NATIONAL BASELINE DISABILITY SURVEY

MAKING WOMEN WITH DISABILITIES VISIBLE

Funded by:
The British High Commission
Australian Aid for International Development (AUSAID)
United Nations Development Fund for Women Pacific Regional Office (UNIFEM)
Ministry of Health
Ministry for Social Welfare, Women and Poverty Alleviation
and
Fiji National Council for Disabled Persons (FNCDP)
Making Women with Disabilities Visible
Fiji National Council for Disabled Persons
September 2010

Towards an Inclusive, Barrier – Free and Rights – Based Society for Persons with Disabilities
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Dr. Sitiveni Yanuyanutawa
Executive Director
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Training Centre. A special mention on the inputs of Mr Joshua Meraveka of Papua New Guinea in helping us in tidying up the data entries.

The Survey Team consisted of Karishma Singh, Kirath Prasad, Mereoni Bibi, Moushmi Narain, Niko Ravasakula, Patricia Miller, Roneel Odean, and Ro Netava Ronaivakulua. Even though three members of the team resigned in the middle of the project, their contribution is greatly valued.

The input by the support staff needs to be mentioned especially in taking on extra work for the smooth implementation of the project. The team consists of FNCDP Staff Kaushilya Prasad Executive Officer; Eka Loco Clerical Officer; Ajendra Marcus Driver/Messenger and Etonia Ratu Volunteer.

In conclusion, I take this opportunity to thank all donor agencies, our line ministry, the Council and its machinery of operations right down to the peripheral offices, individual and group contributions, community, traditional and advisory leaders inputs so that this report can provide an enlightenment that is broad based about the barriers faced by persons with disabilities in Fiji.

May God Bless Fiji
DISABILITY DEVELOPMENT IN FIJI

Early services for people with disabilities in Fiji started with the development of mental health services which were first established in 1884 with the construction of a single ward to house psychiatric patients. Since that time St Giles Hospital has evolved and grown to accommodate larger numbers of patients to meet a growing demand for mental health and psycho-social services and has become an integral element of Health Services in Fiji.

A wider range of services for people with disabilities in Fiji began in the mid 1960’s in the form of a Suva-based special education school for a growing population of children who had suffered from poliomyelitis. The Fiji Crippled Children Society, the Society for the Blind and the Fiji Red Cross were the early pioneers of disability services in Fiji.

Over the following decades other special schools were established in the main urban centres of Fiji and various organisation of persons with disabilities (DPOs) established themselves as advocacy and ‘rights’ groups.

In December 1994, the Parliament of Fiji passed the Fiji National Council for Disabled Persons (FNCDP) Act. The primary functions of FNCDP are to serve as a coordinating mechanism on disability matters, formulate national disability policies, develop plans, procure funds to support disability services, conduct relevant seminars/workshops, raise better community awareness on disability issues, mainstream disability concerns into government activities, and promote disability prevention measures. FNCDP has developed a corporate and strategic plan reflecting these priorities and articulating a mission which includes the need to “facilitate the process of creating a barrier free society through a collective collaboration and partnership with all stakeholders.”\(^1\)

The number of disability NGOs and agencies affiliated to FNCDP have increased in the past few years to the present level of over 34. The National Council with associated NGOs, DPOs, the six Advisory and eighteen District Committees have progressed a programme of

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\(^1\) FNCDP (2008), Corporate Plan “the total empowerment, equal opportunities and full participation in a barrier free environment for all persons with disabilities in Fiji.”
wareness and advocacy to create a higher level of awareness of the rights and aspirations of people with disability in Fiji.\(^2\)

The endorsement of the National Disability Policy in 2008 which aimed at providing a framework for addressing disability in Fiji, so as to develop a more ‘inclusive’ society, create greater awareness of the needs of people with disabilities and identify priority areas for action to dismantle barriers hindering the full participation of people with disabilities in the social and economic life of the Fiji Islands.

The Roadmap for Democracy and Sustainable Socio-economic Development (RDSSED) 2009-2014 sets out a strategic framework to achieve sustainable democracy, good and just governance, socio-economic development and national unity in Fiji. The RDSSED confirmed that the area of disability has, over the years, endured considerable development constraints like finance assistance, human resources, technology and infrastructure and the lack of data and statistical information on all areas and forms of disability.\(^3\)

Continuous challenges faced by people with disabilities and organisations include the mainstreaming of disability issues in all programs of Government and civil society organisations; strong collaboration between all partners on service delivery and program implementation; advocacy and awareness of concerns for the rights of people with disability; and the limited ambit of laws and regulations governing the area of disability.\(^4\) Whilst disability mainstreaming is a key element for disability development the RDSSED recognised that it is a crucial component of poverty reduction.

Following the endorsement of the signing of the Convention on the Rights of Persons with Disabilities (CRPD) by Cabinet in March 2010, Fiji signed the CRPD and its optional protocol on 2\(^{nd}\) June. The signing of the CRPD is a milestone achievement for FNCDP, its affiliate organisations and people with disabilities in Fiji. The CRPD will be a very instrumental tool in designing a consolidated act on disability for Fiji.

\(^3\) Ministry of National Planning (2009), Roadmap for Democracy and Sustainable Socio Economic Development 2009 - 2014
\(^4\) Ministry of National Planning (2009), Roadmap for Democracy and Sustainable Socio Economic Development 2009 - 2014
Women with Disabilities

In Fiji, issues of women and girls with disabilities surfaced in the early eighties after an international disability symposium that was held in Adelaide in 1984. The late Ms Koleta Vilisoni nee Sosefo who was a participant to this symposium and a woman with a disability herself was very passionate about the issues. Upon her return and with limited resources and eagerness to raise awareness on issues relating to women and girls with disabilities she started a long journey in lobbying for equality firstly with men and boys with disabilities and women and girls without disabilities.

At the same time, the mainstream women’s movement whilst lobbying for recognition of women’s rights and engaging in international women’s forum such as the UN World Conference on human rights in Vienna in 1993; the UN Declaration on the Elimination of Violence Against Women (DEVAW) The UN Rapporteur on VAW, a paradigm from domestic violence to greater attention to sexual violence as one of the common forms of gender based violence (GBV) committed against women was highlighted during the Beijing Platform for Action plus five (BP+5) conference some eight year ago saw very little participation of women with disabilities nor their issues being recognised or taken in very seriously at national fora. Similarly within disability organisations including Disabled Persons Organisation, issues of women with disabilities were not often addressed but rather left in isolation or drowned by other major disability issues therefore left forgotten and unrevised.

On the other hand women with disabilities have continued from where the late Ms Vilisoni had left and made great contributions on disability development at local, national, regional and international level. The two consecutive trainings on the empowerment of women and girls and with disabilities at regional level in 2003 and 2004 and with a birth of the Women with Disabilities Pasifika Network, a first ever national training seminar was organised for women with disabilities in Fiji in 2005. At this seminar it was very clear that women and girls with disabilities need to understand and exercise their right e.g. two third of the participants at this seminar have no knowledge or understanding of their right to education.5 Women with disabilities continue to live in isolation, not

5 Tawake.S (2005), Forum Report
understanding their right to live and responsibility to participate in development and decision making processes.
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A Big Vinaka Vakalevu to the Turaga ni Rokos, Roko Veivuke, Provincial Administrators, District Officers in Kadavu, Lau, Lomaiviti, Macuata, Naitasiri, and Taveuni. This token of thanks is also extended to Dr. Chang, Medical Superintendents of St Giles Hospital and Dr. Singh of Fiji Medical Rehabilitation Hospital for allowing Survey Assistants conducting interviews in the respective hospitals. We also would like to mention the technical advice and assistance provided by Korovou Medical Superintendent of Lomaiviti who is based in Levuka Hospital and Dr Hla-Thein Medical Superintendent of Taveuni and neighbouring islands. We would also like to acknowledge the contributions of the Community Based Rehabilitation Assistants in the various divisions. The tireless contribution and great sacrifices shown by the Field Surveyors and Technical Volunteers is commended. We are very thankful to the three teams that worked untiringly, giving up their time in working through odd hours of both day and night collecting data and conducting interviews and going to most remote areas and outlying islands where infrastructure was not in place which contributed to the challenges of conducting a survey of this nature. I would like to thank Ms Sainimili Tawake and her team of enumerators and also my own team from the FNCDP Secretariat led by Ms Kaushilya Prasad with invaluable contribution from Mr Etonia Ratu of the Fiji Vocational and Technical
Training Centre. A special mention on the inputs of Mr Joshua Meraveka of Papua New Guinea in helping us in tidying up the data entries.

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The input by the support staff needs to be mentioned especially in taking on extra work for the smooth implementation of the project. The team consists of FNCDP Staff Kaushilya Prasad Executive Officer; Eka Loco Clerical Officer; Ajendra Marcus Driver/Messenger and Etonia Ratu Volunteer.

In conclusion, I take this opportunity to thank all donor agencies, our line ministry, the Council and its machinery of operations right down to the peripheral offices, individual and group contributions, community, traditional and advisory leaders inputs so that this report can provide an enlightenment that is broad based about the barriers faced by persons with disabilities in Fiji.

