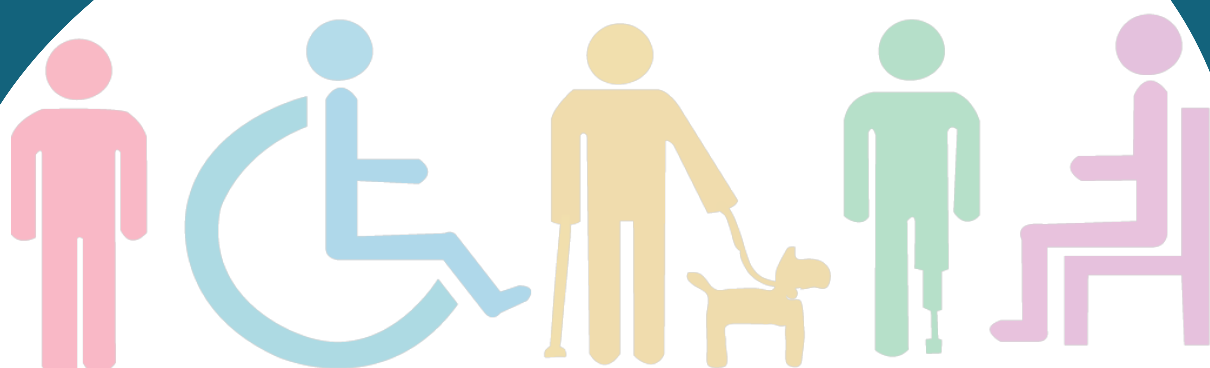
Timor-Leste Population and Housing Census



Thematic Report on Disability

INSTITUTO NACIONAL DE ESTATÍSTICA TIMOR-LESTE, I.P.

Timor-Leste
Population and Housing Census 2022

Thematic Report
Disability

September, 2024

Title:

Timor-Leste Population and Housing Census 2022, Thematic Report – Disability

Design, Typesetting

Timor-Leste National Institute of Statistics (INETL)

INETL/07

The Timor-Leste National Institute of Statistics (INETL)

Dili, September 2024

Preface

The population and Housing Census 2022, conducted by the Timor-Leste National Institute of Statistics (INETL) from 5 September to 5 October 2022, underscored our continuing commitment to decision-making grounded in robust data analysis. Utilizing modern technology in the form of tablets for data collection, the census laid the foundation for a comprehensive understanding of our nation's demographic landscape. Initial census basic tablets were released in the latter part of 2023, enriching our understanding of the demographic intricacies captured during the 2022 Population and Housing Census.

This publication, is one of several detailed thematic census reports, addressing crucial areas such as fertility and nuptiality, mortality, migration, population projection, household and housing conditions, labour force and economic activity, disability, youth, gender, and a comprehensive census atlas, that will provide nuanced insights into specific demographic dimensions.

This volume provides a detailed analysis of mortality in Timor-Leste. Encompassing critical areas such as infant mortality, under five mortality, life expectancy, age specific mortality rates and maternal mortality, we expect this report to serve as a cornerstone for informed policymaking.

At this juncture, I would like to acknowledge the collective dedication of the INETL staff and the multi-stakeholder Census Technical Committee, led by Mr. Elias dos Santos Ferreira, President of INETL, I.P., in the successful completion of this Census. Their tireless efforts steered the census process from its initiation to the release of this report. Gratitude is also extended to our development partners from the UN System, among them, the UNFPA, UNICEF, UNDP, UN Women, and WFP, whose invaluable contributions have significantly enriched the census endeavour. Similarly, the support that we received from the Australian Bureau of Statistics (ABS) throughout the census process is also duly recognized.

On behalf of the Ministry of Finance, I would like to invite to all individuals with a keen interest in demographics and statistical data to leverage the insights presented in this publication. It is our hope that this compilation shall serve as reliable resource for informed discourse and evidence-based decision-making in the realm of our country's national development.

Thank you.

MINISTRA DAS FINANÇAS

RDTL

Santina JRF Viegas Cardoso
Minister of Finance, RDTL

Acknowledgements

The Timor-Leste National Institute of Statistics (INETL), formerly the General Directorate of Statistics, implemented the Population and Housing Census 2022 under the slogan 'Our census, our future be part of it'.

The census was largely financed by the Government of Timor-Leste through the Ministry of Finance. Additional financial and material support in form of tablets and power banks, was provided by UNFPA, UN Women, UNDP, UNICEF and WFP. I would like to express my sincere gratitude for the unwavering support towards the census.

I would like to acknowledge the invaluable technical support provided by UNFPA throughout the census process. The support provided during field staff training by UN Women is also acknowledged.

Let me also thank a team of independent international monitors from the Australian Bureau of Statistics, who worked with us throughout the enumeration period, their feedback from the field was valuable and timely.

I would like to further express my appreciation to all members of the Census Technical Committee for their advice and guidance in the census. The Census Publication Commission led a successful implementation of the census publicity campaign to ensure that the stakeholders, including the general public, were informed about the census.

Special thanks go to each and every enumerator and supervisor who worked tirelessly, visiting households across the country to collect the census information. They worked for long hours and also at odd hours in trying to collect the information.

Finally, I would like to commend the work of all staff from INETL headquarters and municipality offices, who continue to work for the success of the 2022 census project. I am grateful to the people of Timor-Leste for their cooperation, without which a successful census would not have been possible.

INSTITUTO NACIONAL DE ESTATÍSTICA

Elias dos Santos Ferreira, L.Ec, MM
President, Timor-Leste National Institute of Statistics

Contents

List of Tables and Figures

Abbreviations

ADTL	- Timor-Leste Disability Association
ASEAN	- Association of Southeast Asian Nations
CAPI	- Computer-assisted personal interviewing
CFM	- Child Functioning Module
COVID	- Coronavirus disease
CSPro	- Census and Survey Processing System
CRPD	- Convention on the Rights of Persons with Disabilities
DNAP	- Disability National Action Plan
EA	- Enumeration area
ICF	- The International Classification of Functioning, Disability and Health
INETL	- Instituto Nacional de Estatistica Timor-Leste
ILO	- International Labour Organization
LFS	- Labour Force Survey
MSSI	- Ministry of Social Solidarity and Inclusion
NEET	- Not in Education, Employment, or Training
NGOs	- Non-Governmental Organisations
OPDs	- Organisations of Persons with Disabilities
SDG	- Sustainable Development Goals
UNFPA	- United Nations population Fund
UNICEF	- United Nations Children's Fund
UNSDCF	- United Nations Sustainable Development Cooperation Framework
WASH	- Water, Sanitation and Hygiene
WG	- Washington Group
WG-SS	- Washington Group Short Set

Education

Only 3.9 percent of persons with disabilities was attending school while 14.0 percent who were previously in school were no longer in school at the time of the census. The majority (76.1 percent) have never attended school. The females are more disadvantaged with 82.1 percent that have never attended school compared with 70.2 percent among males.

The current school attendance rate for persons with disabilities age 5-29 is only 16.1 percent.

In terms of highest education attended, only 9.9 percent of people with disabilities have attended primary education and a further 5.5 percent have some secondary education. Therefore, people with disabilities have consistently lower attendance at all levels of education. It is worth noting that Those with walking disability have slightly better chances of progressing with education as their rates for highest education level attended are higher than for the other types of disabilities.

Labour force

There are 19.1 percent of people with disabilitiss that are employed, a rate much lower compared to those without disabilities. Unemployment among people with disabilities is half of that without disabilities (1.0 percent versus 2.3 percent respectively). However by sex, more males with disabilities (23.0 percent) than females (15.4 percent) are employed.

The labour force participation rates for people with disabilities is 20.0 percent, and the males have higher (24.2 percent) than the females (16.0 percent). The census further show that 73 percent of young people are not in employment, education or training.

Most of persons with disabilities (43.2 percent) are self employed and they work without other employees ,while 20.4 percent of those employed are employees. Slightly more men than women with disabilities are employees , 23.2 percent compared with 16.1 percent

Household and housing characteristics

Household composition

In 6.1 percent of the households across the country had at least one person with a disability, and the majority of these households are in the rural areas. The majority of these households that have one person with disability living with other household members. The more people with disabilities in a household, the bigger the household size. In terms of household headship, the majority (42.6 percent) of persons with disabilities are heads of household and 20.6 percent are biological children of the head of household.

Sanitation

Access to improved sanitation facilities is lower among persons with disabilities(74.0 percent) compared with persons without disabilities (82.6 percent). The most common type of toilet is pit latrine with slab.

Drinking water source

It is worth noting that 18.2 percent of persons with disabilities live in households with unimproved water sources, a proportion that is higher than the national average. The most common drinking water source is public tap/public piped water (42.7 percent)

Causes of disability

Most disabilities are due to old age as reported in 44.8 percent of persons with disabilities. The other frequently reported cause of disabilities is diseases or illness, for one in four persons with disabilities and congenital causes of disability for one in five persons with disabilities. It also has to be noted that the more sever the disability, the higher the proportion of disabilities arising from congenital causes.

Recommendations

The disability profile shows that that most are elderly in need of support. There is need for improved social services, such as public hospitals that have services for the elderly. There is also need to train health care and community workers on old age health conditions that need attention in a timely manner.

With the significant number of school going children that are not attending school, there is an urgent need for the Government to assess the schools to ensure that they are disability friendly.

Development and implementation of community-based training programme, that has mainstreaming people with disabilities will benefit those within the working age.

Partnerships between youth and gender organizations will be critical in the process of empowering those with disabilities.

There is need to conduct regular research to understand challenges being faced both by those with disabilities, community leaders but also the planners so as to improve the framework for efficient strategies and approaches.

1. Timor-Leste Population and Housing Census

1.1 Background and Context

The analysis on disability in this report uses data from the 2022 Population and Housing census that was conducted by the then General Directorate of Statistics (GDS), later known as National Statistical Institute of Timor-Leste (INETL). The census was conducted from September to October 2022. Timor-Leste regained its independence in 2002 from Indonesian rule after 27 years. Previously the country was a Portuguese colony until 1975 when it got its independence. The 2022 census was the fourth to be conducted in Timor-Leste since the restoration of independence. Previous censuses were conducted in 2004, 2010 and 2015, that is approximately every five years.

1.2 Objectives of the Census

The objectives of the Timor-Leste Population and Housing Census 2022 were the following:

- Produce reliable statistical information on the size, composition, characteristics and spatial distribution of the resident population of Timor-Leste, as well as on the size, characteristics and spatial distribution of the country's housing stock, and more specifically on
  - levels of fertility, mortality and migration
  - the educational attainment level of the population
  - the size and characteristics of the labour force
  - the participation of the population in agricultural production
  - the prevalence of disability by type
  - the rate and patterns of urbanisation
  - housing conditions and availability of amenities and assets.
- Produce a sampling frame for household- and housing surveys in the ten years following the 2022 census.
- Produce the baseline for population projections.
- Providing the base for Timor-Leste's Geographical Information System.

1.3 Census methodology

1.3.1 Census planning

Preparations for the census started in 2018 with development of a census project document which contained the complete census plan and the estimated cost of the whole census project. The document was crucial for resource mobilization from both the Government and development partners. Work on questionnaire development also started early with stakeholder consultation on topics and questions to be included in the census. This work built on topics that are recommended internationally to be included in the census.

1.3.2 Census mapping

Update of census maps was one of the key activities in the pre-enumeration period, starting from 2018. The mapping programme for the 2022 census adopted a digital approach, based on an integrated system composed of Geographic Information System (GIS) tools, Global Navigation Satellite Systems, high-resolution Earth Observation satellite images and tablets. The mapping field work was aimed at updating the census frame with new buildings that did not exist in 2015 census. The process was aimed at producing accurate maps to be used in the census enumeration process. The EA maps were delineated based on the number of households, a criteria that was set to determine a reasonable workload for enumerators during the enumeration process. Each building was geo-tagged, building on the existing geo-coded census frame. The mapping data was verified and office EA delineation was completed in 2022, resulting in 2,384 EAs.

1.3.3 Census Publicity

The success of the census depends on the quality of the information provided by the public. INETL updated the 2022 census publicity plan in February 2022 after the government approved the establishment of the census administrative structure. The campaign strategy identified four main target groups: government ministries and departments, traditional leaders, the media and the general public. A series of key messages were developed, including information about the census date, duration and importance. There were several census materials developed to promote census awareness. These included radio and television adverts, a census jingle, stickers, leaflets, posters, banners, T-shirts, bags, umbrellas, hand fans, pens and notepads.

The INETL communication and public relations unit designed a census logos well as developing a slogan and a census mascot. The slogan for the census was 'Our census, our future be part of it'.

1.3.4 Field staff training

Due to their large numbers, the training of census field staff was implemented with a cascade approach, involving three levels of training:

From August 2022, census training started with 26 master trainers in Dili who later trained 180 field staff trainers in six parallel classes, also in Dili. Finally, decentralized trainings of 2,345 enumerators, 623 census supervisors and other local census staff ware conducted across all 14 municipalities. Each of the trainings took at least 7 days. Apart from the master trainers who were all permanent civil servants, the majority of the other field staff were recruited as temporary staff for the census enumeration phase. The training was standardized using a power point version of the instruction manuals for enumerators and supervisors that were developed as guidelines for the census fieldwork.

1.4 Census enumeration

The 2022 census data was collected through a traditional approach where households were visited by enumerators across the whole country to collect information on all individuals by asking pre-defined questions to the respondents. Enumeration was conducted in regular households as well as collective living quarter. The information collected was on a de jure population meaning that the people enumerated were usual household members as of the night of 4 September, 2023 (census night). The census enumeration period was from 5 September to 5 October, 2023, and was followed by a sweeping exercise to enumerate households that were missed out during the official enumeration period.

The information from the regular household population was collected through a long questionnaire that had all the census questions while a short questionnaire with only a few selected questions was used for the collective living quarters.

1.5 Post-Enumeration Survey

In accordance with international recommendation, a Post-Enumeration Survey was conducted to evaluate the quality of the census, mainly under-coverage or over-coverage of the population in 2022.
The Timor-Leste 2022 PES tools that included the questionnaire and the tablet computer application were developed as part of the census pilot phase. A full pilot PES was conducted in April 2002 immediately following the pilot census to test these tools but also the training and enumeration procedures and initial matching procedures.

The PES sample a nationally representative sample stratified by municipality and urban-rural location. There were 16 thousand households in 149 EAs selected for a complete re-enumeration. The actual sample was drawn with probability-proportionate-to-size in late September 2022, strategically scheduled not to affect or influence completion of the main census enumeration. Other measures to preserve the independence between the census and the PES included the condition that PES field staff did not work in EAs where they were engaged in the census.

The training of the PES enumerators by INETL staff and a member of the technical assistance team was conducted from 4 to 5 November 2022. The three-week PES data collection period started on 7 November, which implies a relatively small period between the census and PES enumeration.

Though the PES data collection was conducted timely towards the end of 2023, the commencement of matching and analysis of the PES was postponed from mid-2023 to mid-2024.

1.6 Data processing and analysis

Computer-assisted personal interviewing (CAPI) using tablets was used in the census, which was for the first time to use such electronic data collection in a census. The CAPI application, developed in CSPro integrated digital maps of EAs that were used as a base for geo-referencing both the households and the housing units and to organise the work of the enumerators. Daily data synchronisation to the server managed at Census head office, enabled effective monitoring of the enumeration process including generating reports for the census management team.

This technological innovation enabled the data to be captured electronically during the enumeration phase but also to be transferred to the census head office therefore making it possible to monitor the data collection progress in real time. A census dashboard developed before enumeration, was used to produce daily reports and visualization of the progress by municipality and Administrative-Post level Data editing to correct inconsistencies in the data started took place from November 2022 to April 2023. A significant improvement in the quality of the data collected was observed due to the use of CAPI data collection. There was a set of editing rules developed, which showed that that less than 5 percent of the records violated at least one skipping rule, that no implausible values were recorded for gender and that just few cases had missing or implausible values in the age.

The 2022 census collected some information that required coding after the enumeration – information such as field of study, occupation and industry. For the information on industry, the International Standard Industrial Classification of All Economic Activities (ISIC, rev 4) (United Nations, 2008) was used for response coding. The information on occupation was coded based on the International Standard Classification of Occupations (ISCO-08) (International Labour Office, 2012). The information on field of study was be coded on the basis of the International Standard Classification of Education, Fields of education and training (ISCED-F 2013) (UNESCO, 2015).

The census coding process started in December 2022 with manual coding by a team of ten coders and three supervisors from the pool of census secretariat staff. For the manual coding there was an existing code list in Tetum that was developed for the 2019 Timor-Leste Labour Force Survey. The manual coding process was time consuming, therefore later from February 2023, automated coding was attempted to match census information on occupation and industry using the partially coded census data. More efforts were made to finalise the coding later in 2023.

1.7 Census dissemination

Preliminary census results were released in November 2022 which was within six weeks of completion of census enumeration. There was a national dissemination seminar held in Dili with several Government officials and Development partners, where the report was shared. The census main report was released in May 2023, at a national dissemination workshop, also held in Dili. In a similar manner like the preliminary report release, the participants were from both the Government and Development agencies. In October 2023, selected indicators were compiled into a wall chart and disseminated. The indicators were presented at national, urban -rural, municipality and Administrative Post level. All the census reports and the wall chart were also published on the INETL for easy access by the public.

From May, 2024, the five thematic reports were published in the following order: Fertility and nuptiality, mortality, migration, population projections and education.

2 Methodology and data

The analysis on disability in this report uses data from the 2022 Population and Housing census that was conducted by the then General Directorate of Statistics (GDS), later known as National Statistical Institute of Timor-Leste (INETL). The census was conducted from September to October 2022. Timor-Leste regained its independence in 2002 from Indonesian rule after 27 years. Previously the country was a Portuguese colony until 1975 when it got its independence. The 2022 census was the fourth to be conducted in Timor-Leste since the restoration of independence. Previous censuses were conducted in 2004, 2010 and 2015, that is approximately every five years.

2.1 Disability in global context

Disability is a critical global issue, affecting a substantial portion of the population, leaving those affected both disadvantaged and vulnerable (UNDP,2014). The 2022 World Health Organization (WHO) Global report on health equity for persons with disabilities indicated that there are 1.3 billion people with significant disabilities across the world, representing 16 percent of the population. Almost 80 per cent of those with a form of disability are in developing countries and are in quite high proportions among those living in absolute poverty.

Disability is also a human rights issue as people with disabilities continue to be discriminated in exercising the full range of these rights.

The United Nations adopted the Convention on the Rights of Persons with Disabilities (CRPD) in 2006 to promote, protect and ensure that all persons with disabilities enjoy all human rights - by civil and political rights to equal treatment and freedom from discrimination, and social and economic rights in areas like education, health care, employment and transport. By February 2024, there were 190 states that had ratified the convention (OHCR, 2024). There is a committee on the Rights of Persons with Disabilities (CRPD) which monitors implementation of the Convention by the States parties, comprised of independent experts.

