DISABILITY IN THE MALDIVES

An analysis from Census 2022

Maldives Bureau of Statistics
Ministry of Housing, Land & Urban Development

UNFPA

CENSUS count me in... 2022

Disability in The Maldives

An analysis from Census 2022

Maldives Bureau of Statistics (MBS)
Ministry of Housing, Land & Urban Development

Maldives Bureau of Statistics (MBS) is the National Statistical Office of the Maldives and we provide the public with reliable and timely statistics and cater to all data demands nationally and internationally.
We publish all our census and survey data on http://statisticsmaldives.gov.mv.

We have been serving the data needs of the public for more than 40 years and will continue in doing so as per our Statistics Act 16/2021 endorsed by the President of Maldives.

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ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
COVID-19	Corona virus disease 2019
CSO	Civil Society Organisations
DHS	Demographic Health Survey
GCM	Global Compact for Safe, Orderly and Regular Migration
HIES	Household Income and Expenditure Survey
ICF	International Classification of Functioning, Disability and Health (ICF)
ICSE-18	International Classification of Status in Employment 2018
IE	Inclusive Education
IOM	International Organisation of Migration
MBS	Maldives Bureau of Statistics
MTCC	Partnership in Statistics for Development in the 21st Century
NDR	National Disability Register
NEET	Not in Education, Employment or Training
NSPA	National Social Protection Agency
NTA	National Transfer Account
PARIS21	Partnership in Statistics for Development in the 21st Century
PWD	Persons With Disabilities
SAP	Strategic Action Plan
SDG	Sustainable Development Goal
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
UNDP	United Nation Development Programme
UNESCWA	United Nations Economic and Social Commission for Western Asia
UNICEF	United Nations Children Fund
UNFPA	United Nation Population Fund
WB	World Bank
WG-SS	Washington Group Short Set of disability questions
WHO	World Health Organization

TERMS AND DEFINITIONS

TERM	DEFINTION
RESIDENT MALDIVIAN	Maldivians who have been living in Maldives for more than one year or intends to live in Maldives for 1 year or more. Maldivians who are permanently living abroad is excluded from here
MAALE	Includes the 4 wards of Maale (Henveiru, Galolhu, Machchangoalhi, Maafannu), Hulumaale, Villimaale, and K.Hulhule with harbour of these ar eas
ATOLLS	Total of 20 atolls and includes administrative islands and non-administrative islands in these atolls
PERSONS WITH DISABILITY	Persons with disability are identified using the WG-SS of disability questions. Using the WG-SS 6 questions, a person with disability is identified as those with at least one domain coded as a lot of difficulty or cannot do it at all. For more details refer to section 'Defining persons with disabilities (PWDs) in the report.
DISABILITY BY SEVERITY	For measuring disability severity, WG proposed 'SS-Severity Category' has been used. Based on the scoring for given for the 6 domains, severity measure breaks down the population into 4 classes: from none, mild, moderate to severe disability. For more details refer to section 'Disability by severity indicators' in the report.
MULTIPLE DISABILITY	A person having more than 1 disability in any domain is considered as having multiple disability
HOUSEHOLD WITH PWD	If the household has at least one member with disability, then the household is considered as a 'household with PWD'
MIGRANT	A person is considered as a migrant if there has been a change in their usual residence for more than 1 year at any time in their life. In other words, if a person has resided for 1 year or more in another island or country other than his/her current usual place of residence, then that person is considered as a migrant.
EDUCATIONAL ATTAIN	Refers to the highest educational programme successfully completed, which is typically certified by a recognized qualification.

NEET	Young people who are neither in employment nor in education or training
LABOUR FORCE	Labour force refers to the sum of all persons of working age who are employed and those who are unemployed.
EMPLOYMENT-TO-POPULATION RATIO	Employment-to-population ratio is defined as the proportion of a country's working-age population that is employed.
UNEMPLOYED	Unemployment rate is calculated by expressing the number of unemployed persons as a percentage of the total number of persons in the labour force.
GROUP WORKER	These workers organize themselves in groups whereby the income they get will be distributed among the group, with each member acting an own-account worker, with one person acting as a group leader.
INFORMAL SECTOR	Refers to those who are engaged in any business which is not registered with the relevant national authority.
INFORMAL JOBS	Persons in informal employment refers to (a) employment in the informal sector and (b) informal employment outside the informal sector and without any pension.
AVERAGE HOUSEHOLD SIZE	The average number of people living in a household. Household size is calculated by dividing the population in an area by the number of households in that area.
HOUSEHOLD HEAD	The individual responsible for making key decisions regarding household matters.
MEDIAN AGE	Median age is the age that divides a population into two numerically equal groups - that is, half the people are younger than this age and half are older. It is a single index that summarizes the age distribution of a population.
PREVALENCE OF DISABILITY	The percentage of people having a disability as per WG-SS definition

FOREWORD

The Population and Housing Census of Maldives stands as the most extensive national statistical undertaking, offering a highly comprehensive source of data on the population and households. Maldives has been conducting censuses since 1911 with the first modern census conducted in 1977. Censuses were conducted every five years since between 1985 and 2000. The 2005 census was postponed to 2006 due to tsunami of 2004, resulting in an eight-year gap between the last two censuses. The 2022 represents a significant milestone as the 30th census conducted in the Maldives owing to a gap of 8 years.

This series of statistical releases aim to provide an in-depth view of what is behind the census figures, shedding light on the fundamental population issues that underlie them. It is our goal to enhance the understanding of population and development issues within the country, providing a comprehensive view of the data. Additionally, the census plays a crucial role in reporting on numerous SDG indicators by providing essential updates and with necessary disaggregation of data.

I extend my heartfelt gratitude to all individuals and organisations whose contributions made it possible for us to present the census findings to the public. Specials thanks are due to United Nation Population Fund (UNFPA) for providing financial support throughout the process and for facilitating the technical input from consultants, whose expertise and guidance were invaluable in successfully completing these releases. I would like to start by thanking Mr. Andreas Kutka and Mr. Peter Bruekmann for the continuous support they provided our team for the implementation of the census, from designing stage to the release of census preliminary results. My thanks go out to Professor Lakshman Dissanayake and Dr. Liwan Liyanage, for overseeing the progress of each chapter, and guiding the chapter writers and enhancing their capacities throughout the process. Lastly, the success of this census releases owes much to the tireless effort and dedication of the Maldives Bureau of Statistics staff, and I take this moment to express my sincere appreciation to each and every one of them.

This information is accessible through our website www.statisticsmaldives.gov.mv. We believe in the dissemination of reliable statistics in an unbiased manner to the general public. We encourage data users to utilize the Census results effectively, promoting a culture of decision-making in the country.

I am hopeful that the information in this Release and other subsequent census related publications, would be very useful for evidence-based decision-making and formulation of policies and plans. Both the national and local level could use the census information to define service areas, identify current requirement of services and infrastructure, and future demands. Further, it would serve as the basis for measuring progress towards the achievement of key national targets as well as other time-bound targets of the country as we undergo a new phase in administration.

Aishath Hassan
Chief Statistician
Maldives Bureau of Statistics

ACKNOWLEDGEMENT

The conduct of the 2022 Population and Housing Census of Maldives entailed nationwide coordination and collaboration. The Maldives Bureau of Statistics (MBS), would like to take this opportunity to express our sincere gratitude to all the agencies and individuals who contributed immensely to the success of the Census.

We are truly indebted to the United Nations Population Fund (UNFPA) for the immense support provided throughout the process, from census planning stage to the publication of these census Releases. We would also like to extend our sincere gratitude to UNICEF, UNDP, ADB, World Bank, PARIS21 and IOM for their support in the implementation of a successful census. Our sincere appreciation also goes to Ministries, Agencies, CSOs for their cooperation and contribution to complete the census operation across the country. We are indeed grateful to City Councils, Atoll Councils, Island Councils, Atoll Census Managers, island census focal points for their support and leadership in ensuring the successful completion of census in their respective communities. We would like to convey our sincere appreciation to the government for funding and providing other financial support when needed. We would like to thank Maldives Police Services for arranging security services during the entire enumeration process, MTCC for transport arrangement and local media for their coverage and dissemination of census announcements in a timely manner.

We also wish to acknowledge and earnestly thank the 3,974 enumerators and supervisors for their hard work and sincerity. Supervisors and enumerators worked from the early hours of the morning till late in the evening during the census enumeration period. The commitment and dedication shown by the supervisors and enumerators are exemplary and inspiring. We would like to sincerely thank the general public for the unprecedented support and cooperation extended to the census supervisors and enumerators during the enumeration. The support and enthusiasm displayed by the general public were heartfelt and gratifying.

This series of statistical releases would not have been possible without the dedicated efforts of the following MBS staff.

Statistical Release 1: Population dynamics in the Maldives
Ms. Fathimath Yania

Statistical Release 2: Population movement and migration dynamics
Ms. Fathimath Riyaza

Statistical Release 3: Education status of the population
Ms. Ashiyath Shazna

Statistical Release 4: Disability in the Maldives
Ms. Fathimath Riyaza

Statistical Release 5: Mapping the Employment Landscape: A Comprehensive Analysis of the situation in the Maldives
Ms. Aishath Hassan

Statistical Release 6: Improving Labor Market Dynamics: Understanding Unemployment and Workforce Inactivity
Ms. Aishath Shahuda

Statistical Release 7: In-depth analysis of informality and informal employment in the Maldives
Ms. Lizama Faheem

Statistical Release 8: Nuptiality and Fertility in The Maldives
Ms. Mariyam Shadeena

Statistical Release 9: Household Characteristics
Ms. Aishath Sobaha

Finally, special thanks, appreciation and gratitude to all staff of Maldives Bureau of Statistics for overseeing the whole processes, from planning, organisation, implementation, cleaning and having the results published.

CHAPTER 1
INTRODUCTION

1. INTRODUCTION

1.1 Introduction

Maldives is an island nation located in the Indian Ocean. It lies southwest of Sri Lanka and India. Maldives consists of 1192 coral islands which form a chain of 82 km in length and 130 km in width, set in a territorial area of 859,000 sq km of Indian Ocean. The country is composed of 20 administrative Atolls with Maale being the Capital City. Maale is located withing within Kaafu Atoll.

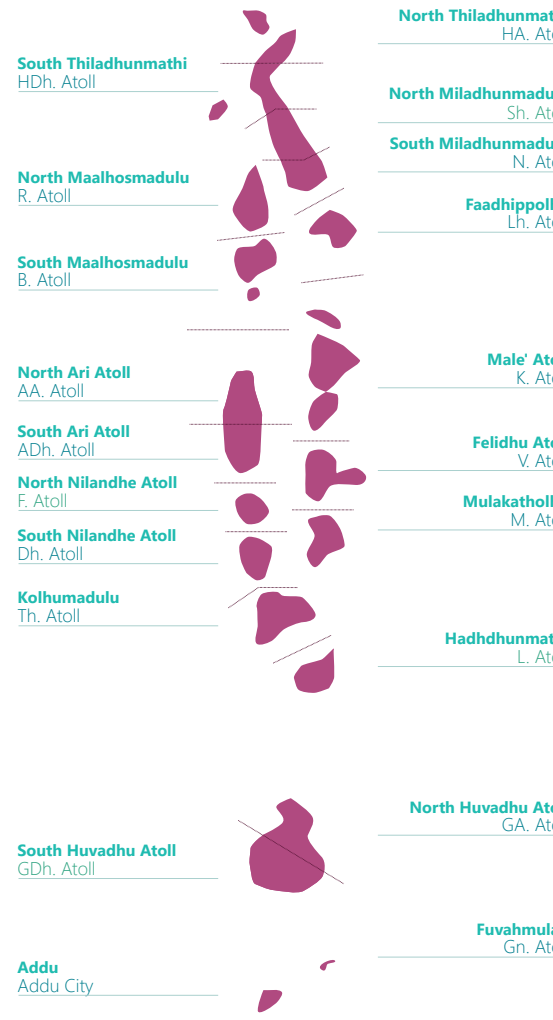
Most of the islands are quite small and low-lying, with an average elevation of 1.6m above mean sea-level. The islands are surrounded by shallow, crystal-clear lagoons enclosed by coral reef. Maldives has a tropical climate. With 2 monsoons in the year, it is warm and humid throughout the day. Maldives is famous for its tourism and has been world's leading tourist destination for 2 consecutive years.

Maldivian society is very consistent, with one language, one culture and one religion. The official language is Dhivehi, which is unique to the Maldives. Education is in English medium, and widely used in business and commerce.

The islands of Maldives are formed into 26 natural atolls. However, for administrative purpose, the country is divided into 20 administrative islands, with Maale being the capital City. Male' is location within Kaafu Atoll, but the results presented for Kaafu Atoll excludes Maale.

The map illustrates the 20 atolls with their names and abbreviations

MAP OF MALDIVES



1.2 Census administration in 2022

Maldives conducted its first modern census in 1977. Starting from 1980, Maldives has been conducting census every 5 years, with a break in this cycle in 2005 due to Tsunami. The next census was held in 2006 and then in 2014. The 2022 census marks the 30th census undertaking in the country.

This section gives a brief summary of how census operation was administered in 2022.

1.2.1 Census coverage

The most important aspect of census coverage is the geographical coverage and the population that is being covered.
Out of the total islands, Census covered a total of 463 islands. This includes:

- 186 administrative islands
- Capital city, Maale
- 168 resorts (which was in operation at the time of census)
- 108 industrial islands

In census Releases, results are presented according to the administrative hierarchy as stated below:

- Republic
- Maale' (includes the 4 wards of Maale, Hulhumale, villimale and Hulhule)
- Atolls (includes admin and non admin islands within the 20 atolls)
- Administrative islands (includes only the administrative islands in an atoll. Administrative islands are those with island councils and where local community lives)
- Non-administrative islands (these islands include resorts, industrial islands, resorts under renovation, islands given out for commercial purpose, or any island where a person resides and which is not being used for administrative purpose)

In terms of population coverage in these islands:

- As in all past census, all Maldivian nationals were enumerated in the census living in the country as well as abroad.
- Since 2014 Census, Foreigners residing in the country has been enumerated. The 2022 Census also made efforts to increase the coverage of the foreigners residing in the country.

1.2.2 Data Collection tool

For the first time in census, data was collected using tablets. The questionnaire was developed in Survey Solution together with the support of International Consultants. A total of 2 questionnaires was used in the Population and Housing census 2022. This includes:

1. Haa form (Listing form) – Haa form is used on the first day of the census to list structures, unit, households and persons living in the household.
2. Shaviyani form (Household and individual form)- Shaviyani form is used during census week to collect detail information on households and individuals present in the household at the time of census.

1.2.3 Census organisation

Maldives Bureau of Statistics under Maldives Statistics Act (Act No: 16/2021) is mandated to conducted Population and Housing census once every 10 years.

Preparation for census started in 2019. However due to the outbreak of COVID, census was postponed to 2022.

Planning for census started in 2019 with data user's workshop. Census questionnaire was developed and pre-tested at various locations. Pilot census was conducted in June 2022 and minor revision was made to the questionnaire flow and organisation of the operation.

All the preparatory work for the census was distributed among MBS staff. In order to have a smooth census operation in the Atolls, Atoll census managers from each atoll was identified.
Training of trainers was conducted in July 2022. Training of enumerators was carried out in 6 rounds across the country including Maale.

Coordinators were sent to each atoll during the census period. The coordinators' role was to oversee the whole census operation within the atolls during the census period.
During census week, the main operation centre was set up in Maale, at Dharubaaruge. Similarly, census centres were also set up in Villimale and Hulhumale.

1.2.4 Census block maps

For the first time in census history, GIS was used to prepare census block maps. MBS staff reached out to all island/city councils and collected the island maps, which was received in different formats such as CAD, pdf, etc. A team was recruited for this purpose and they converted these maps into GIS maps. In consultation with island councils, island map was divided into census block maps. These maps were printed and sent back to islands right before the field operation.

Maale map was updated based on the latest updates received from Male' City Council. In Maale, census blocks and Enumeration Area demarcation was done using 2014 census information. The preparation of Hulhumale map was done as a collaboration between MBS and Urbanco.
Each census block in the islands and Enumeration Area in Maale consisted of 40-50 household or a population of 250 to 350 people.

1.2.5 Census reference time and field operation

The reference time for the 2022 census in the Maldives was 12th September 00:00hrs (or 13th September mid-night). This point in time is the reference point for census enumeration and all questions in the census will relate to it.

Census data collection was carried out from 13- 26 September 2022. From 13 to 14 September, listing operation was carried out across country. However, since listing could not be completed within 2 days in some locations, it was extended over the next 2 days.

From 17 September onwards, enumerators went back to field to fill Shaviyani form. Since in some location, especially in Maale, there was many unlocked places, the field operation was extended till 28 September. In Hulhumale, it was extended up to 29 September.

During field operation enumerators visited every household in the assigned census block. Census enumeration team consist of two enumerators, each team assigned to a census block of around 50-60 households to complete during census week.

This time in the census, daily updates was viewed automatically once enumerators completes the form and submit it through survey solution.

At the end of census field operation, there were many unlocked places especially in Hulhumale area. MBS continued with attempting unlocked placed till 10 November 2022. This operation was carried out by MBS staff.

1.2.6 Census results

The preliminary results of Census 2022 were published on 30th March 2023 on MBS website. This included population count, population by island, sex and nationality. It also included household counts, household counts in island and average household size.

The final result of census was launched on 11th July 2023, at the World's Population Day function. This included a video on the final results, infographic and summary tables.

Following the release of the final census results, the MBS has issued summary findings across various sectors, including population, migration, education, and the labor market. This includes infographics with sector-specific tables. In addition, MBS has also released island level indicators on population and employed. These results can be accessed via:
https://census.gov.mv/2022/statistical-releases/

CHAPTER 2
DEFINING DISABILITY

2. DEFINING DISABILITY

2.1 Introduction

Disability is a universal concern that affects individual worldwide and its impact takes on distinct characteristics in small countries like Maldives. Limited resources, inadequate infrastructure, limited human capacity in this area, lack of awareness compound the obstacles faced by disabled individuals.

While the country has made advancement in healthcare and education by providing universal accessibility, Maldives is still in the process of becoming more accommodating, enhancing accessibility and inclusivity.

Maldives is party to the UN Convention on the Rights of Persons with Disabilities (UNCRPD) since 2010. The Constitution provides every Maldivian citizen equal access and provision of their rights without discrimination due to their differences. The Employment Act, Sexual Offences Act, and the Penal Code include provisions for PWDs. The 'Disability Act' enacted in 2010 is a huge milestone, which articulated the rights of Persons with Disabilities (PWDs) in education, health, employment, transportation, legal and social protection, among other rights and provision of services, with corresponding penalties for violating their rights[1]. The National Disability Policy was launched in 2013 to implement the 'Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act' (8/2010, Disability Act) (Maldives ICPD 25+).

1 *https://maldives.un.org/sites/default/files/2020-12/Disability%20Inclusion%20Strategy%20FINAL.pdf*

The National Social Protection Act (NSPA) also provides allowance for Persons with Disabilities (PWDs) under the Disability Act (8/2010). The objective of the program is to provide financial assistance to Persons with Disabilities to enable them to have equal opportunities in the society as others. Assistive devices such as wheelchairs, hearing aids and prosthetic limbs are also provided to PWDs under the Act (Maldives ICPD 25+). In 2012, the National Disability Award was introduced by the Ministry of Gender, Family and Social Services to improve and acknowledge the contribution of PWDs and people working for their rights.

The Strategic Action Plan (SAP) of the government aims to improve the resilience and productive capacity of the vulnerable persons including PWDs for inclusive growth. To assess the progress of the intervention, data on PWDs is very crucial.

While adopting necessary legislative measures to protect the rights of PWDs, the government has taken significant steps to address the challenges faced by individuals with disabilities and promote inclusivity within the society. Maldives formulated the National Policy on Disability in 2013 with the objective of ensuring the rights and well-being of persons with disabilities. Efforts has been made to promote inclusive education by integrating students with disability into mainstream schools. Special education programs, teacher training, and accessible learning materials are being developed to support this endeavor.

The government has invested in improving healthcare and rehabilitation services for individuals with disabilities. This includes providing specialized medical care, therapies and assistive devices to enhance their quality of life.

Initiatives has also been launched to enhance vocational training and employment opportunities for people with disabilities. Skill development programs and employment quotas in the public sector are some of the strategies being employed. Steps has been taken to enhance accessibility by introducing measures such as accessible public transportation and allocating quota for social housing flats.

One of the key milestones achieved in 2023 is the launch of the National Disability Registry (NDR) in January which is seen as an essential component to promote and protect the rights of persons with disabilities. In June 2023, the government increased the disability allowance, which was previously a mere MVR 2000. As an increment, an additional MVR 1,000 will be added to the basic disability allowance, resulting in a new range of allowances between MVR 3,000 and MVR 6,000. As of 10 Aug 2023, there are 11,048 person registered in NDR[2].