May God Bless Fiji
DISABILITY DEVELOPMENT IN FIJI

Early services for people with disabilities in Fiji started with the development of mental health services which were first established in 1884 with the construction of a single ward to house psychiatric patients. Since that time St Giles Hospital has evolved and grown to accommodate larger numbers of patients to meet a growing demand for mental health and psycho-social services and has become an integral element of Health Services in Fiji.

A wider range of services for people with disabilities in Fiji began in the mid 1960’s in the form of a Suva-based special education school for a growing population of children who had suffered from poliomyelitis. The Fiji Crippled Children Society, the Society for the Blind and the Fiji Red Cross were the early pioneers of disability services in Fiji.

Over the following decades other special schools were established in the main urban centres of Fiji and various organisation of persons with disabilities (DPOs) established themselves as advocacy and ‘rights’ groups.

In December 1994, the Parliament of Fiji passed the Fiji National Council for Disabled Persons (FNCDP) Act. The primary functions of FNCDP are to serve as a coordinating mechanism on disability matters, formulate national disability policies, develop plans, procure funds to support disability services, conduct relevant seminars/workshops, raise better community awareness on disability issues, mainstream disability concerns into government activities, and promote disability prevention measures. FNCDP has developed a corporate and strategic plan reflecting these priorities and articulating a mission which includes the need to “facilitate the process of creating a barrier free society through a collective collaboration and partnership with all stakeholders.”

The number of disability NGOs and agencies affiliated to FNCDP have increased in the past few years to the present level of over 34. The National Council with associated NGOs, DPOs, the six Advisory and eighteen District Committees have progressed a programme of

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1 FNCDP (2008), Corporate Plan “the total empowerment, equal opportunities and full participation in a barrier free environment for all persons with disabilities in Fiji.”
wareness and advocacy to create a higher level of awareness of the rights and aspirations of people with disability in Fiji.

The endorsement of the National Disability Policy in 2008 which aimed at providing a framework for addressing disability in Fiji, so as to develop a more ‘inclusive’ society, create greater awareness of the needs of people with disabilities and identify priority areas for action to dismantle barriers hindering the full participation of people with disabilities in the social and economic life of the Fiji Islands.

The Roadmap for Democracy and Sustainable Socio-economic Development (RDSSED) 2009-2014 sets out a strategic framework to achieve sustainable democracy, good and just governance, socio-economic development and national unity in Fiji. The RDSSED confirmed that the area of disability has, over the years, endured considerable development constraints like finance assistance, human resources, technology and infrastructure and the lack of data and statistical information on all areas and forms of disability.

Continuous challenges faced by people with disabilities and organisations include the mainstreaming of disability issues in all programs of Government and civil society organisations; strong collaboration between all partners on service delivery and program implementation; advocacy and awareness of concerns for the rights of people with disability; and the limited ambit of laws and regulations governing the area of disability. Whilst disability mainstreaming is a key element for disability development the RDSSED recognised that it is a crucial component of poverty reduction.

Following the endorsement of the signing of the Convention on the Rights of Persons with Disabilities (CRPD) by Cabinet in March 2010, Fiji signed the CRPD and its optional protocol on 2nd June. The signing of the CRPD is a milestone achievement for FNCDP, its affiliate organisations and people with disabilities in Fiji. The CRPD will be a very instrumental tool in designing a consolidated act on disability for Fiji.

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**Women with Disabilities**

In Fiji, issues of women and girls with disabilities surfaced in the early eighties after an international disability symposium that was held in Adelaide in 1984. The late Ms Koleta Vilisoni nee Sosefo who was a participant to this symposium and a woman with a disability herself was very passionate about the issues. Upon her return and with limited resources and eagerness to raise awareness on issues relating to women and girls with disabilities she started a long journey in lobbying for equality firstly with men and boys with disabilities and women and girls without disabilities.

At the same time, the mainstream women’s movement whilst lobbying for recognition of women’s rights and engaging in international women’s forum such as the UN World Conference on human rights in Vienna in 1993; the UN Declaration on the Elimination of Violence Against Women (DEVAW) The UN Rapporteur on VAW, a paradigm from domestic violence to greater attention to sexual violence as one of the common forms of gender based violence (GBV) committed against women was highlighted during the Beijing Platform for Action plus five (BP+5) conference some eight year ago saw very little participation of women with disabilities nor their issues being recognised or taken in very seriously at national fora. Similarly within disability organisations including Disabled Persons Organisation, issues of women with disabilities were not often addressed but rather left in isolation or drowned by other major disability issues therefore left forgotten and unrealised.

On the other hand women with disabilities have continued from where the late Ms Vilisoni had left and made great contributions on disability development at local, national, regional and international level. The two consecutive trainings on the empowerment of women and girls and with disabilities at regional level in 2003 and 2004 and with a birth of the Women with Disabilities Pasifika Network, a first ever national training seminar was organised for women with disabilities in Fiji in 2005. At this seminar it was very clear that women and girls with disabilities need to understand and exercise their right e.g. two third of the participants at this seminar have no knowledge or understanding of their right to education.5 Women with disabilities continue to live in isolation, not

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5 Tawake.S (2005), Forum Report
understanding their right to live and responsibility to participate in development and decision making processes.
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Section One: Introductory
BACKGROUND OF THE SURVEY

The need for baseline and statistical data surveys is recognised as one of the crucial activity that needs to be undertaken by the FNCDP in the past years. Attempts to implement a baseline survey continue to be unsuccessful; this included a submission made to government in 2003. The current data that is available with various government departments and disability organisations including FNCDP is not sufficient for lobbying and advocacy work. Moreover the absences of sex desegrageted data and documentations on various case studies on issues faced by persons with disabilities in particular women and girls with disabilities increases the level of discrimination.

The lack of relevant data and information on the status of persons with disabilities continues to be highlighted in many national and regional meetings and consultations. The Pacific Islands Forum Disability Ministers Meeting held in Cook Islands in October 2009 highlighted the lack of accurate data on the number of persons with disabilities and the prevalence to disability that is caused by high rates of diabetes, increasing number of traffic and industrial accidents; increasing life expectancy and the lack of early identification, intervention and referral services.  The training on Human Resource Development in the Field of Oceania that was conducted by the Japan International Cooperation Agency (JICA) in 2008 identified an action plan which provided a leeway for data collection that includes utilising of existing structures within government system and community organisations.

Nevertheless, FNCDP continues to acknowledge that statistics and data are important tools for policy review and formulation and designing of relevant programs including the provision of adequate and efficient services for persons with disabilities.

The FNCDP in close collaboration with Japan International Co-operation Agency (JICA) and the Bureau of Statistics conducted a pilot survey in Macuata in 2006 which highlighted the number of persons with disabilities in the province. This survey was a milestone achievement for FNCDP even though there were some imprecision.

1 PIFS (2009), Forum Disability Ministers Meeting Outcomes Document.
Great initiatives enabled the FNCDP secure funding from both government agencies and developing partners to conduct a first ever nation wide baseline survey for persons with disabilities in Fiji.

‘Making Women with Disabilities Visible’ was conducted in selected areas in the fourteen provinces of Fiji including Rotuma.

**Gender Related Issues**

In Fiji the high dependency of women and girls with disabilities on assistance and support from both governmental and non governmental organisations reflects their status within their families and communities. The survey finding revealed the lack of accessible support services in the community which further marginalises women and girls with disabilities and preventing them to fully and equally participate equally in society.

According to a UNDP report on women with disabilities which cited many reports on disability indicated that the consequences of discrimination against, and inadequate provision for, people with disabilities are particularly serious for women. Women are often subjected to social, cultural and economic disadvantages, which impede their access to health care, education, vocational training and employment. If they have an intellectual disability or mental illness, their chances of overcoming the barriers that disabilities create are further diminished. Because views about gender relations tend to put women in a lower place in most hierarchies, it is difficult for them to take a full and active part in community life, which is so important to many Pacific Island cultures.  

Gender issues are evident in the different life experiences of women and girls with disabilities from men and boys with disabilities. While women with disabilities do have some experiences and challenges in common with men with disabilities, in many circumstances, they face multiple and intersectional discrimination. Therefore, they are often profoundly more disadvantaged than men with disabilities in similar situations, leading to the denial of rights, opportunities and resources.  

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3 UNDP Pacific Operation Centre (2009), Pacific Women with Disabilities at the Intersection of Discrimination.

4 UNDP Pacific Operation Centre (2009), Pacific Women with Disabilities at the Intersection of Discrimination.
INTRODUCTION OF THE REPORT

The survey conducted was originally aimed at gathering both statistical information and the status of persons with disabilities in particular women and girls. However during the initial stage of implementation, it was realised that it is equally critical to include surveying on both figures and facts on issues relating to men and boys and obtaining any other information regarding the negative impact of both environment and attitudinal barriers to persons with disabilities.

The outcome of the survey brings about dynamic results of discrimination faced by persons with disabilities especially the minor minority groups within the disability community. These groups include women and children, those with mental illness and persons with learning and intellectual disabilities.

