of the population without disabilities. (See Table 8.1).

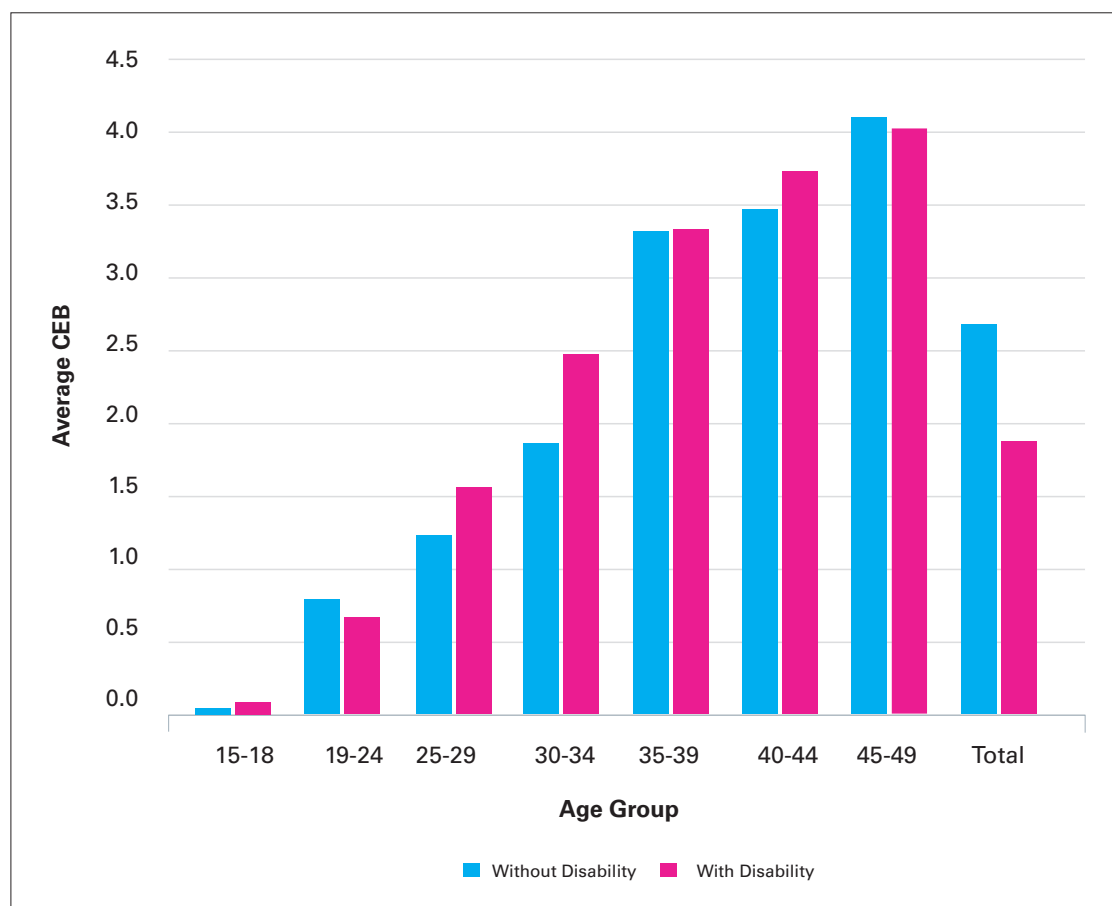
Table 8.1: Population 15 years of age and over by disability and marital status

Category		Never married	Married	Divorced/ Separated	Widowed	Not Stated	Total
Total Country		28.16	63.1	2.7	5.4	0.6	71,698
With Disability							
Total		15.5	61.3	4.0	18.8	0.4	2,728
Sex	Male	20.9	69.6	2.4	6.8	0.4	1,273
	Female	10.9	54.1	5.4	29.4	0.3	1,455
Age	15–17	94.4	1.4	1.4	2.8	0.0	72
	18–49	25.1	67.2	3.0	4.5	0.2	1,025
	50+	6.1	60.3	4.7	28.5	0.5	1,631
Without disability							
Total		28.7	63.2	2.6	4.9	0.6	68,970
Sex	Male	32.8	62.9	2.0	1.6	0.8	33,065
	Female	24.9	63.5	3.3	7.9	0.5	35,905
Age	15–17	92.9	5.7	0.5	0.4	0.6	7,017
	18–49	25.5	69.2	2.7	2.2	0.4	48,947
	50+	6.0	71.5	3.8	17.3	1.4	13,006