2 *https://ndr.nspa.gov.mv/*

While these efforts represent positive strides towards inclusion, there is still work to be done to fully address the challenges faced by individuals with disability in Maldives. This includes understanding the situation of PWDs, collecting and disseminating disability statistics in a timely manner for informed decision making.

In the past, various studies conducted provided limited insight into this. The Demographic Health Survey (DHS) in 2016/17 showed a disability prevalence of 4 per cent among the population. DHS measured disability using a different set of questions and does not provide an international comparable measure within the region. The Household Income and Expenditure Survey 2019 (HIES 2019) used Washington Group Short Set (WG-SS) on functioning to measure disability. The survey reported that 8 percent of the population have a disability and presented results for key socio-economic indicators.

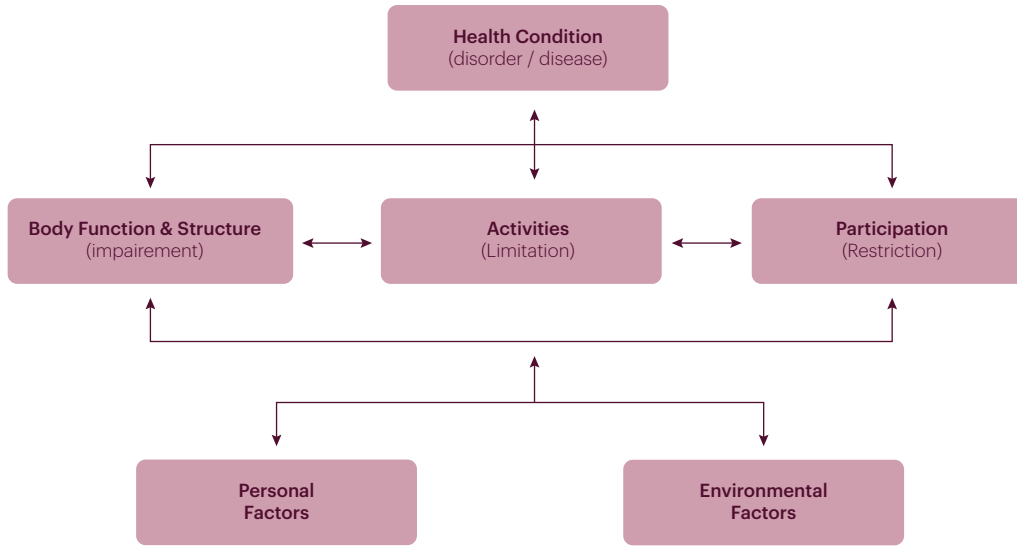
The study conducted 'to explore the impact of the Disability Allowance on poverty, quality of life and participation' in 2016 used the WG questions as well. The results showed that there is no impact of disability on poverty but the disability allowance did decrease household spending on healthcare.

The Population and Housing Census 2022 collected information on disability using the WG-SS as well. This is the first time that Maldives have collected information on disability in a census using WG-SS. This report presents the key findings from census with regard to disability.

This chapter gives an overview of how disability has been measured in the census using WG-SS. In addition, the analysis also focuses on multiple disability and disability by severity. This section of the report will therefore give an introduction to the concept behind these measures. The remaining sections of the report will focus on key demographic and socio-economic analysis of Persons with Disabilities (PWDs).

2.2 Defining disability

No single definition of disability exits. Definitions vary depending on the purpose of measurement. Moreover, the nature and severity of disabilities can vary greatly depending on cultural context. Yet, data on the size and characteristics of the population with disability, which also allow for cross-cultural comparisons, require standardization in both the conceptualization and the measurement of the disability



The ICF Model of Disability, Source: WHO, 2001

The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization (WHO) provides the necessary and consistent definition of disability. According to the ICF model, disability arises from the interaction between an individual and that individual's context (personal and environmental) circumstances (WHO 2001). Thus, the degree to which participation in life activities is restricted depends on the interaction between the individual's functioning (ability to perform basic functional activities) and the environment (Washington Group on Disability Statistics).

2.2.1 Defining Person with Disabilities (PWDs)

This analysis provides estimates of disability prevalence in the Maldives. Disability is defined using the Washington Group (WG) Short Set on Functioning (WG-SS) questions and following the methodology proposed by WG for analyzing disability[3]. The questions use the ICF as a conceptual framework. The WG-SS gathers information about difficulties in basic activity functioning among the population. It was not the purpose of WG questions to identify every person with a disability within a community nor to replicate the population in administrative registers. It provides a tool for disaggregation in order to compare levels of participation in employment, education, etc for those with disability versus those without disability to see if persons with disability have achieved social inclusion (WG, 2016). The information gathered using WG questions can be supplemented by administrative data or by focused research/survey.

The WG-SS measures disability using the following 6 questions:
Because of a Health problem:

1. Do you have difficulty seeing even if wearing glasses?
2. Do you have difficulty hearing even if using a hearing aid?
3. Do you have difficulty walking or climbing stairs?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty with (self-care such as) washing all over or dressing?
6. Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)?

The response categories for each of these questions are: 'No difficultly; Yes- Some difficulty; Yes- a lot of difficulty; cannot do at all'.

For the purpose of reporting and generating internationally comparable data, the WG recommended cut-off has been used to define the population of persons with disabilities as:
'The sub-population identified as with disability includes those with at least one domain that is coded as a lot of difficulty or cannot do it at all.' The cut-off used for identifying those 'with disability' is:

Source: Refer to WG website (https://www.washingtongroup-disability.com) and the WG Primer

3 Refer to WG website (https://www.washingtongroup-disability.com) and the WG Primer (https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/15_11_Primer.pdf)

2.2.2 Disability by severity indicators

For measuring disability severity, the Washington Group proposed 'SS-Severity Category (SS-SC)' has been used. This is a categorial measure of 'severity' based on cut points selected along the broad continuum of functioning.

This methodology assigns scores to the response options given for the six WG-SS and then adds the scores over individual domains to create an individual's severity score (where the individual is on the severity score).

This method assigns value to six WG-SS domains as:

- A response of no difficulty is coded 0.
- A response of some difficulty is coded 1.
- A response of a lot of difficulty is coded 6.
- A response of cannot do at all is coded 36.

Cut-points for a categorical severity indicator based on this continuum [SS-Severity Category (SS-SC)] were chosen along the distribution to create categories that would be as homogenous as possible regarding the risk associated with functional limitation[4]

Based on the scores generated for each individual, the following scale has been used to define severity in this measure:

- Individuals with no difficulty over all 6 domains were labeled as None[5]. SS-SC = 0
- Individuals with 1 – 4 domains coded some difficulty only [no domains coded a lot or cannot do at all] were labelled as Milder. SS-SC = 1 to 4.
- Individuals with 5 or 6 domains coded some difficulty or up to 3 domains coded a lot of difficulty [no domains coded cannot do at all] were labeled as Moderate. SS-SC = 5 to 23
- Individuals with 4 or more domains coded a lot of difficulty or any domain coded cannot do at all were labeled as more Severe. SS-SC 24 to 216

4 As there is no external gold standard to guide the identification of categories, the selection of cut points was based on the shape of the distribution and an understanding of the risk associated with combinations of levels of functioning across domains

5 Severity labels are assigned based on degree of difficulty indicated in the response option selected. Other labels could be used (like low, intermediate and high) to describe different definitions of functional level

SS SC, SEVERITY CATEGORIES

NONE	Score = 0
MILDER	Score = 1 to 4
MODERATE	Score = 5 to 23
SEVERE	Score = 24+

This is a completely different measure from disability status and categorizes the 5 years and above population into below given categories.

(For the definition of disability by severity -reference has been given to 'Creating Disability Severity Indicators Using the WG Short Set on Functioning (WG-SS)[6]'

2.2.3 Multiple disability and domain specific disabilities

Another aspect used in the analysis of persons with disability is the notion of 'multiple disabilities'. If a person has more than 1 disability in any domain, that person is considered as having multiple disabilities.

The analysis will also present domain specific disabilities as well. This would give a better understanding on the per cent of the population having difficulty from one domain to 6 domains.

2.2.4 Households with PWDs

To provide a more meaningful analysis from household information collected in the census, households has been categorized into 'households with PWDs' and 'households without PWDs'.

To derived 'households with PWDs', the following approach has been used:

- If the household has at least one member with disability, then the household is considered as a 'household with PWD'.
- If the household does not have any member with disability, then the household is considered as a 'household without PWD'.

6 (https://www.washingtongroup-disability.com/fileadmin/uploads/wg/WG_Document__5G_-_Analytic_Guidelines_for_the_WG-SS__Severity_Indicators_-_STATA_.pdf

2.3 Disability and SDG

The inclusion of persons with disabilities in the 2030 Agenda for Sustainable Development has become an uncontested priority with the principle of 'leaving no one behind' in sharp contrast with the past when people with disabilities were largely excluded from the global development agenda[7].

Attention has been paid in the analysis that follows in this report to focus on some common SDG indicators disaggregated by disability status.

2.4 Chapter outline and population in focus

This report offers a comprehensive analysis of disability prevalence at different levels within the Maldives, including the national level, the capital city of Maale, and across various atolls. Additionally, the report provides a breakdown of disability prevalence based on sex and age groups. The analysis focuses on the Resident Maldivian population aged 5 years and above[8].

This report is structured into several key chapters, each shedding light on different aspects of disability and its intersection with various socio-economic indicators. These chapters include:

1. Demographic Profile of Persons with Disability (PWDs): This section delves into the demographic characteristics of persons with disabilities, providing valuable insights into their distribution, age composition, and gender representation.
2. Education by Disability: This section explores the educational status of individuals with disabilities, analyzing their access to education, completion rates, and attainment levels. This sheds light on the inclusivity and effectiveness of education systems for persons with disabilities.
3. Employment by Disability: This section examines the employment situation among persons with disabilities, analyzing their participation in the workforce, job types, and employment conditions. It assesses the inclusivity of the labour market and employment policies for individuals with disabilities.

7 https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Disagregation-Data-Report_.pdf

https://www.un.org/disabilities/documents/2016/SDG-disability-indicators-march-2016.pdf

https://www.cdc.gov/nchs/data/washington_group/meeting15/wg15_session_7_5_martinho.pdf

https://www.unescwa.org/sites/default/files/inline-files/Disability-SDG%20Framework%20Indicators_ENG_Dec2022.pdf

8 Even though disability information was collected from foreigners, this analysis excludes them as this report is intended to improve the policies being implemented for the nationals.

4. Housing Characteristics by Disability: Focusing on housing, this section evaluates the living conditions and housing situations of persons with disabilities. It considers aspects such as accessibility, living space, and other housing characteristics based on household head gender to determine the adequacy and inclusivity of housing facilities.

Using the WG-SS, the data on disability can be disaggregated to present various socio-economic indicators. As recommended by WG, the results are categorized into 'Persons with Disabilities (PWDs)' and 'Persons without disabilities (non-PWDs) where ever possible. This categorization is pivotal in assessing the effectiveness of policies and programs designed to enhance participation, access and inclusivity for individuals with disabilities. It helps to ascertain whether people with disabilities are truly benefiting from the initiatives aimed at promoting accessibility and inclusiveness within the society.

CHAPTER 3
DEMOGRAPHIC PROFILE OF PERSONS WITH DISABILITIES

3. DEMOGRAPHIC PROFILE OF PERSONS WITH DISABILITIES

3.1 Introduction

The demographic profile of persons with disabilities serves as a vital tool for policymakers, service providers, and society at large to develop targeted strategies that promote inclusivity, accessibility, and equal opportunities for individuals with disabilities.

In this chapter, we will explore the multifaceted aspects of the demographic profile of persons with disabilities by delving into key demographic factors such as age, gender, geographic distribution. Through these aspects, we aim to present disability prevalence, disability by domain, multiple disability and various other disability measures.

Before proceeding, a person with disability is defined as:

Disability is defined using the Washington Group (WG) Short Set on Functioning (WG-SS) questions and following the methodology proposed by WG for analyzing disability.
'If a person has reported having a lot of difficulty or cannot do it at all in any of the six domains in the WG-SS, that person will be considered as a person with disability

For detail on the definition of disability and methodology used, please refer to the first chapter of this report 'defining disability'. The results presented here are only for **resident Maldivians 5 years and above**.

3.2 Prevalence of disability

One of the key indicators of disability is understanding the magnitude and scale of the disability prevalence in the Maldives. Census showed the prevalence of disability in the Maldives as 6.9%, equating to nearly 1 in every 10 individuals as with disability. This corresponds to a total of 24,401 people identified as persons with disabilities in Maldives.

When examining the gender specifies, the prevalence of disability was high among women compared men. The gender-segregated data accentuates the importance of considering gender dynamics in disability, recognizing varying prevalence rates and potential disabilities.

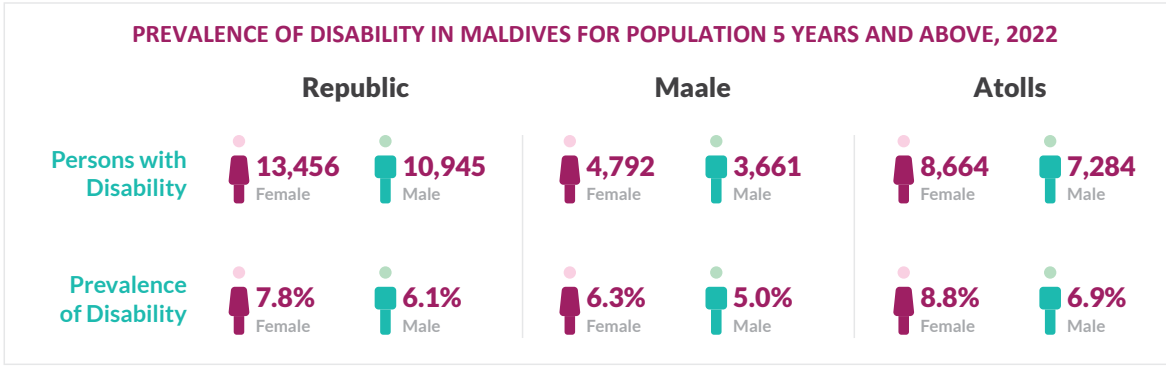


Table 3.1: Prevalence of disability in Maldives for population 5 years and above, 2022

Similarly, out of the total population 8453 people was with disability in Maale, accounting to a prevalence of 5.7% for both sexes. Disability prevalence was high for women in Maale with 6.3% for women and 5.0% for men. Contrastingly, in the Atolls, the prevalence rates were slightly higher, with 7.8% of the population with disability (15,948 people). The disparity in prevalence rates between the capital and the Atolls may signify differing social, economic or health care conditions influencing disability prevalence. Moreover, the gender-specific prevalence rates underscore the need for gender-sensitive approaches in addressing the unique challenges faced by both men and women with disability.

Prevalence of disability varied across the country. When comparing disability prevalence rates at the atoll level to national rates, a distinct pattern emerges. With the exception of 5 Atolls, nearly all the other Atolls in the country had a prevalence rate that exceed the national rates, indicating a higher concentration of individuals with disabilities in these regions. Among the atolls, the highest prevalence of disability was observed in GA Atoll and M Atoll, emphasizing a notable concentration of individuals facing various forms of disability in these regions. This heightened prevalence could be attributed to a variety of factors such as demographics. Socio-economic conditions, healthcare accessibility, and environmental factors specific to these atolls. In contrast, Dh Atoll stood out for reporting the lowest prevalence of disability among all the atolls.

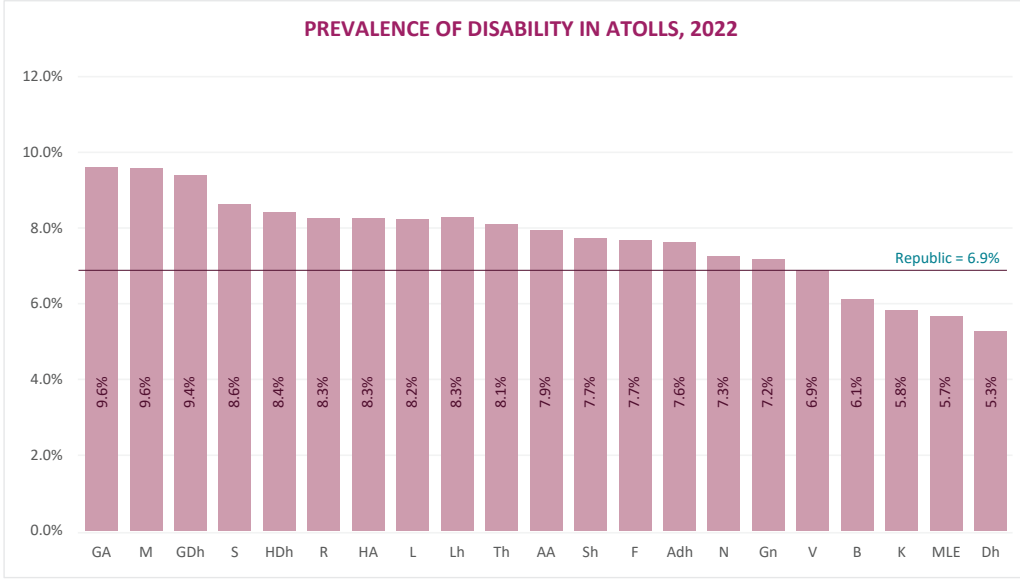


Figure 3.1: Prevalence of disability in Atolls, 2022

3.3 Prevalence of disability by age

Census result showed a higher risk of disability at elderly age. The prevalence of disability among children (3.8%) was higher than young adults (3.1%). With increase in age, the prevalence of disability increases and reaches its peak with elderly population with 36% of the elderly population experiencing functional difficulties.

Higher disability rates among older people reflect an accumulation of health risks across a lifespan of disease, injury, and chronic illness (WB & WHO, 2011). Maldives tends to spend a lot on the health of its population starting from the age of 42 (NTA, 2020). As the country is expected to face ageing in the near future, the increased prevalence of disability will place a growing burden on the government to address these challenges.

	PREVALENCE OF DISABILITY			PREVALENCE OF DISABILITY (%)		
AGE GROUP	BOTH SEX	FEMALE	MALE	BOTH SEX	FEMALE	MALE
5-9	1,311	509	802	4%	3%	5%
10-14	1,498	569	929	4%	3%	5%
15-19	886	387	499	3%	3%	3%
20-24	809	380	429	3%	3%	3%
25-29	1,053	555	498	3%	3%	3%
30-34	1,191	635	556	3%	3%	3%
35-39	1,332	771	561	4%	4%	3%
40-44	1,419	835	584	5%	6%	4%
45-49	1,532	1,012	520	7%	9%	5%
50-54	1,740	1,158	582	9%	12%	6%
55-59	2,005	1,285	720	13%	17%	9%
60-64	2,223	1,336	887	17%	20%	13%
65-69	1,841	1,041	800	22%	26%	19%
70-74	1,424	826	598	30%	35%	25%
75+	4,137	2,157	1,980	55%	58%	51%
Children (5-17 years)	3,401	1,335	2,066	4%	3%	4%
International Youth (15-24 years)	1,695	767	928	3%	3%	3%
Local Youth (18-35 years)	3,602	1,847	1,755	3%	3%	3%
Adults (36-64 years)	9,996	6,250	3,746	8%	10%	6%
Elderly (65+ years)	1,841	1,041	800	36%	40%	32%
Total	24,401	13,456	10,945	7%	8%	6%

Table 3.2: Age-specific disability prevalence, 2022

Distribution of age within disabled population varies. In Maldives, a comprehensive analysis of the population's demographic composition and its relationship to disability prevalence reveals intriguing patterns and insights.

Elderly population, which constitute to 5% of the resident Maldivian represented 30% of the people with disability. This indicates a higher susceptibility to disabilities as individuals age, highlighting the need for targeted healthcare and support services for the elderly to enhance their quality of life. Within the elderly population, higher percentage of being with disability was attributed to those aged 75 years and above (17%).

Children (5 - 17 years) accounted to 36% of the resident Maldivian and made up 14% of the people with disability. Despite the lower percentage, this still calls for focused efforts in ensuring adequate care and facilities for children with disabilities, recognizing the unique challenges they face in their developmental years.

Adults between the age of 36-64 presented the highest proportion of the persons with disabilities, signifying a critical stage in life where individuals might encounter health-related challenges that result in disabilities. Understanding the reasons behind this higher prevalence within this age group is crucial for crafting policies that address the specific needs and concerns of this demographic.

Gender disparities further accentuate the nuanced nature of disability prevalence. Notably, among children, there is a noteworthy gender difference, with a higher percentage of boys with disabilities.