This report is divided into four main sections.

Section One : Introductory Section.
Methodology of the survey, Definitions used, Purpose of the Report, Available Literature, scope of the survey.

Section Two : Main Section.
This section highlights the results of the survey findings and interprets data and information gathered.

Section Three : Conclusion and Recommendations
This section includes the conclusions and recommendations. The conclusion states FNCDPs views the status of persons with disabilities in Fiji in particular women and girls. Recommendations in this report are arranged according to targeted stakeholders.

Section Four : Appendices
Appendices included the breakdown of data amongst various districts and few case studies of persons with disabilities including various publications on disability and bibliography.
DEFINITIONS

The Convention on the Rights of Persons with Disabilities (CRPD) does not explicitly define the word ‘disability’; however the preamble in the convention acknowledges that ‘disability’ is an evolving concept. Nor does the convention define the term ‘persons with disabilities’. On the other hand the treaty does state that the term includes persons with long term, mental, intellectual or sensory impairments that, in the face of various negative attitude or physical obstacles, may prevent the persons from participating fully in society.  

While the National Disability Policy defines disability as ‘Persons with long term physical, mental, learning, intellectual and sensory impairments and whose participation in everyday life as well as enjoyment of human rights are limited due to socio-economic, environmental and attitudinal barriers’. 

The survey used the following definition:

**FNCDP Act 1994**

*Disabled persons” means persons, who as a result of physical, mental or sensory impairment are restricted or lacking in ability to perform an activity in the manner considered normal for human beings.*

The survey also used selected definitions for specific disabilities to assist our researcher identify persons with disabilities and these definitions include

**Physical disability** - Pysical impairment involves a continuing physically disabling condition or other health impairment which requires accessible built environment.

**Intellectual disability** - Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.

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5 UN/UNOHCHR/Intern Parliamentary Union (2007), From Exclusion to Equality – Realizing the Rights of Persons with Disabilities.


7 Government of Fiji (1994), FNCDP ACT.
**Communication disorder** - Speech and language disorders which refer to problems in communication and in related areas such as oral motor function.

**Hearing impairment or deafness** - is defined as hard of hearing or conditions in which individuals are fully or partially unable to detect or perceive at least some frequencies of sound which can typically be heard.

**Vision impairment** - the definition of vision impairment includes people who are blind and people who have very limited vision. Visual impairment is used for those who have limited vision and those with total vision loss are referred to as totally blind.

**Learning disability** - learning disabilities are neurological differences in processing information that severely limit a person’s ability to learn in a specific skill area. Everyone has differences in learning abilities, but people with learning disabilities have severe learning problems that persist throughout their lives. Learning disabled people may have difficulty in school or on the job. Learning disabilities may also impact independent living and social relationships. Children with learning disabilities may have difficulty learning basic skills in reading or understanding reading. Difficulty writing, math, or language may also signal learning disabilities.

**Mental Illness** - Mental illness is a general term that refers to a group of illnesses such as depression, anxiety, schizophrenia, bipolar mood disorder, personality disorders, and eating disorders. It is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people.

**Deaf-Blind** - Deafblindness is described as a unique and isolating sensory disability resulting from the combination of both a hearing and vision loss or impairment which significantly affects communication, socialisation mobility and daily living.

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Emotional and Behavioural Disability - Emotional behavioural disability, means social, emotional or behavioural functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a person’s progress, social relationships, personal adjustment, and participation.
PURPOSE OF THE REPORT

Making Women with Disabilities Visible is an independent baseline survey conducted by the Fiji National Council for Disabled Persons. It confirmed that people with disabilities in Fiji continue to face discrimination and abuse of human rights. Minor minority groups within the disability population in Fiji are in worse off situations. This includes women and children with disabilities, those with mental illness and those who live in rural and most remote areas including the outer islands of Fiji. Negative attitudes by society enforce the vulnerability of persons with disabilities.

In recent history, a lot was mentioned by many national, regional and international organisations regarding the high level of discrimination faced by women and girls with disabilities and this is proven by women with disabilities through anecdotal reports.11

The baseline survey is a follow on from a pilot survey for persons with disabilities in the Macuata Province that was conducted by the FNCDP in 2006. It is also the first nationwide disability baseline survey ever conducted covering a wide geographical area.

The purpose of this survey for this report is to initiate evidence based approach to development for people with disabilities in particular women and girls and highlighting the discrimination they face,

The survey was conducted with the main objective of establishing a database of persons with disabilities in Fiji. However the survey as conducted followed the two key objectives:

**Objective 1:** To collect gender desegregated information, including statistical and survey data on people with disabilities at national level.

**Objective 2:** To facilitate identification and delivery of effective programs and services, including formulation or review of policies and legislations for people with disabilities especially women and girls with disabilities.

11 Tawake, Forum Reports, 2003 and 2004
This report highlights disability and disability related statistical and data information on the status of women and girls including men and boys with disabilities within their families and communities and the challenges they face. This information will be an effective tool in measuring the types and degrees of discrimination faced by women and girls with disabilities compared to men and boys with disabilities. It will be of great value to develop gender sensitive programmes that target women and men differently, according to their gender conditions.

The report is targeting a whole range of stakeholders for the implementation of its recommendations in the development of disability issues in Fiji. These stakeholders include relevant government departments, national, regional and international Disabled Persons Organisations (DPOS), Civil Society Organisations, Community Based (CBOs) and Faith based Organisation (FBOs), Women’s Organisations, Development Partners and Intergovernmental Agencies.

There is less statistical information on conditions and status of women and girls with disabilities on educational level and employment. There is limited information on access to paid jobs, salaries and benefits, including access to services of health, education and legal assistance. In addition, there is little recorded on access to adequate and relevant information and participation in family and community life. Moreover, not much information on disability segregated data on the types of disabilities amongst male and female and how gender determines different opportunities and living conditions for people with disabilities. There is also very little data available on those who suffer from abusive situation or are victims of abuse.
METHODOLOGY

The survey was facilitated and conducted by the Fiji National Council for Disabled Persons in close collaboration with key stakeholders from both government ministries and departments, civil society organisation, community and faith based organisation and women’s organisation. The survey used three different approaches for interviewing persons with disabilities. These approaches were identified based on the different structures in the various societies and communities in which people with disabilities live.

Approach to Relevant Government Department and Ministries
The Fiji National Council for Disabled Persons is under the portfolio of the Ministry of Social Welfare. This linkage allows the FNCDP to work in close collaboration and strengthen network with relevant government ministries and department to advance the baseline survey.

The baseline survey allowed the FNCDP to strengthen networks with Commissioners in the Central, Eastern, Western and Northern Divisions including Provincial Offices, District Offices, and Public Administrators for the dissemination of information and obtaining permission to conduct the survey in districts, villages and surrounding informal settlements.

The FNCDP utilized its linkages with Ministry of Health and the Ministry of Social Welfare, Women and Poverty Alleviation in the training of various community officers to assist in conducting the survey. Permission was sought from the Ministry of Education to conduct the study in schools; this was utilized mainly with schools in rural and remote place and outlying islands. Apart from special schools, interviews were also conducted in mainstream schools in Kadavu, Lau, Lomaiviti, Rotuma, Taveuni and Labasa Town. Open forums on disability were held with teachers and in some occasions brief presentations were conducted to students. Permission was sought from the Ministry of Health to conduct the survey in hospitals and health centres.
Approach to disabled persons organisations, civil society organisations, community and faith based organisations

Utilising existing disabled persons organisation in obtaining both statistical and or other information on their membership was another method used for the survey. This method was used due to time and financial limitation and also allows for the wider participation of disabled persons organisations. The FNCDP also strengthened contacts with existing CSOs, CBOs and FBOs. Including village nurses and turaga ni koros in identifying persons with disabilities at the community and village level.

Approach to persons with disabilities through field surveyors and technical volunteers.

A team of five enumerators and three volunteers were recruited and undergone a three day training on disability. The training involved both survey personnel, representatives of DPOs and CSO including welfare officers and community rehabilitation assistants. Key areas of discussion in the training included understanding disability and the paradigm shift, disability from a human rights approach, what is gender and researching sensitive issues.

The Questionnaire

A standard questionnaire which included fourteen sections encompasses a whole cross section of disability issues was developed. The section includes

1. Personal Information
2. Family
3. Self care
4. Measures of Disability
5. Types of Disability
6. Institutionalisation
7. Education
8. Violence and Abuse
9. Training and Employment
10. Participation
11. Communication
12. Mobility
13. Accessible Built Environment
14. General (Assistance and Support)
The questionnaire was circulated to various disabled persons organisations for comments and inputs. The questionnaire was thoroughly discussed during the training and was also reviewed considering recommendations from various stakeholders and training participants.

The questionnaire was piloted in Suva and in three villages in Beqa including Rukui, Dakuibeqa and Nawaisomo during a Health Ministerial visit to the island in 2008.