8.2 Children ever born

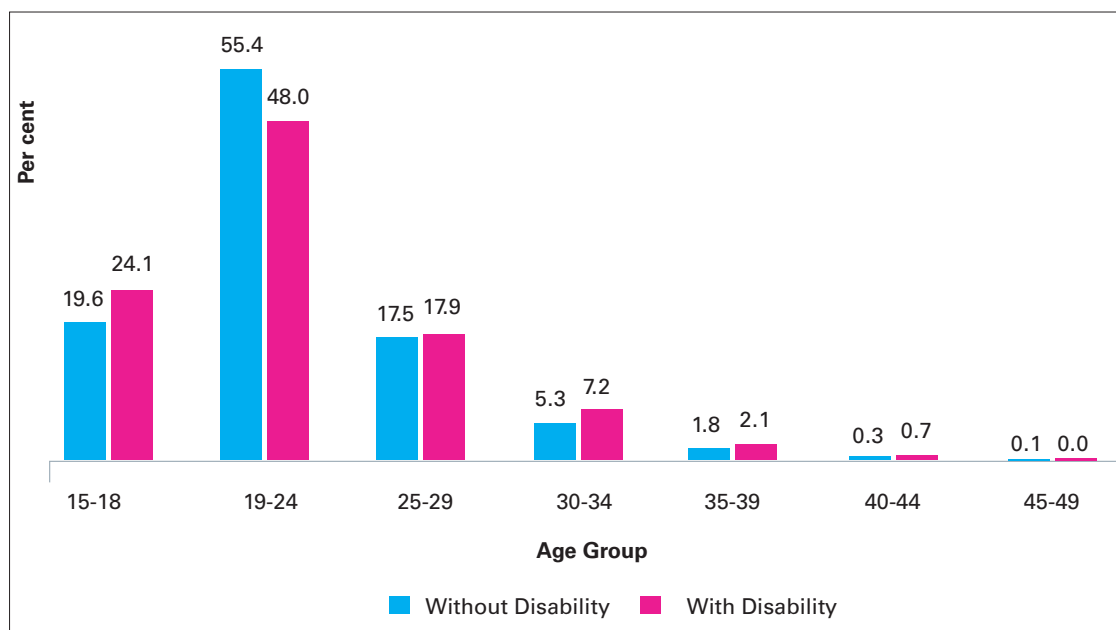
There were 56,418 children ever born by the female population 15 years and above and Figure 8.1 lists the average number of children ever born by disability status. On average, women with disabilities gave birth to about three children and women without disabilities gave birth to about two children. On average, women with disabilities have more children than women without disabilities. The average number of births for women with disabilities aged 18–24 years was slightly higher than women without disabilities in the same age category. Detailed table is presented in Annex A Table A.9.

Figure 8.1: Female population aged 15 and older by number of children ever born alive



8.3 Age at first birth

Figure 8.2 presents the ages of mothers when they first gave birth by disability status. More women without disabilities (55.4 per cent) than women with disabilities (48 per cent) had their first baby between 19 and 24 years of age. About 24.1 per cent of women with disabilities first give birth between 15 and 18 years of age compared with 19.6 per cent of women without disabilities in the same age category. Thus, more women with disabilities gave birth at a younger age than women without disabilities.

Figure 8.2: Age at first birth by disability status of mother

The median age of women who gave birth was 21 years. There was no difference in the median age at birth for women with disabilities and those without disabilities. (See Table 8.2).

Table 8.2: Median age at first birth

Disability Status	Median Age
With Disability	21
Without Disability	21
Total	21

Key findings

- Women with disabilities begin bearing children earlier and have more children in their lifetime compared with women without disabilities.
- Further research and analysis is required to identify protection issues for women, including sexual abuse. Follow-up also is needed to determine whether mothers with disabilities live with their children or these women have been forced to give up their children.