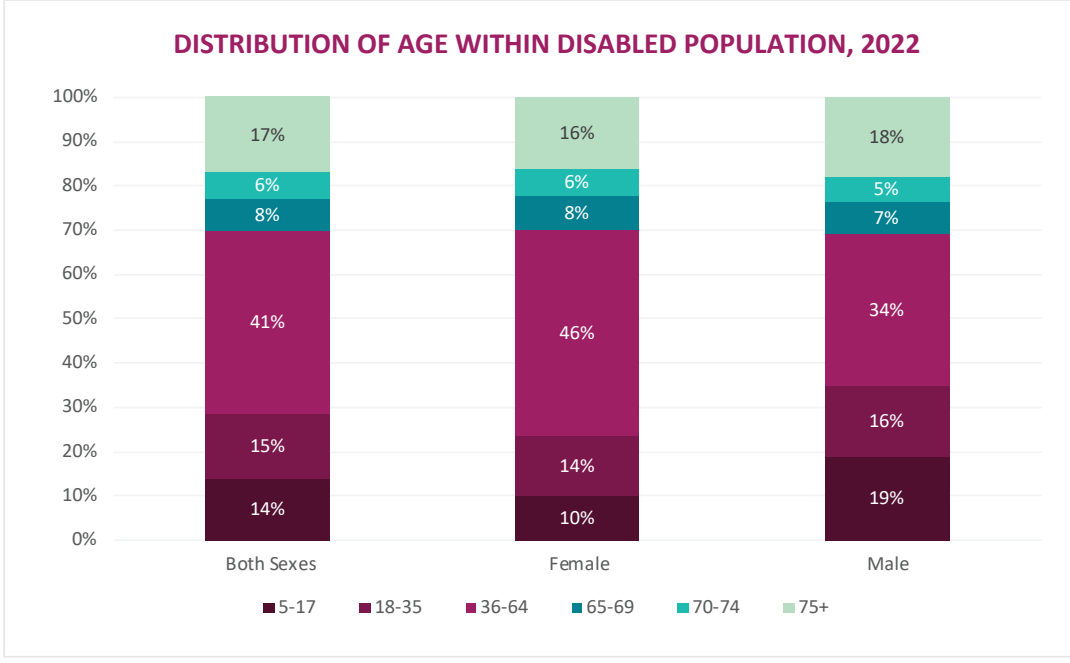


Figure 3.2: Distribution of age within disabled population, 2022

3.4 Disability by type of disability

There are large divergences between locality, gender and age groups in terms of which types of disabilities are most common.

Overall, population faced difficulty mostly in walking (3.2%), seeing (2.7%), remembering (2.1%). Women experienced greater difficulty in walking compared to men. Additionally, the prevalence of vision-related difficulties was significant, particularly among women, and was prominently observed in the Atolls.

COMMUNICATING	REPUBLIC			MAALE			ATOLLS		
	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE
SEEING	9,522	5,224	4,298	2,920	1,605	1,315	6,602	3,619	2,983
HEARING	4,081	2,081	2,000	1,096	573	523	2,985	1,508	1,477
WALKING	11,374	6,806	4,568	4,086	2,627	1,459	7,288	4,179	3,109
REMEMBERING	7,253	3,863	3,390	2,452	1,291	1,161	4,801	2,572	2,229
SELFCARE	4,413	2,231	2,182	1,560	790	770	2,853	1,441	1,412
COMMUNICATING	4,121	1,793	2,328	1,507	652	855	2,614	1,141	1,473
TYPES OF DISABILITY	REPUBLIC			MAALE			ATOLLS		
	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE
SEEING	2.7%	3.0%	2.4%	2.0%	2.1%	1.8%	3.2%	3.7%	2.8%
HEARING	1.2%	1.2%	1.1%	0.7%	0.8%	0.7%	1.5%	1.5%	1.4%
WALKING	3.2%	3.9%	2.5%	2.7%	3.5%	2.0%	3.6%	4.3%	2.9%
REMEMBERING	2.1%	2.2%	1.9%	1.6%	1.7%	1.6%	2.4%	2.6%	2.1%
SELFCARE	1.2%	1.3%	1.2%	1.0%	1.0%	1.0%	1.4%	1.5%	1.3%
COMMUNICATING	1.2%	1.0%	1.3%	1.0%	0.9%	1.2%	1.3%	1.2%	1.4%

Table 3.3: Type of disabilities as a percentage of total, by locality, 2022

Note:

1. WG-SS measured difficulty in seeing and hearing even if using assistive devices. Remaining questions excludes the use of assistive devices when measuring their difficulty.
2. If a person has a difficulty in more than one difficulty, that person would be counted in each domain of difficulty they face.

Children faced disability mostly in seeing (1.5%), remembering (1.4%) and in communication (1.4%). Overall, clear differences were observed between girls and boys. The spread of disability in seeing was more among girls while boys experienced more difficulties in remembering and communicating.

Youth (18-35 years) mostly experienced difficulty in seeing and then in remembering. Adults (36-64 years) have a higher share of disability in walking & seeing. Gender difference was significant with more women living with these disabilities among adults.

There were clear differences in the distribution of disability type among women and men in the elderly age. Disability in mobility was the most common among elderly, with higher share of disability among women than among men. One third of the elderly women had disability in mobility, equating to 1 in every 3 individual. Seeing, remembering and self-care made up a considerably higher share of disability among this age group. In all these domains, elderly women lived with more disabilities than elderly men.

TYPE OF DISABILITY (IN NUMBERS)	5-17 YEARS			18-35 YEARS			36-64 YEARS			65+ YEARS		
	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE
SEEING	1,372	678	694	1,529	819	710	3,825	2,281	1,544	2,796	1,446	1,350
HEARING	268	124	144	604	290	314	1,574	890	684	1,635	777	858
WALKING	483	207	276	909	463	446	4,607	3,108	1,499	5,375	3,028	2,347
REMEMBERING	1,265	401	864	1,194	580	614	2,292	1,516	776	2,502	1,366	1,136
SELFCARE	775	289	486	569	269	300	843	434	409	2,226	1,239	987
COMMUNICATING	1,216	403	813	873	424	449	960	453	507	1,072	513	559
TYPE OF DISABILITY (IN %)	5-17 YEARS			18-35 YEARS			36-64 YEARS			65+ YEARS		
	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE
SEEING	1.5%	1.6%	1.5%	1.3%	1.4%	1.2%	3.0%	3.6%	2.5%	14%	14%	13%
HEARING	0.3%	0.3%	0.3%	0.5%	0.5%	0.5%	1.3%	1.4%	1.1%	8%	8%	8%
WALKING	0.5%	0.5%	0.6%	0.8%	0.8%	0.7%	3.7%	4.9%	2.4%	26%	30%	22%
REMEMBERING	1.4%	0.9%	1.9%	1.0%	1.0%	1.0%	1.8%	2.4%	1.2%	12%	14%	11%
SELFCARE	0.9%	0.7%	1.1%	0.5%	0.5%	0.5%	0.7%	0.7%	0.7%	11%	12%	9%
COMMUNICATING	1.4%	0.9%	1.8%	0.7%	0.7%	0.7%	0.8%	0.7%	0.8%	5%	5%	5%

Table 3.4: Type of disabilities as a percentage of total and by age group, 2022

Prevalence of disability by domain across Maale and Atolls showed similar results. The prevalence of disability in different domain was more for young children in Maale compared to Atolls. The onset of walking disability took a steep jump at the age of 45 years in Maale, whereas it showed a gradual rise in the Atolls. Additionally, adults in the Atolls experienced a higher prevalence of disability in the domain of vision compared to those in Maale

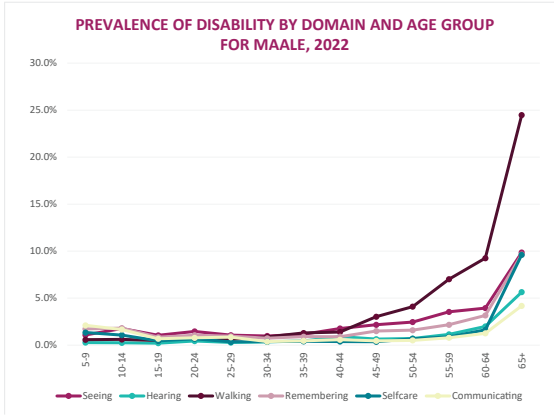


Figure 3.3: Prevalence of disability by domain and age group for Maale, 2022

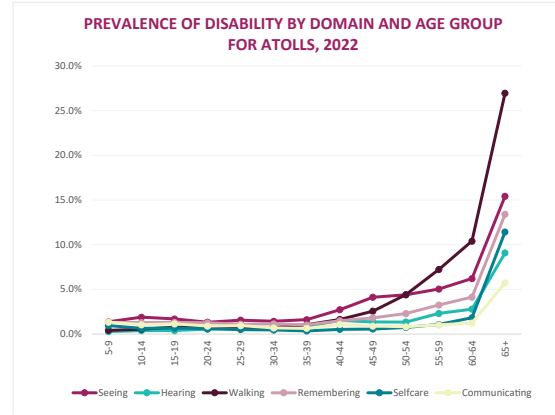


Figure 3.4: Prevalence of disability by domain and age group for Atolls, 2022

The most prevailing disability among Atolls was difficulty in mobility. HA and M Atoll recorded the highest disability in mobility, whereas K Atoll has the lowest proportion at 2%. Disability pertaining to seeing was highest in GA Atoll, followed by M Atoll. Communication disability amounted to 1% at national level and HA, M, GA and GDh Atoll had prevalence's above national average

ATOLL	SEEING	HEARING	WALKING	REMEMBERING	SELFCARE	COMMUNICATING
MLE	2.0%	0.7%	2.7%	1.6%	1.0%	1.0%
HA	2.8%	1.4%	4.6%	2.5%	1.6%	1.6%
HDH	2.9%	1.7%	3.9%	2.5%	1.5%	1.4%
SH	3.0%	1.5%	3.8%	2.3%	1.4%	1.4%
N	2.7%	1.4%	3.7%	2.2%	1.2%	1.0%
R	3.8%	1.4%	3.7%	2.4%	1.2%	1.1%
B	2.0%	0.8%	2.9%	1.8%	0.9%	0.9%
LH	3.0%	1.5%	3.7%	2.8%	1.3%	1.5%
K	2.2%	1.1%	2.3%	2.0%	1.1%	0.9%
AA	3.5%	1.2%	2.9%	2.5%	1.0%	0.9%
ADH	2.8%	1.4%	3.2%	2.2%	0.9%	1.0%
V	2.4%	0.9%	3.5%	1.8%	1.5%	0.9%
M	5.0%	2.5%	4.6%	3.0%	2.4%	1.9%
F	4.4%	1.3%	2.9%	1.9%	1.4%	1.1%
DH	2.0%	1.1%	2.6%	1.4%	1.0%	1.0%
TH	3.4%	1.4%	3.9%	2.6%	1.5%	1.2%
L	3.8%	1.5%	3.7%	2.6%	1.7%	1.4%
GA	5.6%	1.8%	3.6%	2.4%	1.6%	1.6%
GDH	4.3%	2.0%	4.0%	3.1%	1.7%	1.7%
GN	2.8%	1.5%	3.5%	2.1%	1.7%	1.5%
S	3.8%	1.7%	3.9%	2.4%	1.8%	1.5%
REPUBLIC	2.7%	1.2%	3.2%	2.1%	1.2%	1.2%

Table 3.5: Disability by domain and by Atoll, 2022

3.5 Disability by severity

This section assesses disability by severity using the guidelines established by the WG group which is formulated using the 6 core questions[9]. Severity measure breaks down the population into 4 classes: from none, mild, moderate to severe disability. Out of the resident Maldivian population, close to 1 in 5 Maldivian have a mild disability; 6% of the population have moderate disability. A relatively small proportion (1%) of the population experienced severe disability.

When compared to their male counterparts, women with disabilities were more likely to have 'mild' or 'moderate' disabilities. Population with 'severe' disability was more likely to be living in the Atolls than in Maale.

LEVEL OF SEVERITY (IN NUMBERS)	REPUBLIC			MAALE			ATOLL		
	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE
NONE	274,972	131,053	143,919	122,161	60,334	61,827	152,811	70,719	82,092
MILD	53,286	28,810	24,476	18,754	10,387	8,367	34,532	18,423	16,109
MODERATE	19,814	11,198	8,616	6,964	4,037	2,927	12,850	7,161	5,689
SEVERE	5,048	2,513	2,535	1,616	825	791	3,432	1,688	1,744
LEVEL OF SEVERITY (IN %)	REPUBLIC			MAALE			ATOLL		
	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE
NONE	78%	76%	80%	82%	80%	84%	75%	72%	78%
MILD	15%	17%	14%	13%	14%	11%	17%	19%	15%
MODERATE	6%	6%	5%	5%	5%	4%	6%	7%	5%
SEVERE	1%	1%	1%	1%	1%	1%	2%	2%	2%

Table 3.6: Disability severity indicators by locality and sex, 2022

Disability severity index categorized by age group showed that individuals without any difficulty were most prevalent in the younger age groups and decreases with age. Conversely, moderate and severe disability rates showed a distinct escalation with age. The mild level of difficulty experienced during the young age, have the risk of transitioning into moderate disability, which can further progress to severe disability as individuals ages. As such, population aged 65 years and above, have a severe disability which was more than 10%.

9 *Refer to Introduction section on the methodology used to define disability by severity*

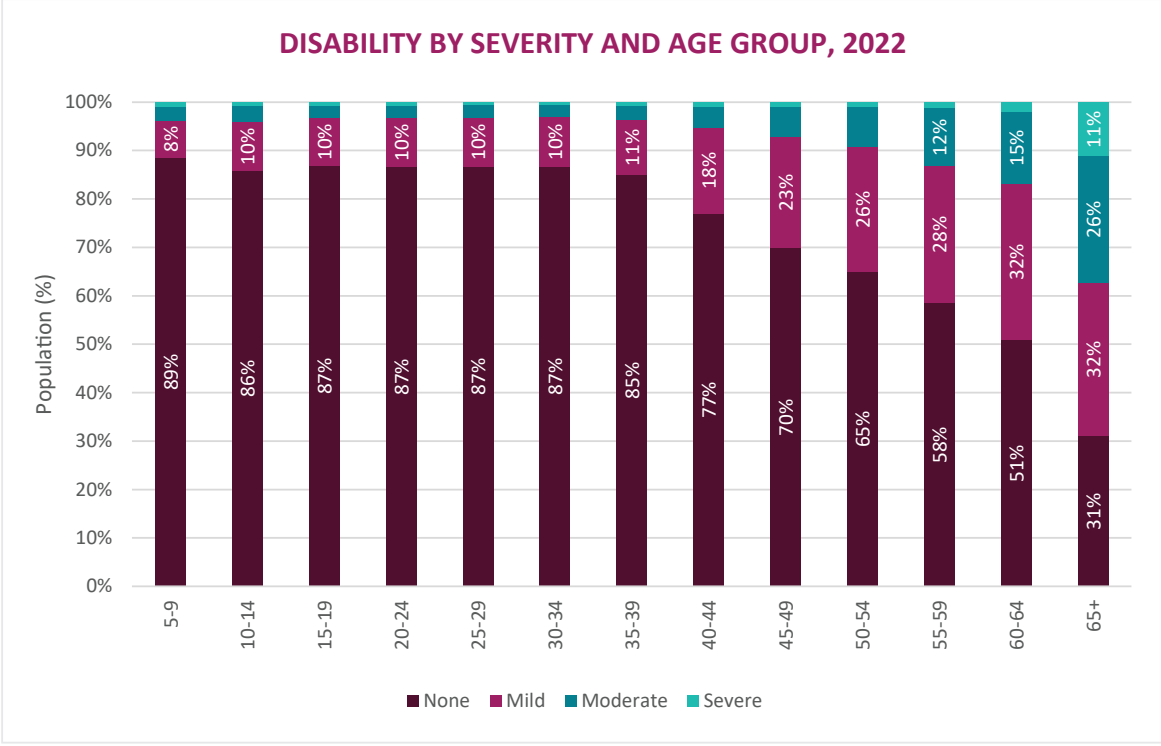


Figure 3.5: Disability by severity and age group, 2022

3.6 Multiple disability

If a person has more than 1 disability in any domain, that person is considered as having multiple disabilities. If we look at persons with disabilities, this takes a combination from 1 to 6- with 1 being assigned to a person having only one type of disability and 6 being disabled in all six domains.

Over one third of persons with disabilities had two or more disability types or multiple disabilities, showcasing a multifaceted experience of disability. This suggests that a considerable portion of the disabled population grapples with not just one, but multiple forms of disability concurrently, underscoring the complexity of their challenges.

Notably, the data also brings to light a gender-related disparity in the prevalence of multiple disabilities. Men, in particular, showed a higher likelihood of experiencing multiple disabilities when compared to women. This insight can guide further research into understanding the underlying factors contributing to this gender-specific difference in the occurrence of multiple disabilities.

On the other hand, nearly one in five persons with disabilities, amounting to close to 20% reported dealing with two distinct disabilities concurrently. This subset of the disabled population facing multiple disabilities highlights the need for comprehensive and personalized approaches in designing support systems, interventions, and policies to cater to their unique requirements and challenges.

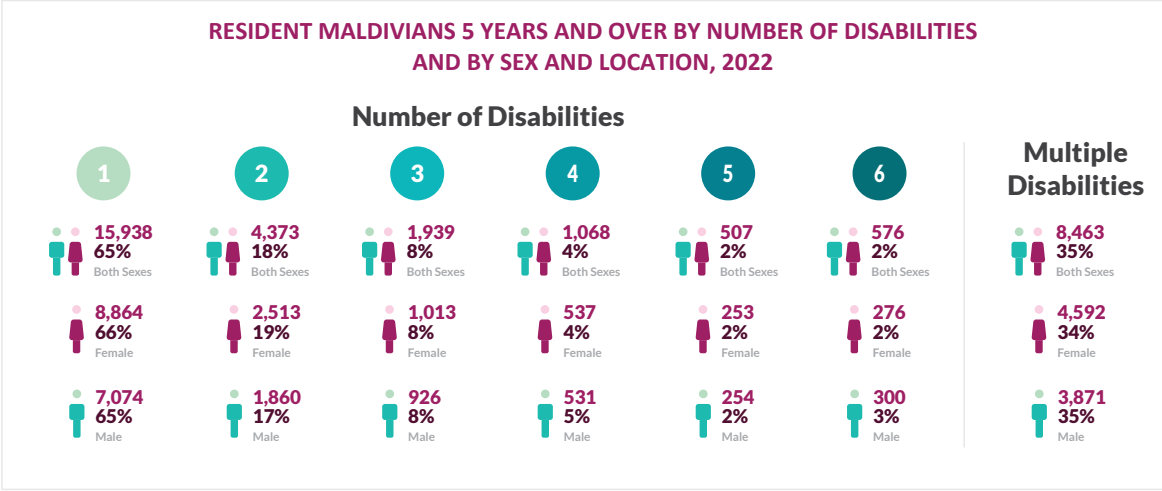


Table 3.7: Resident Maldivians 5 years and over by number of disabilities and by sex and location, 2022

In general, the number of disability types increased with age. For example, 8% of the youth aged 15-19 had four or more disability types, but the percentage jumped to 17% for those aged 65 years and over, illustrating a significant increase in the complexity of disabilities with age. Children also experienced a higher share of multiple disabilities. This is mainly associated with their development and age as children are still in their development.

