

# Chapter 10

## Disability



### 10.1 Introduction

The 1997 White Paper on an Integrated National Disability Strategy (INDS) noted that there is a lack of reliable information on disability in South Africa. However, although available data cannot provide a perfect portrait of disability in South Africa, it can provide a rough sense of the scope of disability<sup>25</sup>. Internationally, it has been suggested that as much as 10 per cent of the world's population live with disability. Estimates suggest that moderately to extensively disabled people constitute around 5 per cent of developing country populations.

A special disability survey of South Africa conducted in 1998 by the Department of Health and the Community Agency for Social Enquiry (Case) estimates that approximately 5,9 per cent of South Africa's population is comprised of disabled people. This compares with an estimate of 5,2 per cent from the 1995 October Household Survey (OHS), 12,8 per cent of the National Health & Population Development: South African national survey of 1996 and 6,6 per cent from the 1996 census, and 3,7 per cent from the 1999 OHS. The variance of these measurements illustrates the difficulty of making a reliable estimate of disability; since the underlying population characteristics are unlikely to have changed dramatically since 1995, differences in prevalence estimates mostly reflect differences in the survey instruments and techniques.

The broad scope and the many socio-economic repercussions of disability make it, by any measure, an important policy issue for South Africa. The impact of disability extends well beyond the disabled themselves. Disability

touches the lives of friends, family, and fellow community members. Indeed, while individuals bear the brunt of illness and impairment, disability also creates hardships for those who care for and depend on disabled family members. At least 16 per cent of South Africans are themselves disabled or live in a household with a person who is disabled, according to the 1999 OHS – and this is possibly a conservative estimate.<sup>26</sup> A first step in formulating a national policy framework to address disability is to acknowledge the scope of the problem.

### 10.2 The demographics of disability

Disability tends to follow certain patterns with respect to age, income, and employment. Older people are more likely to have a disability. This is due in part to increased probability of serious health problems and in part to accumulated risk of suffering a disabling accident over the course of their lifetimes. While the elderly account for the largest share of the disabled population, children account for a disproportionately small portion of national disabilities. Disability among children is, however, a major concern. The impact of disability on the lifetime outcomes of children can be extraordinarily high. Children with disabilities tend to have lower school attendance rates, less education, and ultimately, additional barriers to independent living and engagement with society. According to the 1999 OHS, nearly 30 per cent of school-age children with disabilities were not attending school or not attending full time, compared with 10 per cent of children without disabilities.

Poor individuals make up a disproportionately large share of the disabled population. Disability tends to be more common among poor people for two reasons:

- First, poverty increases vulnerability to disability, chiefly through poor nutrition, difficulty accessing adequate basic healthcare, lack of knowledge about prevention, and the greater concentration of poor workers in dangerous jobs.
- Second, disability increases vulnerability to poverty: lower education, discrimination in the labour market (both active and institutional), special disability-related costs, and in some cases the need for other household members to spend time and resources supporting disabled family members increases the likelihood that disabled people will remain – or become – poor.

The 1999 OHS suggests that while less than 2 per cent of individuals living in households with monthly incomes above R10 000 are categorised as disabled, the disability rate was more than twice as high for individuals living in households with monthly incomes below R1 200.

Men are slightly more likely to live with disability after accounting for age effects, probably due to the dangerous jobs many men hold. Although men may be marginally more likely to experience disability, the qualitative experiences of women with disabilities may be much more difficult. The 1997 White Paper on INDS acknowledges that disabled women must endure the oppression of a patriarchal society, which can be magnified for those women who cannot perform even the traditional roles of motherhood and homemaking. Women who bear disabled children may even in some cases be subject to the scorn and rejection of the community.

### 10.2.1 The imperative to act

Not only is the impact of disability widespread but it is likely to increase for the foreseeable future. This trend has been noted at the international level, where violence and ageing populations are driving forces. In sub-Saharan Africa the situation is considerably worse, due in large part to the projected impact of HIV/AIDS on the health and well-being of the region. Therefore, not only must we recognise the scope of disability as it affects society, but so too must we recognise the urgent need to put in

place measures to address the growing threat of disabling disease.