The 2030 Agenda for Sustainable Development adopted by all UN member States in 2015 has 17 Sustainable Development Goals (SDGs). At the top of the SDG agenda is the principle of leaving no one behind to achieve the targets and recognizes that inclusive efforts for people with disabilities are needed to reach target. It recognizes disability as a cross-cutting issue particularly relevant to the SDGs on education, growth and employment; inequality; accessibility of human settlements; and data, monitoring and accountability. People with disabilities were recognized as a primary disadvantaged group for ensuring healthy lives and well-being. SDGs notes the importance of disaggregating data by characteristics associated with exclusion and vulnerability, including disability At the regional level, there is the Incheon Strategy adopted in 2012 by member states in Asia and Pacific that was aimed at accelerating actions to promote disability inclusive development and CRPD implementation in the Asia-Pacific region. It was developed from experiences in the implementation of Asian and Pacific Decades of Disabled Persons (1993-2002, 2003-2012).

The strategy goals cover a range of development areas from poverty reduction and employment to political participation, accessibility, social protection, education, gender equality, disaster risk reduction, data collection, CRPD ratification and international cooperation. There are 10 interrelated goals, 26 targets and 49 indicators that were similar to the previous Millenium Development Gals structure. Goal 8 specifically targets to improve the reliability and comparability of disability data.

In 2023, a Declaration on the Asian and Pacific Decade of Persons with Disabilities (2023–2032) adopted by member countries in the Asia and Pacific region reaffirmed the continued importance and relevance of the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific and the Beijing Declaration, including the Action Plan to Accelerate the Implementation of the Incheon Strategy.

Also at the regional level, the Association of Southeast Asian Nations (ASEAN) Secretariat introduced the ASEAN Enabling Masterplan 2025 to reiterate the dedication of all ASEAN Member States (AMS) to promote disability inclusion, particularly in relation to the specific commitments outlined in the CRPD (ASEAN, 2019).

Timor-Leste a, as a new ASEAN country since 2023 is expected to adhere to the masterplan.

The United Nations Sustainable Development Cooperation Framework (UNSDCF) guides the UN system in planning and implementing UN development activities at country level, as well as in mobilising a spectrum of development partners beyond the United Nations. The current UNCDF in Timor-Leste is for the period 2021-2025 and represents UN collective value proposition to support and accelerate the country's progress towards achieving the SDGs and its national development priorities. The country's UNSDCF was derived from the UN Common country assessment that identified several groups considered to be vulnerable and as most at risk or already being left behind in development such as persons with disabilities. UN recognises that more effort is needed to overcome the legal, institutional and social barriers that such groups encounter in accessing their socio-economic and political rights.

2.2 Disability programs and policies in Timor-Leste

There have been efforts in Timor-Leste by the Government to address disability through its national development plan for the period 2011 to 2030. The Government has long realised that understanding and implementing programmes to promote and protect the rights of persons with disabilities will also strengthen the capacities of the justice, health and education sectors to respond to the needs of vulnerable groups. The Constitution of Timor Leste states the duty of promotion and protection of the rights of people with disabilities. These rights are the same as for any citizen – the right to go to school, to access health care; to earn a living.

In 2012, the Government approved its first National Policy for Inclusion and Promotion of the Rights of People with Disabilities (2014-2018). The plan was acknowledged as a necessary tool to improve the lives of people with disabilities in Timor Leste. In 2014, the Government developed a (draft) National Action Plan for People with Disabilities (DNAP) 2014-2018 which outlined practical strategies to implement the National Policy across various sectors though it was never officially endorsed.

Based on Decree Law 19/2008 on Support Allowance for the Aged and the Disabled, persons with severe disabilities were eligible to register with the government to receive social assistance. This old-age and disability pension, SAII, was the first scheme targeted at older persons and people with disabilities to be introduced after the country gained independence.

In 2024, Decree-Law 8/2024 was enacted to index by cost of living the adjustments to non-contributory social assistance to people with disability aged 18 years or over and elderly persons aged at least 60 years. These were then initially increased in 2024 to US$ 60 per person per month for those with disability aged 18 years or over and those aged 60-69 years. An additional monthly payment of US$ 20 is made to those aged 70-79 years and US$ 40 to those aged 80 years and older.

Social protection support for children with disabilities depends on whether they are in school or in a social institution receiving government grants to care for such children. School feeding and Bolsa da Mãe cash transfers are conditional on school attendance and children with disabilities unable to attend school because of lack of specialized equipment, inadequate infrastructure and lack of teachers with special skills to teach them may miss out on such social assistance. Decree-Law No. 1/2024 revised cash transfer amounts to US$ 8, 9, and 10 for children in the first, second, and third cycles of school, respectively. Children with disabilities who attend school receive US$ 5 above the specified amounts.

In 2017, the Council of Ministers adopted an Inclusive Education Policy. The 2016 National Youth Policy specifically identifies young people with disabilities as a priority target group for support.

In 2019, the Government undertook an intensive, participatory and inclusive process to develop the second Disability National Action Plan (DNAP) for 2021-2030 across eleven line ministries. This was considered as a best practice in involving persons with disabilities and their representative organizations, strengthening the collaboration between Government and Organisations of Persons with Disabilities (OPDs) as well as increasing the real understanding of needs and challenges that persons with disabilities are facing on daily basis.

In 2022, Timor-Leste ratified the UN Convention on the Rights of People with Disabilities was ratified , laying the foundation and legal framework for safeguarding people with disabilities basic rights and guaranteeing equal access to public services.

In 2023 the Council of Ministers of Timor-Leste approved a draft Decree-Law which aims to promote monthly increases in the amounts of disability and elderly social pensions in the non-contributory social security system. The Ministry of Social Solidarity and Inclusion (MSSI), through the Directorate of Social Services, is the lead ministry with responsibility for disability. The MSSI promotes and protects the rights of people with disabilities through programs including social protection, and by cooperating and facilitating coordination with other line ministries to improve understanding on disability and access to services. MSSI is the government ministry that led the development of second National Action Plan on disabilities, and is facilitating setting up of the National Disability Council. Ministry of Education, Youth and Sport is responsible for ensuring quality education for all including those with disabilities.

Apart from the capital city in Dili, there are two more resource centres in Aileu and Lautem, that were opened by the Ministry of Education , with support from international development partner. These cebntres target children with disabilities and provide an opportunity for children to obtain additional learning support before entering public schools full time

There is also a Timor-Leste Disability Association (ADTL) which is the umbrella body for on disability in Timor-Leste.

Challenges still exist in implementing national disability programs in the country. Disability inclusion in government budgeting is barely visible to enable implement the necessary disability related work. In terms of education, despite having adopted inclusive education policy since 2017, school infrastructure and materials including ramps and braille for children with physical and vision impairments remain unavailable. There are limited disability specific services, with a few in Díli which is the capital city. These services mostly focus on rehabilitation services for people with physical disabilities.

2.3 Rationale

Measuring disability in any given society can provide critical information on the status of the population in order to monitor progress on disability policies and on the implementation of the CRPD nationally and internationally. In addition, data on disability provides evidence for mainstreaming service provisions at the population level, such as addressing needs for housing, transportation, assistive technology, vocational training or education, basic health care rehabilitation and long-term care.

In a country prone to natural disasters and humanitarian emergencies such as floods, disability indicators are crucial in preventing and responding to health emergencies because they are more likely to be affected.

The aim of this report is to provide analysis of disability in Timor-Leste with the following specific objectives:

- to analyse the prevalence of disability
- to compare population and housing conditions between people with disabilities and those without
- to analyse the main causes of disability
- to draw policy recommendations of the analysis

2.4 Measurement of disability

There is the International Classification of Functioning, Disability and Health (ICF) , developed by the World Health Organization (WHO). It is a framework for measuring health and disability at both individual and population levels. It is a classification of the health components of functioning and disability, and includes a list of environmental factors. ICF states that disability arises through an interaction between a person's difficulties in functioning (which can include health impairments) and barriers to opportunity and equal participation in society that are created by an unaccommodating environment. The ICF provides a framework for the definition and operationalization of disability in surveys and censuses.

There is a standard set of universal questions on disability to use in censuses and surveys developed by the Washington Group on Disability Statistics (WG). The WG is an international, consultative group of experts to facilitate the measurement of disability and the comparison of data on disability across countries, formed under the aegis of UN Statistical Commission in 2001. The WG questions apply an ICF based approach to the definition and measurement of disability and follow the principles and practices of national statistical agencies. For censuses, the WG short set of disability questions (WG-SS) are used due to the limitation in content of the census questionnaire. The four basic functional domains are walking, seeing, hearing and cognition, and the two additional domains are self-care and communication.

The WG defines persons with disabilities as those who are at greater risk than the general population in experiencing restrictions in completing specific tasks or activities due to limitations in their basic functioning even if such limitations are ameliorated by the use of assistive devices, a supportive environment or plentiful resources.

Asking about the degree of difficulty is crucial for two main reasons. Firstly, both functioning and disability vary across a spectrum, making it essential to capture a wide range of difficulties. Secondly, using scaled responses tends to yield more accurate information compared to simple yes/no answers. Scaled response options allow respondents with different abilities to accurately self-report their level of difficulty, rather than restricting them to a yes/no response.

For the purpose of international comparability, the Washington Group recommends that the threshold for those with a disability are defined as those who answer the WG questions with "a lot of difficulty" or "cannot do at all." where disability is generally understood to mean at greater risk for limitations in participation.

2.5 Definition of disability concepts

Disability- any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) such as difficulty seeing, hearing, walking

Persons with disabilities -Persons that have difficulty in undertaking at least one basic activity in core functional domains: vision, hearing, mobility, remembering/concentrating, communicating or self-care. The WG defines persons with disabilities as those who are at greater risk than the general population in experiencing restrictions in completing specific tasks or activities due to limitations in their basic functioning, such as walking, seeing, hearing, or memory – even if such limitations are ameliorated by the use

Functional domain - categories (known as domains) of different area of functioning such as walking, seeing, hearing, cognition, self-care and communication

Disability status- the state of having a disability or no disability. According to the WG, having no disability means a person has some difficulty in performing any of the six main activities while having a disability means

Disability prevalence - the percentage of persons with any disability

Severity of disability – the degree of disability that can range from mild , moderate to severe, as a way of describing disability in a continuum range

Washington Group Short Set on functioning -a set of six questions designed to identify people with a disability, namely those at greater risk than the general population for participation restrictions due to the presence of difficulties in six core functional domains

2.6 Limitations of measures of disability

Considering the complexity of defining and measuring disability, and, in some cultures there is stigma is associated with disability that creates additional challenges to measurement and ultimately inclusion it has been recommended that several functional activity domains be defined. People can respond to questions regarding their difficulty in performing each of the six domains listed earlier in the chapter rather than enquiries that directly address whether they have a particular disability.

The WG framework is however known to have some disadvantages. Firstly the WG questions were designed to be used for adults over 18 years old. They are not sensitive to child development, and as such are less effective at identifying children with disabilities. As such, it should be noted that data on children with disability from the census may be under-estimated. UNICEF and the WG have developed a different module for identifying children with disabilities, known as the Child Functioning Module (CFM). However due to the length of the CFM, it is often not feasible to include in a census.

Secondly, the WG questions are less effective in capturing psychosocial disabilities. The WG-SS covers most, but not all domains of functioning meaning that most but not all persons with disabilities will be identified. People with psychosocial disabilities that do not impact cognition, communication or self-care will be under-reported.

2.7 Disability questions in 2022 census

The short set of Washington group of questions were used in the 2022 census for six domains for population age 5 years and older.

The questions that were asked are:

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 steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Because of a physical, mental or emotional health condition, does < NAME> have difficulty communicating, for example understanding others or others understanding him?

The responses to each of the questions were 1) No difficulty. 2) Yes, some difficulty. 3) Yes, a lot of difficulty. 4) Cannot do at all. All persons that answered the third and forth option – Yes a lot of difficulty and cannot do at all for any of 33the domains were considered to have a disability.

2.8 Differences between 2022 and 2015 census disability data

The 2022 census questions on disability included all the six domains unlike in the 2015 census which used only four standard Washington Group questions. The domains that were in the 2015 census were walking, seeing, hearing and intellectual/mental condition. The phrasing of the questions was also different in the previous census. The following question was asked:

How much difficulty does NAME have in ….

Walking
Seeing
Hearing
Intellectual/mental condition

The response categories however were similar to 2022 census as follows 1) No- no difficulty. 2) Yes -some difficulty. 3) Yes- a lot of difficulty. 4) Yes-Cannot do at all.

The information was collected on all household members from the age 0 while in 2022 census disability information was collected on those age 5 and older.

The United Nations Principles and Recommendations for Population and Housing Censuses states that the four domains are essential in determining disability status.

2.9 Methods of analysis

The indicators in this disability report are based on calculation of rates, ratios and proportions. The main indicator of disability prevalence is a proportion of the total population that reported having a disability, for those age from 5 years and older.

2.10 Organisation of this report

This report consists of seven chapters outlined as follows:

Chapter 1 Introduction to Timor-Leste population and housing census giving the background and the information on the various census phases of the 2022 census

Chapter 2 Methodology and data that explains the disability programs and policies in Timor-Leste, the disability international framework and context, and the disability questions asked during the census

Chapter 3 Disability levels and trends that provides the disability domains, prevalence, level of severity, trends and the international comparison of the prevalence

Chapter 4 Socio-economic conditions of persons with disabilities that includes several characteristics such as marital status, literacy education attendance and labour force status

Chapter 5 Household and housing conditions of persons with disabilities such as households by disability status, sanitation and drinking water facilities

Chapter 6 Causes of disability

Chapter 7 Conclusion and recommendations

3 Disability levels and trends

3.1 Disability domains

Persons with disabilities are a highly heterogeneous group that have different needs, capacities and barriers. Inorder to understand disability, it is important to classify persons with disability by the domains in which they have difficulties in functioning.

Disability and functioning, exist along a continuum from no disability to having a severe disability. However it is still important to show the continuum of functioning from no difficulty in the domains of functioning to significant difficulty as presented in Table 3.1. For example, while 97 percent of the population age 5 years and over have no difficulty in walking, 4.5 percent has some difficulty walking while less than one percent has a lot of difficulty walking (including those who can not walk at all).

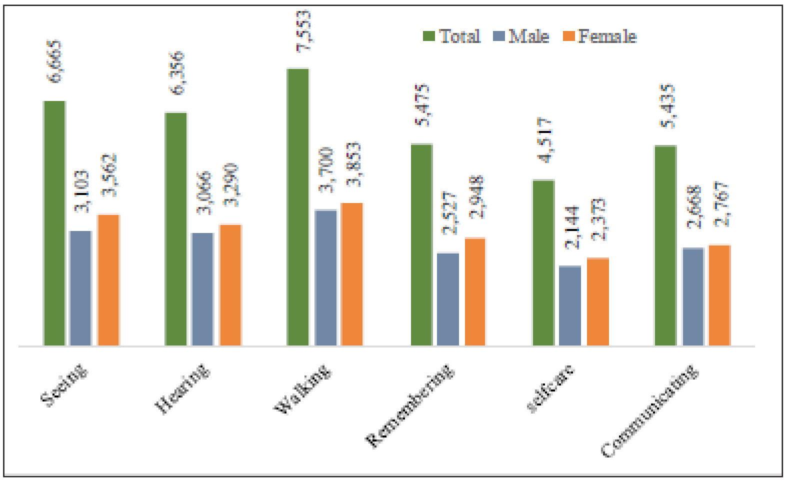
Table 3.1: Distribution of population with disabilities and disability prevalence by functional domain and level of difficulty, 2022

	Level of difficulty			
Domain	**No difficulty**	**Some difficulty**	**A lot of difficulty**	**Cannot do at all**
	Population			
Seeing	1,121,273	53,125	6,150	515
Hearing	1,148,086	26,621	5,753	603
Walking	1,145,320	28,190	6,903	650
Remembering	1,155,294	20,294	5,103	372
Self-care	1,165,042	11,504	3,962	555
Communicating	1,161,146	14,482	4,820	615
		Percent		
Seeing	94.9	4.5	0.5	0
Hearing	97.2	2.3	0.5	0.1
Walking	97	2.4	0.6	0.1
Remembering	97.8	1.7	0.4	0
Self-care	98.6	1	0.3	0
Communicating	98.3	1.2	0.4	0.1

Figure 3.1 shows the distribution of persons with disability for both males and females, classified based on the WG definition of those that could not function at all or had a lot of difficulty in each domain presented. The most common disability was walking, reported by 7.5 thousand people followed by seeing (6.6 thousand) and the least reported was self-care (4.5 thousand). In terms of percent, 44.3 percent of persons with disabilities have difficulties with walking, followed by 39.1 percent with seeing difficulties, 37.3 percent with hearing difficulties, and the lowest percentage, 26.5 percent have difficulties with self-care.

Comparison by sex shows that in all the domains, the number of females with disabilities were much more than the males.

Figure 3.1: Distribution of population with disabilities by functional domains and sex



3.2 Disability prevalence

Understanding the proportion of people with a disabilities is the first step in compiling disability statistics. Using the WG definition, a threshold was set to define those that have a disability and those that do not have a disability. The 2022 census show that of all persons age 5 years and older, 17.1 thousand persons had a disability had a disability according to the WG definition, in at least one of the six domains seeing, hearing, walking, cognition, self-care, and communication. Table 3.2 shows that the disability status according to the recommended WG classification showing that 1.4 percent of the population age at least 5 has a disability, also referred to as the prevalence of disability .

There is no significant variation by sex, that is 1.4 percent among males compared with 1.5 percent among females.

Table 3.2: Distribution of the population age 5+ by disability status

			Disability status	
	Population age 5+	Persons with disability	Disability	No disability
Total	1,181,063	17,061	1.4	98.6
Male	598,926	8,517	1.4	98.6
Female	582,137	8,544	1.5	98.5

3.3 Disability severity

The WG-SS questions can be used to create disability indicators that reflect the severity of functional limitation across all domains. This report will present 'highest difficulty or severity indicator describing 'severity' based on the highest level of difficulty recorded over the six functioning domains. The four categories of disability based on the highest level of difficulty making reference to position on the continuum, will be as follows:

- **more severe** are those who responded 'cannot do at all' to any functioning domain
- **moderate** excludes the more severe moderate moderate and responded 'a lot of difficulty' to at least one functioning domain;

- **milder** excludes the more severe and moderate and responded 'some difficulty' to at least one functioning domain
- **None** are those who responded 'no difficulty' to all six functioning domains

Table 3.3 presents the distribution of disability severity indicator by sex which shows that 93,371 people in Timor-Leste had some form of a disability and 1.1 million people had no disability in any of the six functional domains . The results show that 92.1 percent of the population 5 years and older had no disability, 6.5 percent had milder disability and 1.3 percent had moderate disability while less than one percent had more severe disability.

The variation by sex is minimal. For example there is a slightly higher proportion of people with more severe disabilities among females than among the males. This is not surprising as females have a higher life expectancy than the males therefore more women are at risk of severe disabilities that are more prevalent in old age. However for milder disabilities, the proportion is higher though among the males.

Table 3.3: Distribution of population age 5+,population with any disability, level of disability and disability prevalence by sex, 2022

		Level of disability				
	Population age 5+	**None**	**Milder**	**Moderate**	**More severe**	**Proportion with mild/moderate/ more severe disability**
Sex						
Male	598,926	92.1	6.5	1.3	0.1	7.9
Female	582,137	92.1	6.4	1.3	0.2	7.9
Total	1,181,063	92.1	6.5	1.3	0.2	7.9

The data on severity refers to the proportion of persons on the disability continuum. It is important to note that moderate and severe disability (1.4 percent) are used as the cutoff to identify the prevalence persons with disabilities as presented earlier in this chapter.