Between 20-24 years, the prevalence of multiple disability was higher compared to other young ages. Another striking finding is that one in every 2 elderly persons with disability experienced multiple disabilities, a staggering 50% encountered multiple disabilities

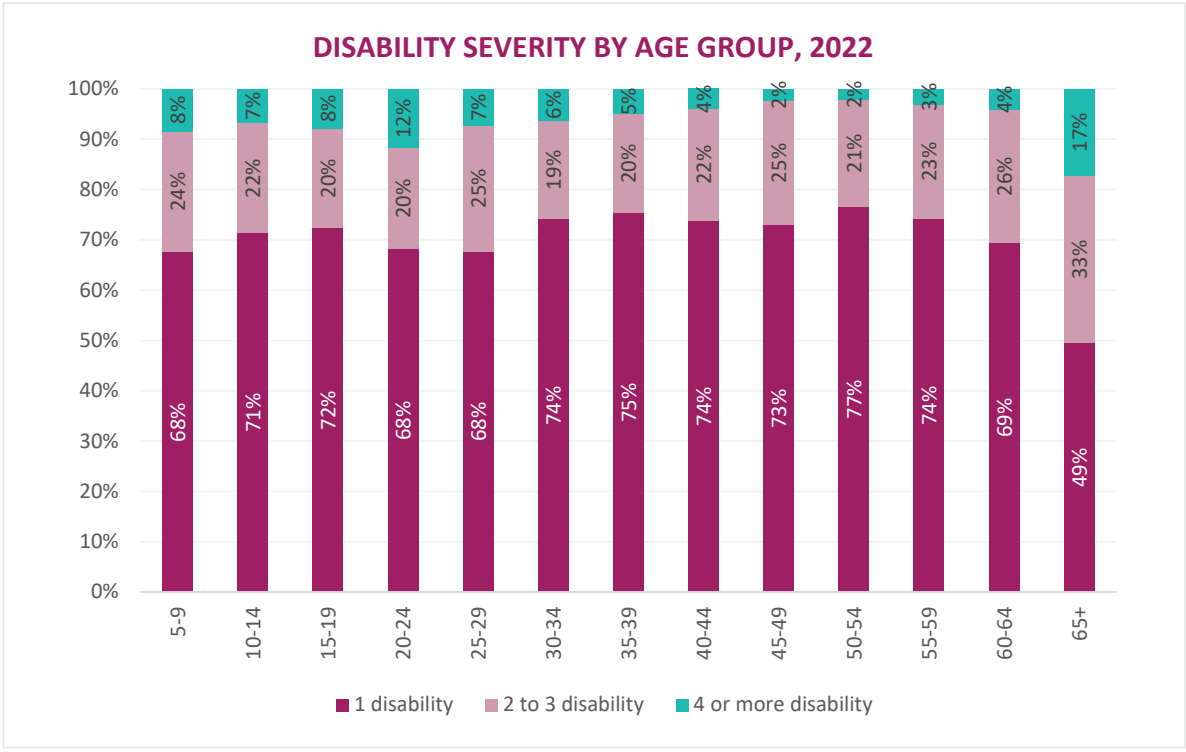


Figure 3 6: Disability severity by age group, 2022

3.7 Migration

Migration refers to the movement of people from one place to another. Census 2022 captured information with regard to internal movement of the resident Maldivians within the country. These statistics are useful in making population projection and provision of services for different target population. These migration statistics also offer insights into the mobility and distribution of different target populations within the Maldives.

According to census, a Maldivian is considered as a migrant if:

A person is considered as a migrant if there has been a change in their usual residence for more than 1 year at any time in their life. In other words, if a person has resided for 1 year or more in another island or country other than his/her current usual place of residence, then that person is considered as a migrant.

Populations without a change in their usual residence are considered as non-migrants.

According to Census 2022, close to half of the resident Maldivian population (46%) were migrants. However, a notable distinction came to light concerning migration patterns in relation to disability. The results showed that persons with disability were less likely to migrate as only 6% of the migrants 5 years and above are with disabilities.

Furthermore, a gender-based analysis showcased that migration was more prevalent among women compared to men.

Among migrants living in Maale, only 6% of them were with disability while more people with disability lived in the admin islands (8%). This disparity underscores the varied distribution of individuals with disabilities across different regions and has implications for targeted support accessibility considerations.

Analysis based on migrant age revealed compelling findings. The median age of the migrants between persons with disability and without disability differed a lot. While migrants without any disability were of youth age, migrants with disability were predominantly in their late adult age.

MIGRATION INDICATORS	WITHOUT DISABILITY	WITH DISABILITY
MIGRANTS BY GENDER		
Both sexes	93.8%	6.2%
Female	92.8%	7.2%
Male	94.7%	5.3%
MIGRANTS BY USUAL RESIDENCE		
Maale	94.3%	5.7%
Admin islands	92.1%	7.9%
Non-admin islands	98.5%	1.5%
MEDIAN AGE OF MIGRANTS	**34**	**53**

Table 3.8: Key indicators on migration statistics by disability status, 2022

Education and employment prospects emerged as the predominant factors influencing migration decisions, especially among migrants without disabilities. Migrants with disabilities primarily migrated as return migrants to reside in their respective islands. Additionally, family migration was a significant driver for migration among individuals with disabilities, indicating the role of familial influence in migration choices. This trend was consistent across both genders, suggesting that family decision heavily influence migration choices rather than on the person.

Migration of persons with disabilities driven by medical reason was noteworthy, which accounted to 8%. This subset of migrants indicates the significance of healthcare and medical facilities as a compelling factor influencing migration patterns among persons with disabilities

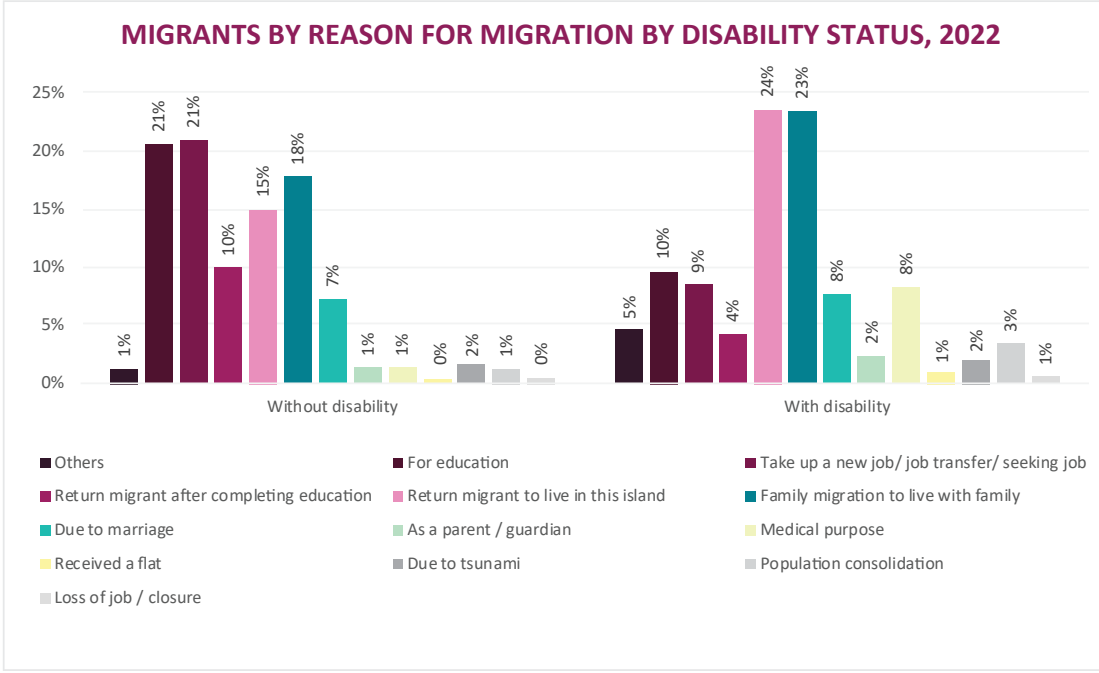


Figure 3.7: Migrants by reason for migration by disability status, 2022

3.8 Marital Status

Any meaningful definition of full inclusion or equal access to ordinary life chances for disabled persons must include the opportunity to meet potential partners and form lasting marriages (Savage A & McConnell D, 2016). Persons with disabilities are generally more likely to be married, divorced or widowed than persons without disabilities and therefore less likely to be single (UNESCWA, 2018).

The results showed that both PWDs and non-PWDs were more likely to be married. Starting with females without disabilities, a significant majority (68%) were currently married, reflecting a prevalent marital status among this group. Moreover, a comparatively lower percentage of females without disabilities have never been married (19%). On the other hand, the percentage of females without disabilities who were divorced (9%) or widowed (4%) was notably lower.

Among female PWDs, the likelihood of remaining single was less compared to non-PWDs. A lower percentage of them were currently married (54%) compared to their non-disabled counterparts. A significant proportion was widowed (22%), shedding light on the vulnerability and increased likelihood of widowhood among this demographic. Moreover, a considerable portion (13%) has experienced divorce.

Shifting the focus to males without disabilities, a significant majority (64%) were married, reflecting a prevalent marital status among this group similar to females without disabilities. The percentage of males without disabilities who have never been married (28%) was higher compared to females without disabilities, suggesting potential differences in marriage timing between genders. Furthermore, the proportion of males without disabilities who were divorced (7%) or widowed (1%) was relatively low.

For males with disabilities, a majority (60%) were currently married, displaying a strong inclination towards marriage similar to their non-disabled counterparts. A notable portion (22%) have never been married, mirroring a pattern observed among males without disabilities. Additionally, a significant proportion (7%) was widowed.

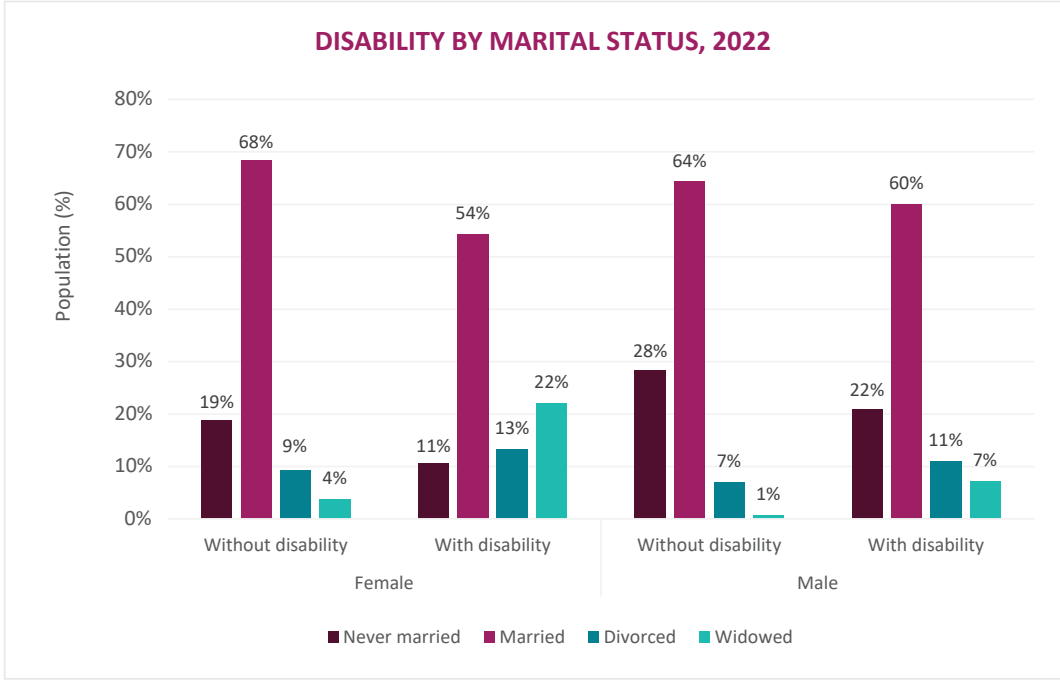


Figure 3.8: Disability by marital status, 2022

Note: 'Not Stated' has been excluded in the graph

The distribution of population by marital status and disability status, showed that the proportion of divorcees was higher among PWDs compared to those without disabilities. Similarly, those widowed was more among PWDs compared to those without disabilities.

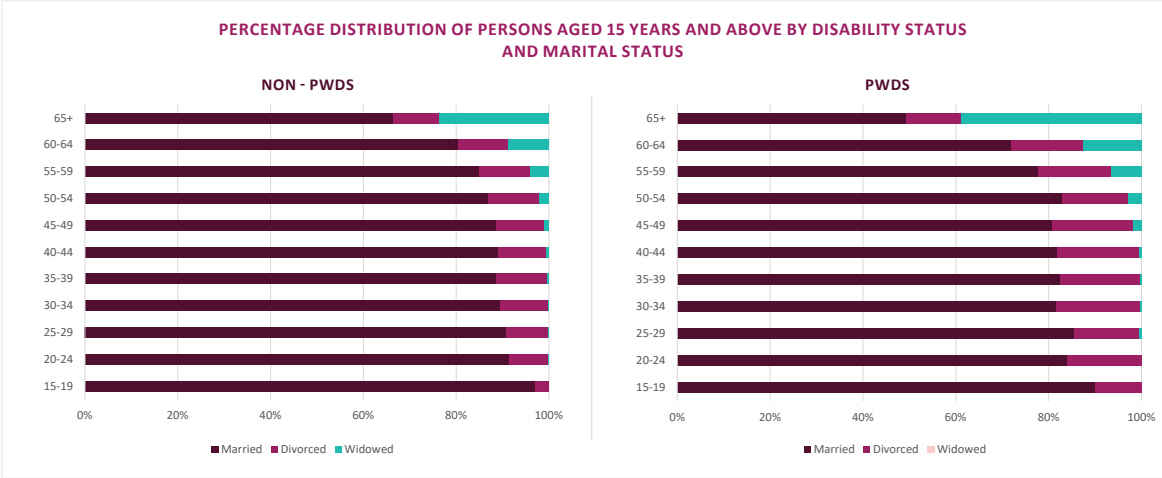


Figure 3.9: Percentage distribution of persons aged 15 years and above by disability status and marital status

3.9 Age at marriage and child bearing

Census 2022 results showed that women tend to get married earlier than men. For the purpose of this analysis, results presented here are for the married population 15 years and above and the age at which they have entered into marriage.

Among those who have married, women have gotten married 2 years earlier than those without disability at 18 years. Men with disability also got married 2 years earlier than those without disability (at 22 years).

In the realm of societal dynamics, age at marriage holds significant importance, reflecting cultural, economic and personal choices. Individuals without any disability exhibit a mean age at marriage of 22 years for both sexes. Interestingly, the data reveals a progressive decline in the median age at marriage as disability severity increases. For those with mild disability, the median age at marriage was 21 years for both sexes, with a similar trend observed for females and males. Among those with moderate disability, the median age at marriage dropped to 20 years for both sexes, highlighting a consistent pattern. Strikingly, individuals with severe disability have the lowest median age at marriage, standing at 19 years for both sexes, 18 years for females and 22 years for males

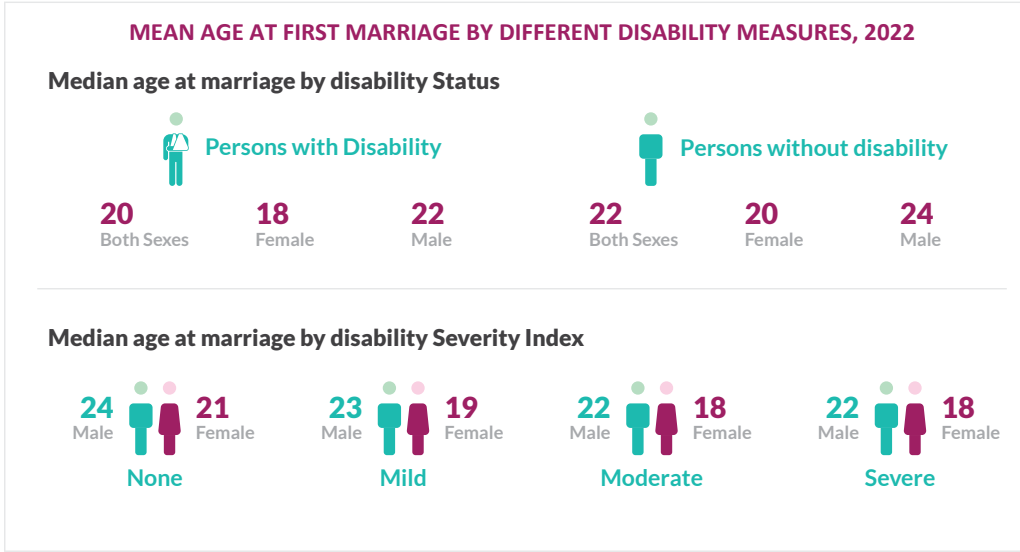


Table 3.9: Mean age at first marriage by different disability measures, 2022

Another significant aspect of marriage is child marriage or marriage before the age of 18 years. The practice of child marriage is a direct manifestation of gender inequality and a violation of human rights. Child marriage frequently infringes upon a girl's ability to make decision regarding her reproductive health and overall well-being. Notably, child marriage is more prevalent among girls than boys and results in their exclusion from the education system.

To ensure the end of child marriage, SDG 5.3.1 addresses the elimination of harmful practices such as child marriages. This indicator measures the number of women aged 20-24 who were first married or in a union before the age of 18 years[10].

Census result shows that child marriage[11] was less than 1% in Maldives (at 0.03%). Additionally, there have been no reported cases of child marriage among women with disabilities.

Child bearing and the age at which women give birth to their first child in an important determinant of maternal health, child morbidity and mortality (Kwagala B & Wandera S, 2021).

Women with and without disability disability tend to start having children earlier, typically within a year of marriage.

10 https://unstats.un.org/sdgs/metadata/

11 With the enactment of Child Rights Act in Nov 2019, marriage of children below 18 years is prohibited in the country (even with the consent of the parent).

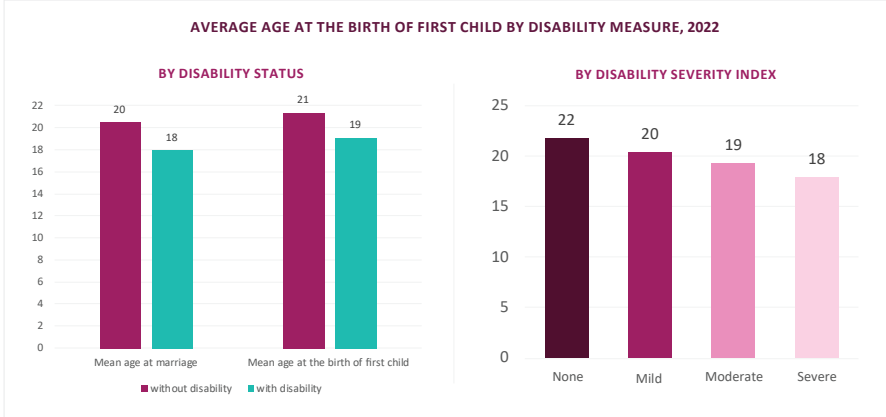


Figure 3.10: Average age at first marriage and the birth of first child by disability measure, 2022

3.10 Ownership of mobile phone

Connectivity is increasingly becoming the bedrock of everyday life, enabling people to access up-to-date information and communicate with others around the globe[12]. The preferred device to access internet is changing from computers, to laptops to mobile phones.

In Maldives the penetration of mobile network is high and available across all islands.

To address this issue and ensure gender equality, SDG indicator 5.b.1 measures the proportion of individuals who own a mobile telephone, by sex. It is also recommended to disaggregate this indicator by disability status as well.

Despite the opportunity mobile phone offers as an assistive technology, persons with disabilities were significantly less likely to own a mobile phone than non-disabled persons. Interestingly, women with disability tend to have a higher level of mobile ownership compared to their male counterparts.

MOBILE OWNERSHIP BY GENDER AND DISABILITY STATUS, 2022

	Republic			Maale			Atolls		
Persons with disability	81% Both Sex	82% Female	79% Male	87% Both Sex	88% Female	87% Male	78% Both Sex	79% Female	76% Male
Persons without disability	97% Both Sex	97% Female	97% Male	98% Both Sex	98% Female	98% Male	96% Both Sex	95% Female	96% Male

12 *https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2021/11/Mobile-Disability-Gap-Report-2021.pdf*

CHAPTER 4
EDUCATION AND DISABILITY

4. EDUCATION AND DISABILITY

4.1 Introduction

Maldives has outperformed other South Asian countries in the provision of education. The overarching education policy of the government 'No Child Left Behind' ensures inclusive quality learning opportunities for each child to reach their full potential. Education is universal in the country, and children are expected to complete up to Grade 10. Formal education in the country includes 4 years of pre-primary, primary education from Grade 1 to Grade 7, lower secondary from Grade 8 to Grade 10 and from Grade 11 to Grade 12 as higher secondary education. Vocation-oriented education is also provided as an alternative pathway in the education system.

Maldives commitment to raising the quality of the education system has resulted in significant progress in recent years. Early childhood education was made free and compulsory and reaching its highest in adult literacy rate in the history of Maldives (UNICEF, 2021).

The Inclusive Education (IE) Policy adopted in 2013 address the exclusion of vulnerable groups of children in education, including those with disabilities. It has rallied greater attention towards children with disabilities. The IE policy was revised in 2020 and advocates a shift from special needs education to inclusive education (UNICEF, 2021).

This section looks at the education of the population with a special focus on disability. This includes literacy, current attendance and highest educational attainment of the population. Even though information on education has been collected from 2 years and above Maldivians, this chapter reports educational statistics based on the age for which disability data has been collected; ie. 5 years and above population.

For definition of disability and methodology used, please refer to the introductory chapter of this report 'Defining disability measurement in Maldives'.