The survey as conducted followed the guiding principles of the Biwako Millennium Framework for Action (BMF) in promoting an inclusive, barrier free and rights based approach of persons with disabilities. It ensured that persons with disabilities participated to their fullest opportunity without any cultural, physical, economical and social barrier. In areas where information cannot be obtained from persons with disabilities due to severity of disability, information was obtained from immediate family members or caregivers including community and faith based organisations.

The survey covers various types of physical, sensory and intellectually disability and follows the ICF which is the International Classification of Function Disability and Health as much as possible.

People with disabilities have very low self esteem and lack the understanding and knowledge of their own human rights issues. There is very little awareness on disability and both people with disabilities and their families were reluctant in providing relevant information and preferred to answer selected sections of the questionnaires.

**The International Classification of Functioning, Disability and Health (ICF)**
The ICF describe functioning at three perspectives: body, person and societal. The ICF organizes information in two parts. The first part deals with Functioning and Disability, the second part covers contextual factors.¹³

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¹² Immediate family members can also refer to any other families that persons with disabilities are being part of.

¹³ WHO: http://www.who.int/classifications/icf/en/
Components of Functioning and Disability are divided in:

(1) **Physical/Body structures**
Body component including Body functions and Anatomical structures. A problem in body function or structure is noted as Impairments.\(^{14}\)

(2) ‘Activity’
Activity components where Activity is defined as the execution of a task or action by an individual.\(^{15}\)

(3) ‘Participation’
Participation is defined by involvement in a life situation. A difficulty at the person level would be noted as an activity limitation, and at the societal level as a participation restriction.\(^{16}\)

In the questionnaire, questions were raised based on three dimensions mentioned in the ICF, however when determining the severity of disability, answers were based on the physical body structures.

**Survey Site**
The baseline survey was conducted within the four main divisions in Fiji. These divisions are the central, eastern, western and northern. Within the central division areas covered includes:

**Central Division** – Beqa, Suva, Nasinu, Navua, Nausori, Rewa, Korovou, Tailevu, Naitasiri, Serua, Namosi

**Eastern Division** – Kadavu, Lomaiviti, Lau and Rotuma

**Northern Division** – Cikobia, Labasa, Nabouwalu, Savusavu, Taveuni

**Western Division** – Sigatoka, Nadi, Lautoka, Ba, Tavua, Vatukoula, Rakiraki and Yasawa

\(^{14}\)WHO: http://www.who.int/classifications/icf/en/

\(^{15}\)WHO: http://www.who.int/classifications/icf/en/

\(^{16}\)WHO: http://www.who.int/classifications/icf/en/
Section Two: Survey Findings
1. TOTAL DISABILITY POPULATION

This section briefly provides an overview of sex and ethnicity desegregated data of persons with disabilities at district and national level. It also provides some detailed information on the age range of persons with disabilities.

In Fiji, according to the baseline survey conducted by the FNCDP, the total disability population is 11,402 with 5222 females and 6180 males; 46percent and 54percent respectively.

Based on 2007 national census, Fiji’s total population is 837,271. Therefore 1.4percent of Fiji’s population are persons with disabilities of which 0.6% are women with disabilities compared to approximately 0.8percent of men and boys with disabilities.

FNCDP believes that this figure could increase to 10percent or more if all areas in the central eastern northern and western divisions in Fiji were surveyed.

Furthermore prevalence to disability is on the rise due to increase in medical conditions and long life expectancy. More than 25,000 people in Fiji suffer from vision impairment. Of this number, more than 8000 people are blind. St Giles Hospital recorded in 2008 that 6211 were treated with 463 new cases, 502 inpatients with 143 new time admissions and 359 new admissions. The hospital recorded 222 were seen as out patients for drug abuse in 2006.

World Health Organisation (WHO) estimated that 10percent of the world’s population are persons with disabilities and this figure could increase through population growth, medical advances and aging processes. Projected increase in the number of disabled children in the next thirty years, particularly in developing countries, due to malnutrition, child labour, diseases and other causes.

<table>
<thead>
<tr>
<th>Total PWD by sex</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11402</td>
<td>6180</td>
</tr>
<tr>
<td>Women</td>
<td>5222</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>6180</td>
</tr>
</tbody>
</table>

1. Dr Neil Sharma Opening of Pacific eye institute Fiji Times online Oct 8/2009
2. Saint Giles Hospital medical superintendent Dr Shisram Narayan fijitimes online 22 October 2009
3. 31 Jan 2007; Fiji Times on line
4. UN enable website; http://www.un.org/disabilities/default.asp/
### 1.1 Total disability population by district by sex.

<table>
<thead>
<tr>
<th>District</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11383</td>
<td>6166</td>
<td>5217</td>
</tr>
<tr>
<td>Macuata</td>
<td>1846</td>
<td>997</td>
<td>849</td>
</tr>
<tr>
<td>Suva</td>
<td>1647</td>
<td>919</td>
<td>728</td>
</tr>
<tr>
<td>Lautoka</td>
<td>1130</td>
<td>624</td>
<td>506</td>
</tr>
<tr>
<td>Nadi</td>
<td>822</td>
<td>426</td>
<td>396</td>
</tr>
<tr>
<td>Kadavu</td>
<td>707</td>
<td>391</td>
<td>317</td>
</tr>
<tr>
<td>Ba</td>
<td>636</td>
<td>382</td>
<td>254</td>
</tr>
<tr>
<td>Sigatoka</td>
<td>617</td>
<td>309</td>
<td>308</td>
</tr>
<tr>
<td>Levuka</td>
<td>576</td>
<td>306</td>
<td>270</td>
</tr>
<tr>
<td>Savusavu</td>
<td>523</td>
<td>251</td>
<td>272</td>
</tr>
<tr>
<td>Taveuni</td>
<td>490</td>
<td>266</td>
<td>224</td>
</tr>
<tr>
<td>Rakiraki</td>
<td>468</td>
<td>262</td>
<td>206</td>
</tr>
<tr>
<td>Tavua</td>
<td>434</td>
<td>240</td>
<td>194</td>
</tr>
<tr>
<td>Bua</td>
<td>263</td>
<td>155</td>
<td>108</td>
</tr>
<tr>
<td>Nausori</td>
<td>257</td>
<td>140</td>
<td>117</td>
</tr>
<tr>
<td>Vunidawa</td>
<td>446</td>
<td>213</td>
<td>233</td>
</tr>
<tr>
<td>Tailevu</td>
<td>193</td>
<td>94</td>
<td>99</td>
</tr>
<tr>
<td>Navua</td>
<td>167</td>
<td>88</td>
<td>79</td>
</tr>
<tr>
<td>Rotuma</td>
<td>90</td>
<td>59</td>
<td>31</td>
</tr>
<tr>
<td>Lau</td>
<td>70</td>
<td>44</td>
<td>26</td>
</tr>
</tbody>
</table>

The study found that more people with disabilities live in Macuata with a figure of 1846 compared to any other districts in Fiji. Suva being recorded the second highest with 1647; Lautoka with 1130, Nadi with 822 Kadavu 707, Ba with 636 and Sigatoka with 617. In Levuka there are 576 people with disabilities while Savususavu had a record of 523, Taveuni with 490 and Rakiraki with 468, Vunidawa with 446 and Tavua with 434. Nausori had a record of 257 and Bua with 263. Tailevu with 193, Navua with 167, Rotuma 90 and Lau being with lowest with 70. Except for Savusau which had a record of 272 women with disabilities compared to 251 men and Vunidawa with 233 women with disabilities and 213 men. Records of women with disabilities remain lower than men in all other districts which indicated that women with disabilities are not willing to be identified or there is a high mortality rate amongst women with disabilities in Fiji.\(^6\)

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\(^6\) UNDP 2009; Pacific Sisters with Disabilities at the Intersection of Discrimination
1.1.1 Total percentage of disability population by district