Chapter 9

Conclusions, Recommendations and Policy Implications

9.1 Conclusion

As revealed in this report, a considerable proportion of the Kiribati population has disabilities. However, tools exist that are flexible enough to determine cut-off points for various difficulties depending on policy intention. This report has used a rather conservative cut-off point of “severe” functional limitation (also referred to as having “a lot of difficulty”) to highlight disparities among the population with and without disabilities. An exploration of data from the 2015 Kiribati Census shows that disparities exist across all the areas assessed and the report concludes that appropriate Government-led policies, programmes and budgetary resources are needed to ensure equal opportunities are realized. Currently, the provision of disability programmes and activities in Kiribati are dependent on grants and project support from Australia’s Department of Foreign Affairs and Trade and other donors.

9.2 Recommendations and policy implications

In addition to the recommendations and policy implications that have been identified, this section provides the following cross-cutting recommendations and policy implications.

- It is important for the Government of Kiribati to put in place requisite legislative and policy provisions to create an enabling environment that is appropriate for equalization of opportunities for the population with disabilities. The Government is encouraged to review all laws to ensure they are compliant with the provisions of the CRPD. The Government is also encouraged to fast-track the finalization of a National Disability Policy and accompanying costed implementation plan that includes relevant resources needed to effectively implement the policy.
- In addition to establishing an enabling environment, the Government of Kiribati is encouraged to create a Disability Department to take the lead role on national coordination and implementation of the National Disability Policy.
- It is important that provisions of existing policies such as inclusive education and disability labour policies are robustly and consistently enforced across all Government ministries, departments and agencies.
- This report also calls for transparent budgetary transactions among all sectors and disability programmes.

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Annex A: Tables

Table A.1: Population aged 5 and above with and without disabilities by residence, sex, age and island group

Category		Total Population (5+)	With Disabilities (%)	Without Disabilities (%)
Total		95,743	3.1	96.9
Region	Rural	46,495	3.4	96.6
	Urban	49,248	2.8	97.2
Sex	Male	46,550	3.0	97.0
	Female	49,193	3.1	96.9
Age	5–17	31,134	0.9	99.1
	18–49	49,972	2.1	98.0
	50+	14,637	11.1	88.9
Island group and region	Northern	17,311	3.2	96.9
	Central	9,061	3.8	96.2
	Southern	11,146	4.0	96.0
	Line and Phoenix	8,977	2.4	97.6
	South Tarawa	49,248	2.8	97.2

Table A.2: Prevalence (%) by domain and degree of difficulty

Core Domains	At least some difficulty	At least a lot of difficulty	Cannot do at all
Vision	7.8	1.2	0.2
Hearing	4.2	0.9	0.2
Mobility (walking only)	3.8	1.1	0.4
Cognition	2.7	0.6	0.1
Communication	1.6	0.5	0.2
Self-care	1.0	0.3	0.2

Table A.3: Population aged 5 years and above by wealth quintile and disability status

Wealth Quintile	Total	With Disability	Per cent (%)	Without Disability	Per cent (%)	Not Stated
Lowest	15,423	647	4.2	14,776	95.8	0
Second	15,997	669	4.2	15,328	95.8	0
Middle	17,037	883	5.2	16,154	94.8	0
High	20,540	780	3.8	19,760	96.2	0
Highest	23,941	676	2.8	23,265	97.2	0
Total	92,938	3,655	3.9	89,283	96.1	0

Table A.4: Household distribution by wealth quintile and disability status

Quintile	Total	With Disability	Per cent (%)	Without Disability	Per cent (%)	Not Stated
Lowest quintile	3,555	158	4.4	3,397	95.6	0
Second quintile	3,554	148	4.2	3,406	95.8	0
Middle quintile	3,555	170	4.8	3,385	95.2	0
High quintile	3,554	132	3.7	3,422	96.3	0
Highest quintile	3,554	99	2.8	3,455	97.2	0
Total	17,772	707	4.0	17,065	96.0	0

Table A.5: Population 5 years of age and over, by disability status, access to water and sanitation facilities