3.4 Multiple disabilities

Multiple disabilities means a person has more than one type of significant disabilities. The severity of disability is also known to be related to the number of disabilities that a person has, therefore makes a person more vulnerable and the need for support is greater. Table 3.4 shows that out of the 17 thousand people with disabilities, 7.7 thousand people have more than one type disability representing 0.7 percent of the population and accounting for 45.6 percent of people with disabilities. There are more females with multiple than males, 3.6 thousand compared with 4.1 thousand respectively. In percentage terms, 53.3 percent of persons with multiple disabilities are females.

The results further show that 26 percent of total persons with disabilities has at least three disabilities, with the proportion among females being higher than the males.

Table 3.4: Distribution of population with disability and number of disabilities by sex , 2022

	Number of disabilities			Population with disabilities	Total population age 5+
	One	Two	Three or more		
Total	9,278	3,345	4,438	17,061	1,181,063
Male	4,884	1,581	2,052	8,517	598,926
Female	4,394	1,764	2,386	8,544	582,137
	Percent of population with disabilities				
Total	54.4	19.6	26	100	
Male	57.3	18.6	24.1	100	
Female	51.4	20.6	27.9	100	
	Percent of population				
Total	0.8	0.3	0.4		
Male	0.8	0.3	0.3		
Female	0.8	0.3	0.4		

Having three or more disabilities was likely among those with significant difficulties in selfcare followed by those with difficulties in remembering. Table 3.5 shows that 76.4 percent of those with significant difficulties in self care and 74.4 percent of those with difficulties with remembering had at least two other disabilities. There was also a significant proportion among those with difficulties in communication, with 63.7 percent having two or more other disabilities.

It is also noted that among those with the most common disability of walking, 33.9 percent had this as the only disability while 46.5 percent were reported to have more than two other disabilities.

Table 3.5: Distribution of population with disability and number of disabilities by sex , 2022

	Seeing	Hear-ing	Walk-ing	Remem-bering	Selfcare	Commu-nicating	Seeing	Hear-ing	Walk-ing	Re-mem-bering	Self-care	Commu-nicating
				Population			Percent					
Male												
1	1,331	1,221	1,412	340	130	450	43	39.8	38.2	13.5	6.1	16.9
2	497	485	694	497	413	576	16.0	15.8	18.8	19.7	19.3	21.6
3+	1,275	1,360	1,594	1,690	1,601	1,642	41.1	44.4	43.1	66.9	74.7	61.5
Total	3,103	3,066	3,700	2,527	2,144	2,668	100.0	100.0	100.0	100.0	100.0	100.0
Female												
1	1,307	1,031	1,146	405	127	378	367.0	31.3	29.7	13.7	5.4	13.7
2	657	562	791	554	396	568	184.0	17.1	20.5	18.8	16.7	20.5
3+	1,598	1,697	1,916	1,989	1,850	1,821	449.0	51.6	49.7	67.5	78.0	65.8
Total	3,562	3,290	3,853	2,948	2,373	2,767	100.0	100.0	100.0	100.0	100.0	100.0
Total												
1	2638	2252	2558	745	257	828	39.6	35.4	33.9	13.6	5.7	15.2
2	1154	1047	1485	1051	809	1144	17.3	16.5	19.7	19.2	17.9	21.0
3+	2873	3057	3510	3679	3451	3463	43.1	48.1	46.5	67.2	76.4	63.7
Total	6665	6356	7553	5475	4517	5435	100.0	100.0	100.0	100.0	100.0	100.0

3.5 Disability by age

Disability is known to be more prevalent among older people. Figure 3.2 depicts the age structure of the population with disability by sex, which shows fewer people in the younger age groups for both males and females. The number of people with disabilities starts to grow from age group 50-54. The biggest bulge in population with disabilities is from age groups 70-74 and 75-79. There is also a notable number of persons with disability among 80–84-year-olds.

Figure 3.2: Population pyramid of persons with disability age 5 +

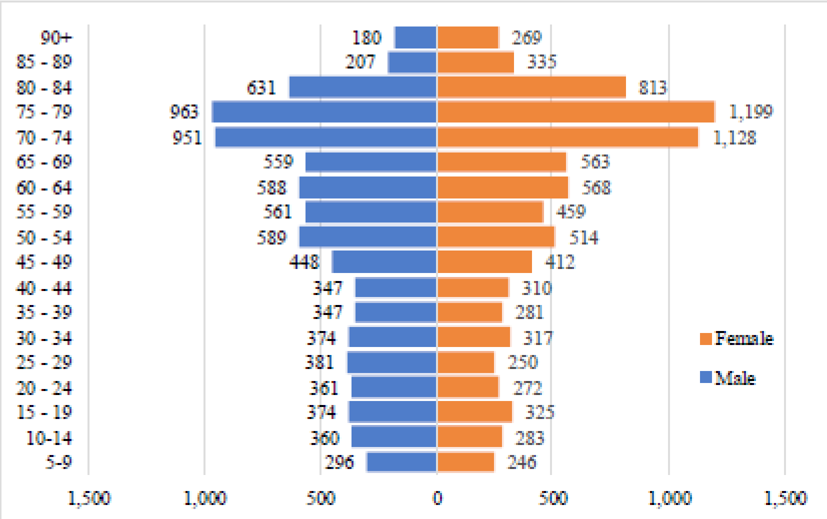


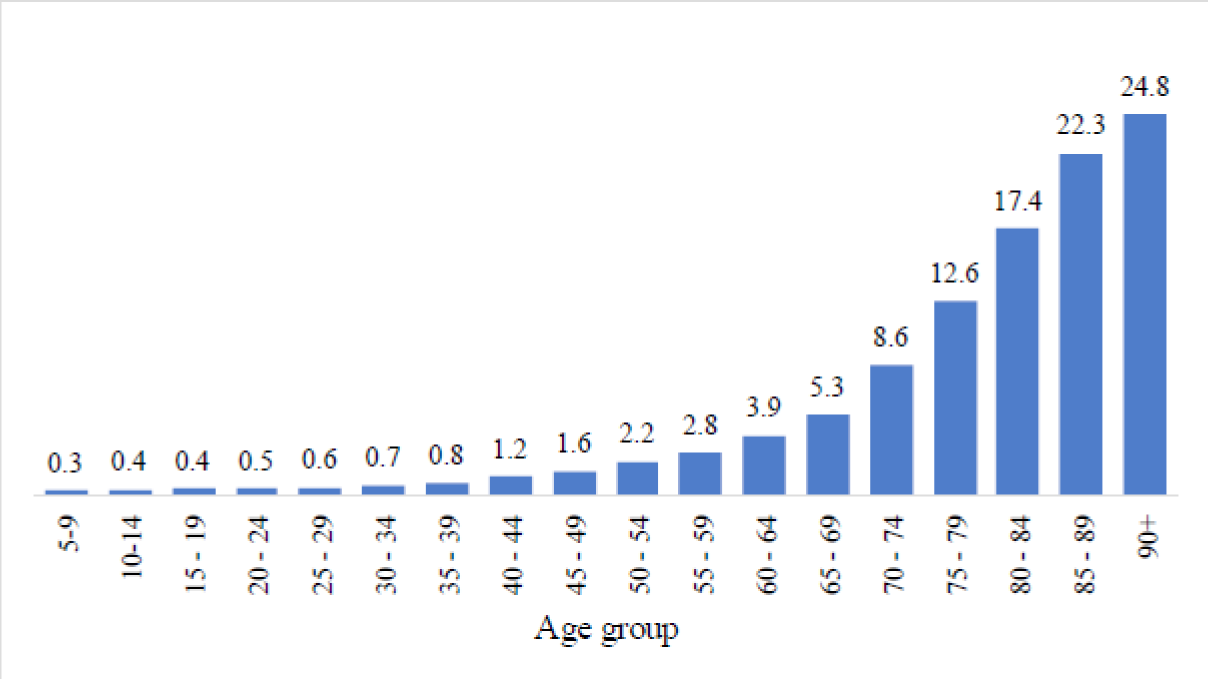
Table 3.6 shows the total population, population with disabilities and the prevalence rates of disability by five-year age group. Disability prevalence steadily rises with increase in age. From age group 5-9 through 45-49, the age specific disability prevalence increases slowly and are below the national rate of 1.4 percent. Disability prevalence among 40–44-year-olds is 1.2 percent, and the proportion more than triples (3.9 percent) among 60–64-year-olds. By ages 70-74, the disability prevalence rises to 8.6 percent. Among those within the ages 85-89, one in five persons has a disability.

Table 3.6: Total population, population with disabilities and the prevalence rates of disability by five-year age group, 2022

Age group	Population			Population with disability			Disability prevalence		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
5-9	159,582	81,773	77,809	542	296	246	0.3	0.4	0.3
10-14	147,511	75,563	71,948	643	360	283	0.4	0.5	0.4
15-19	157,451	80,268	77,183	699	374	325	0.4	0.5	0.4
20-24	132,541	67,096	65,445	633	361	272	0.5	0.5	0.4
25-29	109,553	54,699	54,854	631	381	250	0.6	0.7	0.5
30-34	93,692	46,741	46,951	691	374	317	0.7	0.8	0.7
35-39	81,581	41,416	40,165	628	347	281	0.8	0.8	0.7
40-44	52,980	26,835	26,145	657	347	310	1.2	1.3	1.2
45-49	55,226	29,087	26,139	860	448	412	1.6	1.5	1.6
50-54	50,106	26,640	23,466	1,103	589	514	2.2	2.2	2.2
55-59	36,283	18,884	17,399	1,020	561	459	2.8	3.0	2.6
60-64	29,484	14,850	14,634	1,156	588	568	3.9	4.0	3.9
65-69	21,152	10,620	10,532	1,122	559	563	5.3	5.3	5.3
70-74	24,281	11,033	13,248	2,079	951	1,128	8.6	8.6	8.5
75-79	17,101	7,818	9,283	2,162	963	1,199	12.6	12.3	12.9
80-84	8,299	3,784	4,515	1,444	631	813	17.4	16.7	18.0
85-89	2,433	1,035	1,398	542	207	335	22.3	20.0	24.0
90+	1,807	784	1,023	449	180	269	24.8	23.0	26.3

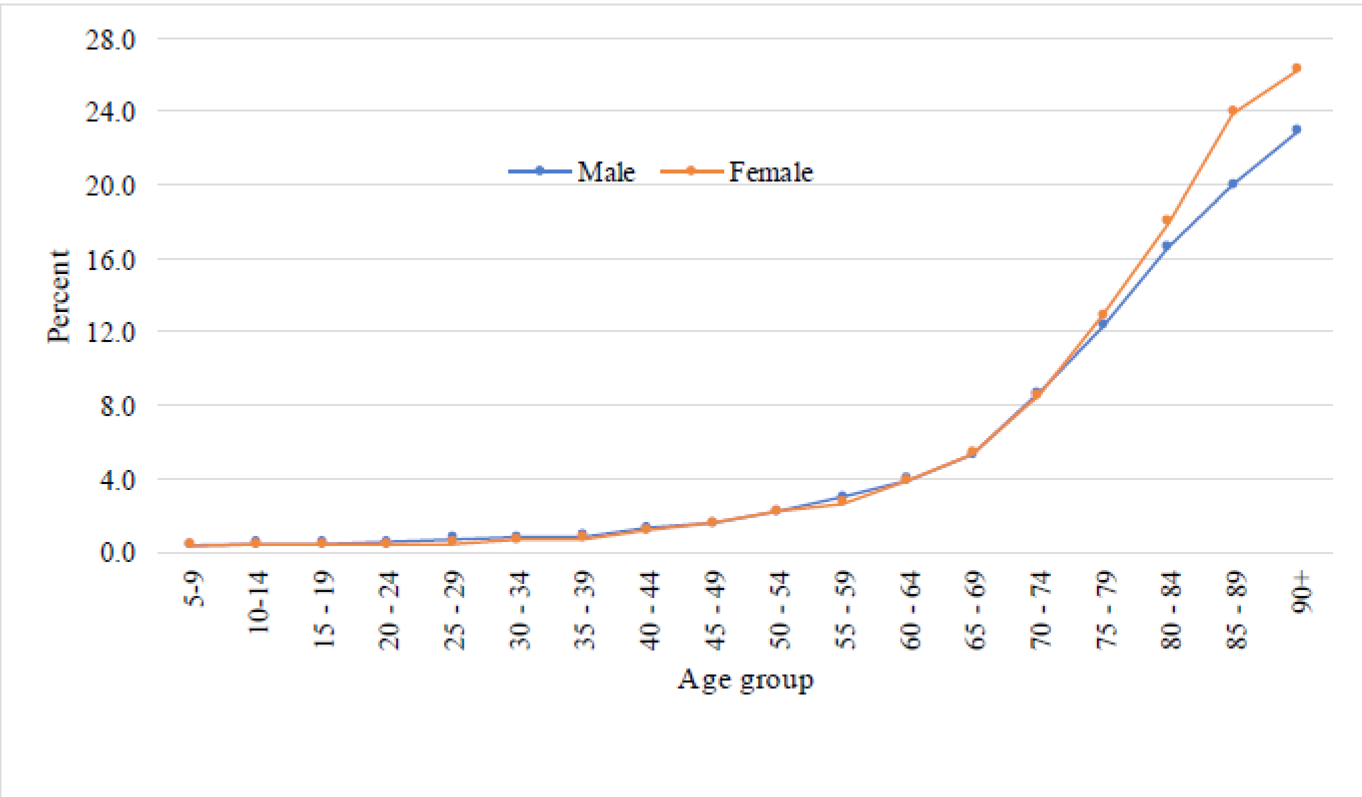
Figure 3.3 depicts the age specific disability prevalence rates for the population, clearly showing the highest rates at the older ages.

Figure 3.3: Disability prevalence by five-year age groups, 2022



The age pattern of disability prevalence for males and females is similar, increasing with age as illustrated by Figure 3.4. Starting from the age group 70-74, disability prevalence is higher among females than males. The gap in the disability prevalence between males and females continues to widen through the much older ages.

Figure 3.4: Age distribution of disability prevalence by sex



It is also important to analyse disability by special age groups, for example children and the elderly. The disability prevalence for the following age groups: 5-14 represent children, 15-24 for the youth, 25-64 for adults and the elderly age 65 years and older. The analysis continues to show very high disability prevalence among the elderly overall. This is also the trend across all the six domains. Disability prevalence for children, youths and adults are all below the national rate of 1.4 percent. Among children age 5-14, the most common disabilities are walking, self-care and communicating at less than one percent each. Among the youths age 15-24, remembering, communicating and walking difficulties are more prevalent.

Table 3.7: Distribution of population with disabilities and disability prevalence by functional domain, 2022

Age group	Disability	Seeing	Hearing	Walking	Remembering	Self-care	Communicating
14-May	0.4	0.1	0.1	0.2	0.2	0.2	0.2
15 - 24	0.5	0.1	0.1	0.2	0.2	0.1	0.2
25 - 49	0.9	0.2	0.2	0.3	0.3	0.2	0.3
50-64	2.8	0.9	0.8	1.2	0.7	0.5	0.8
65+	10.4	5.6	5	5.2	3.1	2.8	2.9
5+	1.4	0.6	0.5	0.6	0.5	0.4	0.5

Figure 3.5 depicts the disability prevalence by domain and age. There is a general trend of proportion of disability rising with increase in age for each of the disability types. From age group 45-49 until 65-69, walking disability is more prevalent compared to all the other disability. By age 70-74, disability in sight surpasses all the other disabilities, and is followed by walking disabilities. The least prevalent disability at older ages is regarding communicating.

Figure 3.5: Disability rates by functional domains and age, 2022

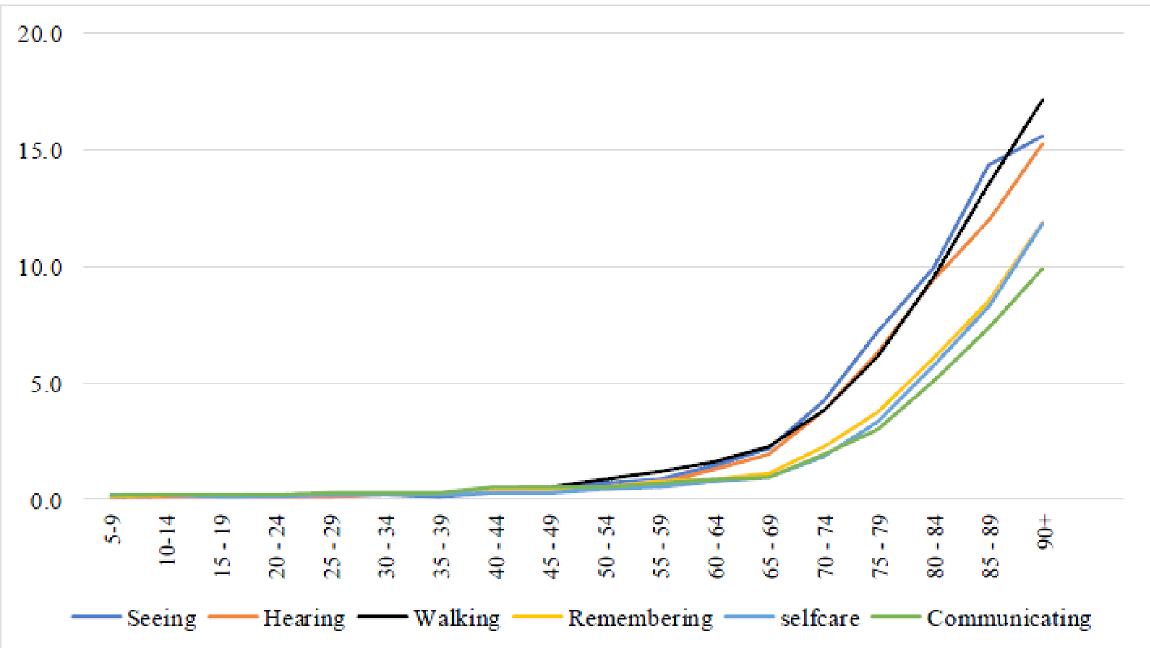


Table 3.8 presents the population that reported having any level of disability, distributed by the level of severity of disability and five-year age group. The percentage of population with milder disability is very low at younger ages, reaching 2.4 percent among those age 30-34, but almost triples by age 40-44. It reaches more than 40 percent beyond age group 75-79. For those with moderate disabilities, the proportion starts rising much faster from age group 60-64 and exceeds 10 percent from ages 75-79.

While the proportion of people with any level of disability is mostly below one percent for age groups below 40 years, the proportion quickly rises to 2.8 percent among those age 55-59 and reaches 24.8 percent among those age 90 and older.