Table 3

<table>
<thead>
<tr>
<th>DISTRICTS</th>
<th>TOTAL POPULATION</th>
<th>TOTAL DISABILITY</th>
<th>TOTAL DISABILITY PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACUATA</td>
<td>72,441</td>
<td>1846</td>
<td>2.55</td>
</tr>
<tr>
<td>SUVA</td>
<td>89,202</td>
<td>1647</td>
<td>1.85</td>
</tr>
<tr>
<td>LAUTOKA</td>
<td>94,873</td>
<td>1130</td>
<td>1.19</td>
</tr>
<tr>
<td>NADI</td>
<td>63,651</td>
<td>822</td>
<td>1.29</td>
</tr>
<tr>
<td>KADAVU</td>
<td>10,167</td>
<td>707</td>
<td>6.96</td>
</tr>
<tr>
<td>BA</td>
<td>80,852</td>
<td>636</td>
<td>0.79</td>
</tr>
<tr>
<td>SIGATOKA</td>
<td>58,387</td>
<td>617</td>
<td>1.06</td>
</tr>
<tr>
<td>LEVUKA</td>
<td>16,461</td>
<td>576</td>
<td>3.50</td>
</tr>
<tr>
<td>SAVUSAVU</td>
<td>49,344</td>
<td>523</td>
<td>1.06</td>
</tr>
<tr>
<td>TAVEUNI</td>
<td>2,545</td>
<td>490</td>
<td>19.25</td>
</tr>
<tr>
<td>RAKIRAKI</td>
<td>29,464</td>
<td>468</td>
<td>1.59</td>
</tr>
<tr>
<td>TAVUA</td>
<td>29,545</td>
<td>434</td>
<td>1.47</td>
</tr>
<tr>
<td>BUA</td>
<td>14,176</td>
<td>263</td>
<td>1.86</td>
</tr>
<tr>
<td>NAUSORI</td>
<td>100,787</td>
<td>257</td>
<td>0.25</td>
</tr>
<tr>
<td>VUNIDAWA</td>
<td>160,760</td>
<td>446</td>
<td>0.28</td>
</tr>
<tr>
<td>TAILEVU</td>
<td>55,692</td>
<td>193</td>
<td>0.35</td>
</tr>
<tr>
<td>NAVUA</td>
<td>25,147</td>
<td>167</td>
<td>0.66</td>
</tr>
<tr>
<td>ROTUMA</td>
<td>2,002</td>
<td>90</td>
<td>4.50</td>
</tr>
<tr>
<td>LAU</td>
<td>10,683</td>
<td>70</td>
<td>0.66</td>
</tr>
<tr>
<td>UNIDENTIFIED</td>
<td>19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table shows the total household population per district measured against the total disability population per district which provides an estimate of total disability percentage per district.

The findings specified that while Macuata, Suva and Lautoka, have more people with disabilities, Taveuni has more percentage of people with disabilities with 19.25 percent followed by Kadavu with 6.96 and Rotuma with 4.5 percent. The findings also revealed that in Taveuni, Macuata and Rotuma, people with disabilities and their families are more forthcoming in providing disability information compared to other districts. It is also noted that families of people with disabilities in Fiji live in ‘disability denial’ where there is a lot of facade that disability do not exist in their own families therefore there is no chances for identification. Nineteen people with disabilities were not able to identify their districts.
1.2 Total disability population by sex and ethnic group

In ethnicity, there are more Fijians with 67 percent, Indians with 30 percent, Rotumans 1 percent all other races with 2 percent.

The study shows that there are more men with disabilities than women. In the Fijian ethnic group, there are more men than women with 3996 men and boys with disabilities and 3608 women and girls with disabilities. Indian men and boys with disabilities is higher than female with 1950 and 1458 respectively. Rotumans ethnicity, with 78 and 45 respectively and all other races with 156 to 111.

<table>
<thead>
<tr>
<th>Percentage of PWD by ethnicity by sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fijian</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

1.3 Total disability population by age range

There are more older people with disabilities with a total of 4876; 2454 women and 2422 men within the age range of 51 years and over followed by children with a total of 1511 with 558 girls, 953 boys with disabilities respectively and teenagers with 1408; 577 girls and 831 boys with disabilities.

The findings revealed that while disability issues is an emerging issue in Fiji, Issues of older people, children and young people with disabilities are not always addressed. In the Older Adults category, there are more women with disabilities compared to men which indicated that women in that particular age group suffer more from ill-health caused by too many pregnancies, inadequate post-natal health and medical care, and poor nutrition, all of which put them at greater risk of disability. There are fewer women than men with disabilities, despite the fact that women generally live longer than men, may indicate that girls and women with disabilities simply receive less care and support than men, leading to earlier death.

<table>
<thead>
<tr>
<th>Percentage of PWD by age range by sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Infants</td>
</tr>
<tr>
<td>Children</td>
</tr>
<tr>
<td>Teenager</td>
</tr>
<tr>
<td>Young Adults</td>
</tr>
<tr>
<td>Adults</td>
</tr>
<tr>
<td>Old Adults</td>
</tr>
<tr>
<td>Older Adults</td>
</tr>
<tr>
<td>Unidentified</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
The rising number of children and teenagers acquiring disability is very alarming which indicated the high level of physical and social activity they engage in with very little or no supervision.

1.4 Marital status by sex

More people with disabilities are recorded to be married compared to other marital status. The study finds that there are 39 percent of married persons with disabilities with 24 percent of men compared to 15 percent of women, while 36 percent remain single with 21 percent of men and 15 percent of women. 16 percent are widows while only 6 percent are widowers. Women with disabilities continue to score less than men in married life due to several perception and assumption that women with disabilities cannot afford to look after her family, or unable to have children or the fear that should they have children then there is a high chance of their children inheriting a disability.

Those in a de facto relationship totalled 2 percent with approximately 0.13 percent of men and 0.18 percent of women; 1.5 percent are divorced with 0.7 percent of men and 0.8 percent of women and 0.8 percent are separated with 0.39 percent of men and 0.37 percent of women. These figures indicated that there is insecurity amongst women and girls with disabilities as there are fewer chances in getting into married life.

2 FAMILY

This section briefly identifies people with disabilities in their own families as family members or heads of households and their issues within their households. It also included people with disabilities with children and also considered people with disabilities with children with disabilities.
2.1 People with disabilities living with families by sex

Approximately 96 percent of persons with disabilities live with their families while 3.5 percent are living elsewhere. 45 percent of those living with their families are women with disabilities while 51 percent are men. The findings indicated that more people with disabilities live with, and rely on their families for livelihood and support.

Off the 3.5 percent of those who do not live with their families, 1.8 percent are women or girls with disabilities and 1.7 percent are men or boys. The study revealed that the 0.1 percent who neither live with their families or institution nor on the street, live from house to house in their own neighbourhood and community.

2.2 People with disabilities as head of household by sex

72 percent are men with disabilities heading households compared to 28 percent of women with disabilities. Whilst the study showed that 22 percent are widow with disabilities this does not necessarily indicate that they automatically become head of households.

2.3 People with disabilities related to head of household by sex

53 percent of women with disabilities are directly related to the head of the household compared to 36 percent of men with disabilities whereas 11 percent of both women and men with disabilities are not directly related to head of households. This shows that more women with disabilities are dependant on their relatives. While the head of household is seen as offering support in terms of food, clothing and shelter, women with disability still feel very insecure in terms of making independent decisions by themselves.

<table>
<thead>
<tr>
<th>Percentage of PWD living with families</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWD with families</td>
</tr>
<tr>
<td>Living with Families</td>
</tr>
<tr>
<td>Not living with families</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

Table 7

![Percentage of PWD as heads of household](image)
2.4 People with disabilities with children
The survey shows that 65 percent of people with disabilities have children, 8 percent are female solo parents while 6 percent are parents to children with disabilities. Disabled parents of children with disabilities take a great effort to live with their disabling condition and that of their children. Female solo parent live in extreme hardship in accessing existing opportunities.

3. SELF CARE

This section determines whether persons with disabilities are capable in caring for themselves to achieve quality of life or whether they do have or need caregiving services from their own families. It also highlighted areas of concerns regarding care giving provided to persons with disabilities.

3.1 People with disabilities needing assistance in daily care living skills by sex.

The study highlighted that 15 percent of people with disabilities need assistance or supervision in eating, dressing, toileting and bathing. These sort of assistance are provided to people with very severe multiple disability. 85 percent are recorded as independent does not necessarily indicate that they do not require assistance however they are capable of performing daily living skills at a minimal level.

From the 15 percent needing assistance in daily care, 8 percent are men while 7 percent are women with disabilities.

| Table 8 |
|------------------|-----------------|-----------------|
| **Percentage of PWD needing assistance or supervision on daily living skills by sex** |
| Total | Women | Men |
| 17 percent | 7 percent | 8 percent |
3.2 People with disabilities with caregivers by sex

Approximately 40 percent of people with disabilities have caregivers, 21 percent of whom are men or boys with disabilities compared to 19 percent of women or girls with disabilities. 37 percent of persons with disabilities receive caregiving support from relatives, while 2 percent are from paid workers and 1 percent are from volunteers.

From the 60 percent of people with disabilities who do not have caregivers, 31 percent are men and boys with disabilities compared to 29 percent of women and girls.

The findings also revealed that people with disabilities needing caregivers live in total isolation including unhygienic living conditions and inaccessible environment. While people around them including family members would like to assist, they are very ignorant of the complexity of disability issue and do not understand the human rights of persons with disabilities.

On the other hand people with disabilities with caregivers live in restricted environment where decisions are made for them and movements are controlled even though they are well looked after and catered for.

4. MEASURES OF DISABILITY

There are two different measures of disability; congenital and acquired. Congenital disability occurs during pregnancy and acquired disability occurs during and after birth. This section will further elaborate on the measures of disability and identify its causes.

4.1 People with disabilities by measures of disability by sex

48.6 percent of persons with disabilities acquired their disability compared to 13 percent who were born with their disability.
The figure showed that 25.32 percent of women and girls with disabilities acquire their disability compared to 23.31 percent of men and boys which indicated that women give less attention to their own well-being other than that of their family. 37.52 percent do not know whether their disability is congenital or acquired, while 0.13 percent are born with and also acquire their disability.