These imperatives to action are not new. Indeed, South Africa has for some time recognised the need to provide special protection to people living with disabilities. The foundation for this protection is established in section 9 of the Constitution, which prohibits discrimination on the basis of disability. These notions have found affirmation in the decisions of the Constitutional Court and in a series of international agreements to which South Africa is committed<sup>27</sup>.

The 1997 White Paper on an INDS provides the basis for national disability policy:

- Disability affects a significant share of the country and places a significant drain on the human resources of people with impairments as well as their families.
- The incidence of disability in South Africa is set to rise, in line with international trends.
- South Africa has a clear legal commitment to address disability. This commitment is enshrined in the Constitution, affirmed by the Constitutional Court and reaffirmed by international agreements to which South Africa is a signatory.

## 10.3 Findings

### 10.3.1 Conceptualisation and definition of disability and implications for national policy

The present disability definitions that underpin current social security provisioning are for various reasons problematic. They are (a) based entirely on the medical model; (b) are constructed in such a way as to undermine the policy objective of maximising full participation in the world of work by creating a disincentive to work; and (c) do not take into account social and labour market barriers, as well as broader social and environmental factors which inhibit labour market participation.

### 10.3.2 Consequences of disability

Disability bears certain economic consequences and is closely related to poverty because it makes

households more vulnerable to poverty and poverty-creating shocks and disabled people themselves face additional barriers to education, employment, and access to basic services (like transport) that conspire to keep them poor. The opposite is also true, namely that poverty increases the risk of disability.

It also has social consequences in the awareness and attitudes of the public. Sometimes overtly, sometimes unintentionally, society discriminates against people with disabilities. Legal measures, and even fundamental constitutional rights, cannot alone redress the prejudices of the public.

### 10.3.3 Progress and gaps in the current framework

Progress in the present system is mixed. According to the INDS the present social security legislative framework, its administration and allocation systems tend to be discriminatory, punitive, insensitive to the specific needs of people with disabilities, uncoordinated, inadequate and riddled with high levels of fraud. In defence of the state it must be said that the State has, however, managed to create and maintain a system of reasonable coverage for a relatively large group of adults with disabilities. The provisioning for children with disabilities is far less successful.

Of most immediate concern to Government is the need to improve access to official support, basic services, and also effective means of adjudication when disabled people are deprived of these rights. Among the most consistent complaints in the social security system are those concerned with the poor administration of public support for disability.

## 10.4 Integrating disability measures into social security

### 10.4.1 Fundamental principles and legislative framework

It must be recognised that people with disabilities are not a homogenous group, but have a wide range of needs and circumstances that contribute to their well-being and opportunities in life. Even persons with similar disability types have

completely different social, financial and physical environments that directly impinge on their capacity to function at their maximum potential. This must be recognised when designing a sensitive and holistic social security system that attempts to meet the needs of this group.

**10.4.1.1** Currently the different pieces of legislation regarding the various schemes of social security are fragmented, sometimes contradictory, and make for gaps in provisioning. Hence the attempt to arrive at a comprehensive system might necessitate one overriding piece of legislation, such as a Social Security Act, which would incorporate the concept of social security for disabled people, its aims and objectives, as well as highlighting the purposes and eligibility criteria of each scheme, including the social assistance programmes.

**10.4.1.2** There may still be need for separate legislation and regulations to guide each of these schemes, but these must be consistent with the fundamental principles embodied in the Act. There needs to be some “linking” and cohesiveness between the different social insurances and the legislation. For example, at present the Employment Equity Act calls for the employment of persons with disabilities, while reintegration into the labour market is not a goal of COIDA. This mix of policy and legislation should ensure that the guidelines set out in the various policies are achieved and enforced through the necessary legislation and regulations.

**10.4.1.3** Particular attention should be paid to clear definitions in the Act(s) that can be operationalised in the regulations, with accompanying guidelines for their implementation.

**10.4.1.4** With regard to legislation for children, both the Child Care Act and the Social Assistance Act should provide for social security for children with disabilities. A combined approach, with the Child Care Act determining the rights and the package of benefits, while the Social Assistance Act incorporates the finer practical details and regulations, might be useful and ensure a comprehensive approach, but may be cumbersome for implementation.

### 10.4.2 Concept of social security for disabled people

**10.4.2.1** Social security systems should be seen not merely as safety nets and poverty alleviating measures, but also as measures to