Table 3.8: Distribution of population age 5+, population with any disability, level of disability and disability prevalence by age, 2022

			Level of disability				
Age group	**Population age 5+**	**Population with at least mild disability**	**None**	**Milder**	**Moderate**	**More severe**	**Disability prevalence**
9-May	159,582	1,692	98.9	0.7	0.3	0.1	0.3
14-Oct	147,511	2,062	98.6	1	0.3	0.1	0.4
15 - 19	157,451	2,609	98.3	1.2	0.4	0.1	0.4
20 - 24	132,541	2,520	98.1	1.4	0.4	0.1	0.5
25 - 29	109,553	2,568	97.7	1.8	0.5	0.1	0.6
30 - 34	93,692	2,900	96.9	2.4	0.7	0.1	0.7
35 - 39	81,581	3,579	95.6	3.6	0.7	0.1	0.8
40 - 44	52,980	4,318	91.8	6.9	1.1	0.1	1.2
45 - 49	55,226	8,131	85.3	13.2	1.4	0.1	1.6
50 - 54	50,106	10,112	79.8	18	2	0.2	2.2
55 - 59	36,283	8,848	75.6	21.6	2.6	0.2	2.8
60 - 64	29,484	8,983	69.5	26.5	3.6	0.3	3.9
65 - 69	21,152	7,954	62.4	32.3	4.9	0.4	5.3
70 - 74	24,281	10,496	56.8	34.7	7.9	0.7	8.6
75 - 79	17,101	8,945	47.7	39.7	11.3	1.3	12.6
80 - 84	8,299	4,940	40.5	42.1	15.6	1.8	17.4
85 - 89	2,433	1,594	34.5	43.2	19.6	2.7	22.3
90+	1,807	1,120	38	37.1	21.4	3.5	24.8
Total	1,181,063	93,371	92.1	6.5	1.3	0.2	1.4

The information on disability by level of severity by age is further depicted in Figure 3.6. Milder disabilities are more prevalent at all ages than moderate and severe disabilities.

Figure 3.6: Percent distribution of people with disabilities by level of severity, 2022

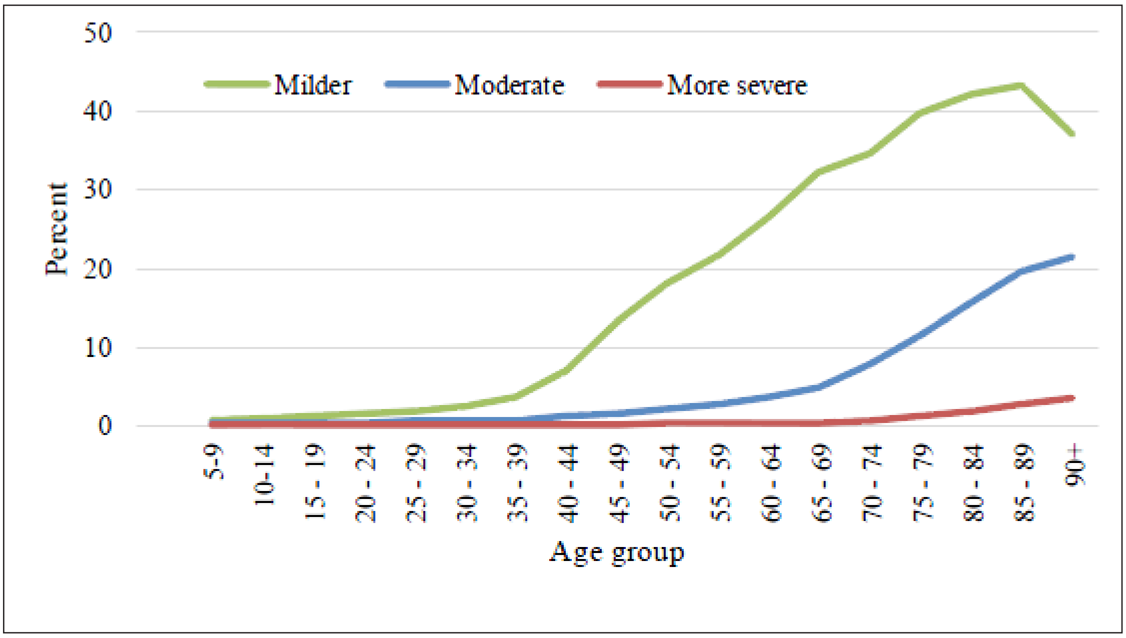


Table 3.9 shows the disability severity indicator by the special age groups. Among the youth, 1.3 percent have milder disabilities and this proportion rises to 4.6 percent among adults age 25-49 and further reaches 36.3 percent among those age 65 years and older. In terms of moderate disabilities, it rises with age too from 2.6 percent among those age 50-64 to 9.4 percent among those age 65 years and older. The more severe disabilities are up to one percent of the elderly population age 65 years and older.

Table 3.9: Distribution of population by severity of disability by special age groups,2022

Population	None	Milder	Moderate	More severe
14-May	98.8	0.8	0.3	0.1
15 - 24	98.2	1.3	0.4	0.1
25 - 49	94.5	4.6	0.8	0.1
50-64	75.9	21.3	2.6	0.2
65+	53.3	36.3	9.4	1
5+	**92.1**	**6.5**	**1.3**	**0.2**

Figure 3.7: Percent distribution of people with disabilities by number of disabilities and five year age groups, 2022

3.6 Disability by place of residence

The prevalence of disability is known to vary by place of residence which varies by living conditions and access to services such as health and education. Urban areas generally have better services than rural areas ,that creates disparities in the living conditions especially for persons with disabilities. More than 80 percent of people with disabilities in Timor-Leste are living in the rural areas. Table 3.9 presents disability prevalence by urban and rural residence but also by sex. Disability prevalence in rural areas is twice as high that of urban areas (1.7 percent versus 0.8 percent).

Regarding the disability severity, 4.7 percent of urban residents have milder disability that is lower than 7.2 percent among rural residents. Moderate disability among rural residents stands at 1.5 percent, that is twice that of urban areas (0.7 percent). The higher rates of disability in rural areas are also likely due to the higher proportion of older people beyond the age of 65 in these rural areas than in urban areas. The variation by sex is very minimal across all groups.

Table 3.10: Disability status, disability severity by place of residence by sex , 2022

		Population age 5+	Disability status		Disability severity		
			With Disability	Without disability	Milder	Moderate	More severe
Urban	**Total**	339,527	0.8	94.5	4.7	0.7	0.1
	Male	171,755	0.8	94.4	4.8	0.7	0.1
	Female	167,772	0.8	94.6	4.6	0.7	0.1
Rural	**Total**	841,536	1.7	91.1	7.2	1.5	0.2
	Male	427,171	1.7	91.1	7.2	1.5	0.2
	Female	414,365	1.7	91.1	7.1	1.6	0.2

3.7 Disability by municipality

Disability prevalence by municipality presented in Table 3.10 confirm the variation by geographic location. Atauro has the highest (3.0 percent) proportion of people with moderate to severe disabilities followed by Viqueque (2.5 percent). Disability in Atauro is more than twice that of the national average of 1.4 percent.
The lowest proportion of people with disability is in Dili (0.7 percent). It is worth noting that the lowest rates are in a predominantly urban municipality of Dili , that also has a smallest proportion of elderly person age 65 years and older. Atauro with higher disability prevalence is completely rural and the proportion of the elderly population is moderately higher, while Viqueque has the biggest share of elderly population and the municipality is also predominantly rural.

For the majority of the municipalities, disability among females is slightly higher or the same as that among the males except for Aileu, Dili and Liquica.

Table 3.11: Distribution of population with disabilities by municipality and sex , 2022

	Total	Male	Female	Total	Male	Female
		Number			Percent	
Aileu	866	436	430	1.3	1.4	1.2
Ainaro	845	401	444	1.3	1.4	1.3
Atauro	626	345	281	3	2.8	3.1
Baucau	272	129	143	1.9	1.9	1.9
Bobonaro	999	471	528	1.7	1.7	1.7
Covalima	1,110	511	599	1.5	1.4	1.7
Dili	1,757	822	935	0.7	0.8	0.7
Ermera	2,119	1,120	999	1.7	1.6	1.7
Lautém	1,590	798	792	1.8	1.7	1.9
Liquiça	1,052	547	505	1.4	1.5	1.4
Manatuto	2,257	1,133	1,124	1.9	1.7	2
Manufahi	2,023	1,009	1,014	1.6	1.6	1.7
Oe-Cusse	692	354	338	1	1	1
Viqueque	853	441	412	2.5	2.3	2.6
Total	17,061	8,517	8,544	1.4	1.4	1.5

3.8 Disability severity indicator by municipality

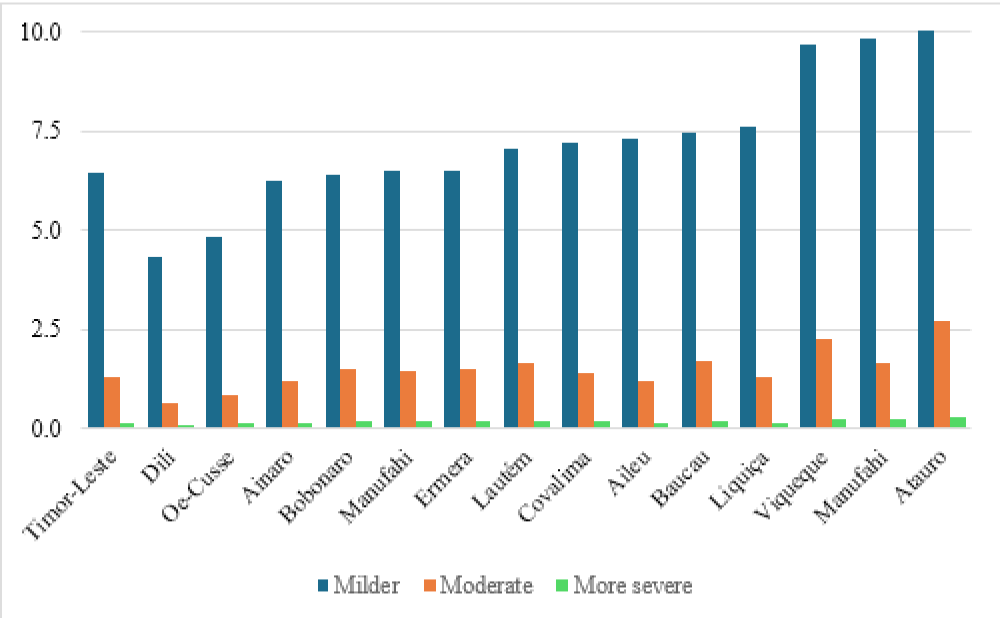
The severity of disability across the municipality varies as presented in Table 3.12. Moderate and more severe disabilities are ranking highest in Atauro, at 2.7 percent and 0.3 percent respectively. Less than one percent of the population in Dili and Oecusse had moderate or more severe disabilities.

Table 3.12: Distribution of population by severity of disability and municipality,2022

	Population age 5+	Level of severity (Percent)		
		Milder	Moderate	More severe
Aileu	47,082	7.3	1.2	0.2
Ainaro	63,680	6.2	1.2	0.1
Atauro	9,163	10.1	2.7	0.3
Baucau	118,835	7.5	1.7	0.2
Bobonaro	93,846	6.4	1.5	0.2
Covalima	64,834	7.2	1.4	0.2
Dili	288,022	4.3	0.7	0.1
Ermera	120,482	6.5	1.5	0.2
Lautém	61,628	7.1	1.6	0.2
Liquiça	72,826	7.6	1.3	0.1
Manufahi	53,296	6.5	1.4	0.2
Manufahi	53,296	9.9	1.7	0.2
Oe-Cusse	71,252	4.8	0.8	0.1
Viqueque	71,097	9.7	2.3	0.2
Timor-Leste	1,181,063	6.5	1.3	0.2

Figure 3.6 depicts the information on severity of disability at municipality level. Atauro (10.1 percent) followed by Manufahi (9.9 percent) and Viqueque (9.7 percent) are the three top municipalities with milder disabilities. Moderate disabilities were highest in Atauro (2.7 percent) followed by Viqueque (2.3 percent).

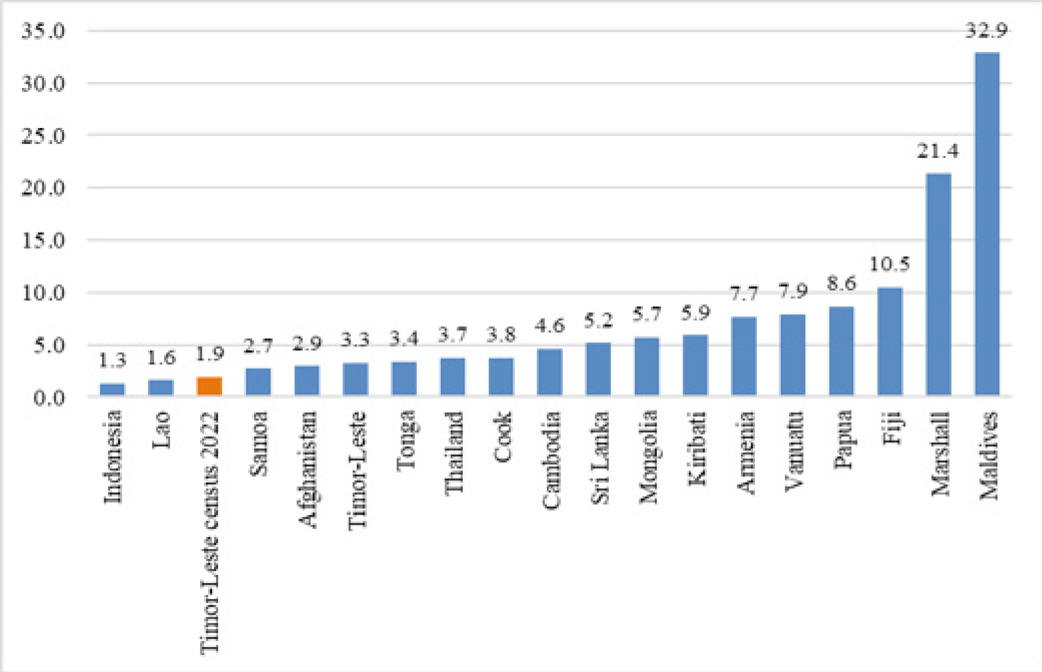
Figure 3.8: Disability prevalence by severity of disability and municipality



3.9 International comparison of disability prevalence for population age 15 +

Figure 3.9 shows the disability prevalence of Timor-Leste in comparison to selected Asia and Pacific countries. The estimates were published by UNESCAP through Disability at a Glance for 2021. Both estimates of the disability prevalence for Timor-Leste from the 2022 census (1.9 percent) and the UN estimate (3.3 percent), though higher, ranks among the lowest five countries.

Figure 3.9: Disability prevalence for population age 15+ for Asia and Pacific countries



https://disabilitydata.ace.fordham.edu/reports/disability-data-initiative-2021-report/prevalence-of-functional-difficulties/

4 Socio-economic characteristics of persons with disabilities

4.1 Disability by marital status

The link between marital status and disability has been studied in other Asian countries and seems to suggest that adults with disability are likely to be not in marital unions, more so for women (Adhikari,2020). Marriage is a source of social support therefore is as important for people with and without disabilities.

Table 4.1 presents the distribution of persons with and without disabilities by marital status and sex. Among persons with disability, 26.9 percent have never been married, that is lower than 42.2 percent of never married among those without disability. Further to that, 45.4 percent of those with disability are still married and 25.9 percent are widowed while 4.8 percent are either divorced or separated. Notably a bigger share (73.1 percent) of people with disabilities have ever been married than persons without disability (57.8 percent),but have higher rates of widowhood and separation. This is not surprising as more than half persons with disabilities are least 60 years of age By sex, the data shows that among persons with a disability more women get married as 77.1 percent have ever married compared to 69 percent among males. However, more than half (53.9 percent) of men remain married which is far more than 37.9 percent of women with disabilities. The majority women with disabilities that have ever married are no longer in union with widows constituting 37.8 percent.

The high proportion of widowhood among those with disabilities in part can be explained by the ageing structure of this population, where the people lose their spouses in their old age. Generally men have a lower life expectancy than females, which is also the case in Timor-Leste according to the 2022 census analysis on mortality. Therefore , it means more women survive to older ages while their spouses die earlier.

Table 4.1: Marital status of population age 15+ by disability status and sex , 2022

		Never married	Married	Widowed	Divorced	Separated
Total	**With disability**	26.9	45.4	25.9	0.7	4.1
	Without disability	42.2	52.1	4.8	0.3	1.4
Male	**With disability**	31	53.9	13.6	0.5	3
	Without disability	47	50.2	2.3	0.2	0.7
Female	**With disability**	22.9	37.1	37.8	0.8	5.7
	Without disability	37.3	53.9	7.4	0.5	2.4

4.2 Disability by literacy

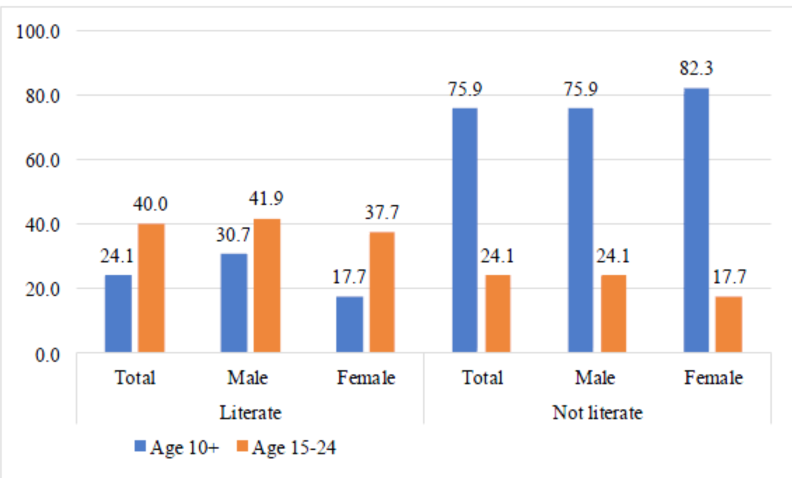
Ability of the population to read and write is an indicator of a country's development. Literacy rate in 2022 among people age at least 10 years is 72.3 percent , an improvement from 70 percent in 2015. Inorder to continue to make progress in this area, it is important to ensure no-one is left behind in the efforts. Table 4.2 summarises the literacy rates by disability status and sex. Among those with a disability, only 24.1 percent are literate while 75.9 percent are not literate. In a sharp contrast to those 32 without disability, the majority (73.2 percent) are literate. Among males with disability, 30.7 percent are literate while only 17.7 percent of women with disabilities are literate. The gap in literacy rates between people with disabilities and those without and more so between males and females is so significant implying a wide margin of exclusion in development due to reduced quality of human capital.

Table 4.2: Literacy rates of population age 10+ by disability status and sex, 2022

	Total		Male	Female
	With disability	**Without disability**	**With disability**	
Literate	24.1	73.2	30.7	17.7
Not literate	75.9	26.8	69.3	82.3
Number	16,519	1,004,962	8,221	8,298

The country's literacy varies by age, with a bigger proportion of the youths being literate compared to older population reflecting in improvements in literacy in the general population over the years.. Figure 4.1 presents literacy rates for persons with disabilities in the age group 15-24 and 10 years and over. Literacy rate among the youth with disabilities are significantly higher (40 percent) than that of population age at least 10 years (24.1 percent). Young males with disabilities have literacy rates that are higher than among young female with disabilities (41.9 percent versus 37.7 percent respectively), reflecting probably improved gender equity in literacy that is more inclusive of marginalised groups such as people with disabilities.

Figure 4.1: Literacy status of population with disability age 10+ and youths age 15-24 by sex, 2022



Further examination of literacy rates by the different domains of disability among persons age at least 10 years shows that 14.7 percent of those with hearing difficulties are literate, ranking the lowest among all the six functional domains. The information presented in Table 4.3 shows that literacy rates are much higher among those with walking disabilities (22.4 percent). Clear gender disparities exist with women being less likely to read and write compared to the men across all the domains.