The high rate of people acquiring their disability showed that there is very little awareness done on disability prevention including the lack of identification of cause of disability especially for women and girls with disabilities.

4.2 Causes of congenital disability

Table 10

<table>
<thead>
<tr>
<th>Causes of congenital disability</th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heredity</td>
<td>1.57</td>
<td>0.84</td>
<td>0.73</td>
</tr>
<tr>
<td>Pre-birth complications</td>
<td>3.58</td>
<td>1.6</td>
<td>1.98</td>
</tr>
<tr>
<td>Unknown</td>
<td>8.54</td>
<td>3.6</td>
<td>4.94</td>
</tr>
</tbody>
</table>

Congenital disability occurs when the unborn baby acquires disability whilst in their mother’s womb. There are many contributing factors to congenital disability which resulted from mother’s ill health during pregnancy this may include accident, abused or malnourished or with a high dosage of alcohol and drugs during pregnancy period.

There are three categories of congenital disabilities; pre-birth complications, heredity and unknown. 3.58 percent of congenital cases had pre birth complication while 1.57 percent through heredity and 8.54 percent were unknown cases. Most parents of children with disabilities could not indicate whether their children had acquired their disability before or after birth.

4.3 Causes of acquired disability by sex

Table 11

<table>
<thead>
<tr>
<th>Disability Measures</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital</td>
<td>6.03</td>
<td>7.66</td>
<td>13.69</td>
</tr>
<tr>
<td>Acquired</td>
<td>25.32</td>
<td>23.31</td>
<td>48.63</td>
</tr>
<tr>
<td>Both</td>
<td>0.07</td>
<td>0.06</td>
<td>0.13</td>
</tr>
<tr>
<td>Unknown</td>
<td>16.4</td>
<td>21.12</td>
<td>37.52</td>
</tr>
</tbody>
</table>
There were seven categories of acquired disability. The pie graph indicated that 23.37 percent of persons with disabilities acquired their disability through sickness, 8.32 percent through aging, 5.87 percent through accident, 0.56 percent through abuse, 0.32 percent curse, 0.25% and 10.03 percent were unknown cases.

Compared to congenital disability, in most of all the categories for causes of acquired disability, the number of women with disabilities are mostly higher than men with disabilities (please refer to table No! 11). This clearly indicates that women continue to live in vulnerability due to underlying factors such as poverty or hardship including limitation and restrictions to exercising and promoting their human rights which increases the risk or exposure to disability.

Table 11

<table>
<thead>
<tr>
<th>Types of Acquired</th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
<td>5.87</td>
<td>2.22</td>
<td>3.65</td>
</tr>
<tr>
<td>During/after birth complications</td>
<td>0.25</td>
<td>0.12</td>
<td>0.13</td>
</tr>
<tr>
<td>Aged</td>
<td>8.32</td>
<td>5.29</td>
<td>3.03</td>
</tr>
<tr>
<td>Curse</td>
<td>0.32</td>
<td>0.12</td>
<td>0.2</td>
</tr>
<tr>
<td>Abuse</td>
<td>0.56</td>
<td>0.17</td>
<td>0.39</td>
</tr>
<tr>
<td>Sickness</td>
<td>23.27</td>
<td>12.78</td>
<td>10.49</td>
</tr>
<tr>
<td>Unknown</td>
<td>10.03</td>
<td>4.6</td>
<td>5.43</td>
</tr>
</tbody>
</table>

Without considering the economical, social and environmental factor, approximately 0.25 percent of people with disabilities believe that they acquire their disability through curse, this number is higher amongst women with disabilities in particular those with mental illness. However most women with mental illness are living in abusive and violent situations which lead to severe depression and therefore when their attack occurs mostly during full moon period and at most times coincides with their menstrual flow and therefore the general assumption is that their disorder is caused by a curse or witchcraft.

Whilst curse is not a cause of a disability, it is noted with interest that many people still perceive disability as a myth and is caused by witch craft or evil spirit.
4.4 People with disabilities by type of sickness by sex

The study found that diabetes has a high prevalence to disability with 10.4 percent, stroke and hypertension with 7.74 percent, arthritis and muscle disorders with 1.81 percent, lung infection with 1.34 percent and mental illness with 0.94 percent and unknown disease with 0.41 percent.

Table 12 shows the types of sicknesses that lead to disability. In all the types of sickness that are identified, the percentage of women acquiring sickness through diabetes, stroke/hypertension including arthritis and muscle disorder is higher compared to men which clearly indicate that women are vulnerable to infections that cause disability and they spend less time looking after themselves and less likely to access treatment. Furthermore, women spend more time on the health and well being of other family members. 

4.5 People with disabilities by type of accident by sex

---

7 UNCP Pacific Centre (2009), Pacific Sisters with Disabilities at a cross-section of discrimination
The study revealed that accident that occurs in the home due to negligence was recorded the major cause of disability with 1.88 percent including accident through falling with 1.82 percent. Motor vehicle accident with 1.15 percent, workplace accident with 0.62 percent, accident at sea with 0.23 percent, disability caused by natural disaster with 0.05 percent, and accidents in institutions such as schools and hospitals 0.04 percent and police brutality with 0.02 percent.

The study revealed that most people acquire their disability in the home which indicated that homes and home environments need to be accessible and user friendly while motor vehicle accidents is another contributing factor to disability.

### 5. TYPES OF DISABILITY

This section will elaborate on the types of disabilities and their severity. Physical, sensory, mental illness and intellectual disability. Sensory disability is further defined to two categories; hearing and visual impairment while emotional behavioural disability is recorded differently from mental illness.

### Table 13

<table>
<thead>
<tr>
<th>Types of accident</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home accident</td>
<td>0.74</td>
<td>1.14</td>
<td>1.88</td>
</tr>
<tr>
<td>Fall</td>
<td>0.91</td>
<td>0.91</td>
<td>1.82</td>
</tr>
<tr>
<td>Motor vehicle accident</td>
<td>0.38</td>
<td>0.77</td>
<td>1.15</td>
</tr>
<tr>
<td>Workplace accident</td>
<td>0.05</td>
<td>0.57</td>
<td>0.62</td>
</tr>
<tr>
<td>Accident at sea</td>
<td>0.06</td>
<td>0.17</td>
<td>0.23</td>
</tr>
<tr>
<td>Natural disaster &amp; cyclones</td>
<td>0.02</td>
<td>0.03</td>
<td>0.05</td>
</tr>
<tr>
<td>Accident in institutions</td>
<td>0</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>Police brutality</td>
<td>0</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td>Sport induced</td>
<td>0</td>
<td>0.06</td>
<td>0.06</td>
</tr>
</tbody>
</table>
The percentage of people with physical disabilities is recorded the highest compared to other impairments. The study found that 42 percent of the disability population is those with physical disability; 26 percent are those with multiple disabilities; learning disabilities totalled 8 percent while intellectual impairment and visual impairment each recorded 7 percent; mental illness with 5 percent and hearing impairment with 5 percent and communication disorder with 1 percent. The study found that in all different categories of disability, there are more men and boys compared to women and girls with disabilities except for albinism. Albinism is not a disability however people with albinism has visual impairment which is a type of disability.

The number of women with disabilities will continue to remain lower than men which is due to several factors either they are less likely to be identified or there is a high mortality rate for women with disabilities in Fiji.

3 percent of those with visual impairment are totally blind while two

![Percentage of PWD by type of disability](image)

<table>
<thead>
<tr>
<th>Types of Disability</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Impairment</td>
<td>2153</td>
<td>2621</td>
<td>4774</td>
</tr>
<tr>
<td>Multiple Disability</td>
<td>1439</td>
<td>1472</td>
<td>2911</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>371</td>
<td>536</td>
<td>907</td>
</tr>
<tr>
<td>Intellectual Impairment</td>
<td>314</td>
<td>455</td>
<td>769</td>
</tr>
<tr>
<td>Vision Impairment</td>
<td>385</td>
<td>448</td>
<td>833</td>
</tr>
<tr>
<td>Mental illness</td>
<td>244</td>
<td>279</td>
<td>523</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>221</td>
<td>243</td>
<td>464</td>
</tr>
<tr>
<td>Communication Disorder</td>
<td>60</td>
<td>90</td>
<td>150</td>
</tr>
<tr>
<td>Emotional / Behavioural Disability</td>
<td>21</td>
<td>18</td>
<td>39</td>
</tr>
<tr>
<td>Deaf/Blind</td>
<td>8</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Albinism/visual</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>
percent of those with hearing impairment are totally deaf.