Category		Water						Sanitation									Total
		Improved water source			Unimproved water source			Improved facility				Unimproved facility					
		Total improved	PUB	Piped system	Rainwater	Well	Other	Total improved	PUB Flush toilet	Other flush toilet	Water latrine	Kamnkanka	Beach	Bush	Sea	Other	
Total Country																	
With Disability																	
Residence	Total	574	16.8	5.5	35.1	41.8	0.9	60.2	5.7	176	36.9	2.8	18.8	6.4	8.0	3.9	1,383
	Rural	575	17.1	5.7	34.7	41.3	1.2	61.8	7.1	18.2	36.5	1.5	19.5	5.5	72	4.5	1,519
	Urban	571	174	3.8	35.9	42.2	0.7	55.4	5.6	174	32.4	1.1	25.4	6.6	70	4.5	287
Sex	Male	58.4	18.5	5.7	34.3	40.6	1.0	59.0	6.1	173	35.7	2.3	19.6	7.3	79	4.1	1,007
	Female	56.8	15.9	5.9	35.1	42.0	1.1	63.3	6.8	18.4	38.1	2.2	178	5.0	75	4.2	1,608
Age	5-17	25.9	0.6	4.4	20.9	73.2	0.9	43.3	0.0	12.8	30.5	2.6	34.5	6.2	9.9	3.5	545
	18-49	23.8	0.0	2.0	21.7	76.2	0.0	478	0.0	24.1	23.8	2.0	34.8	8.7	4.1	2.6	345
	50+	34.5	0.0	25.5	9.0	61.6	3.8	53.7	0.0	8.1	45.6	2.9	25.7	7.5	77	2.5	443
Island group	Northern	70.8	20.6	4.6	45.7	28.8	0.5	65.8	12.3	22.8	30.6	5.9	10.1	11.0	5.0	2.3	219
	Central	84.1	32.9	0.6	50.6	15.4	0.5	73.2	11.9	20.8	40.5	1.0	8.3	3.8	79	5.8	1,350
	Southern	34.5	0.0	25.5	9.0	61.6	3.8	53.7	0.0	8.1	45.6	2.9	25.7	7.5	77	2.5	443
	Lin and Phoenix	70.8	20.6	4.6	45.7	28.8	0.5	65.8	12.3	22.8	30.6	5.9	10.1	11.0	5.0	2.3	219
	South Tarawa	84.1	32.9	0.6	50.6	15.4	0.5	73.2	11.9	20.8	40.5	1.0	8.3	3.8	79	5.8	1,350
Without disability (if presenting percentages in above, this section can be dropped)																	
Total		62.7	21.6	3.5	376	36.2	1.1	66.3	8.6	19.7	38.0	1.7	172	4.2	6.4	4.1	90,036.0
Residence	Rural	35.2	3.8	6.8	24.7	63.1	1.7	53.9	2.7	17.1	34.1	2.8	279	7.4	5.5	2.7	43,263.0
	Urban	88.1	38.2	0.5	49.5	11.4	0.5	77.8	14.0	22.2	41.6	0.8	73	1.3	73	5.5	46,773.0
Sex	Male	61.8	21.2	3.5	37.1	370	1.1	65.5	8.4	19.5	376	1.8	176	4.4	6.5	4.1	43,671.0
	Female	63.5	22.0	3.5	38.0	35.5	1.0	670	8.7	19.9	38.4	1.7	16.8	4.1	6.3	4.1	46,365.0
Age	6-17	60.6	20.7	3.4	36.5	38.3	1.2	64.6	8.2	18.9	375	1.9	18.3	4.7	6.6	4.1	29,756.0
	18-49	64.9	22.8	3.4	38.6	34.2	1.0	672	9.0	20.0	38.2	1.6	16.4	4.0	6.6	4.2	47,695.0
	50+	59.5	19.4	4.1	36.0	39.2	1.3	66.9	7.8	20.5	38.6	2.1	177	3.8	5.6	4.0	12,585.0
Island group	Northern	32.6	0.1	6.6	26.0	65.9	1.5	50.6	0.0	17.9	32.7	2.7	31.4	5.9	6.6	2.7	16,241.0
	Central	28.5	0.0	2.1	26.4	71.3	0.2	54.3	0.0	19.4	34.9	2.9	28.4	5.9	5.9	2.7	8,310.0
	Southern	27.7	0.0	14.2	13.5	68.8	3.5	54.0	0.0	11.2	42.8	2.8	28.3	6.4	5.7	2.9	10,042.0
	Lin and Phoenix	55.4	18.7	3.0	33.6	43.3	1.3	59.4	13.3	20.1	26.0	2.7	20.3	12.6	2.9	2.2	8,670.0
	South Tarawa	88.1	38.2	0.5	49.5	11.4	0.5	77.8	14.0	22.2	41.6	0.8	73	1.3	73	5.5	46,773.0