Table 4.3: Literacy rates of population age 10+ by functional domains, 2022

	Population age 10+	Percent		
		Total	Male	Female
Functional domain				
Seeing	6,544	18.6	24.9	13.1
Hearing	6,192	14.7	19.4	10.3
Walking	7,283	22.4	29.8	15.4
Remembering	5,276	17.6	23.2	12.8
Selfcare	4,252	17	22.8	11.8
Communicating	5,144	17.6	22.6	12.8

The literacy rates are also presented by special age groups for each of the functional domains in Table 4.4. At the younger ages, the literacy rates are lower across all of the functional domains and the rates peak at the ages between 25-45 except for those with hearing difficulties who have higher literacy even among the youths age 15-24. The rates significantly decline at the older ages, reaching below 10 percent for all the domains. . However, the rates are highest for those with difficulties with sight, followed by those with hearing difficulties. The lowest literacy rates can be observed among those with limitations in communicating.

Table 4.4: Literacy rates of population with disability by functional domains and special age groups, 2022

	Seeing	Hearing	Walking	Remembering	Selfcare	Communicating
14-May	23.1	24.1	18.1	14.7	14.5	14.5
15 - 24	36.8	37	39.3	24.2	21.3	25.1
25 - 49	40.7	26.5	41.7	30	29	26.7
50-64	34.9	21.5	35.5	24.3	29.4	22.8
65+	8.1	7	9.4	6.8	7.3	6.4
Number	6,665	6,356	7,553	5,475	4,517	5,435

4.3 Disability by school attendance

Education is central to the realization of the 2030 Agenda for Sustainable Development and inclusive and equitable education is key to poverty reduction. People with disabilities face enormous obstacles to receive education due to factors such as education facilities that are not disability friendly making them inaccessible. Without education, persons with disabilities remain at risk of being vulnerable in societies. By ratifying the CRPD, Timor-Leste recognizes the right of persons with disabilities to education and committed to ensure an inclusive education system at all levels and lifelong learning.

There are 13.0 thousand people with disabilities age 5 years and over that have never attended school of which 7 thousand are females. A further 3.3 thousand people with a disability have dropped out of school and around 700 persons are in school. Expressed as percentage, Figure 4.3 shows that 76.1 percent of persons with disabilities have never attended school compared to 27.7 percent of those without disabilities. Only 3.9 percent was attending school while 14.0 percent who were previously in school were no longer in school at the time of the census Out of all those with disabilities that have never been to school, 54 percent are females showing that they are more disadvantaged . The results show that 82.1 percent of females with a disability have never attended school compared with 70.2 percent among males with a disability. The high proportion of non- school attendance among those with disability is due to the age structure, where the majority are elderly population that generally have never been to school.

Figure 4.2: School attendance of population age 5+ by disability status and sex

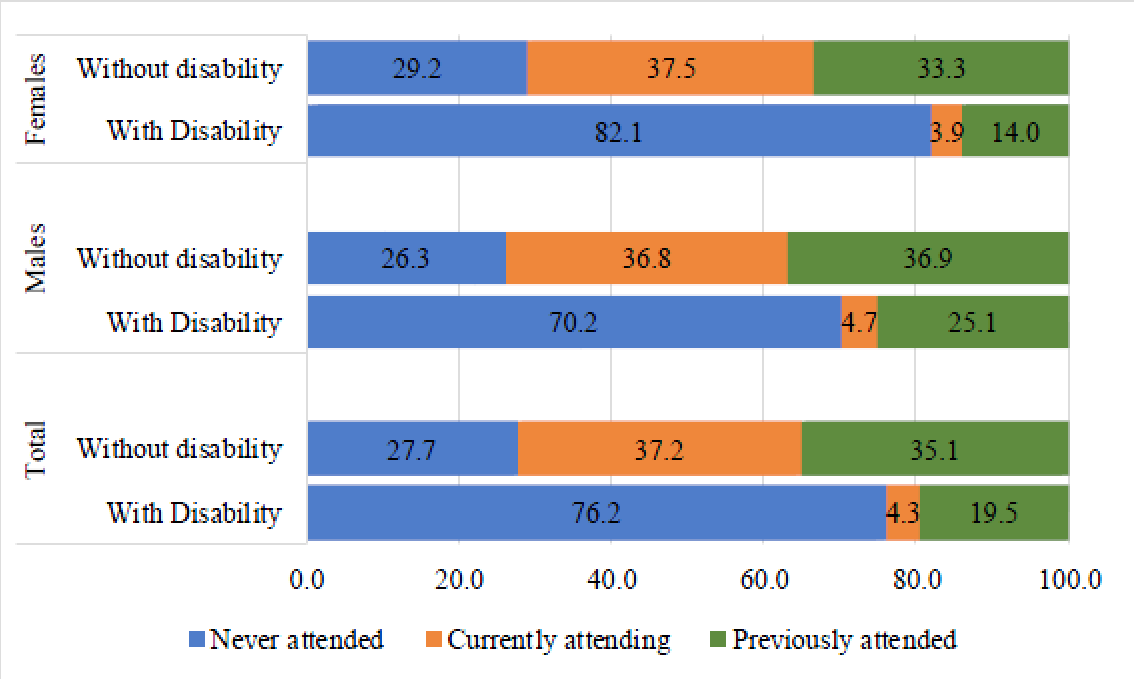
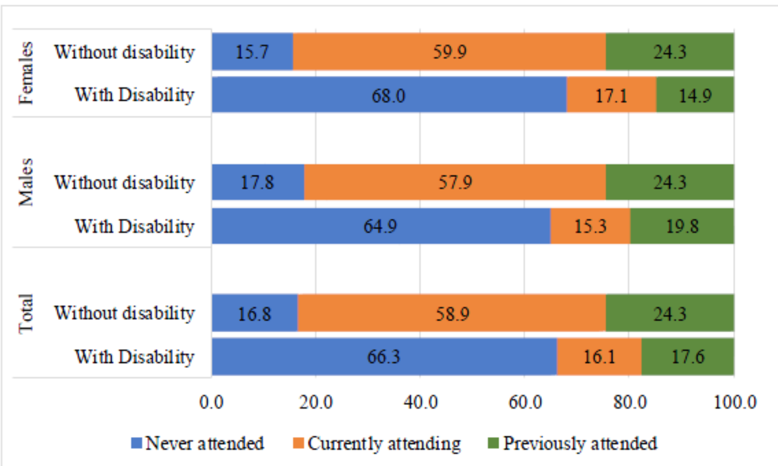


Figure 4.4 presents similar information on school attendance for school-going age population age 5-29, as it gives a better picture of the population that is expected to be in school. Slightly fewer persons (66.3 percent) with disability have never attended school for this population that is expected to be in school, and the variation between girls and boys with disability is much narrower with 64.9 percent of males versus 68 percent of girls with a disability that have never been to school.

The current school attendance rate for persons with disabilities age 5-29 is only 16.1 percent. The rate for boys exceeds that of girls by 2 percentage points, but these attendance rates fall well below then national average Clearly, compared to those without disabilities, major disparities exist, probably indicating problems in access to education for those with a disability, lack of assistive equipment for mobility, learning and communication, lack of teachers with specialized training and inadequate infrastructure for inclusion of children with disabilities. Inability to go to school excludes children from other services such as school feeding and cash transfers that are conditional on school attendance. Without education, the chances for decent employment and empowerment remain low for this population with disabilities.

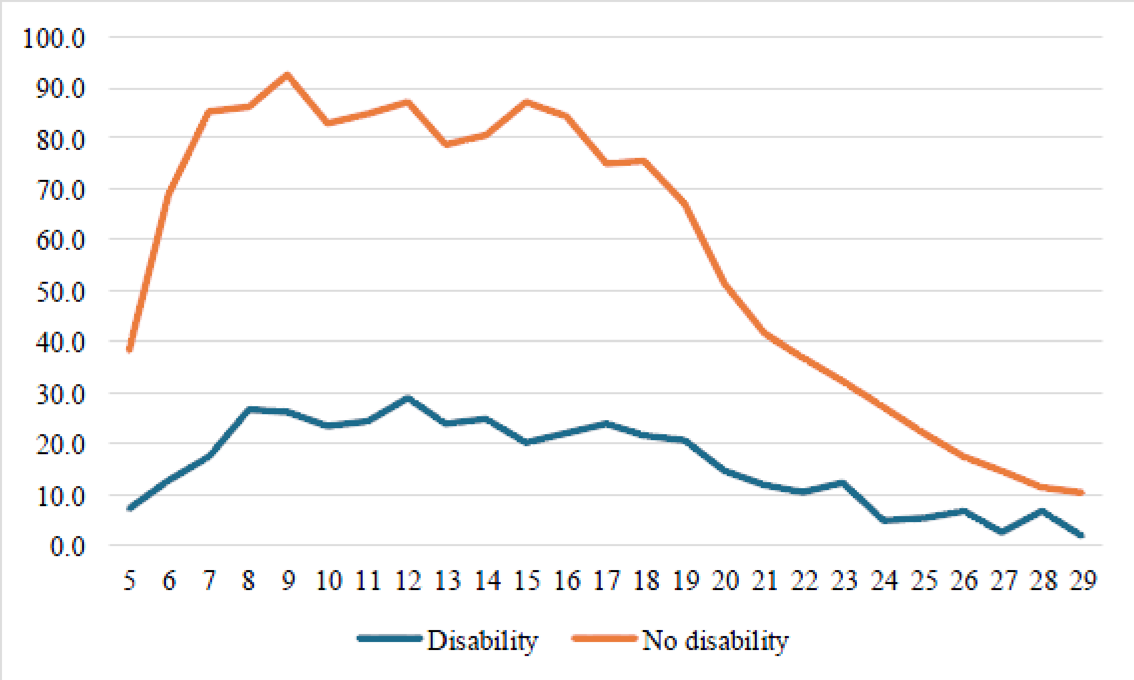
Figure 4.3: School attendance of population age 5-29 by disability status and sex



4.4 Age specific school attendance rates

As a measure of participation in education of specific age cohorts, the proportion of school-age population attending school regardless of whether it is primary or secondary education level, provides valuable information for education planning(UNESCO). The school attendance at each age is significantly lower among those with disabilities compared with those without disabilities., according to the 2022 census as shown in in Figure 4.4. At the age of 5, when most of the children are still not enrolled in school, only 6.9 percent of 5-year olds are attending school, and by the age of 9 , up to 28.9 percent of children with disabilities of this age are attending school. The school attendance rates start steadily declining at each age from age 17. The gap in the school attendance rates by age between persons with disabilities and those without is smallest at the older ages, when the population is expected to be attending tertiary level of education

Figure 4.4: Single-age school attendance rates of population age 5-29 by disability status,2022



4.5 Highest level of education attended

Persons with disabilities are more likely to have lower education attainment according to several studies. Increasing education level of individuals results in higher chances of better employment. Table 4.5 presents the highest level of education attended by disability status. People with disabilities have consistently lower attendance at all levels of education, with a modest 9.9 percent that has attended primary education and a further 5.5 percent have some secondary education. Therefore it is not surprising that only a very small proportion (2.1 percent) have reached polytechnic or university level education. Education among persons with disabilities point towards the need for a more inclusive education strategy as only 11.5 percent have attended education beyond primary level, a contrast to persons without disabilities, where 43.3 percent have more than primary education.

Table 4.5: Percentage distribution of population age 5+ by highest level of education of attended and disability status

Highest education level attended	Total		Males		Females	
	With Disability	Without disability	With Disability	Without disability	With Disability	Without disability
No education	76.2	27.7	70.2	26.3	82.1	29.2
Kindergarten	2.4	8	2.5	8.2	2.2	7.9
Primary	9.9	20.9	12.8	22.2	7	19.5
Pre-secondary	3.9	12.9	4.5	12.6	3.4	13.2
Secondary	5.5	22.1	7	22.1	3.9	22.1
Polytechnic / University	2.1	8.4	2.9	8.7	1.4	8.1

Even for persons with disabilities, there are some differences between males and females in education levels attended, with females being disadvantaged at all education levels of formal education.. There is significant difference at secondary and tertiary level/ For instance, at secondary level of education, only 3.9 percent of females compared to 7.0 percent among males with disabilities have attended this level. Females with disability are further outnumbered by the males at university level, 1.4 percent compared to 2.9 percent.

Planners are interested in the highest level of education achieved by individuals within each functional domain related to disability. Table 4.6 shows that persons with hearing difficulties were far more likely to be out of school as compared to those with other disabilities. They are also lagging behind at all levels of education, as only 2.7 percent have attended secondary education and less than one percent have reached polytechnic or university level of education. Those with walking disability have slightly better chances of progressing with education as their rates for highest education level attended are higher than for the other types of disabilities. As discussed previously, the rates are far much lower compared to those without disabilities even at the lower education level, probably reflecting the lack of enrolment of children with disabilities in school.

Table 4.6: Percentage distribution of population age 5 years and older by highest education level attended and functional domain, 2022

Highest education level attended	Seeing	Hearing	Walking	Remembering	selfcare	Communicating
No education	81.5	85.0	78.5	82.1	83.4	82.0
Kindergarten	2.1	2.4	2.3	2.4	2.4	2.5
Primary	7.6	6.7	9.1	6.7	6.1	6.8
Pre-secondary	3.0	2.3	3.2	3.1	2.4	2.9
Secondary	3.8	2.7	4.9	4.5	4.3	4.6
Polytechnic / University	2.0	0.8	2.0	1.2	1.4	1.2

4.6 Net attendance rate for primary and secondary education

One of the indicators for tracking progress in education , but also included in the Incheon Strategy is the primary school aged children with disabilities enrolled in primary school and secondary education enrolment rate of children with disabilities. Since the census did not collect information on enrolment, but rather on attendance, the indicators have been computed on school attendance.

The official primary school going in Timor-Leste is from ages 6-11, pre-secondary age is 12-14 while the secondary school age is 15-17.

Table 4.5 presents the number of children of official ages of primary and secondary education , those attending each level and the net attendance rates by sex.

Table 4.7: Number of persons with disability by school going age group and currently attending school and by sex, 2022

	Persons with disability		
	Total	**Male**	**Female**
Age 6-11	669	382	287
Age 15-17	405	206	199
Currently attending primary (age 6-11)	137	73	64
Currently attending secondary (age 15-17)	24	12	12

In the 2022 census there were only 137 children with disabilities of the official primary school going age between 6 and 11 that were attending primary school out of a total of 183.8 thousand children of the same age across the country. A lower number (24 children with disabilities) age 15-17 was attending secondary education.

Figures 4.5 and 4.6 depict the net attendance rates for primary and secondary education levels respectively. The results show significant variation between those with and without disabilities at both primary and secondary level of education.

Overall, among children with disabilities of the official primary school going age of 6-11, 20.5 percent are attending primary school, slightly higher for girls than boys. The secondary school net attendance rate for those with disabilities is far much lower at 5.9 percent, with girls having a slight advantage over the boys.

Figure 4.5: Net attendance rate for primary education by disability status and sex, 2022

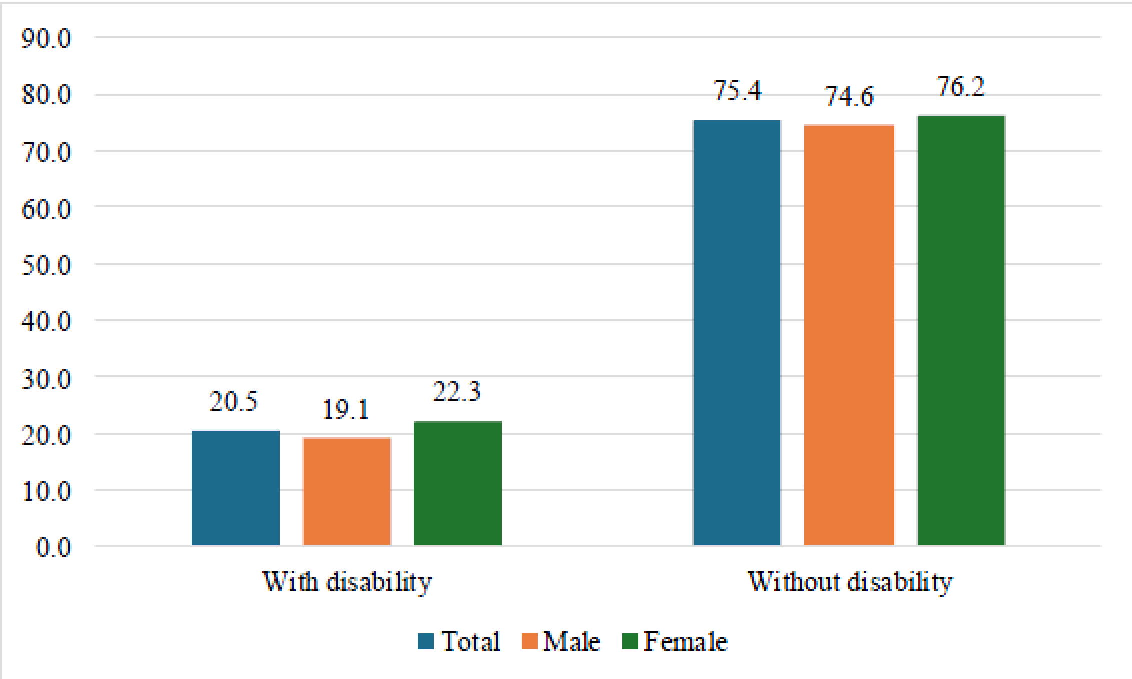
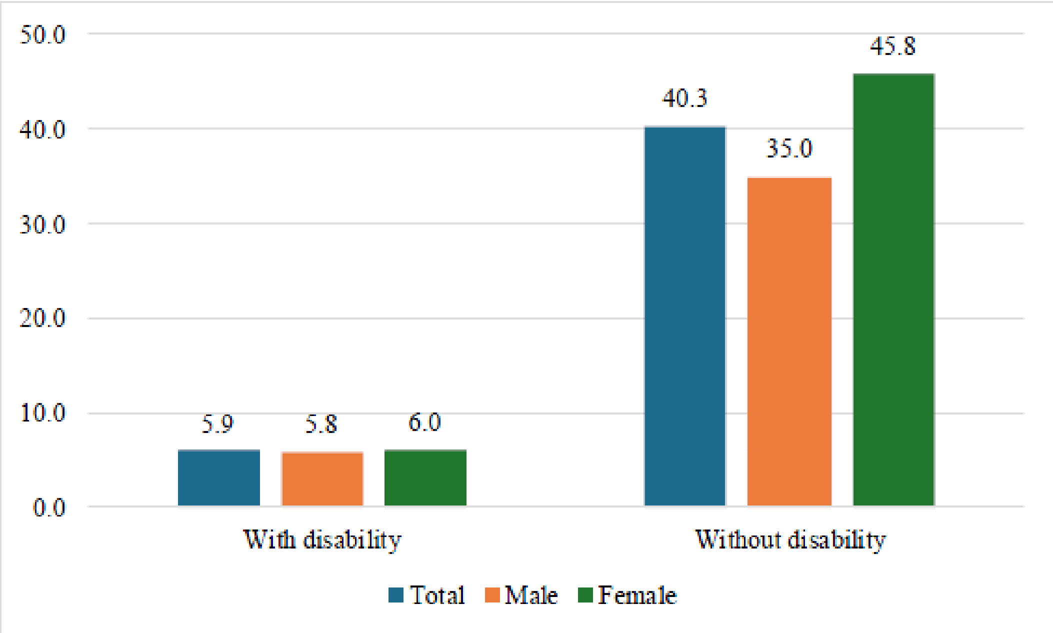


Figure 4.6: Net attendance rate for secondary education by disability status and sex, 2022



4.7 Disability by labour force status

4.7.1 Labour force status

Labour force participation, that is engagement in the workforce, is an important measure in economic development. Also known as participation in economic activities, it is closely linked to education levels, with better job opportunities and higher income being correlated with higher education attainment. The labour force includes those that are employed and unemployed but are available and looking for opportunities. Labour force status refers to whether a person was employed, unemployed or not in the labour force during a reference period.