5.2 People with disabilities by types of disability by severity

<table>
<thead>
<tr>
<th>Types of disability</th>
<th>Total%</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Profound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Impairment</td>
<td>41.84</td>
<td>1.51</td>
<td>24.54</td>
<td>11.8</td>
<td>3.99</td>
</tr>
<tr>
<td>Multiple Disability</td>
<td>25.51</td>
<td>1.64</td>
<td>11.63</td>
<td>9.11</td>
<td>3.13</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>7.94</td>
<td>0.38</td>
<td>3.69</td>
<td>3.54</td>
<td>0.33</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>7.29</td>
<td>0.35</td>
<td>3.92</td>
<td>2.35</td>
<td>0.67</td>
</tr>
<tr>
<td>Intellectual Impairment</td>
<td>6.73</td>
<td>0.33</td>
<td>4.22</td>
<td>1.04</td>
<td>1.14</td>
</tr>
<tr>
<td>Mental illness</td>
<td>4.57</td>
<td>0.38</td>
<td>2.89</td>
<td>1.02</td>
<td>0.28</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>4.06</td>
<td>0.16</td>
<td>1.63</td>
<td>1.35</td>
<td>0.92</td>
</tr>
<tr>
<td>Communication Disorder</td>
<td>1.3</td>
<td>0.05</td>
<td>0.71</td>
<td>0.45</td>
<td>0.09</td>
</tr>
<tr>
<td>Emotional / Behavioural</td>
<td>0.32</td>
<td>0</td>
<td>0.24</td>
<td>0.06</td>
<td>0.02</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaf/Blind</td>
<td>0.2</td>
<td>0</td>
<td>0.12</td>
<td>0.03</td>
<td>0.05</td>
</tr>
<tr>
<td>Total</td>
<td>99.76</td>
<td>4.8</td>
<td>53.59</td>
<td>30.75</td>
<td>10.62</td>
</tr>
</tbody>
</table>

The survey has four classifications for severity of disability which includes mild, moderate, severe and profound.

As mentioned in section one, questions in the questionnaire were based on three dimensions mentioned in the ICF, however when determining the severity of disability, answers were based on the physical body structures.

The survey found that compared to people with multiple disabilities, people with physical disabilities are in much worse conditions with 24.54 percent moderate, 11.8 percent severe and 3.99 percent with profound conditions.

6. INSTITUTIONALISATION

This section highlights the type of institutions institutionalised people with disabilities live in and the timeframe they live in these institutions including the treatment they face whilst in institutions.
6.1 People with disabilities in institutions by type of institutions
81.22 percent of people with disabilities who were institutionalised lived in hospitals such as the Fiji Medicine Rehabilitation Hospital and the St Giles Hospital. 6.26 percent live in halfway homes while 12.52 percent live in orphanages or homes for the elderly.

There are more men and boys with disabilities in institutions with 44.86 percent compared to women and girls with disabilities with 36.38 percent. While there are more men and boys with disabilities in hospitals such as St Giles hospital and Fiji Medicine Rehabilitation hospital, figures of women and girls with disabilities continue to increase in Homes for children and aged with 8.35 percent and 4.17 percent respectively including Half-way homes with 3.73 and 2.53 percent.

6.2 People with disabilities in institutions by duration
The study found that 88 percent of persons with disabilities spent duration of 0-5 years in institutions while 5 percent were institutionalised for 6 to 10 years, 4 percent for 11 to 13 years, and approximately 3 percent for 15 years and over.

Women and girls with disabilities spend more time in institutions compared to men and boys with disabilities which indicated that either they are not accepted back in their families and communities or they have no sauce of livelihood.

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>36.36</td>
<td>44.86</td>
<td>81.22</td>
</tr>
<tr>
<td>Home for children/aged</td>
<td>8.35</td>
<td>4.17</td>
<td>12.52</td>
</tr>
<tr>
<td>Half way home</td>
<td>3.73</td>
<td>2.53</td>
<td>6.26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of PWD duration in institution by sex</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>40.71</td>
<td>47.52</td>
<td>88.23</td>
</tr>
<tr>
<td>6-10 years</td>
<td>2.63</td>
<td>2.17</td>
<td>4.8</td>
</tr>
<tr>
<td>11-15 years</td>
<td>2.63</td>
<td>1.7</td>
<td>4.33</td>
</tr>
<tr>
<td>15 years and over</td>
<td>1.86</td>
<td>0.78</td>
<td>2.64</td>
</tr>
</tbody>
</table>
6.3 People with disabilities in institution by treatment

The study also revealed that people with disabilities in institutions are not given respect by those in superior positions. 51 percent of people with disabilities in institutions are not treated with respect compared to 29 percent of those who are given respectful treatment, 4 percent are sometimes treated with respect while 16 percent of people with disabilities in institutions chose not to answer the question.

Whilst the survey is silent on the abuse afflicted to persons with disabilities in particular women and girls with disabilities in institutions, it showed that 51 percent of persons with disabilities in institutions are not given respect which indicates that persons with disabilities are more likely to be abused.

Research on the vulnerabilities of women and girls with disabilities to sexual assault has been conducted elsewhere and the findings are alarming. It is estimated that women with disabilities are 1.5 to 10 times as likely to be abused as non-disabled women, depending on whether they live in the community or in institutions.8

“...When referring to domestic violence faced by women with disabilities, institutional violence needs to be addressed because most women with disabilities are institutionalized where they live in homes and institutions and it is not their families that come in contact with them but their care-givers.”


source: Pacific Sisters with Disabilities: at a cross section of discrimination

7. EDUCATION

This section highlights the education attainment and achievement of persons with disabilities and the types of assistive devices they need to use for learning.

---

7.1 People with disabilities by education

The study found that 87 percent of persons with disabilities is not attending school during the time the survey was conducted. 48 percent are men and boys and 39 percent are women and girls with disabilities.

7.2 People with disabilities by reasons for not attending school

The study highlighted that 24 percent of persons with disabilities do not attend school or acquire further education due to disability and the inaccessibility of physical environment of many schools around the country including the standard mode of teaching that is available thus hinders the education attainment of people with disabilities. 17 percent were not educated due to financial difficulties, 21 percent had either completed their full education including completing special education or dropped out from school and 12 percent had ventured into some sort of employment.

7.3 People with disabilities’ level of education by sex

According to the findings 57.27 percent of people with disabilities have received primary education with 27.65 percent men and boys and 29.62 percent women and girls with disabilities. 17.26 percent have received secondary education with 10.02 percent men.
and boys compared to 7.24 percent women and girls, 13.77 percent have received special education with 8.91 percent men and boys with 4.86 percent women and girls.

The findings clearly stated that women and girls with disabilities do not attain higher education compared to men and boys even though they have a very high enrollment rate. This indicated that women and girls with disabilities are not given priorities and opportunities for development in areas such as education which leads them to live in total isolation lacking literacy and numeracy skills, not understanding relevant information such as medical prescriptions or information on issues that could affect their lives. Girls with disabilities have lesser chances in acquiring special education.

For those persons with disabilities who reached diploma or degree level, had acquired their disability at a later stage in life and had the opportunity to go through primary and secondary education.

7.4 People with disability requiring assistive learning devices by sex
According to the survey 90.71 percent do not require assistive learning devices with approximately 47 percent of men and boys and 44% of women and girls with disabilities. The findings does not necessarily mean that people with disabilities do not require assistive devices for learning however it clearly shows that people with disabilities adapted to learning without devices which resulted to lower attainment especially for women and girls with disabilities.

8 UNEMPLOYMENT

This section elaborates on the employment status of persons with disabilities and the related policies that is currently in place to support the employment of persons with disabilities.

8.1 People with disabilities by unemployment
The survey found that 89 percent of people with disabilities are not employed, 47 percent of whom are men and boys compared to 42 percent of

<table>
<thead>
<tr>
<th>Require Assistive Devices</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>44.13</td>
<td>46.58</td>
<td>90.71</td>
</tr>
<tr>
<td>YES</td>
<td>4.6</td>
<td>4.68</td>
<td>9.28</td>
</tr>
<tr>
<td>Total</td>
<td>48.74</td>
<td>51.26</td>
<td>100</td>
</tr>
</tbody>
</table>
women and girls with disabilities. The lack of quality education within the disability community is the major obstacle for persons with disabilities getting employment, in addition the lack of assistive devices and user friendly technology and attitudinal barriers from both employers and employee increases the challenge in acquiring employment.

The Employment Relations Promulgation (ERP) Section 84 subsection(4) states that an employer who employs 50 or more workers may employ physically disabled person on a ratio of at least 2 percent of the total number of workers employed by the employer.\(^9\)

Article 27 of the CRPD say that States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, especially through legislation.\(^10\)

9. VIOLENCE AND ABUSE

This section highlights various levels of abuse faced by persons with disabilities which forces them to total isolation and neglect. This section also refers to need for counselling to persons with disabilities in situations of violence.

9.1 People with disabilities facing violence and abuse

In the Fijian culture of tolerance and pity for the elderly and disabled in their own community, it is always assumed that no one will inflict violence and abuse to people with disabilities in particular women and girls with disabilities due to their disabling conditions which in many cases not true. People with disabilities are abused and live in violent situation in their

\[\text{Table 20}\]

<table>
<thead>
<tr>
<th></th>
<th>Percentage of abused PWD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12 percent</td>
</tr>
<tr>
<td>Female</td>
<td>8 percent</td>
</tr>
</tbody>
</table>

\(^9\) Republic of Fiji Islands Government Gazette (2007); Employment Relations Promulgations  
\(^10\) UNenable website: http://www.un.org/disabilities/default.asp/
own families and community. This section on violence and abuse is a sensitive part of the report where many interviewers chose to decline from answering the section and preferred to answer ‘no’ to all questions.