Table A.6: Population 5 years of age and over by disability status, educational attainment, age, sex and island group

Category		Highest level attended						Total	Literate rate	
		No Education	Preschool	Primary	Junior Secondary	Senior Secondary	Higher education			Not classified by grade or level
Total Country		5.5	3.7	22.5	34.0	31.3	2.6	0.4	95,743	75.0
With Disability										
Total		18.0	1.2	22.4	41.5	13.4	2.6	1.0	2,945	54.5
Region	Urban	15.1	1.5	19.9	40.2	17.1	4.6	1.7	1,384	57.9
	Rural	20.6	0.9	24.6	42.7	10.2	0.7	0.4	1,561	51.6
Total		18.0	1.2	22.4	41.5	13.4	2.6	1.0	2,945	54.5
Region	Urban	15.1	1.5	19.9	40.2	17.1	4.6	1.7	1,384	57.9
	Rural	20.6	0.9	24.6	42.7	10.2	0.7	0.4	1,561	51.6
Island group	Northern	20.5	1.1	23.8	42.3	10.3	0.9	1.1	546	50.0
	Central	15.0	0.3	27.2	46.5	10.4	0.6	0.0	346	57.5
	Southern	29.6	0.4	23.6	38.0	7.8	0.7	0.0	450	46.7
	Line and Phoenix	11.0	2.3	24.7	47.0	14.6	0.5	0.0	219	56.2
	South Tarawa	15.1	1.5	19.9	40.2	17.1	4.6	1.7	1,384	57.9
Without disability										
Total		5.1	3.8	22.5	33.8	31.9	2.6	0.4	92,798	75.6
Region	Urban	4.2	3.7	19.8	29.4	38.6	3.9	0.6	47,864	79.1
	Rural	6.0	3.9	25.5	38.4	24.8	1.2	0.2	44,934	71.9
Sex	Male	5.3	4.1	23.4	34.8	29.2	2.7	0.5	45,146	74.7
	Female	4.8	3.5	21.7	32.8	34.5	2.4	0.3	47,652	76.4
Age	5–17	4.0	11.3	51.0	22.8	10.8	0.1	0.1	30,845	67.4
	18–49	3.8	0.0	5.7	35.4	50.8	3.9	0.3	48,947	83.6
	50+	12.2	0.1	18.3	53.7	10.9	3.3	1.4	3,006	64.9
Island Group	Northern	6.2	4.1	26.8	37.7	24.0	1.0	0.2	16,765	69.7
	Central	5.5	3.3	25.0	39.1	25.9	1.3	0.0	8,715	72.7
	Southern	7.9	3.5	24.7	39.0	23.7	1.2	0.1	10,696	73.5
	Line and Phoenix	3.8	4.7	24.5	38.4	26.5	1.4	0.7	8,758	73.1
	South Tarawa	4.2	3.7	19.8	29.4	38.6	3.9	0.6	47,864	79.1

Table A.7: Population 15 years and above by disability status and current activity