4.2 Literacy rate

In census 2022, information with regard to literacy was collected for 10 years and above population. Literacy refers to one's ability to read and write with understanding in any language. Information on literacy was collected for both mother tongue (Dhivehi) and English.

Differences in literacy rate can be observed between persons with and without disability. The literacy rate of persons with disability in Dhivehi is at 89% while almost everyone was literate among those without disability. Women PWDs were more literate than their male counterparts. The striking difference in

the literacy rate in Dhivehi between PWDs and non-PWDs shows the importance to educate everyone irrespective of their functional limitations.

English is considered as a second language in the country. While 86% of the non-PWDs were literate in English, less than half of this percent was literate among PWDs. In other words, two in every 5 people with disability (41%) was literate in English. More than one third of women with disabilities was literate in English (38%). Literacy in English was higher among men with disability than women with disability.

LITERATE RATE IN DHIVEHI AND ENGLISH BY DISABILITY STATUS, 2022

	Without disability			With disability		
	Both Sex	Female	Male	Both Sex	Female	Male
Literacy in Dhivehi	99%	99%	99%	89%	90%	87%
Literacy in English	86%	84%	88%	41%	38%	46%

Table 4.1: Literate rate in Dhivehi and English by disability status, 2022

As literacy rate is low in English among PWDs, detailed look by age group showed that literacy rate was at their lowest among the elderly, both within the PWD and non-PWD populations. Children with disability have the highest literacy rate in English, yet the gap between children with and without disability was high. Among those aged 36-64 years, two-fifth of the persons (43%) with disability was literate in English. Among elderly age, the literacy rate was at its lowest for both PWDs and non-PWDs. Furthermore, the relatively low literacy rate among the elderly PWDs was the main reason for the overall low literacy among persons with disability. This implies that while children with disability was in par with children without disability, the elderly PWDs might face challenges in completing daily tasks dependent on the use of English language

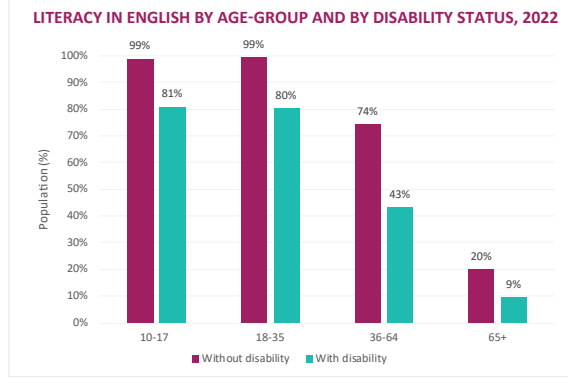


Figure 4.1: Literacy in English by age-group and by disability status, 2022

4.3 Currently attending school- for children 5-18 years of age

The Sustainable Development Goal 4 ensures inclusive and equitable education and promote lifelong opportunities for all.

Census collected information on persons currently studying by attending school, college, university or other education institution. This section focuses on school attendance of children between 5-18 years[13]. This age group includes children in pre-primary, primary, secondary and higher secondary. To reflect the level of schooling, the age groups has been categorized accordingly.

EDUCATION LEVEL	AGE BAND
PRE-PRIMARY	5 years
PRIMARY (GRADE 1 TO 7)	6- 11 years
LOWER SECONDARY (GRADE 8 TO 10)	12-16 years
HIGHER SECONDARY (GRADE 11 TO 12)	17-18 years

Note: Even though above age bands have been used, there might be overlap in ages in different grades due to change in in the start of academic year (academic year now starts in Aug instead of January).

All public schools in Maldives are mandated by law to cater to children with disabilities (MoE, 2020). Children with disabilities are enrolled in the formal school system, from an early stage, and the education ministry implements special arrangements to support their educational needs.

The government's commitment to inclusive education is evident in the outcomes, with over 90% of the children with disability actively participating in studying. However, as seen by Figure 4.2 children with disabilities lag behind their peers without disabilities, and increases with age after secondary education has been completed. While current attendance of children without disability between the age of 5-15 years was at 100%, children with disability have an attendance between 91% to 97% within the same age bracket.

Higher secondary education (Grade 11 to 12) is offered in only few locations across the country, significantly contributing to low attendance rates among children with and without disability[14]. There is crucial need to establish inclusive education provisions for higher secondary schooling, as greater number of children with disability are categorized as 'out of school' rather than 'in school'.

13 Information with regard to education was collection from 2 years onwards. Since questions on disability was asked for 5 years and above population, this section focuses on the age group 5-18 years. Due to this, pre-primary attendance might not be fully reflected

14 Please refer to Education in Maldives analysis from Census 2022

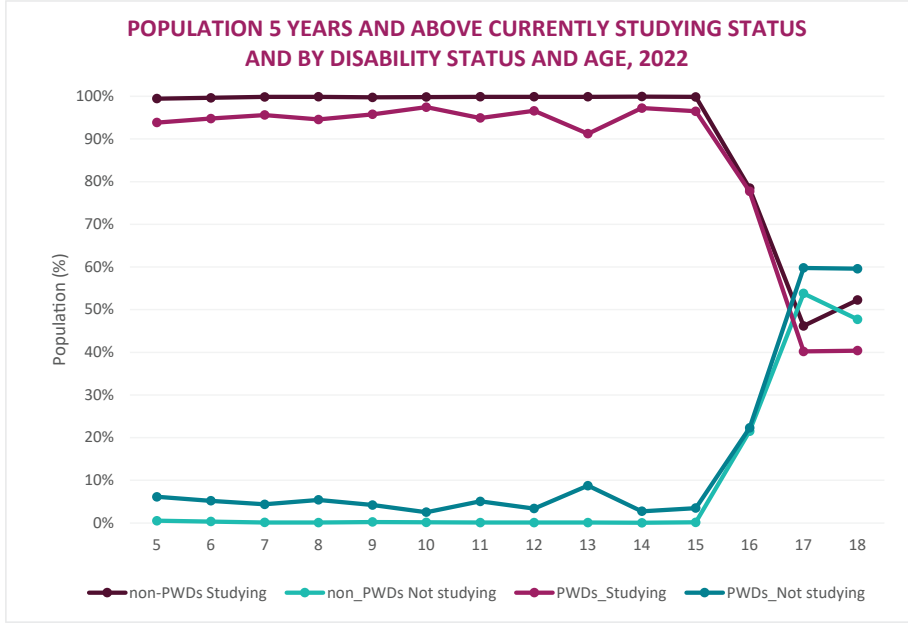


Figure 4.2: Population 5 years and above currently studying status and by disability status and age, 2022

Table 4.2 presents the result for school attendance for children aged 5- 16 years, excluding higher secondary education. This is to mainly focus on children attending school up to Grade 10. School attendance among children without disability remained same across country at 98%, including Maale and Atolls. However, school attendance varied across children with disability, with less children in school in Maale' (94%) than in the Atolls (95%).

A cross-analysis of school attendance by gender showed that currently school attendance was equal for boys and girls without disability. However, among children with disabilities, school attendance was slightly higher for girls, reaching 95%. More boys remained out of school among children with disability (6%).

LOCALITY AND SEX	WITHOUT DISABILITY		WITH DISABILITY		WITHOUT DISABILITY		WITH DISABILITY	
	ATTENDING	NOT ATTENDING	ATTENDING	NOT ATTENDING	ATTENDING	NOT ATTENDING	ATTENDING	NOT ATTENDING
LOCALITY								
Republic	79,557	1,342	3,039	183	98%	2%	94%	6%
Maale	30,062	491	1,203	81	98%	2%	94%	6%
Atolls	49,495	851	1,836	102	98%	2%	95%	5%
SEX								
Both Sexes	79,557	1,342	3,039	183	98%	2%	94%	6%
Female	38,980	623	1,188	58	98%	2%	95%	5%
Male	40,577	719	1,851	125	98%	2%	94%	6%

Table 4.2: Population 5-16 years by currently attending school/ training by disability status, gender and locality, 2022

Annex 1 presents currently studying population with disability between the age of 5-16 years. Table depicts the age and the current educational level in attendance. Overall finding alluded to the following: Children with disability were in the age-appropriate grade among lower grades in the current education system.

4.4 Children currently not in school-understanding non-attendance

As education policy ensures no child gets left behind in education, it is worthwhile to look at children currently not studying by disability status. For ease of interpreting results, grade appropriate age group has been used

DISABILITY STATUS	FEMALE				MALE			
	5	6-11	12-16	17-18	5	6-11	12-16	17-18
CHILDREN OUT OF SCHOOL (NUMBERS)								
Without disability	12	35	576	2,219	23	40	656	3,100
With disability	7	23	28	96	8	51	66	101
CHILDREN OUT OF SCHOOL (%)								
Without disability	0.4%	0.2%	3.6%	43.6%	0.7%	0.2%	3.9%	57.6%
With disability	6.8%	3.6%	5.5%	62.3%	5.7%	4.9%	8.3%	57.4%
BY DISABILITY DOMAIN (% ARE OUT OF THE CURRENTLY NOT STUDYING POPULATION FOR EACH AGE GROUP)								
Seeing	15.8%	19.0%	2.2%	1.8%	9.7%	19.8%	3.9%	1.2%
Hearing	10.5%	10.3%	1.2%	0.6%	3.2%	11.0%	1.2%	0.4%
Walking	26.3%	25.9%	2.3%	1.1%	19.4%	40.7%	5.4%	0.7%
Remembering	26.3%	29.3%	3.1%	1.6%	12.9%	38.5%	4.8%	1.2%
Selfcare	36.8%	32.8%	2.8%	0.9%	19.4%	47.3%	5.4%	0.7%
Communication	36.8%	34.5%	2.8%	1.3%	19.4%	50.5%	6.4%	0.8%
BY DISABILITY SEVERITY (% ARE OUT OF CURRENTLY NOT STUDYING POPULATION)								
None	53%	55%	84%	85%	65%	33%	83%	87%
Mild	5%	5%	11%	11%	10%	11%	8%	10%
Moderate	5%	3%	2%	3%	10%	10%	3%	2%
Severe	37%	36%	2%	1%	16%	46%	6%	1%

Table 4.3: Currently not studying population by type of disability, age group and sex, 2022

Among children without disability, the majority of the boys and girls who are not attending were within the age group of 17-18 years. This trend was consistent among children with disabilities as well. Notable gender differences were revealed at the age of 5, more girls with disability were out of school (6.8%) than boys with disability (5.7%). More boys with disability were out of school among children 6-16 years.

Table 4.3 also shows the out of school population by different domains of disability. Among 5-year-old children, those with communication, selfcare and walking disability were more likely to not attend school. The prevalence was more among girls compared to boys. Among 6–11-year-old girls who were not studying,

communication (34.5%) and self-care disability (32.8%) were the most prevalent. Boys within the same age group also experienced a higher prevalence of disability in these two domains.

A significant proportion of girls aged 5 years who are out of school had severe disability (37%) while 36% of the girls aged 6-11 years had severe disability. On the other hand, close half of the boys aged 6-11 years who were not attending school had severe disabilities (46%).

4.5 Ever been to school- population 5 years and above

Out of the total population (5 years and above), 96% of the population has ever attended school. Among persons without disabilities, 97% of the population have ever been to school/training institution. Among PWDs, 82% of them were attending school now or had attended school sometime during their life. This in turn means close to 1 in 5 people among PWDs has never been to schooling (18%).

Disparities between Maale and Atolls are evident, with a greater proportion of PWDs in Maale having attended school or training institutions compared to 80% in the Atolls. While there was no gender difference in school attendance among non-PWDs, a slight gender disparity was observed among PWDs, with a higher attendance rate among females (83%) compared to males (82%).

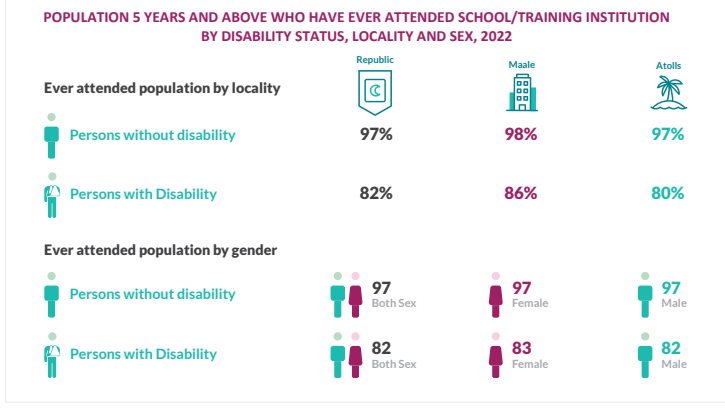


Table 4.4: Population 5 years and above who have ever attended school/training institution by disability status, locality and sex, 2022

An analysis of educational attendance by age group (Figure 4.3) indicated a decline in participation with increase in age both for PWDs and non-PWDs. It is worthwhile to note that, 96% of the children with disabilities have attended an educational institution. This figure decreases to 88% among youth and further declines to a satisfying 70% among elderly PWDs. This trend demonstrates that individuals with disabilities have remained included in the education system, showcasing a consistent effort towards inclusivity over the past decades.

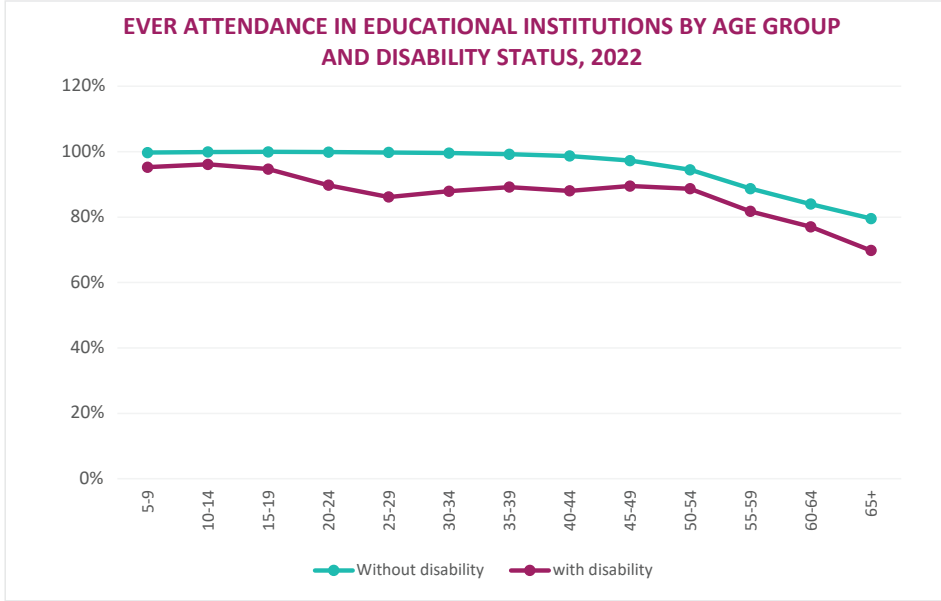


Figure 4.3: Ever attendance in educational institutions by age group and disability status, 2022

4.6 Participation of youth and adults in formal education/ training

Ensuring access to quality education is central to Sustainable Development Goal 4 and this requires strengthening the efforts to ensure young men and women have access to formal education and skill development. Ensuring that individuals with disabilities have access to quality education is fundamental in achieving this goal.

Based on SDG indicator 4.3.1 this section examines the level of participation of youth and adults in formal education and training by disability status. A higher value indicates greater engagement of the population within the relevant age group in formal education or training.

Census captured population currently studying in formal and informal education and figure below depicts this. The participation rate in formal education and training was highest in the age group of 15-19 years among persons with disabilities, almost on par with persons without disabilities. Between the ages of 20-30 years, individuals with disabilities exhibit lower participation in education compared to those without disabilities. With increase in age, the participation rate in training decreases reaching its minimum by the age of 65 years. A similar pattern was observed among persons without disabilities, although their involvement in education was higher in the youth ages. From 45 years onwards, the participation in learning was nearly identical among both PWDs and non-PWDS. The declining rate of participation in education may be attributed to the transition into the labour market, utilizing the acquired knowledge.

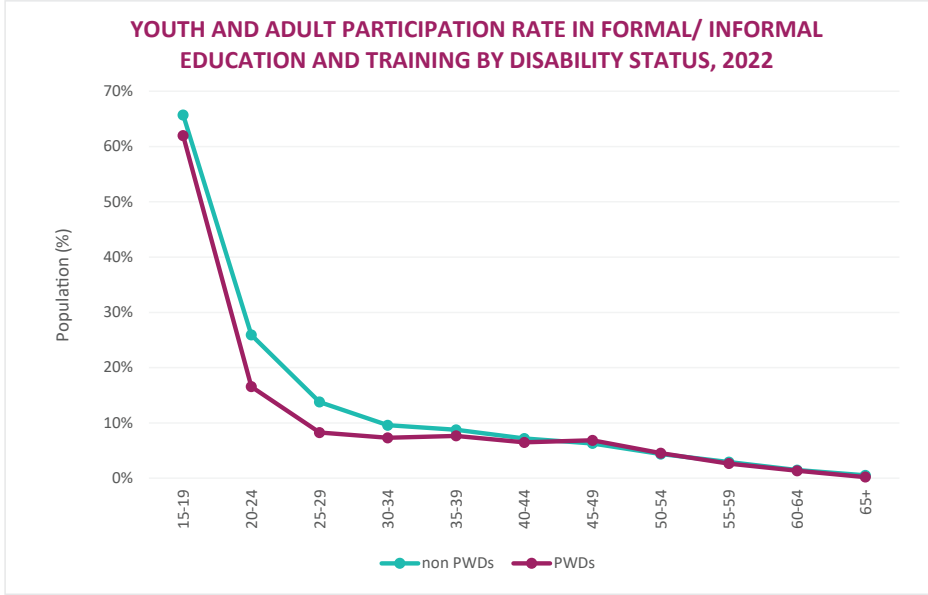


Figure 4.4: Youth and adult participation rate in formal/ informal education and training by disability status, 2022

4.7 Completion of primary, lower and upper secondary

One of the key indicators of the SDGs with reference to disability is the completion rate of formal schooling. Indicator 4.1.2 explicitly focuses on ensuring that every child successfully complete both primary and secondary education.

School completion measures the percentage of a cohort of children or young people aged 3-5 years above the intended age for the last grade of each level of education who have completed grade[15]. Based on this definition the school completion for Maldives has been calculated as follows for respective age groups

LEVEL	CALCULATED AGE GROUP
Primary School – up to Grade 7	15-17 years of age (delayed by 3-5 years)
Lower Secondary – Grade 8 to Grade 10	18-20 years of age (delayed by 3-5 years)
Upper Secondary – Grade 11 to Grade 12	21-23 years of age (delayed by 3-5 years)

15 The intended age for the last grade of each level of education is the age at which pupils would enter the grade if they had started school at the official primary entrance age, had studied full-time and had progressed without repeating or skipping a grade.

Table 4.5 shows that the completion rate of primary education among persons without disability was almost 100%. However, the rate of primary completion among persons with disability was quite low (82%) and striking gender differences was observed and displays the vulnerabilities of boys with disabilities (at 79%).

As children with disability advanced to key stage 3, their completion rate for secondary education was lower compared to primary education. In contrast to almost 100% completion rate of secondary education among persons without disabilities, it was as low as 76% for children with disabilities. Notably, boys with disabilities again showed vulnerabilities, with only 74% of them completing secondary education.

The completion of higher secondary education was low for persons without disability and much lower among persons with disability. The low completion rate could be due to low or delayed entry into a given level of education. The country's geographical layout presents challenges in providing upper secondary education in each island, restricting opportunities for many, particularly children with disabilities, to access higher education. Establishing higher secondary education necessitates training and raising awareness among teachers to ensure inclusive and accessible education for children and youth with disabilities.

COMPLETED LEVEL OF EDUCATION	WITHOUT DISABILITY			WITH DISABILITY		
	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES
Completion of Primary (15-17 Years)	100%	100%	100%	84%	79%	82%
Completion of Lower Secondary (18-20 Years)	98%	97%	98%	78%	74%	76%
Completion of Upper Secondary (21-23 Years)	36%	27%	31%	24%	19%	21%

Table 4.5: Completed level of education by disability status, 2022

4.8 Educational Attainment- population 15 years and above

Educational attainment commonly refers to the highest educational programme successfully completed, which is typically certified by a recognized qualification. Though this is the standard, a significant proportion of the population remains without a certified recognition of their educational achievements, and hence broad groups of lower grades have been used to look at their level of educational attainment.

Among 15 years and above population, 40% of the persons with disability have an educational attainment of primary education and close to one fifth (19%) of the persons with disability have never attended school

as well. And it is evident from data that the educational attainment of the persons with disability was lower than persons without disability. While 41% of the persons without disability have attained secondary education, this was as low as 19% among persons with disabilities.