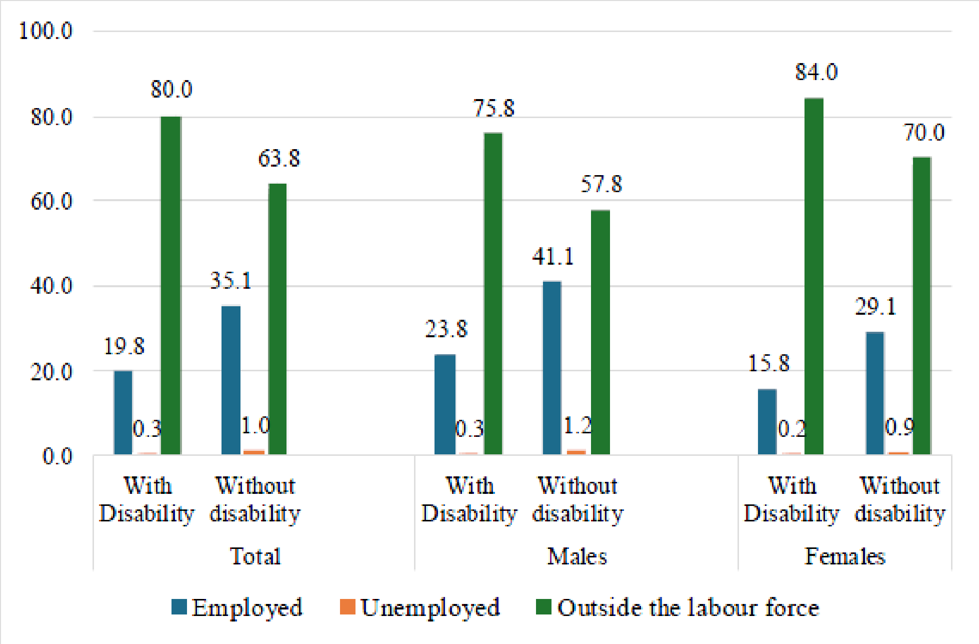
The 2022 census collected data on labour market status and characteristics of employment and unemployment for all persons 10 years of age and over. The analysis will be conducted on population age 15 years and older, to be consistent with similar analysis from the 2021 Labour force survey.

For all the analysis on the labour force , all persons in employment are defined as those aged 15 and over who, during the reference week before census night, were engaged in any activity to produce goods or provide services for pay or profit. It excludes persons only engaged in farming-, fishing- and animal-production activities if mainly or only done for family consumption. In previous census analyses, persons only engaged in subsistence foodstuff production were included in the category 'employed persons'. The revised definition of employment implies that the number of persons who meet the criteria for being in employment has become smaller.

Unemployed persons are all those aged 15 and over who were not in employment in a specified reference period, and were actively looking for work or trying to start a new business in the past month, and were available to take up employment within two weeks if a job would be available or a business could be started.

Figure 4.7 summarises the labour force status by disability status and sex for population age 15 years and older. The majority of the general population is outside the labour force, that is neither employed nor unemployed and is much higher among persons with disabilities (80.0 percent). While 19.8 percent of people with disabilities are employed, the rates are much higher among those without disabilities. Unemployment among people with disabilities is half of that without disabilities (0.3 percent versus 1.0 percent respectively). However by sex, more males (23.8 percent) than females (15.8 percent) with disabilities are employed, representing better opportunities for men with disabilities than the women. The proportion of labour force among women with disabilities(16.0 percent) is only half of the national proportion of those without disabilities (33.2 percent).

Figure 4.7: Labour force status of population age 15+ by disability status and sex



4.7.2 Labour force participation

The labour force participation rate is calculated by expressing the number of persons in the labour force as a percentage of the working-age population. The labour force is the sum of the number of persons employed and the number of unemployed. Table 4.6 contains the labour force, working population and the labour force participation rates by sex and disability status. There are 313.7 thousand persons that constitute the labour force of which 3.2 thousand persons have a disability and 310.5 thousand persons do not have a disability.

Out of 874.0 persons that are the working population, 15.9 persons are without disabilities and 858.1 thousand persons do not have a disability.

Table 4.8: Labour force, working population and labour force participation rates by sex and disability status, 2022

	Total population			With disability			Without disability		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Labour force	313,692	185,028	128,664	3,178	1,899	1,279	310,514	183,129	127,385
Working age population	873,970	441,590	432,380	15,876	7,861	8,015	858,094	433,729	424,365
Labour force participation rate	35.9	41.9	29.8	20	24.2	16	36.2	42.2	30

4.7.3 Population outside the labour force

Persons classified to be outside the labour force comprises include discouraged jobseekers, defined as persons not in the labour force, who are available for work but are no longer looking for work due to specific labour market-related reasons.

Table 4.7 provides information on the population outside the labour presented by disability status and sex. The information shows that persons with disability are more likely to be out of the labour force, with 80 percent of people with disabilities that are out the labour force, compared to a lower proportion of 63.8 percent of persons without disabilities. More females (70.0 percent) with disabilities are outside of the labour force compared with fewer (57.8 percent) of males with disabilities. Examining the population by age, shows that being out of the labour force is higher among the youth age 15-24 at the time that most are students, but declines among through the working age population just before 65 years of age. The proportion rises again among the old age, the age at which most are retired.

The proportion of persons with disabilities that are out of the labour force is higher at all ages compared to persons without disabilities. For example at ages 25-49, around half (51.5 percent) of all those with disabilities are out of the labour force compared to 69.2 percent among those without disabilities.

Table 4.9: Population outside the labour force by sex and disability status, 2022

	Population			Percent					
				Total		Male		Female	
	Total	Male	Female	With Disability	Without disability	With Disability	Without disability	With Disability	Without disability
15 - 24	289,992	147,364	142,628	89.5	83.2	87.8	80.9	91.6	85.6
25 - 49	393,032	198,778	194,254	75.7	51.6	72.8	43.5	79.3	59.9
50-64	115,873	60,374	55,499	69.2	52	65.1	44.2	73.7	60.5
65+	75,073	35,074	39,999	84.8	70.8	80.3	64.6	88.4	76.3
Total 15+	**873,970**	**441,590**	**432,380**	**80**	**63.8**	**75.8**	**57.8**	**84**	**70**

4.7.4 Employed population

One of the important indicators in understanding employment is the employment-to-working-age population ratio for persons age 15 years and over. The 2022 census shows that out of the 874.0 thousand persons of working age in the country, 15.9 thousand has disabilities. There are 3.1 thousand persons with disabilities that are employed, translating to 19.8 percent of working age population with disabilities. This is far much lower than the ratio among people without disabilities that is 35.1 percent. The employment in the population is significantly lower among those with disabilities and among women as shown in Table 4.8. Only 23.8 percent of the men with disabilities are employed in the population compared with 41.1 percent for men without disabilities. The picture for women with disabilities is worse with only 15.8 percent of these women in employment.

Table 4.10: Population employed, working population, employment to population ratio by sex and disability status, 2022

	Total		Male		Female	
	With Disability	Without disability	With Disability	Without disability	With Disability	Without disability
Employed	3,138	301,578	1,873	178,087	1,265	123,491
Working population	15,876	858,094	7,861	433,729	8,015	424,365
Employment to population ratio	19.8	35.1	23.8	41.1	15.8	29.1

The status in employment of persons with disabilities by sex is presented in Figure 4.8. Most of persons with disabilities (43.2 percent) are self employed and they work without other employees . while 20.4 percent of those employed are employees. Slightly more men than women with disabilities are employees , 23.2 percent compared with 16.1 percent. It is also worth noting that 19.5 percent of women with disabilities work as helpers in a family business or in a farm without pay, and 14.1 percent of the men with disabilities have the same status in employment.

Figure 4.8: Employed population with disability by employment status and sex, 2022

4.7.5 Unemployed population

Unemployment seems low in Timor-Leste according to the earlier rates published in the census main report previously and also from the 2021 Labour Force Survey (LFS) .

There are 9.0 thousand unemployed persons across Timor-Leste, of which only 40 people that have a disability as shown in Table 4.9. With 3.2 thousand of the labour force having a disability, the unemployment rate for people with disability is 1.3 percent. Consistent with the findings from 2015 census, unemployment rate among persons with disabilities deviates from the expected patten of having higher unemployment among this group.

Table 4.11: Population unemployed, labour force, unemployment rate by disability status, 2022

	Total		Male		Female	
	With Disability	Without disability	With Disability	Without disability	With Disability	Without disability
Unemployed	40	8,936	26	5,042	14	3,894
Labour force	3,178	310,514	1,899	183,129	1,279	127,385
Unemployment rate	1.3	2.9	1.4	2.8	1.1	3.1

4.7.6 Youth not in employment, education and training (NEET)

Young people who are not in employment, education or training (NEET) are particularly at risk of both labour market and social exclusion because they are neither gaining experience through employment nor improving their future employability through investment in developing their skills.

According to the 2021 LFS, 30.5 per cent of the young people aged 15-24 years were neither in employment, education nor training.

The results presented in Table 4.10 show that 73.1 percent of young persons with disabilities are not in employment, education or training. This is by far much higher compared with only 29.1 percent of youth without disabilities not in that are neither in employment, education or training. The NEET rate is slightly higher for females by 2 percentage points among those with disabilities.

Table 4.12: Population age 15-24 not in employment, education or training by disability status and sex, 2022

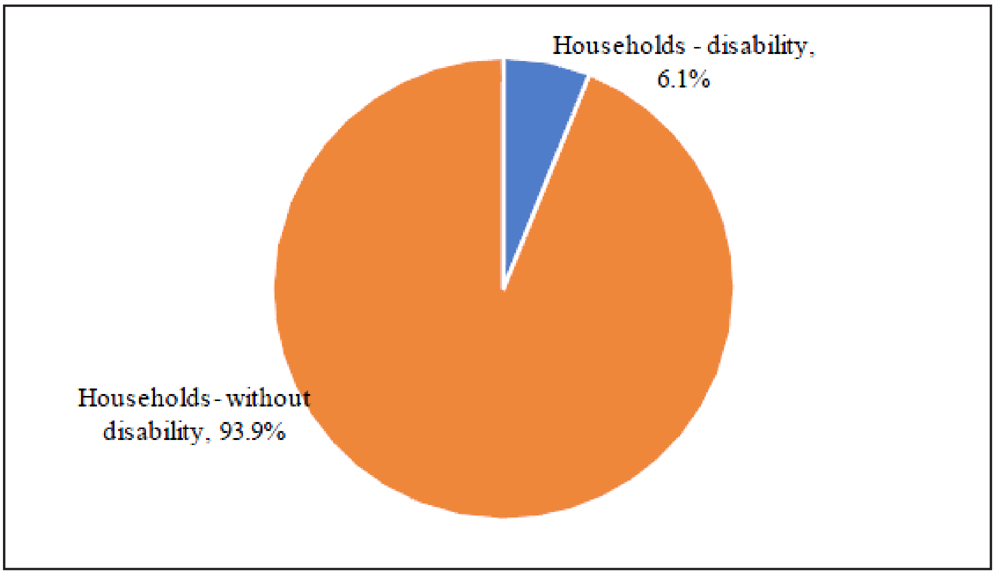
	Total	**With disability**	**Without disability**
	29.3	73.1	29.1
Total			
Male	29.1	72.1	28.9
Female	29.6	74.4	29.4
Number	85,025	974	84,051

5 Household and housing characteristics of persons with disabilities

5.1 Household composition

There were 250,270 households from which complete information on the population was collected. Of these total households, there were 15,197 households that had at least one person with a disability representing 6.1 percent of the households as shown in Figure 4.9. There were 17.0 thousand persons with disability in these households.

Figure 5.1: Distribution of households by disability status



Out of the households that had people with disabilities, there were 12,710 in rural areas, accounting for 83.6 percent.

In terms of the persons living in the household, relationship to the head of household is examined. The majority of persons with disabilities are heading a household (42.6 percent) and furthermore, 20.6 percent are biological children of the head of household as shown in Table 4.11. Compared to the relationship status among persons without disabilities, the majority of people are biological children of the head of house (47.2 percent) while 20.9 percent that are heads of household .

The analysis by gender reveals that 57.8 percent of males with disability are heads of household compared to 27.6 percent among females with disabilities. While 42.9 percent of females with disabilities are either spouses or daughters to the head of household, this proportion is lower (23.6 percent) for males with disabilities - that is they are either spouses or sons to the head of household. It is also interesting to note that a higher proportion of females with disabilities (12 percent) are parents to the head of household, in contrast to only 4.6 percent of males with disabilities that are living in a household as parents to the head of the household.

Table 5.1:Percent distribution of persons by relationship status in the household by disability status and sex, 2022

Relationship to head of house	Total		Male		Female	
	With Disability	Without disability	With Disability	Without disability	With Disability	Without disability
Head of household	42.6	20.9	57.8	34	27.6	7.4
Spouse (husband/wife)	12.6	15.2	0.6	0.3	24.6	30.5
Daughter/son	20.6	47.2	23	50	18.3	44.2
Adopted child or stepchild	1	1.5	1.1	1.6	1	1.4
Daughter-in-law/son-in-law	0.6	2.9	0.5	2.3	0.7	3.6
Mother/father	8.3	0.7	4.6	0.4	12	1.1
Sister/brother	4.7	3.2	4.6	3.4	4.8	3.1
Father-in-law/mother-in-law	2.1	0.2	1.3	0.2	2.9	0.3
Sister-in-law/brother-in-law	0.7	0.5	0.7	0.4	0.7	0.5
Grandchild	1.5	4.3	1.8	4.4	1.2	4.2
Grandparent	1.7	0.1	1	0.1	2.3	0.2
Other	3.5	3.3	3.1	3	3.8	3.5
Number	17,061	1,164,002	8,517	590,409	8,544	573,593

5.2 Household size

Living arrangements of persons with disabilities reflect the level of social support given by the family, at household level. In most developing countries, support is given by family members, therefore it is important to understand the size of households that have a person with disability. Table 4.12 shows that the majority of the households that have a person with disability are having one person with disabilities living with other household members. Furthermore, 9.7 percent of these households have two persons with disabilities residing in the household.

There is a total population of 86,715 persons living in the 15.2 thousand households which have at least one person with a disability. The average household size is 5.7, that is only slightly bigger than the national average of 5.4 persons per household. However, households with up to 3 persons with disability in the same household have an average household size of 8.0. The more people with disabilities in a household, the bigger the household size. This may mean extended family support where people with disabilities stay households as dependents. It may not be a surprise as most are the elderly that require that type of family support.

Table 5.2: Number of persons with disability in household, average household size, number and distribution of household with persons with disability, 2022

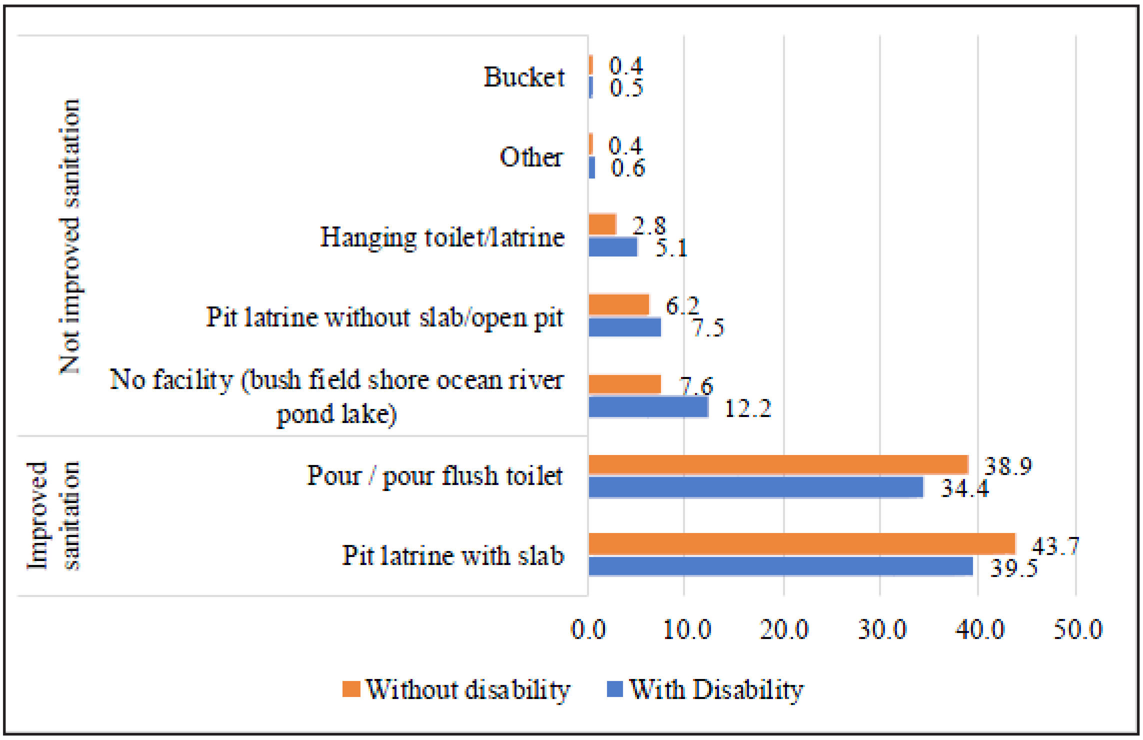
Number of persons with disabilities in a HH	Number of HHs	Population in HH	Average HH size	Distribution of HH (%)
1	13,538	76,089	5.6	89.1
2	1,480	9,206	6.2	9.7
3	155	1,240	8	1
4+	23	180	7.8	0.2
Total	15,197	86,715	5.7	100

5.3 Sanitation of the household

The right to sanitation entitles everyone to have affordable access to toilet facilities, in all spheres of life, that is safe, hygienic, secure, and socially and culturally acceptable and that provides privacy and ensures dignity. In developing countries there is a massive shortfall of sanitation facilities in general, and in particular of facilities which are accessible to all – including persons with disabilities.