Category		Current (or usual) activity status											Total	
		Economically Active (EA)					Not Economically Active(NEA)					Not stated		
		Total EA	Employee	Self employed	Employer	Subsistence	Unemployed	Total NEA	Homemaker	Student	Not able to work			Other (specify)
Total Country		62.4	21.9	13.0	0.2	3.9	23.4	36.9	8.0	8.2	2.6	18.1	0.8	71,698
With Disability														
Total		33.7	9.2	12.8	0.1	2.6	9.0	65.9	7.8	4.7	18.4	35.0	0.4	2,728
Region	Rural	35.8	5.7	18.1	0.1	3.8	8.0	63.6	10.1	1.9	16.5	35.1	0.6	1,446
	Urban	31.4	13.0	6.9	0.1	1.3	10.1	68.4	5.2	7.8	20.6	34.8	0.2	1,282
Sex	Male	41.0	13.5	12.5	0.2	2.8	12.0	58.5	5.8	3.9	18.8	30.0	0.5	1,273
	Female	27.4	5.4	13.1	0.1	2.5	6.4	72.3	9.6	5.3	18.1	39.3	0.3	1,455
Age	15–17	32.0	1.4	12.5	0.0	5.6	12.5	66.7	2.8	27.8	18.1	18.1	1.4	72
	18–49	56.9	17.3	16.3	0.3	3.5	19.5	42.5	7.8	3.1	12.6	19.0	0.6	1,025
	50+	19.3	4.4	10.6	0.0	2.0	2.3	80.5	8.0	4.6	22.1	45.7	0.3	1,631
Island group	Northern	41.8	5.9	24.7	0.2	3.4	7.7	58.0	9.7	2.2	16.0	30.1	0.2	495
	Central	41.9	5.0	25.8	0.0	1.2	9.9	56.8	6.8	0.9	15.8	33.2	1.2	322
	Southern	26.8	3.5	11.4	0.0	5.4	6.5	72.7	14.0	1.6	15.9	41.3	0.5	429
	Line and Phoenix	30.0	11.5	3.5	0.5	5.5	9.0	69.0	8.0	3.0	20.5	37.5	1.0	200
	South Tarawa	31.4	13.0	6.9	0.1	1.3	10.1	68.4	5.2	7.8	20.6	34.8	0.2	1,282
Without disability														
Total		63.5	22.5	13.0	0.2	3.9	24.0	35.7	8.0	8.4	1.9	17.4	0.8	68,970
Region	Rural	60.4	14.1	20.3	0.1	6.2	19.8	38.5	9.9	6.9	2.1	19.6	1.1	32,174
	Urban	66.2	29.8	6.6	0.3	2.0	27.6	33.3	6.4	9.7	1.7	15.4	0.5	36,796
Sex	Male	70.6	28.6	14.2	0.2	4.6	23.0	28.8	4.9	7.7	1.7	14.4	0.6	33,065
	Female	57.0	16.8	11.8	0.2	3.3	24.9	42.1	10.9	9.0	2.1	20.1	0.9	35,905
Age	15–17	33.4	1.6	3.8	0.0	2.1	25.9	64.5	2.9	47.8	0.4	13.2	2.1	7,017
	18–49	73.8	27.6	13.3	0.2	4.0	28.6	25.5	7.6	4.3	0.9	12.7	0.7	48,947

Table A.7: Population 15 years and above by disability status and current activity

Category		Current (or usual) activity status												Total
		Total EA	Employee	Self employed	Employer	Subsistence	Unemployed	Total NEA	Homemaker	Student	Not able to work	Other (specify)	Not stated	
	50+	41.1	14.2	16.5	0.3	4.6	5.4	58.5	12.2	2.5	6.4	37.4	0.4	13,006
Island Group	Northern	62.8	11.9	26.3	0.1	4.0	20.5	36.8	9.8	7.1	2.6	17.4	0.4	11,833
	Central	59.5	13.4	20.8	0.1	0.5	24.8	36.9	10.0	5.5	2.3	19.1	3.6	6,323
	Southern	54.9	12.1	18.8	0.1	9.2	14.8	44.7	13.2	8.6	1.8	21.1	0.4	7,826
	Line and Phoenix	63.9	21.5	10.3	0.1	12.5	19.4	35.5	5.9	5.6	1.5	22.5	0.7	6,192
	South Tarawa	66.2	29.8	6.6	0.3	2.0	27.6	33.3	6.4	9.7	1.7	15.4	0.5	36,796