Since 2019, government has been offering free degree programme across the country. While 11% of the population without disability have attained degree, only a handful of persons with disability have achieved degree (3%). There is a crucial need to create provision for persons with disability in higher education to ensure they have equal and fair opportunities for lifelong learning.

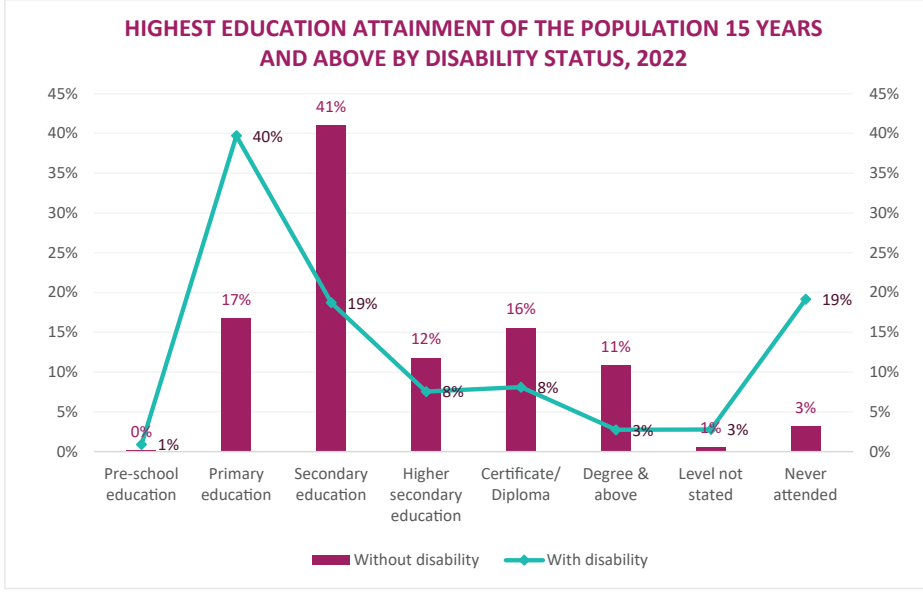


Figure 4.5: Highest education attainment of the population 15 years and above by disability status, 2022

4.9 NEET - youth not engaged in employment, education or training (aged 18-35 years)

Young people who are neither in employment nor in education or training (NEET) are at risk of becoming socially excluded and are more susceptible to vulnerability. It also serves as a broader measure of potential youth labour market entrants than youth unemployment. Global concerns about the large number of young people who are neither in employment, education or training have led to the adoption of the NEET rate, as part of the 2030 Agenda for Sustainable Development, as an indicator of progress towards indicator Goal 8.6. Since this indicator calls for disaggregation by gender and disability status, this section with examine NEET rate for persons with and without disability.

Table 4.6 shows NEET rate for persons with and without disability for international youth (15-24 years) and national youth age group (18-35 years). In Maldives, 38% of the youth (15-24 years) with disability was not in education, employment or training. This statistic drops to 19% for youth (15-24 years) without disabilities. Almost 2 in 5 youth with disability (or 41%) in Atolls was not in education, employment or training while one in three youth with disability (or 34%) in Maale was youth NEET.

Women outnumbered men in NEET among youth with disability and without disability. 41% of the women with disability were NEET while 36% of the men with disability were NEET at national level. Intriguingly, more men with disability as NEET was in Maale compared to women. In Atoll, the youth NEET figure was close to 45% for women with disability.

INDICATOR AND SEX	WITHOUT DISABILITY			WITH DISABILITY		
	REPUBLIC	MAALE	ATOLL	REPUBLIC	MAALE	ATOLL
YOUTH NEET (15 - 24 YEARS)						
Both Sexes	19%	15%	22%	38%	34%	41%
Female	21%	15%	28%	41%	33%	45%
Male	17%	16%	17%	36%	35%	36%
LOCAL NEET (18 - 35 YEARS)						
Both Sexes	22%	18%	26%	48%	43%	51%
Female	34%	25%	42%	56%	51%	59%
Male	11%	10%	12%	39%	35%	42%

Table 4.6: Youth who are not in employment, education or training (NEET) by disability status, 2022

When it comes to local youth (18-35 years), 48% of the local youth with disability was not in education, employment or training. This was more than double the NEET rate among persons without disability in the same age band. The NEET rate was higher among local youth compared to young adults (15-24 years). Local youth NEET rate was higher among persons with disabilities in Atolls compared to Maale.

It is apparent that NEET rate by gender was diverse across the country. Women with disability and within the local youth group have a higher NEET rate compared to men with disability.

Distribution of NEET rate across different age group varies. Figure 4.6 displays the gap in NEET between persons with disability and without disability. Up to the age of 17 years, both persons with and without disability face a similar NEET rate. However, the gap gets widen with increase in age showing disparities

between persons with and without disability. The highest NEET rate is observed among those with disability and in the ages of 24 (59%) and 22(58%).

The high NEET rate among persons with disability was mainly due to the huge number of women with disability who is not engaged in employment, education or training.
It is evident that Maldives has a high rate of youth not engaged in education, training or employment. It is imperative that we continue to invest in providing youth with equal access to affordable technical, vocational and tertiary education with the inclusion of persons with disability. This investment will equip them with the necessary skills relevant to employment and entrepreneurship, fostering inclusivity and enabling socio- economic growth

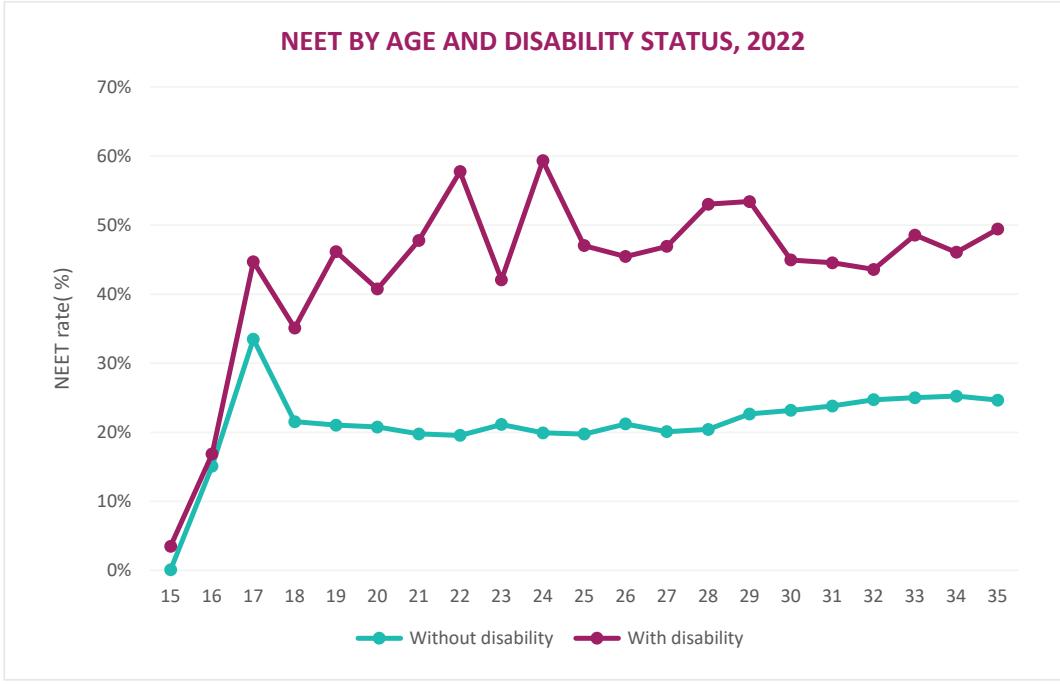


Figure 4.6: NEET by age and disability status, 2022

CHAPTER 5
EMPLOYMENT AND DISABILITY

5. EMPLOYMENT AND DISABILITY

5.1 Introduction

Maldives has a young population with more than 73% of the population as 15 years and above. The median age of the population is 30 years and as the population is at prime age of working, many economical gains can be achieved through an employable population. They also constitute the human capital of the country and a fresh supply of labour for the domestic economy.

Challenges are widespread for women and vulnerable population when it relates to employment. The labour force participation rate of women is low, and many owes it to over burden of household chores and taking care of children (HIES, 2019). The employment opportunities are limited for vulnerable population while some are hardly able to find a job in their usual place of residence. The vulnerabilities of persons with disabilities limits their active participation in the economy. Currently, the government remain as the principal employer in the country and has recently made provisions for employment in public corporations for persons with disabilities. There is a strong policy interest to promote and establish employment opportunities for people with disabilities. Nonetheless, valuable data regarding the employment status of this demographic is seldom accessible.

This section provides insight into the employment of the population with and without disability. Analysis is based on 15 years and above resident Maldivian population.

For definition of disability and methodology used, please refer to the section 'Defining disability measurement in Maldives' in this report.

5.2 Labour force status

The labour force consists of those of working age group (15 years and above) who are actively engaged in the labour market. This corresponds to both employed[16] and unemployed persons. The rest of the working age population, also known as 'outside labour force' includes potential labour force and others outside labour force.

Table 5.1 summarises the key labour force statistics. In terms of employment and labour force participation rate, persons with disabilities were less active in the labour market. While female labour force participation rate was already low among persons without disability, it further declines to 28% for females with disability.

16 An employed person is defined as someone who spent at least 1 hour during the reference week involved in an economic activity.

Gender gap in labour force participation rate between PWD men and women was prominent with 41% for men and 28% for women. Given the low labour force participation rate for PWDs, it insinuates that majority of them was outside the labour force.

This inference was reinforced by the data, revealing that 72% of women with disabilities and nearly 60% of men with disabilities were outside the labour force. This proportion of the population outside the labour force was significantly high among PWDs compared to those without disabilities

EMPLOYMENT STATUS INDICATORS	WITHOUT DISABILITY			WITH DISABILITY		
	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES
15+ population	126,206	133,333	259,539	12,378	9,214	21,592
Labour force	63,604	109,470	173,074	3,507	3,793	7,300
Employed	59,724	104,624	164,348	3,203	3,579	6,782
Unemployed	3,880	4,846	8,726	304	214	518
Outside Labour Force	62,602	23,863	86,465	8,871	5,421	14,292
Labour force participation Rate	50%	82%	67%	28%	41%	34%
Employment to population ratio	47%	78%	63%	26%	39%	31%
Unemployment rate	6%	4%	5%	9%	6%	7%
Population outside labour force	50%	18%	33%	72%	59%	66%

Table 5.1: Key labour force indicators by disability status, 2022

SDG 8.5.2 measures unemployment by sex, age and disability status. People with disabilities encounter higher unemployment rates compared to those without disability. Unemployment rate among female with disabilities was at 9% while it was at 6% for women without disabilities, highlighting a notable disparity.

This disparity also underlines the underutilization of persons with disability in the labour market. Remarkably, people with disabilities possess the capacity to engage in a wide array of jobs with flexibility, making them a valuable and potentially productive labour force. Interestingly, the gap in unemployment rate between men with disability and without disability was narrow, with 6% and 4% respectively.

To enhance the efficiency and effectiveness of the domestic economy, it is crucial to identify and create suitable employment opportunities for persons with disabilities. Addressing these aspects will not only bridge the unemployment gap but also continue to a more inclusive and productive society.

5.3 Employed by age group

The employment-population ratio—that is, the percent of the population that is employed in an age group compared to total population in that age group—for persons with disability was as low as at 31% (Figure 5.1). Across all age groups, persons with disability were less likely to be employed than those with no disability.

Among persons with disability, employment to population ratio was at its peak within the age range of 30-54 years, reaching its highest at the age group of 40-44 years, where 54% of the population was employed. Older individuals were less likely to be employed, regardless of disability status.

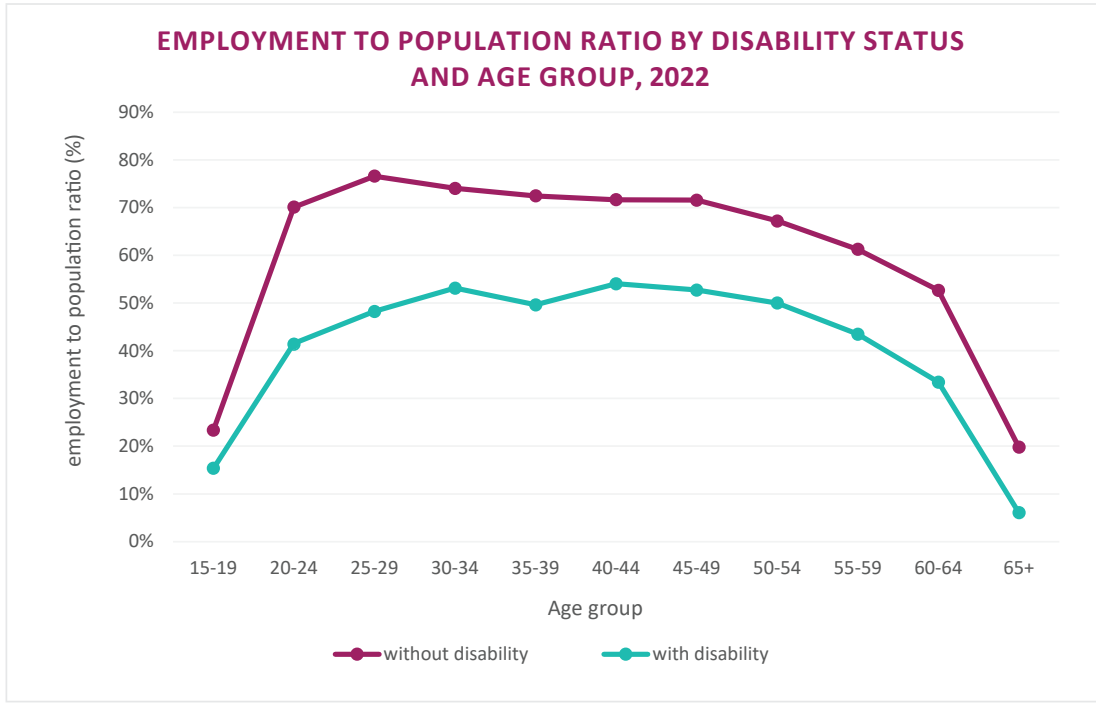
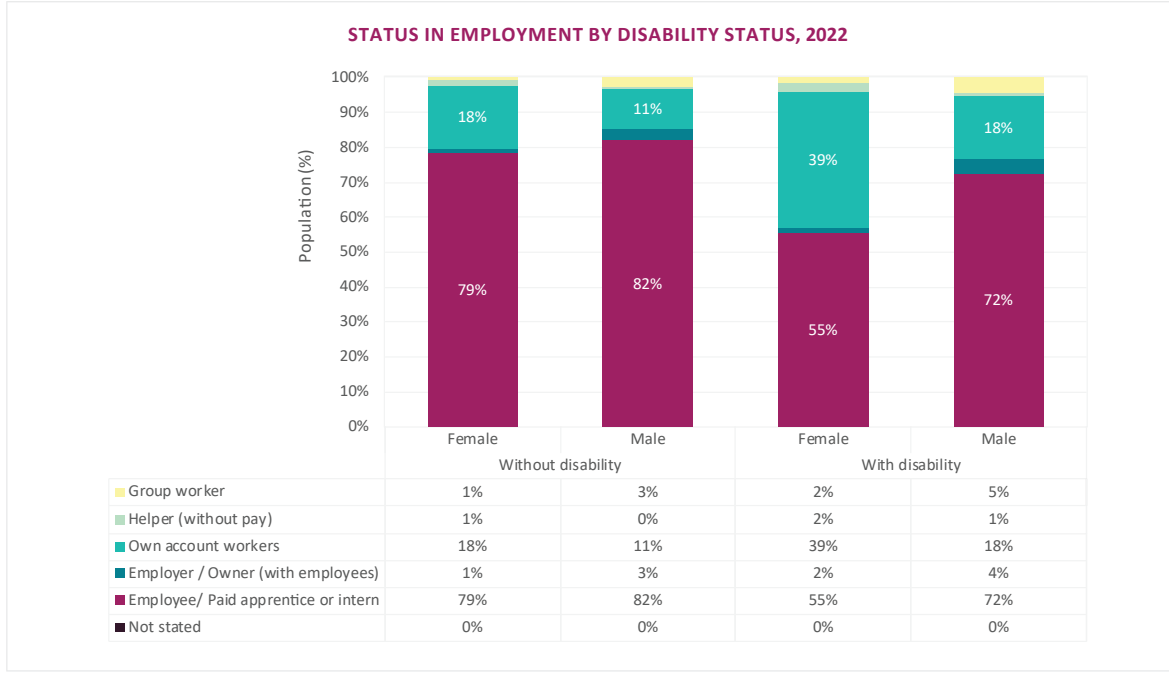


Figure 5.1: Employment to population ratio by disability status and age group, 2022

5.4 Employed by status in employment

Figure 5.2 presents the employed population by status in employment and disability. As depicted, majority of those without disability were employed as salaried employees. This pattern was mirrored among men with disabilities, with 72% of them working in employees' roles.

However, a significant proportion of women with disability (39%) were likely to work in the framework of the economic enterprise operated on their own or by family members (as own account workers). Among men with disability, majority of them were working as employees while 18% of them reported to work as own account workers.



	Without disability		With disability	
	Female	Male	Female	Male
Group worker	1%	3%	2%	5%
Helper (without pay)	1%	0%	2%	1%
Own account workers	18%	11%	39%	18%
Employer / Owner (with employees)	1%	3%	2%	4%
Employee/ Paid apprentice or intern	79%	82%	55%	72%
Not stated	0%	0%	0%	0%

Figure 5.2: Status in employment by disability status, 2022

5.5 Employed by Educational attainment

One of the most significant barriers that persons with disabilities face when entering the workforce is not having enough educational qualification together with their functional limitation. In Maldives, a significant portion of employed individuals without disabilities have attained at least a secondary or higher secondary level of education, accounting for 42% in female and 55% in males.

Similar pattern of education attainment was observed among those with disability as well, but to a lesser extent. Majority of the employed women with disability were likely to have secondary & higher secondary education (35%) or primary and below education (31%). Employed men with disability had similar qualification, with 41% of the having secondary & higher secondary education while 30% of them also have primary and below education.

EDUCATIONAL ATTAINMENT AND SEX	WITHOUT DISABILITY			WITH DISABILITY		
	REPUBLIC	MAALE	ATOLLS	REPUBLIC	MAALE	ATOLLS
FEMALE						
Primary and below	11%	5%	18%	31%	20%	37%
Secondary & higher secondary	42%	39%	44%	35%	35%	34%
Certificate and Diploma	22%	24%	20%	17%	25%	13%
Degree and above	23%	31%	16%	9%	15%	5%
Level not stated	0%	0%	0%	9%	0%	1%
Never attended	1%	1%	2%	7%	4%	8%
MALE						
Primary and below	16%	9%	20%	30%	22%	35%
Secondary & higher secondary	55%	51%	57%	41%	45%	39%
Certificate and Diploma	17%	20%	14%	13%	17%	11%
Degree and above	11%	18%	5%	6%	11%	3%
Level not stated	0%	0%	0%	1%	1%	1%
Never attended	2%	1%	3%	9%	4%	11%

Table 5.2: Employed population by educational attainment and disability status, 2022

Regional disparities were also observed between Maale and Atolls. In Maale, both PWDs and non-PWDs showed a similar pattern of educational qualification. Women with disability and employed in Maale tend to have secondary and higher education. 25% of the employed women with disability had certificate and diploma level qualification while 15% of them have degree and above qualification.

The findings indicate that women with disabilities in Maale (urban city) tend to have higher qualifications compared to men. 45% of the men with disability had secondary & higher secondary qualification and 6% of men had degree and above qualification.

In the Atolls, a predominant portion of employed men and women with disabilities possessed qualifications at the primary education level or below. Alarmingly, a significant proportion (11%) of employed men with disability have never received formal schooling.

5.6 Industry of work

Persons with disabilities are likely to be employed, but may differ from non-disabled individuals in their employment profile. The following results show the top industries in which individuals with and without disability work in.

Among persons with disability, majority of them were in manufacturing industry (19%). This is where most women were actively involved as informal workers and the group most vulnerable to economic shocks during a disaster such as COVID 19 pandemic. In recent years, government has made significant strides in the inclusion of persons with disabilities in the workforce, especially within state-owned enterprise. This progress was underscored by the data, revealing public administration sector as the second-highest employer for persons with disabilities (13%). Interestingly, despite accommodation and food industry being the primary contributor of national GDP, only 8% of the persons with disability were engaged in this sector.

In the context of resident Maldivians without disabilities, a significant portion were found to be employed in public administration sector (16%), followed by accommodation and food service activities (13%).