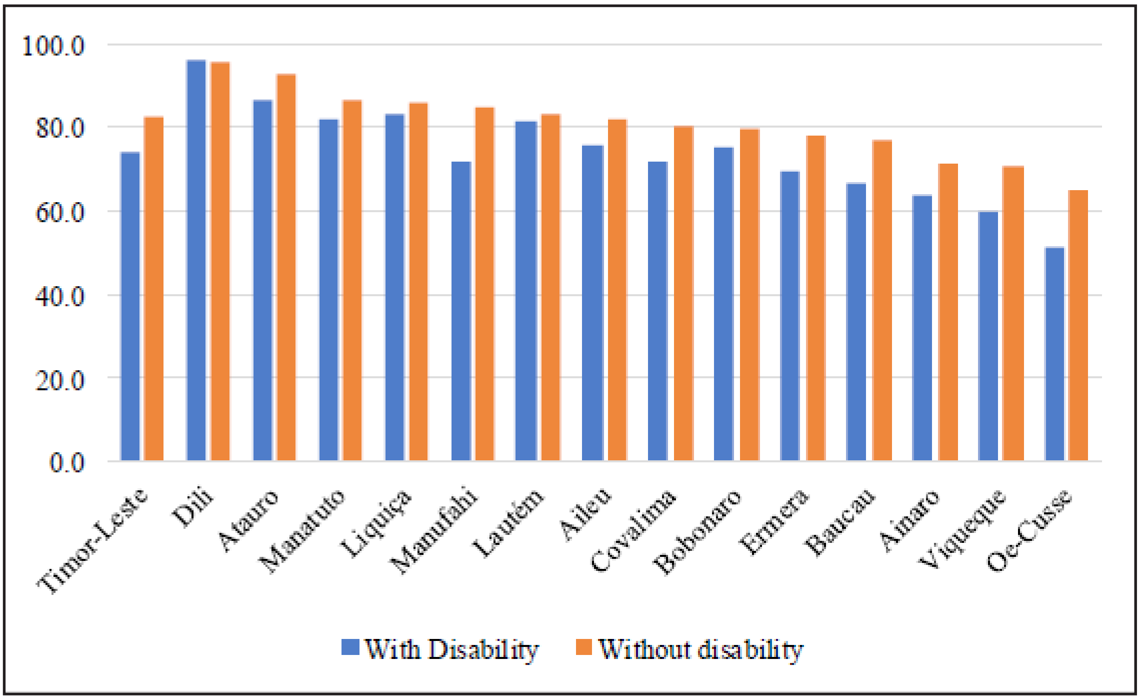
An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities include flush or pour flush to piped sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with slabs and composting toilets. According to the 2022 main census results, 81.1 percent of all housing units in the country have improved sanitation. Figure 4.10 shows the population using improved and unimproved sanitation facilities by disability status. Most people are using pit latrine with slab or flash or pour flash toilets regardless of disability status. Most notable is that access to improved sanitation facilities is lower among persons with disabilities(74.0 percent) compared with persons without disabilities (82.6 percent). It is important to note that the data shows the type of sanitation for households with persons with disabilities, however it does not indicate whether it is accessible to them. For example, a pit latrine with slab may not be accessible to someone with a physical disability that is unable to squat.

Figure 5.2: Distribution of households by type of sanitation and disability status, 2022



There is also variation in access to improved sanitation by disability status as shown in Figure 4.11. In all municipalities except Dili, access to improved sanitation facilities is lower among people with disabilities. The widest gap in the proportion of persons in housing with improved sanitation is in Oecussi where around half (51.2 percent) of persons with disabilities are in households with improved sanitation while 64.7 percent of persons without disabilities are in households, a difference of 13 percentage points.

Figure 5.3: Distribution of households with improved sanitation by municipality and disability status



5.4 Drinking water source

Access to improved clean water remains a challenge in developing countries. SDG6 seeks to ensure safe drinking water and sanitation for all and includes targets for universal access to safe drinking water, sanitation and hygiene (WASH). Provision of safe, inclusive and accessible WASH ensures everybody benefits from improved health outcomes and enhances the protection of people with disability. (UNICEF, 2023).

Improved sources of drinking water are piped water (into dwelling, compound, yard or plot, public tap/standpipe), tube well/borehole, protected dug well, protected spring, rainwater collection, and packaged or delivered water i.e water tanks and kiosks. Almost 87 percent of housing units in Timor-Leste have improved drinking water sources and this varies by geographic location according to the 2022 census.

Figure 5.4 shows the population living in households with improved and unimproved water sources by disability status. The most common drinking water source is public tap/public piped water, at 42.7 percent among persons with disabilities. Apart from public tap or piped water, the only other improved water source where persons with disabilities exceed persons without disabilities is protected well or spring. A slightly higher proportion (18.2 percent) of persons with disabilities live in households with unimproved water sources compared with 12.9 percent of persons without disabilities that live in such households.

Figure 5.4: Percent distribution of households by drinking water sources and disability status

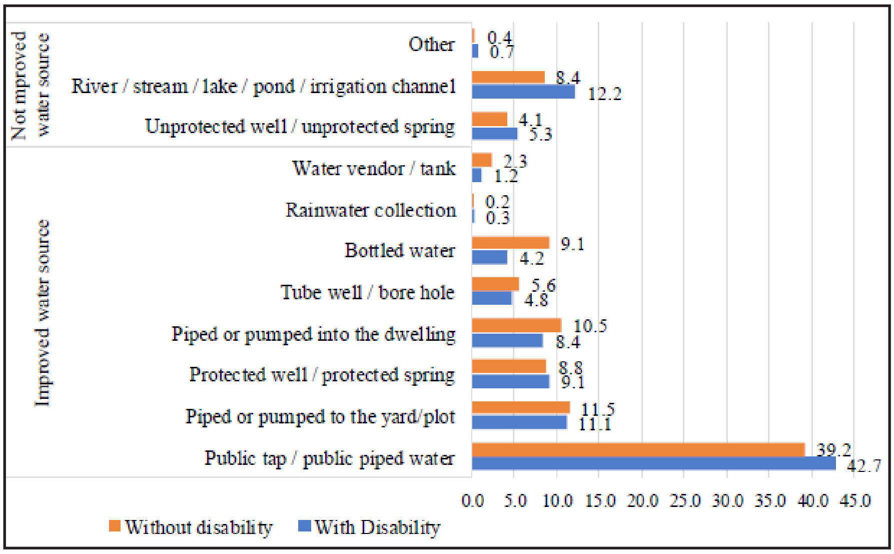
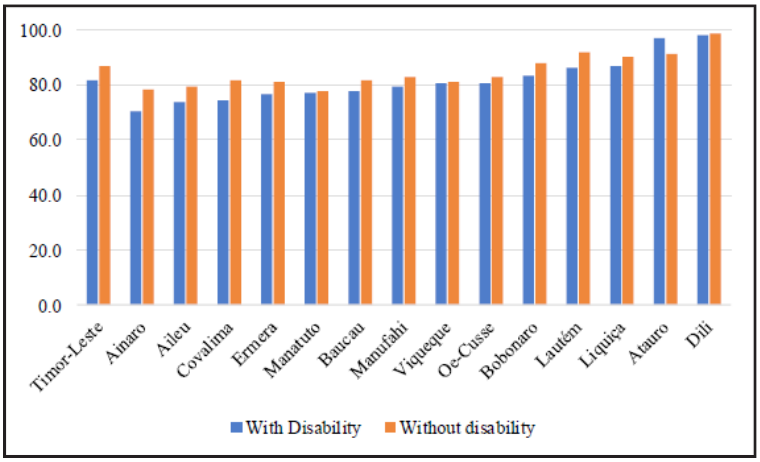


Figure 5.5 depicts at municipality level, the population living in households with improved and unimproved water sources by disability status. Across all municipalities except in Atauro, there is a lower proportion among people with disabilities that are in households with an improved water source compared to the proportion among people without disabilities.

Figure 5.5: Distribution of households by improved drinking water sources municipality and disability status



6 Causes of disability

6.1 Causes of disability by severity of disability

Disability arises from various causes, which vary by type of disability. In the 2022 census, all persons who responded having any level of difficulty in any of the six functional domains were further asked to provide the cause of the disability. Where a person indicated having difficulties in multiple functional domains, the respondents were probed to indicate the cause of the main disability.

The census questions had the following categories of causes of difficulties in functioning:

- Congenital / at birth: the difficulty started at birth.
- Conflict, war, mines: persons was physically or mentally injured in war or political conflict, or was a mine victim
- Transport accident: disability caused whilst travelling in a vehicle, motorcycle, etc. Also persons who were hit as a pedestrian
- Work accident: a work accident is a physical or mental injury following an incident or exposure (to for instance fire or chemicals) during execution of work.
- Old age: disability is related to a condition related to older age.
- Disease, illness: disability caused by a disease or illness
- Drugs: condition caused by use of drugs
- Other: any other cause

Table 4.13 presents population age 5 years and older with disabilities by the various causes of disabilities. Most disabilities are due to old age as reported in 44.8 percent of persons with disabilities. The other frequently reported cause of disabilities is diseases or illness, for one in four persons with disabilities and congenital causes of disability for one in five persons with disabilities.

Table 6.1: Distribution of population with disability by main causes of disability, 2022

Cause of disability	Population with disability	Percent
Congenital / at birth	3,312	19.4
Conflict war mines	354	2.1
Transport accident	319	1.9
Work accident	515	3
Old age	7,642	44.8
Disease/ illness	4,400	25.8
Drugs	47	0.3
Other	472	2.8
Total	17,061	100

The causes of disabilities are also presented by the degrees of disability from mild to more severe disabilities in Table 4.14. Consistent with the previous table, the most frequent cause of disability for each level of severity was old age followed by illness or diseases. Among person with mild disability, the majority (63.8 percent) indicated that the disability was due to old age and 18.9 percent indicated diseases or illness as the main cause of the disability. The same pattern is observed among those with moderate disabilities with a high proportion (38.7 percent) having old age as the main cause of disabilities and 26 percent having the disability caused by illness or diseases. As the severity of the disability progresses, there is a clear rise in proportion whose disabilities were from birth or congenital. From 7.7 percent among those with mild disabilities having difficulties from birth, the proportion more than doubles to 18.4 percent among those with moderate disabilities and further rises to 28.4 percent among persons with more severe disabilities.

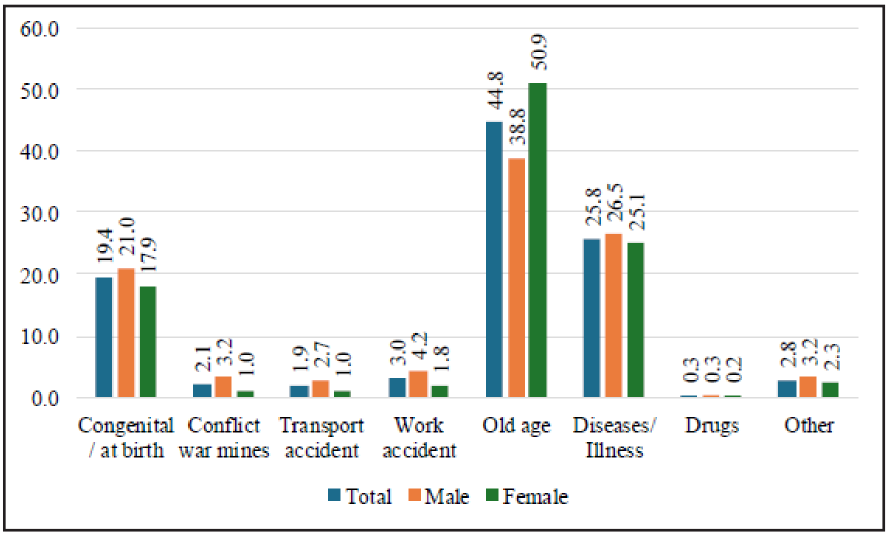
Table 6.2: Percent distribution of main causes of disability by severity of disability, 2022

	Mild	Moderate	More severe
Congenital / at birth	7.7	18.4	28.4
Conflict war mines	1.5	2.2	1.3
Transport accident	1.9	1.9	1.7
Work accident	2.7	3.1	2.3
Old age	63.8	45.5	38.7
Disease illness	18.9	26	23.7
Drugs	0.2	0.3	0.2
Other	3.2	2.7	3.7
Number	76,310	15,270	1,791

6.2 Causes of disability by sex and age

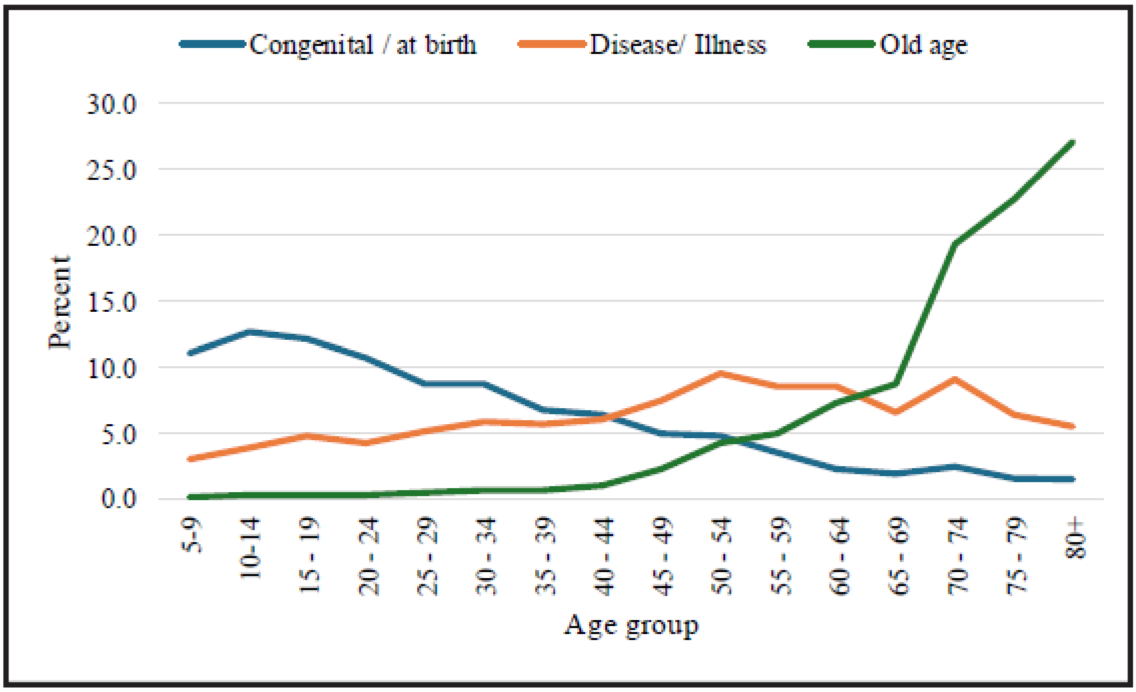
The causes of disability by sex presented in Figure 4.14 indicate that the most frequent causes regardless of sex, remain the same- old age, followed by diseases or illness. Old age caused disabilities in half (50.9 percent) of females with disabilities compared with a lower proportion (38.8 percent) among males with disabilities. Otherwise the other causes of disabilities are higher among males with disabilities than among females with disabilities.

Figure 6.1: Percent distribution of main causes of disability by sex



The three most common causes of disability are presented by age in Figure 4.15. The analysis shows that congenital causes are more common at younger ages and decline with increase in age. There is also increase in proportion of persons with disability at older, from mid-forties ages due to diseases or illness which is not unusual as more debilitating disease arise at older ages.

Figure 6.2: Percent distribution of three top causes of disability by 5 year age groups, 2022



6.3 Causes of disability by municipality

The causes of disability are also presented at municipality level in Table 4.15 showing old age as the most common cause of disability. Old age was the reason for the disabilities for more than half of persons with disabilities in Lautem (56.1 percent), Viqueque (55.1 percent), Oecussi (52.6 percent) and Atauro (51.1 percent). Transport and work accidents are higher in Dili and Ermera, accounting for 6.9 and 6.5 percent respectively. The disabilities caused by old age are highest in Lautem (56.1 percent) and Liquica has the highest ranking for conflict or war (3.2 percent).

Table 6.3: Percent distribution of main causes of disability by municipality , 2022

		Main causes of disability (Percent)						
	Population with disabilities	Congenital / at birth	Conflict/ war/ mines	Transport accident	Work accident	Old age	Disease/ Illness	Other
Aileu	626	26.2	2.6	2.1	3.8	30.2	29.7	5.4
Ainaro	853	17.8	2.5	1.1	2.5	40.9	31.8	3.5
Atauro	272	21	-	-	-	51.1	23.5	-
Baucau	2,257	14.8	2.2	1.4	3.2	47.4	26.4	4.5
Bobonaro	1,590	20.9	1.6	1.9	3	48.8	21.1	2.7
Covalima	999	19.9	1.1	1.2	3.7	49.2	22	2.8
Dili	2,119	24.6	2.4	4.3	2.6	31.9	29.8	4.3
Ermera	2,023	20.6	3.2	2.2	4.3	42	25.7	2.1
Lautém	1,110	14.5	0.9	0.7	1.7	56.1	24	2.1
Liquiça	1,052	23.4	3.2	2.3	2.4	33.1	32.2	3.4
Manatuto	845	19.2	1.9	1.3	3	44.4	26.2	4.1
Manufahi	866	21.5	1.6	1	1.7	49	23.4	1.7
Oe-Cusse	692	21.1	-	1.4	2.2	52.6	20.1	2
Viqueque	1,757	13.3	2	1.3	3.7	55.1	23.3	1.3
Total	17,061	19.4	2.1	1.9	3	44.8	25.8	3

7 CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

This thematic report analysed disability status and prevalence, characteristics of persons with disability and causes of disability. In the analysis, the recommended criteria by WG has been used to classify those that have a disability, based on having a lot of difficulty or not able to function at all across one or more domains. Comparative analysis of the various indicators between persons with and without disabilities was also presented in this report. Persons with disability in Timor-Leste continue to be left behind in various aspects of development such as education, employment, access to basic services at household level such as clean drinking water and improved sanitation. The analysis also shows gender differentials in the various indicators that were analysed. The report has also gone further to include the disability severity indicator which classifies disability by all the levels of difficulty from mild to more severe disability.

The majority of people with disabilities are in rural areas where social services may not be sufficient. Clearly most are old, concentrated among those age 70 and over with the most common disabilities being difficulties with walking and seeing. More than half of the people with disabilities have a single disability while the rest have multiple disabilities. Old age and diseases or illness continue to be the main causes of disabilities among people in the country. The people with disabilities have the same rights as all the other citizens and can not be discriminated against on the grounds of their disability therefore there is need to address the disparities to improve their lives and contribution to national development.

7.2 Recommendations

Based on the analysis of disability, there are several recommendations to inform the development planning and policies regarding people with disabilities.

Rural areas response

The government should improve social services in rural areas where the majority of people with disabilities are residing. With significant disabilities, appropriate health care and outreach rehabilitation services in rural areas that is accessible should be a priority for the Government and partners. Without appropriate health care, and poor access to such service, the quality of life of those with disabilities will likely remain low.

There is also need for improved housing conditions to provide better and more decent living standards, as most are living in housing without adequate basic facilities such as sanitation and drinking water.

Services for the elderly

Disability is clearly prevalent among the elderly. The majority of these people with disabilities need support so they can live independently in their communities. Most of the people with walking and sight difficulties need assistance for them to have a relatively social life. The community workers need to be trained in social support of the elderly living with disabilities, by having a standardised induction in their work coordinated by the relevant line ministry responsible for disability. The training content should include a particular module on old age health conditions that have to be identified early, for appropriate medical attention.

Safety nets

The support being given to those with disabilities, that are mostly old is though the family structure. There is need to come up with proper assessment vulnerable households that have people with disabilities, taking into account level of severity of the disability. The zoning of households will provide a clearer targeting strategy to empower the households through safety nets such as cash transfers or other appropriate household supplies.