Table A.8: Employment status of heads of households with and without disability

Category		Employee	Self employed	Employer	Subsistence	Unemployed	Homemaker	Student	Unable to Work	Other Non-Economically Active	Not Stated	Total
With Disability												
Total		14.8	17.8	0.0	2.5	5.6	8.0	3.1	17.1	30.8	0.3	950
Sex	Male	16.2	17.5	0.0	2.8	7.2	7.4	2.5	17.5	28.6	0.4	692
	Female	11.2	18.6	0.0	1.9	1.2	9.7	4.7	15.9	36.8	0.0	258
Region	Rural	9.6	24.2	0.0	3.4	6.4	9.2	0.9	14.6	31.1	0.6	533
	Urban	21.6	9.6	0.0	1.4	4.6	6.5	5.8	20.1	30.5	0.0	417
Without Disability												
Total		35.6	21.4	0.4	5.4	10.6	7.4	1.1	2.4	15.4	0.3	16,822
Sex	Male	36.9	22.3	0.4	6.0	11.1	6.3	0.8	2.1	13.8	0.3	12,977
	Female	30.9	18.3	0.6	3.4	9.2	11.2	2.0	3.4	20.8	0.3	3,845
Region	Rural	23.8	30.0	0.2	7.7	10.0	9.0	0.7	2.5	15.8	0.3	9,362
	Urban	50.3	10.6	0.7	2.6	11.5	5.4	1.6	2.1	14.9	0.3	7,460

Table A.9: Female population aged 15 and older by number of children ever born alive

Age of Women	Number of Women	Child Ever Born	Average
With Disability			
15–18	41	1	0.0
19–24	47	39	0.8
25–29	56	71	1.3
30–34	52	99	1.9
35–39	61	205	3.4
40–44	95	334	3.5
45–49	147	611	4.2
Total	499	1,360	2.7
Without Disability			
15–19	5,784	307	0.1
20–24	5,074	3,745	0.7
25–29	4,934	7,850	1.6
30–34	4,122	10,350	2.5
35–39	3,362	11,370	3.4
40–44	2,563	9,690	3.8
45–49	2,883	11,746	4.1
Total	28,722	55,058	1.9

Annex B:

Washington Group

Short Set of Questions on Disability

The following questions ask about difficulties doing certain activities because of a HEALTH PROBLEM:

- 1. Do you have difficulty seeing?**
 - a. No, no difficulty
 - b. Yes, some difficulty
 - c. Yes, a lot of difficulty
 - d. Yes, cannot do it at all.
- 2. Do you have difficulty hearing?**
 - a. No, no difficulty
 - b. Yes, some difficulty
 - c. Yes, a lot of difficulty
 - d. Yes, cannot do it at all.
- 3. Do you have difficulty walking?**
 - a) No, no difficulty
 - b) Yes, some difficulty
 - c) Yes, a lot of difficulty
 - d) Yes, cannot do it at all.
- 4. Do you have difficulty remembering?**
 - a) No, no difficulty
 - b) Yes, some difficulty
 - c) Yes, a lot of difficulty
 - d) Yes, cannot do it at all.
- 5. Do you have difficulty communicating?**
 - a) No, no difficulty
 - b) Yes, some difficulty
 - c) Yes, a lot of difficulty
 - d) Yes, cannot do it at all.
- 6. Do you have difficulty dressing?**
 - a) No, no difficulty
 - b) Yes, some difficulty
 - c) Yes, a lot of difficulty
 - d) Yes, cannot do it at all.

Washington Group Short Set of Questions as adapted for Kiribati 2015 Census used the following questions:

1. QP25_Do you have difficulty seeing?

- (1) No, no difficulty
- (2) Yes, moderate
- (3) Yes, severe
- (4) Cannot do it at all.

2. QP26_Do you have difficulty hearing?

- (1) No, no difficulty
- (2) Yes, moderate
- (3) Yes, severe
- (4) Cannot do it at all.

3. QP27_Do you have difficulty walking?

- (1) No, no difficulty
- (2) Yes, moderate
- (3) Yes, severe
- (4) Cannot do it at all.

4. QP28_ Do you have difficulty remembering?

- (1) No, no difficulty
- (2) Yes, moderate
- (3) Yes, severe
- (4) Cannot do it at all.

5. QP29_Do you have difficulty communicating?

- (1) No, no difficulty
- (2) Yes, moderate
- (3) Yes, severe
- (4) Cannot do it at all.

6. QP30_ Do you have difficulty dressing?

- (1) No, no difficulty
- (2) Yes, moderate
- (3) Yes, severe
- (4) Cannot do it at all.



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