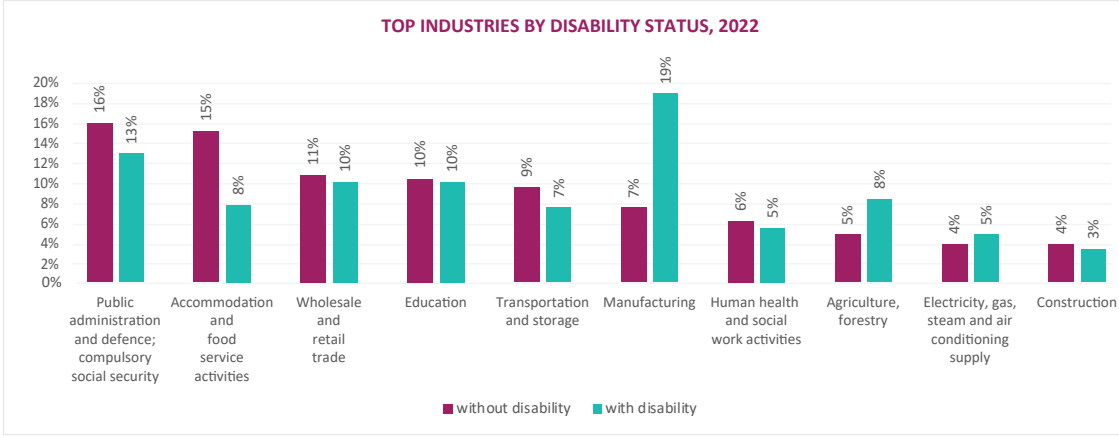


Figure 5.3: Top industries by disability status, 2022

Among persons without disability, the choice of top industries for employment varied by gender. Women without disability were mostly engaged in education (22%), whereas for men, the tourism industry takes precedence, employing 19% of them.

In 2022, education industry prominently emerged as the primary sector of employment for females with disabilities, with 17% of them being engaged in this field. Interestingly, education remained as the leading sector of employment for both women with and without disabilities. Following closely, women with disabilities were employed in the manufacturing of food products (such as thelli faiy, haalu folhi, etc), constituting approximately 13% of this group. Additionally, 13% of women with disability held positions as public servants.

In contrast, men with disability were mainly employed in public administration (14%) and then in fishing (10%). Tourism (9%) and retail trade (9%) represented the subsequent highest sectors employing men with disabilities.

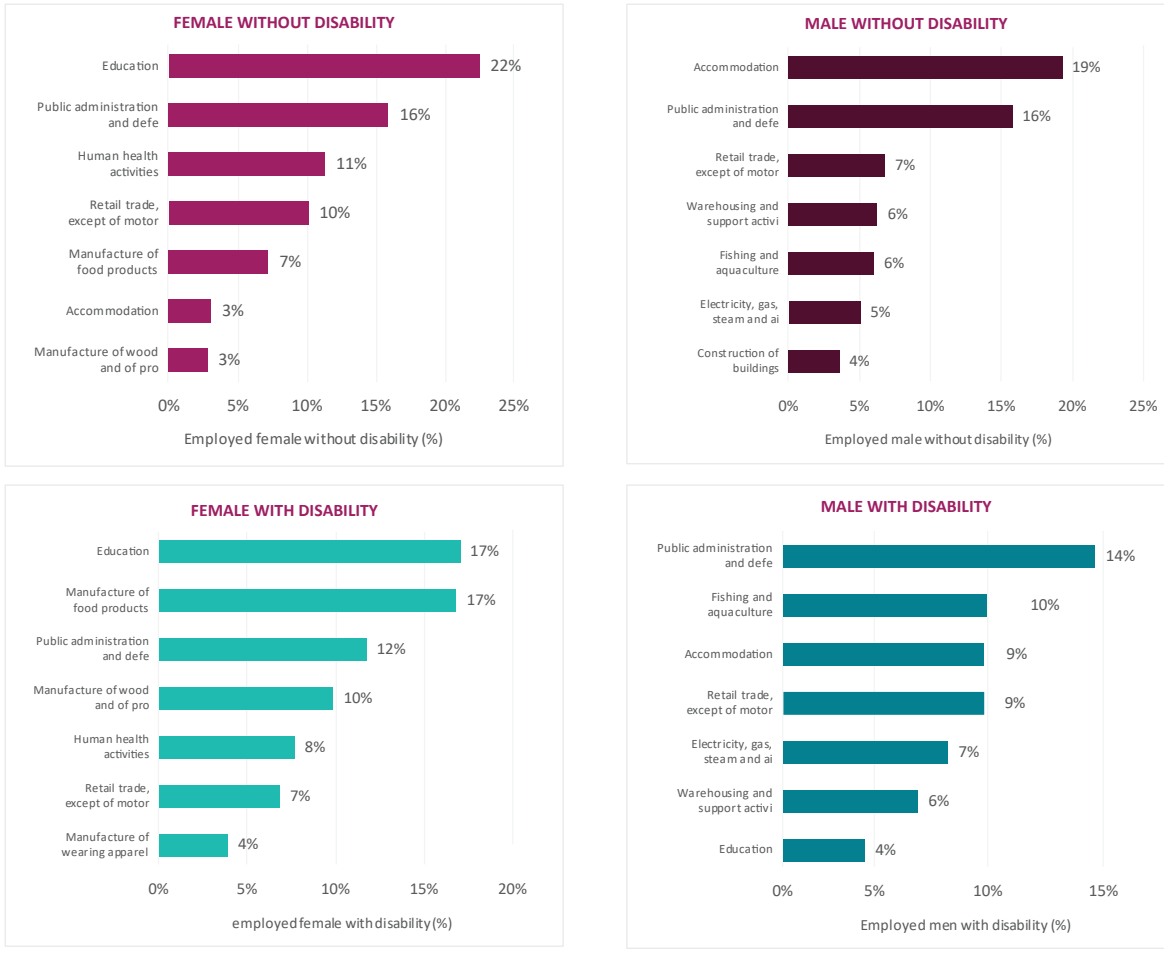


Figure 5.4: Top 7 industry among employed men and women by disability status, 2022

5.7 Occupation- primarily engaged in

The concept of occupation is defined as a 'set of jobs characterized by a high degree of similarity in their main tasks and duties.' An individual can be linked to an occupation through their current primary job, a secondary job, a prospective job, or a job they have previously held[17]. Census captures information with regard to an individual's primary occupation.

Disaggregation by major groups of occupation shows that on average, PWDs were engaged in low skilled work than persons without disabilities.

17 https://ilostat.ilo.org/resources/concepts-and-definitions/classification-occupation/#:~:text=The%20concept%20of%20occupation%20is,or%20a%20job%20previously%20held.

Individuals without disabilities were mainly employed as technicians and associates (21%). In contrast, majority of the PWDs were engaged in craft and related trade works (20%) and in elementary occupation (18%). PWDs outnumber non-PWDs in these two categories. These roles primarily fall within the semi-unskilled job domain, signifying that PWDs have less likelihood of engaging in higher-paying/ decent job opportunities compared to their non-PWD counterparts.

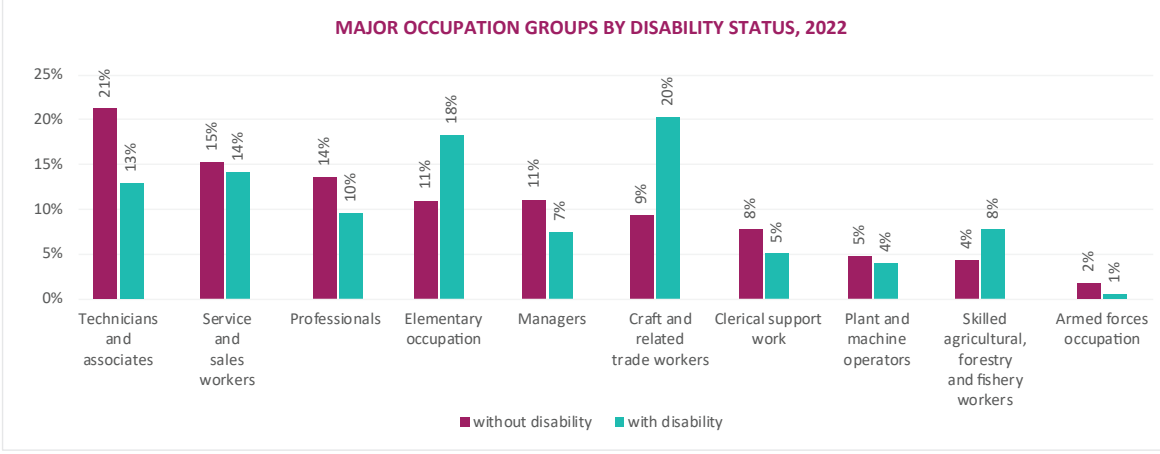


Figure 5.5: Major occupation groups by disability status, 2022

The detail breakdown of the major groups showed that the top 7 occupations among PWDs and non-PWDS varied (Figure 5.6). Women with disability were more likely to work as food processing workers (20%) whereas women without disability were more likely to be in professional job such as teaching (17%). Men with disability were more likely to work as fishermen (9%) while men without disability followed a trend similar to women non-PWD, ie; pursuing professional jobs such as being science and engineering associate professionals (10%).

The results also revealed that persons with a disability were less inclined to be employed in management or in professional jobs than those without any disability.

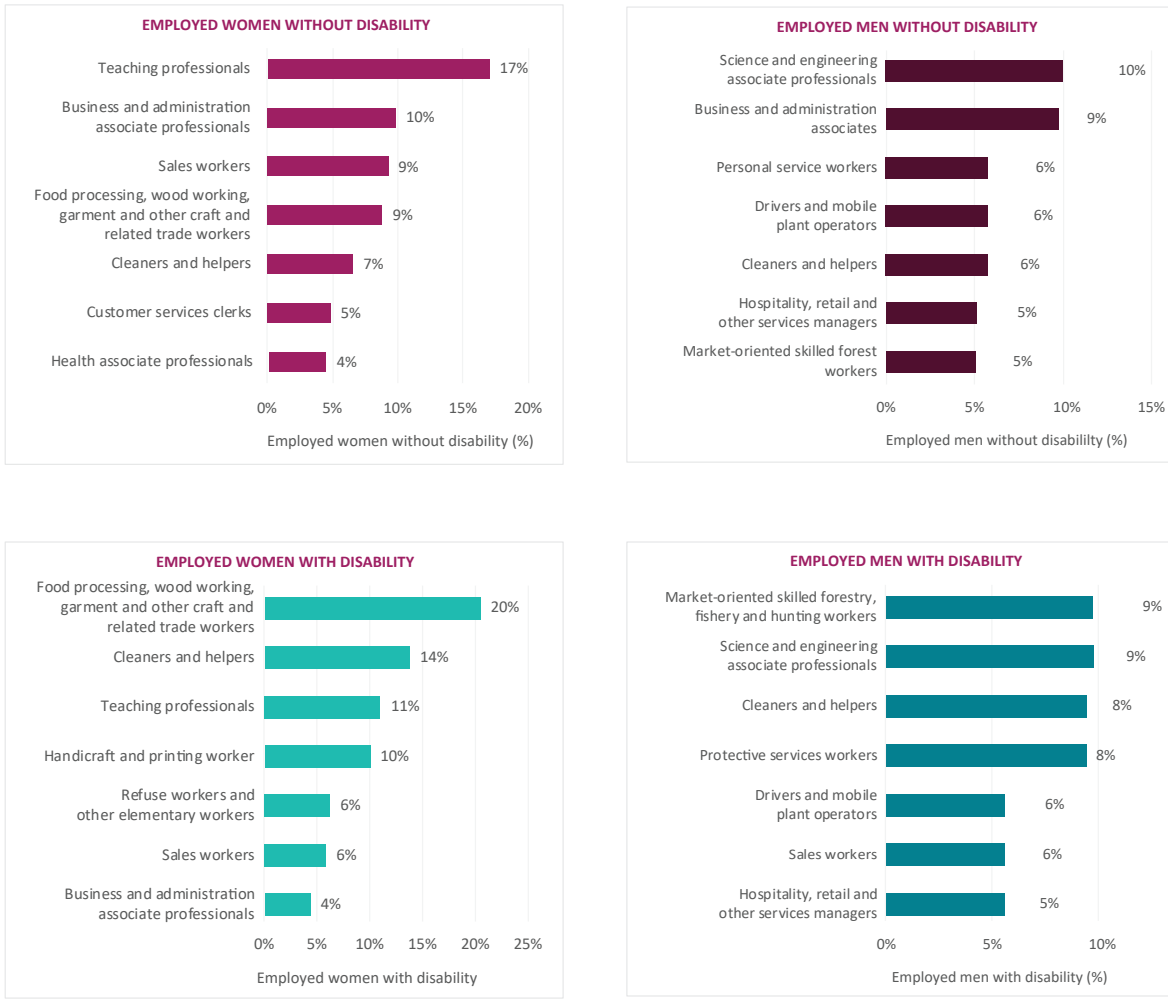


Figure 5.6: Top 7 occupation among women and men by disability status, 2022

Analyzing the primary work undertaken by men and women with disabilities reveals distinct differences in the type of activity they are involved in. Women were mostly engaged in home-based activities while men were actively engaged in fishing and protective service works. The fact that women are working within the realm of home, shows the importance of mainstreaming accessibility to vocational and skill development programmes for persons with disabilities. Customized training programs could prove beneficial in incentivizing those seeking such opportunities.

5.8 Persons working in informal jobs

Statistics on informality in employment provides additional information on the quality and vulnerability of an employment carried out by a person irrespective of their disability status. Persons in informal employment refers to (a) employment in the informal sector and (b) informal employment outside the informal sector and without any pension. This comprise of all Maldivians 15 years of age and over employed as a contributing family worker, employer or own-account worker, group worker of an informal sector unit, employee without any pension contribution by their employer.

In Maldives, jobs done by persons with disability was largely informal (42%). And women with disability was more likely to work in informal sector and the results showed that 1 in 2 women with disability (50%) work in informal jobs. Among women without disability, 1 in 3-person work in informal jobs (31%). The proportion of men PWDs working in informal sector is less compared to women PWDs.

This heightens the vulnerability of persons with disability and raises the risk of losing their income in the event of an economic shock. Considering the challenges, they encounter challenges in securing employment; it is important to ensure decent working opportunities for persons with disability and enhance their productivity in the labour market.

LOCALITY	WITHOUT DISABILITY			WITH DISABILITY		
	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES
Republic	31%	23%	26%	50%	35%	42%
Male'	23%	19%	21%	41%	28%	34%
Atolls	38%	26%	30%	55%	39%	46%

Table 5.3: Population engaged in informal jobs by disability status, locality and sex, 2022

5.9 Average hours worked

Not surprisingly, many people with disabilities need more time than those without disabilities to meet their health needs and conduct routine activities[18].

Persons with disability tend to work fewer hours compared to persons without disability. Specifically, women with disability spent, on average, one hour less than women without disability (6.3 hrs vs 7.0 hrs). However, there was no notable difference in the time spent by men with and without disability.

Furthermore, the average number of hours spent in employment differed between Maale and Atolls. Maale, being the capital and where many job opportunities are available, both persons with and without disability tend to maintain similar working hours. On the other hand, differences were observed in Atolls, where female with disability spent less time than women without disability (6.4 hours vs 7.2 hours respectively).

DETAIL	REPUBLIC			MAALE			ATOLLS		
	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE	BOTH SEXES	FEMALE	MALE
AVERAGE HOURS WORKED BY EMPLOYEES (IN HRS)									
Without disability	8.2	7.0	8.8	8.4	7.6	9.0	8.0	6.4	8.8
With disability	7.6	6.3	8.8	8.2	7.2	9.0	7.2	5.7	8.6

Table 5.4: Average number of hours spent in employment by disability status, 2022

5.10 Persons outside labour force

Persons who are outside labour force are those aged 15 years and above who are neither employed nor unemployed during census reference period. Essentially, they are not currently engaged in work nor actively seeking or available for employment opportunities.

People with disabilities were less likely to participate in the labour force. Among persons with disability, 72% of the population were outside the labour force. As many people with disability remain outside the labour force, this section will have a closer look at the population who are outside the labour force.

Examining the distribution of the population outside the labour force revealed variations across different age groups. The proportion of PWDs in each age group surpasses that of non-PWDs. At younger ages, both PWDs and non-PWDs exhibited a high proportion as outside the labour force often due to their involvement in education or training. This percentage reached 71% for non-PWDs and 80% for PWDs. With increase

18 https://read.dukeupress.edu/demography/article/51/6/1977/169379/How-Do-Working-Age-People-With-Disabilities-Spend

in age, the proportion outside the labour force tends to raise. The age group 35-44 years marked the lowest population as outside the labour force, as this was the age group where employment to population ratio was highest among persons with disability. The proportion outside the labour force tend to be more towards elderly age, regardless of disability status.

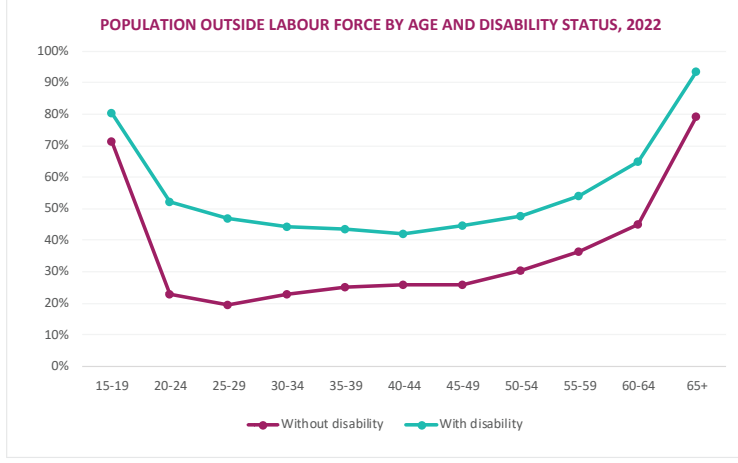


Figure 5.7: Population outside labour force by age and disability status, 2022

Census 2022 asked from those who are not employed and currently not seeking any employment opportunities about the reason for remaining outside the labour force. For persons without disability, the primary reason for being outside the labour force remained household chores (52%) and engagement in studies and training (24%). On the other hand, PWDs attributed their non-participation in the labour force mainly to reasons related to their disability and health (45%) followed by the responsibility of taking care of household duties (20%).

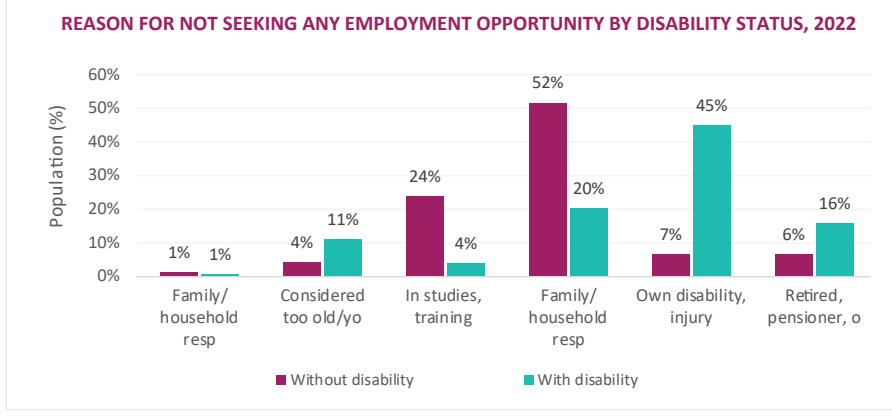


Figure 5.8: Reason for not seeking any employment opportunity by disability status, 2022

CHAPTER 6
HOUSING CONDITION BY DISABILITY

6. HOUSING CONDITION BY DISABILITY

6.1 Introduction

For people with disabilities, there are far too many barriers to housing[19]. Access to decent and affordable housing in the country is one of the most important pledges of the government (SAP, 2019-23). As part of social housing, the Government aims to provide subsidized social housing for the most disadvantaged including persons with disabilities. In 2016, the government initiated a housing scheme aimed at offering social housing at affordable prices. As part of this initiative, the government also allocated certain flats from the social housing scheme in Hulhumale to persons with disabilities.

Housing in terms of their living condition, facilities shared, type of living arrangement, access to safe drinking water and sanitation are key aspects when examining vulnerable population groups. Persons with disabilities are significantly more likely to experience core housing needs compared to those without disabilities.

The analysis on housing condition will be carried out using the dichotomy of 'household with PWDS' and 'households without PWDs'. For certain indicators, the results will be presented interchangeably with population. The population here would refer to the total population 'living in households with persons with disabilities' and those without.

For definition of disability and methodology used, please refer to the section 'Defining disability measurement in Maldives' in this chapter.