Education and skills that is inclusive

There are significant children with disabilities of school going age that are not in school, most likely due to difficulties in getting to the schools but also lack of disability- friendly schools. There is need for Ministry of Education to intensify assessment of the schools in various catchment areas, and ensure that the schools accommodate children with disabilities. The high numbers of youth not employed, not in education of training are worrying, reflecting gaps in the education system but also systematic exclusion of young people with disabilities. This will continue to create a generation of vulnerable people who can otherwise be empowered.

Economic empowerment

Inclusive education and training will promote economic participation that is known to accelerate the social integration of persons with disabilities. In the short term, development and implementation of community-based training programme, that has mainstreaming people with disabilities will benefit those within the working age.

There should be government initiated policy and programme specially targeting youths with disabilities that are capable, to provide either loans or grants for some form of cooperatives where youths can use to establish own income generating activities inorder to support themselves.

Children and disability

Children and adolescents with disabilities are a diverse group with a wide range of life experiences. Children with severe or multiple disabilities tend to have an especially hard time getting their needs met. The ability of these children to function, participate in society, and lead fulfilling lives depends on the extent to which they are accommodated and included and beyond Government, CSOs, OPDs, and the UN can take an active role towards this.

The Government of Timor-Leste should make appropriate social protection systems and social spending responsive to disability so that children and their families receive services and support so as to sustain their lives. Budget tagging disability in Timor-Leste

Youth and gender

There is need to move a step further in mainstreaming disability in both youth and gender programs for sustainability. By closely working with organisations such as the Timor-Leste Disability Association, the work on empowering the youth with disabilities can be well coordinated to avoid duplication of efforts in implementing projects on gender and youths. Therefore partnerships between youth and gender organizations will be critical in the process of empowering those with disabilities.

Research and evaluation

Inorder to improve the provision of services to people with disabilities, there is need to conduct regular research to understand challenges being faced both by those with disabilities, community leaders but also the planners inorder to improve the framework for delivering disability inclusive development. Routine disability surveys will also provide rich information on the different dimensions of disability for better targeting.

References

Adhikari , A. (2020). Marriage and Persons with Disabilities – Current Trends and Reflections. Randwick International of Social Science Journal, 1(1), 53-62. https://doi.org/10.47175/rissj.v1i1.10

Association of Southeast Asian Nations. 2019. ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities. Jakarta

Government of Timor-Leste, 2022. Timor-Leste Population and Housing Census 2022. Main Report, Dili
Mitra, S. and Yap, J. .2022. The Disability Data Report. Disability Data Initiative. Fordham Research Consortium on Disability: New York.

UNDP (United Nations Development Programme). 2022. Human Development Report 2021-22: Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World. New York.

United Nations Development Programme. 2014. Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience.

UNICEF. UNICEF Disability Inclusive WASH Practices Including people with disabilities in

UNICEF.Water, Sanitation and Hygiene (WASH) Programming
https://www.unicef.org/media/126126/file/Wash-and-disability-guidance-note-final.pdf accessed 1 June 2024

United Nations Committee on the Rights of Persons with Disabilities. 2024. Report of the Committee on the Rights of Persons with Disabilities on its thirtieth session CRPD/C/30/2.New York

United Nations Economic and Social Commission for Asia and the Pacific (2012). Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific. United Nations, Bangkok

United Nations Economic and Social Commission for Asia and the Pacific (2014). ESCAP Guide on Disability Indicators for the Incheon Strategy. United Nations, Bangkok

United Nations (2017), Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development https://unstats.un.org/sdgs/indicators/Global-Indicator-Framework-after-2024-refinement-English.pdf

United Nations Statistical Commission. 2022. The Washington Group on Disability Statistics Background Document.Fifty-third session. New York

Economic and Social Commission for Asia and the Pacific (ESCAP) (2014). Guide on Disability Indicators for the Incheon Strategy. Available at http://www.unescap.org/resources/escapguide-disability-indicators-incheon-strategy

World Health Organization, 2022. Global report on health equity for persons with disabilities. Geneva

Table 6.3: Percent distribution of main causes of disability by municipality , 2022

		Functional domain					
	Age group	Seeing	Hearing	Walking	Remembering	Selfcare	Communicating
Total	5-9	121	164	270	199	265	291
	14-Oct	156	214	293	292	286	338
	15 - 19	152	200	269	285	234	337
	20 - 24	128	184	243	252	183	309
	25 - 29	143	177	234	277	188	299
	30 - 34	159	193	233	274	164	306
	35 - 39	128	167	218	237	157	262
	40 - 44	163	187	263	248	156	266
	45 - 49	252	204	295	240	151	276
	50 - 54	369	265	441	273	222	282
	55 - 59	308	264	419	272	180	251
	60 - 64	415	375	477	265	223	246
	65 - 69	456	410	487	236	192	204
	70 - 74	1034	923	928	558	452	478
	75 - 79	1225	1081	1053	641	572	513
	80 - 84	824	780	791	503	476	419
	85 - 89	350	292	329	208	202	179
	90+	282	276	310	215	214	179
	Total	6,665	6,356	7,553	5,475	4,517	5,435
Male	9-May	67	91	150	113	147	164
	14-Oct	83	119	158	163	149	191
	15 - 19	73	113	142	144	122	178
	20 - 24	60	100	129	149	98	190
	25 - 29	84	101	136	160	114	176
	30 - 34	101	107	122	150	92	175
	35 - 39	70	88	118	130	84	151
	40 - 44	80	91	143	118	78	131
	45 - 49	125	95	181	98	76	127
	50 - 54	195	140	242	124	107	125
	55 - 59	180	144	250	126	95	121
	60 - 64	208	200	257	115	125	115
	65 - 69	224	198	239	109	91	95
	70 - 74	449	420	411	210	184	201
	75 - 79	516	479	432	242	224	205
	80 - 84	344	345	343	215	198	177
	85 - 89	133	122	119	73	71	66
	90+	111	113	128	88	89	80
	Total	3,103	3,066	3,700	2,527	2,144	2,668

continued

	9-May	54	73	120	86	118	127
Female	14-Oct	73	95	135	129	137	147
	15 - 19	79	87	127	141	112	159
	20 - 24	68	84	114	103	85	119
	25 - 29	59	76	98	117	74	123
	30 - 34	58	86	111	124	72	131
	35 - 39	58	79	100	107	73	111
	40 - 44	83	96	120	130	78	135
	45 - 49	127	109	114	142	75	149
	50 - 54	174	125	199	149	115	157
	55 - 59	128	120	169	146	85	130
	60 - 64	207	175	220	150	98	131
	65 - 69	232	212	248	127	101	109
	70 - 74	585	503	517	348	268	277
	75 - 79	709	602	621	399	348	308
	80 - 84	480	435	448	288	278	242
	85 - 89	217	170	210	135	131	113
	90+	171	163	182	127	125	99
	Total	3,562	3,290	3,853	2,948	2,373	2,767

Annex Table 1:Population age 5+ by severity of disability and sex, 2022

		Population with disabilities	None	Milder	Moderate	More severe
Males	Aileu	24,383	22,142	1,896	300	45
	Ainaro	32,611	30,152	2,018	399	42
	Atauro	4,605	4,006	470	120	9
	Baucau	59,885	54,323	4,429	1,004	129
	Bobonaro	47,204	43,501	2,905	709	89
	Covalima	32,883	30,100	2,312	423	48
	Dili	145,969	138,377	6,472	998	122
	Ermera	61,479	56,109	4,361	902	107
	Lautém	30,490	28,000	1,979	466	45
	Liquiça	36,857	33,317	2,993	494	53
	Manatuto	22,961	20,352	2,208	353	48
	Manufahi	27,847	25,554	1,857	395	41
	Oe-Cusse	36,177	34,133	1,690	315	39
	Viqueque	35,575	31,364	3,389	753	69
	Total	598,926	551,430	38,979	7,631	886

continued

Females	Aileu	22,699	20,871	1,547	253	28
	Ainaro	31,069	28,698	1,959	374	38
	Atauro	4,558	3,963	452	126	17
	Baucau	58,950	53,384	4,442	1,016	108
	Bobonaro	46,642	42,750	3,100	708	84
	Covalima	31,951	29,071	2,352	465	63
	Dili	142,053	135,066	5,988	886	113
	Ermera	59,003	54,512	3,477	905	109
	Lautém	31,138	28,165	2,374	546	53
	Liquiça	35,969	32,898	2,566	457	48
	Manatuto	22,059	19,388	2,227	394	50
	Manufahi	25,449	23,426	1,593	370	60
	Oe-Cusse	35,075	32,994	1,743	289	49
	Viqueque	35,522	31,076	3,511	850	85
	Total	582,137	536,262	37,331	7,639	905

Annex Table 2: Distribution of population with disabilities age 5+ by number of disabilities and 5-year age group, 2022

Age group	**Population with disability**	**Number of disabilities**		
		1	2	3+
9-May	542	240	101	201
14-Oct	643	294	114	235
15 - 19	699	382	118	199
20 - 24	633	327	140	166
25 - 29	631	319	142	170
30 - 34	691	394	146	151
35 - 39	628	361	134	133
40 - 44	657	378	138	141
45 - 49	860	576	159	125
50 - 54	1,103	710	227	166
55 - 59	1,020	687	185	148
60 - 64	1,156	751	220	185
65 - 69	1,122	724	200	198
70 - 74	2,079	1,169	399	511
75 - 79	2,162	1,049	427	686
80 - 84	1,444	589	317	538
85 - 89	542	187	110	245
90+	449	141	68	240
Total	17,061	9,278	3,345	4,438

Annex Table 2:Distribution of population with disability age 5+ by school attendance, 2022

Age group	Population with disability	Never attended	Currently attending	Previously attended
9-May	542	437	97	8
14-Oct	643	429	162	52
15 - 19	699	430	150	119
20 - 24	633	385	69	179
25 - 29	631	405	29	197
30 - 34	691	411	25	255
35 - 39	628	379	19	230
40 - 44	657	397	12	248
45 - 49	860	495	25	340
50 - 54	1,103	653	24	426
55 - 59	1,020	687	22	311
60 - 64	1,156	862	27	267
65 - 69	1,122	887	16	219
70 - 74	2,079	1,856	19	204
75 - 79	2,162	1,998	13	151
80 - 84	1,444	1,351	12	81
85 - 89	542	508	6	28
90+	449	427	4	18
Total	17,061	12,997	731	3,333

Annex Table 2:Distribution of population with disability age 5+ by school attendance,2022

	Population with disability	Never attended	Currently attending	Previously attended
Aileu	626	475	42	109
Ainaro	853	667	45	141
Atauro	272	198	8	66
Baucau	2,257	1,814	50	393
Bobonaro	1,590	1,323	59	208
Covalima	999	822	25	152
Dili	2,119	1,079	142	898
Ermera	2,023	1,634	112	277
Lautém	1,110	862	34	214
Liquiça	1,052	800	57	195
Manatuto	845	631	49	165
Manufahi	866	671	33	162
Oe-Cusse	692	577	31	84
Viqueque	1,757	1,444	44	269
Total	17,061	12,997	731	3,333

Annex Table 2:Distribution of population age 5+ by school attendance , disability status and sex, 2022

	With disability			Without disability		
	Total	Male	Female	Total	Male	Female
Never attended	12,997	5,979	7,018	322,455	155,102	167,353
Currently attending	731	400	331	432,754	217,507	215,247
Previously attended	3,333	2,138	1,195	408,793	217,800	190,993
Total	17,061	8,517	8,544	1,164,002	590,409	573,593

Annex Table 3: Distribution of population age 5-29 by school attendance , disability status and sex, 2022

	With disability			Without disability		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**
Never attended	2,086	1,150	936	117,860	63,534	54,326
Currently attending	507	272	235	414,486	207,163	207,323
Previously attended	555	350	205	171,144	86,930	84,214
Total	3,148	1,772	1,376	703,490	357,627	345,863

Annex Table 2: Age specific school attendance rates, population by disability status, 2022

	School attendance rate		Population	
Age	With disability	Without disability	With disability	Without disability
5	6.9	38.2	102	32,791
6	12.5	69	112	33,198
7	17.2	85	116	32,792
8	26.8	86	112	30,247
9	26	92.4	100	30,012
10	23.5	82.6	102	29,191
11	24.4	84.6	127	27,712
12	28.9	87.1	142	30,713
13	23.9	78.4	138	28,717
14	24.6	80.6	134	30,535
15	20	87.1	155	31,675
16	21.9	84.1	128	32,295
17	23.8	74.8	122	30,402
18	21.7	75.4	152	31,084
19	20.4	66.9	142	31,296
20	14.6	51.2	144	28,235
21	11.6	41.6	112	27,071
22	10.5	37	105	25,950
23	12.1	32.4	149	26,543
24	4.9	27	123	24,109
25	5	22	140	23,515
26	6.7	17.2	135	22,500
27	2.5	14.3	122	21,890
28	6.8	11.3	118	20,885
29	1.7	10.2	116	20,132
29-May	16.1	58.9	3,148	703,490

Annex Table 2: Age specific school attendance rates, population by disability status, 2022

Age group	Never attended	Kindergarten	Primary	Pre-secondary	Secondary	Polytechnic / University
9-May	437	55	50	0	0	0
14-Oct	429	51	149	13	1	0
15 - 19	430	19	104	99	43	4
20 - 24	385	8	73	52	100	15
25 - 29	405	10	76	31	82	27
30 - 34	411	12	74	56	97	41
35 - 39	379	6	65	40	99	39
40 - 44	397	13	77	50	82	38
45 - 49	495	17	118	78	106	46
50 - 54	653	25	152	101	120	52
55 - 59	687	24	138	53	75	43
60 - 64	862	23	165	34	46	26
65 - 69	887	27	137	22	31	18
70 - 74	1,856	32	143	17	22	9
75+	4,284	81	171	26	28	7
Total	12,997	403	1692	672	932	365

Annex Table 4:Literacy status of population with disability age 10+ and youths age 15-24 by sex, 2022

	Total			With disability			Without disability		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Age 10+									
Literate	739,336	3,985	735,351	386,473	2,520	383,953	352,863	1,465	351,398
Not literate	282,145	12,534	269,611	130,680	5,701	124,979	151,465	6,833	144,632
Total	1,021,481	16,519	1,004,962	517,153	8,221	508,932	504,328	8,298	496,030
Age 15-24									
Yes	253,215	533	252,682	127,308	308	127,000	125,907	225	125,682
No	36,777	799	35,978	20,056	427	19,629	16,721	372	16,349
Total	289,992	1,332	288,660	147,364	735	146,629	142,628	597	142,031

Annex Table 4: Distribution of population by toilet facility and main source of drinking water by disability status, 2022

	With Disability	Without disability	Total
Toilet facility			
Pour / pour flush toilet	5,874	452,474	458,348
Pit latrine with slab	6,741	508,696	515,437
Pit latrine without slab/open pit	1,286	72,692	73,978
Hanging toilet/latrine	875	32,935	33,810
Bucket	90	4,870	4,960
No facility (bush field shore ocean river pond lake)	2,085	88,119	90,204
Other	107	4,189	4,296
Total	17,058	1,163,975	1,181,033
Main source of drinking water			
Piped or pumped into the dwelling	1,439	122,520	123,959
Piped or pumped to the yard/plot	1,898	133,430	135,328
Public tap / public piped water	7,289	456,087	463,376
Tube well / bore hole	811	64,821	65,632
Protected well / protected spring	1,558	102,094	103,652
Rainwater collection	49	2,316	2,365
Bottled water	716	105,577	106,293
Unprotected well / unprotected spring	897	47,588	48,485
Water vendor / tank	198	26,480	26,678
River / stream / lake / pond / irrigation channel	2,087	98,266	100,353
Other	119	4,821	4,940
Total	17,061	1,164,000	1,181,061

Annex Table 5: Distribution of population by improved sanitation and drinking water source and disability status

	Improved sanitation		**Improved drinking water source**	
Municipality	**With disability**	**Without disability**	**With disability**	**Without disability**
Aileu	462	36,862	475	38,137
Ainaro	602	49,245	543	44,769
Atauro	263	8,116	235	8,227
Baucau	1,753	95,454	1,506	89,924
Bobonaro	1,322	81,095	1,191	73,724
Covalima	745	52,184	716	51,200
Dili	2,080	281,476	2,035	273,791
Ermera	1,551	95,803	1,408	92,204
Lautém	955	55,677	903	50,242
Liquiça	915	64,574	876	61,634
Manatuto	652	34,454	695	38,155
Manufahi	689	43,421	621	44,548
Oe-Cusse	557	58,550	354	45,657
Viqueque	1,412	56,414	1,057	48,958
Total	13,958	1,013,325	973,785	12,615

Annex Table 5: Distribution of causes of disabilities by sex and severity of disability, 2022

		Sex			Severity	
	Total	**Male**	**Female**	**Milder**	**Moderate**	**More severe**
Congenital / at birth	3,312	1,790	1,522	5,875	2,804	508
Conflict war mines	354	272	82	1,163	331	23
Transport accident	319	233	86	1,469	288	31
Work accident	515	360	155	2,092	473	42
Old age	7,642	3,305	4,337	48,723	6,949	693
Disease illness	4,400	2,258	2,142	14,407	3,976	424
Drugs	47	27	20	116	43	4
Other	472	272	200	2,465	406	66
Total	17,061	8,517	8,544	76,310	15,270	1,791

Contributors to Thematic Report – Disability

Name and Institution	Contribution
Mr. Elias dos Santos Ferreira, The President of the National Institute of Statistics of Timor-Leste (INETL, I.P.,) Ministry of Finance	Project Administration and Coordination
Mr. Silvino Lopes Director National Statistics Directorate	National Census Coordinator
Mr. Ricardo dos Santos Cruz Director National Statistics Directorate	Deputy Census Coordinator
Mr. Lourenco Soares Chief Data Processing	Data Collection Manager
Mr. Helder Henriques Mendes Chief Publicity and Advocacy	Chief of Publicity and Advocacy Campaign
Mrs. Paulina Rita Viegas INETL, I.P.,	Information Technology Services
Mr. Francelino Leão Freitas INETL, I.P.,	Information Technology Services
Mr. Alipio Cardoso Moniz INETL, I.P.,	Produced maps for monographs
Mr. João Soares Gusmão INETL, I.P.,	Produced maps for monographs
Mr. Silveiro Martins Pinto INETL, I.P.,	Administration and Finance
Mr. Domingos Sebastião Freitas INETL, I.P.,	Design and Typesetting Thematic Report

Name and Institution	Contribution
Mr. Bruce Campbell UNFPA Representative a.i	Report Reviewer
Mrs. Domingas Bernardo Assistant Representative UNFPA	Report Reviewer
Mr. Egidio da Costa, Population and Development Program Analyst, UNFPA	Report Reviewer
Secondinho Salsinha, Monitoring and Evaluation Program Officer UNFPA	Report Reviewer
Mrs. Angela Msosa UNFPA Timor-Leste Technical Adviser Census Project	Author of Disability Thematic Report

INETL, I.P. = Instituto Nacional de Estatístistica de Timor-Leste, Instituto Publico
Contact
Telefone: +670 3311348
E-mail: dge@mof.gov.tl
Wesite: https://inetl-ip.gov.tl