6.2 Defining household with disability

In Census 2022, WG 6 core questions on disability was asked at an individual level. These individual responses were then aggregated at household level so that households can be identified as a 'household with persons with disability' or not.

To derived 'households with PWDs', the following approach has been used:

- If the household had at least one member with disability, then the household was considered as a 'household with PWD'.
- If the household did not have any member with disability, then the household was considered as a 'household without PWD'.

19 *https://thearc.org/policy-advocacy/housing/*

In Census 2022, disability information was gathered from each resident Maldivian, irrespective of where they lived. However, disability questions were not administered for all foreigners. For foreigners, exemption was made to those living in labour quarters, construction sites, boats, tents, homeless and for those institutionalized.

Due to this, for some households such as labour quarters where only foreigners reside, this information has not been collected. As a results, this information is missing/ not relevant for some households. Hence these households will be excluded from the analysis.

Therefore, for the analysis of disability and household characteristics, we will be looking at 86,512 households where disability questions have been administered. And these households consists of Maldivians and Foreigners and therefore this section looks at the resident population living in these households.

6.3 Household composition

From 86,512 households, 22% households have a member with disability. Households with PWDs was higher in the Atolls than in Maale. One in every 4 households in the atolls have a person with disability (25%).

The average household size or the average number of people living in a household is a key determinant of essential living conditions. Household size is calculated by taking into account the population and the number of households in an area. The results from census 2022 showed that, households with PWDs were likely to have more members living compared to households without PWDs.

On average, 5.2 members lived in a household in the country. The average household size in households without PWDs was 4.9 while 6 persons on average lived in a household with a disability member. This pattern was consistent in both urban (Maale) and rural (Atolls) areas, where households with PWDs generally accommodated more residents (5.9 in Maale vs 6.6 in Atolls).

DETAIL	HOUSEHOLDS WITHOUT PWD	HOUSEHOLDS WITH PWD
HOUSEHOLD DISTRIBUTION BY DISABILITY		
Republic	78%	22%
Male'	82%	18%
Atolls	75%	25%
HOUSEHOLD SIZE		
Republic	4.9	6.3
Male'	4.3	5.9
ATOLLS	5.3	6.6
HOUSEHOLD HEAD		
Female	46%	55%
Male	54%	45%

Table 6.1: Household indicators by disability status, 2022

The notable increase in household size among households with PWDs carries significant implications for household income and expenditure, considering the additional individuals for whom expenses need to be managed. The rise in household size also signifies a growing the demand for housing, rising living standards in Maale.

Furthermore, a higher proportion of households with persons with disability were headed by females (55%) compared to non-PWD households (46%).

PWD households on average have 1.3 members as persons with disability. Maale had lesser number of members (1.26) compared to Atolls (1.34).

Figure 6.1 presents the distribution of members with disability in PWD households. Most of the households have one to two persons with disability, and was higher in the Atolls than in Maale. As the number of individuals with disabilities in a household increase, the overall number of households tends to decrease. This trend was consistent both in Maale and Atolls, where the effect remained nearly identical

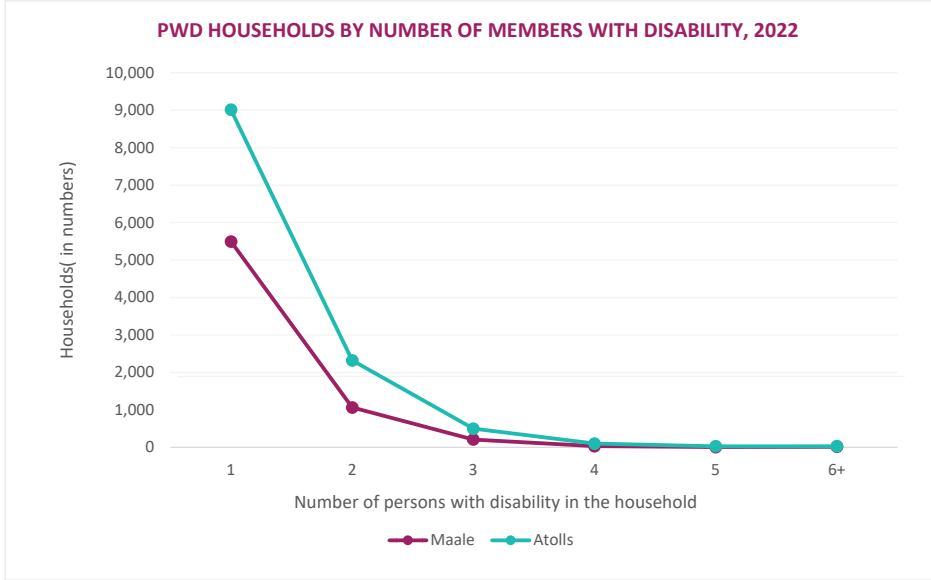


Figure 6.1: PWD households by number of members with disability, 2022

6.4 Overcrowding

Members living in a confined space area is a detriment for overcrowding. Overcrowding occurs when a household does not have enough space to accommodate all of its members adequately. Dividing the number of members by the number of bedrooms provides a rough estimate for overcrowding in a place. Overcrowding is derived in this analysis if more than 3 persons lives in a bedroom. People living in inadequate spaces have higher risk of health consequences and have much less to spend on other necessities such as food, transport and pay utility bills.

While household with PWD host more people, the same could be said for overcrowding. Households with a disabled person was more likely to live in overcrowded dwelling than those without disability. Among PWD households, 8.7% of them lived in overcrowded housing condition. More were living in overcrowded space in Maale (15.6% vs 10%) where inadequate housing is already having negative effects on several other dimensions of urban prosperity. On the contrary, more non-PWD households were living in overcrowded conditions in the Atolls (6.2%).

If we interpret this at population level, the data indicated that nearly 14% of the PWDs in the country reside in overcrowded conditions. The analysis also revealed that in Maale, 22% of the population residing in households with PWDs experienced overcrowded conditions, whereas the non-PWD population had a slightly lower rate at 17%.

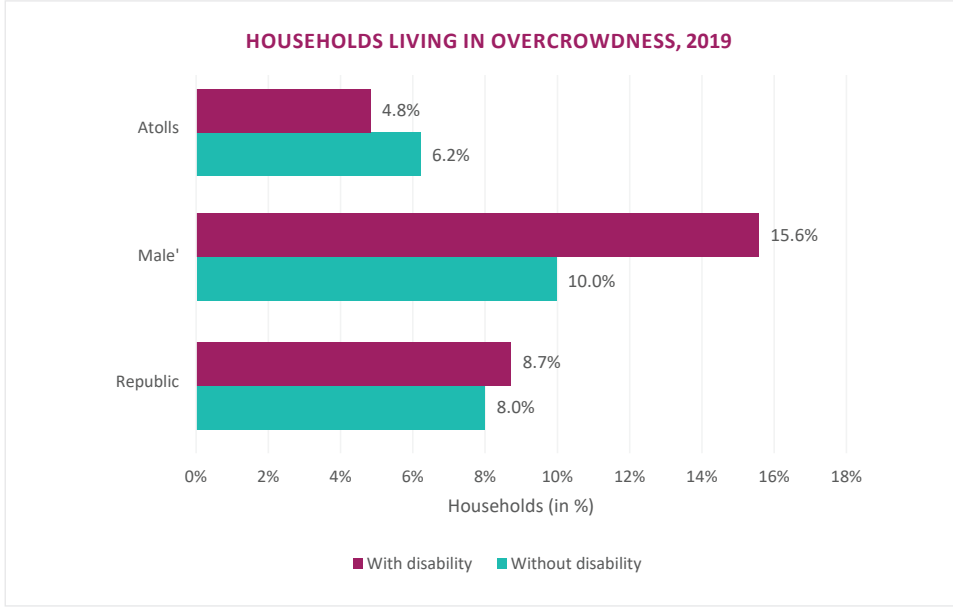


Figure 6.2: Households living in over-crowdedness by disability status, 2022

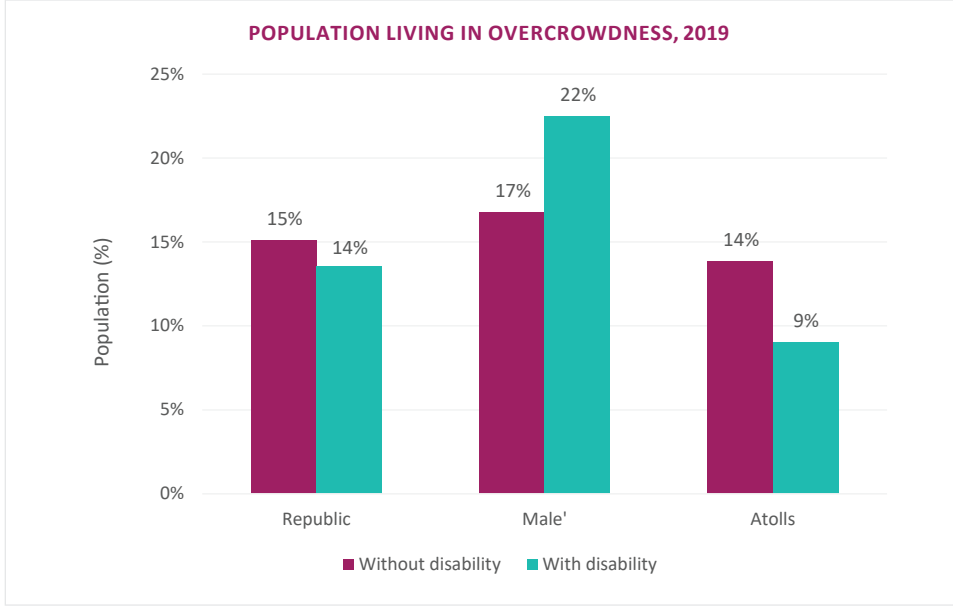


Figure 6.3: Population living in overcrowded condition by disability status, 2022

6.5 Ownership of housing unit

The housing shortage is one of the major problems in the country, especially in Maale. Few have access to affordable housing or own their own land. Disable people, especially those with specific accessibility requirement, have experienced challenges securing housing that meets their needs.

Interestingly, the data showed that disabled people were more likely to own their own housing unit than non-disabled people, though their quality and condition of housing might differ from the rest. The ownership of the housing unit in which they live belonged to a member of the household (70%) or 6% stated it will be owned by a member of this household upon completion of payment. In contrast, only 53% of the households without any disabled member owned their housing unit.

TENURE TYPE	REPUBLIC		MAALE		ATOLLS	
	NON-PWD HH	PWD HH	NON-PWD HH	PWD HH	NON-PWD HH	PWD HH
Member of this household	53%	70%	30%	33%	74%	91%
Will be owned by a member of this household upon completion of payment	6%	6%	11%	16%	2%	1%
Relative who is not a household member	5%	4%	4%	4%	5%	4%
Arranged by the employer	7%	2%	5%	1%	9%	2%
Landlord (not related)	29%	18%	50%	46%	10%	2%

Table 6.2: Tenure status by disability status, 2022

A remarkable disparity was observed in Maale, where the distinction in housing unit ownership between households with and without disabled members was minimal. Concurrently, a significant proportion of both with and without disabled members were found to reside in rented housing units.

6.6 Households living in rented accommodations

In the Maldives, housing shortage crisis is prevalent in the capital city, Maale, forcing many residents to endure congested living conditions and dire circumstances. Majority of the residents in Maale are renters, while in the Atolls, only a small minority opt for rented accommodations (HIES, 2019). This section delves into the housing conditions experienced by households living in rented accommodation, categorized by their disability status.

The findings revealed that problem of housing availability and affordability is compounded in Maale. Living in Maale requires both PWDs (48%) and non-PWDs (54%) households to live on rent. And there was slight difference in the proportion of households living in rented accommodation between those with PWDs and those without in Maale. The household size among renters was nonetheless high in PWD households, with an additional 1.5 persons compared to non-PWD households.

Interestingly, the average rent paid by households with PWD was high compared to households with non-PWD. However, it is worth mentioning that the rent paid by households with PWDs was less in Maale compared to households without PWDs.

DETAIL	HOUSEHOLDS WITHOUT PWD	HOUSEHOLDS WITH PWD
HOUSEHOLDS LIVING IN RENTED ACCOMODATIONS		
Republic	31%	19%
Male'	54%	48%
Atolls	11%	2%
HOUSEHOLD SIZE IN RENTED ACCOMODATIONS		
Republic	4.1	5.8
Male'	4.3	5.8
Atolls	3.2	4.9
AVERAGE HOUSEHOLD RENT		
Republic	11,463	12,169
Male'	13,142	12,943
Atolls	4,238	4,637

Table 6.3: Key indicators on households living on rent, 2022

6.7 Household head

In the Census, household head is identified as the individual responsible for making key decisions regarding household matters. Analyzing households based on the household head helps distinguish various household types and assess their access to resources. Generally, households headed by women are often viewed as more likely to face economic vulnerability compared to those headed by men.

According to the results from census, households with disabled members were likely to be headed by a female (55%) while households without PWD was more likely to be headed by men (54%).

On average, household heads in PWD households tend to be older, on an average of 8 years, than heads of households without PWD. Male heads tend to be older, on average, than female heads.

Among households with disability members, it was further analyzed to determine whether the household head had a disability or not. The findings revealed that within households led by women, 2 out of every 5 heads were individuals with disabilities. This situation highlights a high level of disadvantage and economic vulnerability for those households.

DETAIL	HOUSEHOLDS WITHOUT PWD	HOUSEHOLDS WITH PWD
HOUSEHOLD HEAD		
Female	46%	55%
Male	54%	45%
AVERAGE AGE OF HOUSEHOLD HEAD		
Both sexes	43	51
Female	43	49
Male	43	52
DISABILITY STATUS OF HOUSEHOLD HEAD (FOR PWD HOUSEHOLDS)		
Female	-	40%
Male	-	34%

Table 6.4: Household headship by household type, 2022

Figure 6.4 and Figure 6.5 presents further analysis of headship by their employment and education. Household heads of PWD household had less education compared to households without PWD. Among heads of households with PWD, more than 34% of them have attained primary education, followed by

secondary education (22%). A significant proportion of them have never attended school as well (10%).

Similarly, heads of PWD household tend to be less employed compared to heads of household with non-PWD. While 70% of the household head in households without PWD were employed, it was at 53% for household heads in household with PWDS.

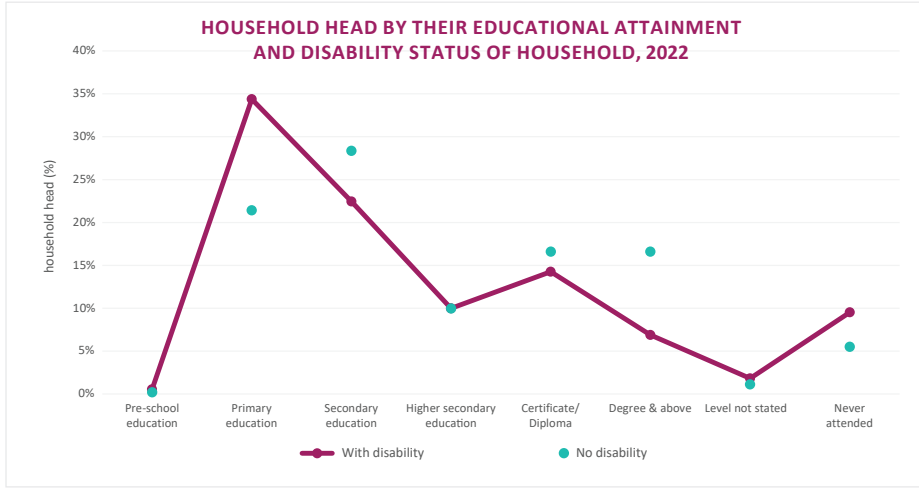


Figure 6.4: Household head by their educational attainment and disability status of household, 2022

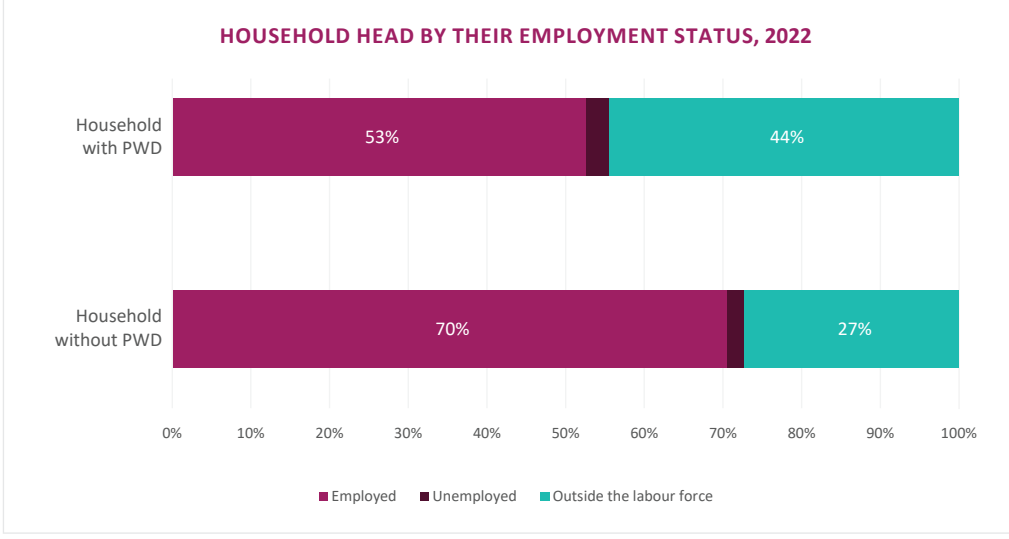


Figure 6.5: Household head by their employment status, 2022

CHAPTER 7
CONCLUSION

7. CONCLUSION

Globally there have been several commitments to bridge the gap between the PWDs and their counterparts. Gathering accurate date on PWDs and understanding their characteristics is paramount for effective monitoring and implementing policies that support them.

With this in mind, the fundamental purpose of the population census is to provide the facts essential to government policy making, planning and administration. It is also aims to publish as many SDG indicators related to disability derived from the census.

This report on the persons with disability is the first of its kinds to highlight the prevalence of disability, severity, their education, employment and housing. The evidence from this analysis should be seen as merely indicative. Even so, it clearly suggests that persons with disabilities face disadvantages in key areas of human development. The striking differences between disability prevalence across the country with diverging age composition are key to addressing some of the challenges faced by PWDs.

Compared to general population, PWDs exhibited lower literacy, lower educational attainment. Their economic participation was relatively weaker. The results also alluded that their housing condition was no better than general population, with more people living per household and with higher number of individuals residing in overcrowded conditions.

The findings also underscore the importance of integrating insights into policy formulation aimed at empowering persons with disabilities. These policies should focus on enabling them to secure sustainable livelihoods, allowing for self-sufficiency in supporting themselves and their families, as well as facilitating access to adequate housing options.

The Census provides an excellent opportunity to leverage on existing data for a comprehensive analysis on the persons with disability. A thorough examination of census results alongside administrative data can serve as an initial step to assess the coverage of the disability register and evaluate the efficacy of current policies in place.

In essence, disability should be seamlessly woven into the fabric of society, encompassing all facets of human existence. Disability-inclusive policies are imperative for the country, and it can also be seen as a form of insurance since the burden of disability often falls on the family and the wider society. Above all, it is a matter of human rights.

CHAPTER 8
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8. REFERENCES

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LOCALITY, SEX AND AGE	TOTAL CURRENTLY STUDYING	NURSERY	LKG/ JKG	UKG/ SKG	GRADE 1	GRADE 2	GRADE 3	GRADE 4	GRADE 5	GRADE 6	GRADE 7	GRADE 8	GRADE 9	GRADE 10	GRADE 11	GRADE 12	O LEVEL	ALEVEL	FOUNDATION	DIPLOMA	CERTIFICATE/ SANADHU	SPECIAL NEED CLASSES
REPUBLIC																						
Both sexes	3166	1	73	225	272	242	230	271	272	268	231	235	188	182	34	14	2	5	20	1	7	393
5	229	1	64	150	6																	8
6	237		9	75	122	2																29
7	262				136	85	3															38
8	244				8	139	74															23
9	273					16	139	82														36
10	307						14	165	97													31
11	281							24	145	81												31
12	313								28	173	71											41
13	281								2	14	137	93										35
14	245										21	126	55									43
15	221										2	15	116	57								31
16	142											1	15	100	8		1		2		2	13
17	70												2	20	14	2			6	1	2	23
18	61													5	12	12	1	5	12		3	11

ANNEX 1: RESIDENT MALDIVIAN POPULATION 5 YEARS AND OVER WITH DISABILITY AND CURRENTLY STUDYING, LEVEL, AGE, SEX AND LOCALITY -2022

Note: Table excludes level not stated


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