The study showed that 20 percent of persons with disabilities have suffered some form of abuse; 12 percent of men and boys and 8 percent of women and girls with disabilities. Off the 20 percent, 9 percent continue to suffer from abuse in which 5 percent are men and boys and 4 percent women and girls. The study showed that 1.4 percent of persons with disabilities are sexually abused Furthermore 14 percent of persons with disabilities recorded that they know the perpetrator in which 7 percent are women with disabilities.

The study found that women and girls with disabilities are discriminated against in areas of reporting thus enforces societal perception that women with disabilities are not abused due to their disabiling conditions. Since those perpetrating the abuse to women and girls with disabilities are immediate family members, carers or those who are in a position of power, this discourages women with disabilities from reporting for they may be victimised which lead to isolation and neglect therefore they continue to suffer abuse silently.

9.2 Women with disabilities by history of unwanted pregnancies

The study also showed that 2 percent of women and girls with disabilities have a history of unwanted pregnancy compared to 93 percent of those who do not. 5 percent do not wish to answer the question.

Although this figure on abuse and unwanted pregnancy is randomly low, it does not indicate that women and girls with disabilities are not abused or are having sex with consent. It indicated that women and girls with disabilities are discriminated against in areas of reporting where they are denied the right to report abuse because it is assumed they falsely information. Furthermore their vulnerability for consenting for sex is taken advantage of by the perpetrator. In addition because they continue to suffer from abuse, they are led to believe that this is normal thus indicated their lack of knowledge of their right of freedom from torture and abuse. Most women with disability who fall pregnant have their children taken away from them therefore depriving them the opportunities of motherhood.
9.3 Natural violence
The study highlighted that 43 percent of persons with disabilities have gone through some sort of natural violence such as cyclones, hurricane, earthquake and fire and are traumatised by these events. 22 percent of these survivors are men and boys compared to 21 percent of women and girls.

9.4 War and terrorism
1 percent of persons with disabilities were war veterans and survivors of terrorism attacks in other countries. This includes engaging in World War II and in peace keeping duties in Lebanon and Sinai.

9.5 People with disabilities witnessing death or violence by sex
13 percent of people with disabilities compared to 83 percent had witnessed death or violence. 8.6 percent of those who witnessed death or violence are boys or men compared to 5 percent of women and girls with disabilities.

9.6 People with disabilities experience isolation by sex
The study revealed that 14 percent of persons with disabilities have experience some forms of isolation with 9 percent of men and boys and 5 percent of women and girls with disabilities. It also revealed that 10 percent of persons with disabilities continue to experience isolation.
9.7 People with disabilities needing counselling by sex

Findings revealed that 6 percent of persons with disabilities who suffer from some sort of abuse or are traumatised from witnessing violent situations or experience some sort of isolation need counselling. 3 percent are men and boys and 3 percent are women and girls with disabilities.

10. PARTICIPATION

This section refers to the level of participation by persons with disabilities and their ability to make decisions for themselves.

10.1 People with disabilities by participation in decision making in the family.

55 percent of people with disabilities participate in decision making in the family with 30 percent of men and boys and 25 percent of women and girls with disabilities. These decisions are not major decisions rather it is limited to minor issues such as food and clothing and furthermore most decisions made are not adhered to members of the household.

10.2 People with disabilities making own decision by sex

77 percent of people with disabilities make decisions for themselves with 41 percent of men and boys and 36 percent of women and girls and with disabilities. These decisions are limited to clothing and food.
10.3 People with disabilities participating in religious activities by sex

76 percent of people with disabilities participate in religious activities with 40 percent men and boys and 36 percent women and girls with disabilities. This participation is limited to attending services or religious activities but not taking lead roles in religious activities.

10.4 People with disabilities participating in community activities by sex

58 percent of people with disabilities participate in community activities with 32 percent of men and boys and 26 percent of women and girls with disabilities. Their involvement in community activities is rather limited to attendance rather than making decision or taking on lead roles.

11. COMMUNICATION

This section focuses solely on people with hearing and visual impairment and the types, method and level of communication they use.

11.1 People with hearing impairment understanding sign language by sex.

27 percent of persons with hearing impairment communicate using sign language with 14 percent of men and boys and 13 percent of women and girls with disabilities.

8 percent communicate using the Fijian sign language whilst 4 percent are using signed English, 1 percent using the American Sign
Language, 1 percent using lip reading while 13 percent developed their own sign language.

11.2 People with hearing impairment understanding types of sign language

<table>
<thead>
<tr>
<th>Types of sign languages</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Developed</td>
<td>13%</td>
</tr>
<tr>
<td>Fijian</td>
<td>8%</td>
</tr>
<tr>
<td>Signed English</td>
<td>4%</td>
</tr>
<tr>
<td>American Sign</td>
<td>1%</td>
</tr>
<tr>
<td>Lip read</td>
<td>1%</td>
</tr>
</tbody>
</table>

13 percent of the deaf population develop their own sign language and do not understand Fijian signed language or signed English. While 8 percent use Fijian signed language and 4% use signed English.

11.3 People with visual impairment understanding Braille by sex

2 percent of people with visual impairment use Braille with 1 percent of men and boys and 1 percent of women and girls with disabilities. This indicates that Braille literacy needs to be promoted and recognised as an important means of communication for totally blind people in Fiji. The Fiji School for the Blind is the only institution in Fiji that is currently offering Braille education and Braille transcription services. The high level of Braille illiteracy amongst totally blind and visually impaired persons has deprived them from obtaining adequate information. Totally blind women are deprived of information on sexual reproductive health, maternal health and other relevant information. Braille illiteracy is very common amongst totally blind people in the rural areas and those who acquire blindness in an old age.
12 MOBILITY

This section focuses on those with physical disability and vision impairment who use assistive devices or assistive technologies for mobility.

12.1 People with disabilities using assistive devices by sex.

According to the study, 20 percent of persons with disabilities use some sort of assistive devices or equipments to assist with mobility. 8 percent use wheelchairs with 4 percent of men and boys and 4 percent of women and girls with disabilities. 5 percent use white cane with 2.5 percent men and boys and 2.5 percent women and girls with disabilities. 3.6 percent use walking frames with 2 percent women and girls with disabilities and 1.6 percent men and boys. 2.5 percent use crutches with 1.4 percent of men and boys and 1.1 percent of women and girls with disabilities. 0.3 percent use artificial limbs with 0.2 percent of men and boys and 0.1 percent of women and girls with disabilities. 0.3 percent use spectacles with 0.2 percent of women and girls with disabilities and 0.1 percent of men and boys. 0.06 percent use callipers with 0.06 percent of men and boys and 0 percent of women and girls with disabilities.
13 INACCESSIBLE BUILT ENVIRONMENT

This section provides information on persons with disabilities in particular those with sensory and physical disability in the built environment. It also identified challenges faced by persons with disabilities in the built environment.

Table 22

<table>
<thead>
<tr>
<th>Percentage of PWD by inaccessible built environment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Environment</td>
<td></td>
</tr>
<tr>
<td>13.1 Homes</td>
<td></td>
</tr>
<tr>
<td>Accessible home environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>66.1</td>
</tr>
<tr>
<td>MALE</td>
<td>35.7</td>
</tr>
<tr>
<td>FEMALE</td>
<td>30.4</td>
</tr>
<tr>
<td>Inaccessible home environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>33.2</td>
</tr>
<tr>
<td>MALE</td>
<td>17.3</td>
</tr>
<tr>
<td>FEMALE</td>
<td>16.1</td>
</tr>
<tr>
<td>N/A</td>
<td>0.6</td>
</tr>
<tr>
<td>MALE</td>
<td>0.32</td>
</tr>
<tr>
<td>FEMALE</td>
<td>0.28</td>
</tr>
<tr>
<td>13.2 School</td>
<td></td>
</tr>
<tr>
<td>Accessible school environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>29.1</td>
</tr>
<tr>
<td>MALE</td>
<td>16.8</td>
</tr>
<tr>
<td>FEMALE</td>
<td>12.1</td>
</tr>
<tr>
<td>Inaccessible school environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>30.5</td>
</tr>
<tr>
<td>MALE</td>
<td>15.7</td>
</tr>
<tr>
<td>FEMALE</td>
<td>14.8</td>
</tr>
<tr>
<td>N/A</td>
<td>40.5</td>
</tr>
<tr>
<td>MALE</td>
<td>20.6</td>
</tr>
<tr>
<td>FEMALE</td>
<td>19.9</td>
</tr>
<tr>
<td>13.3 Hospitals and health centres</td>
<td></td>
</tr>
<tr>
<td>Accessible local hospital or health centre environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>65.6</td>
</tr>
<tr>
<td>MALE</td>
<td>35.3</td>
</tr>
<tr>
<td>FEMALE</td>
<td>30.3</td>
</tr>
<tr>
<td>Inaccessible local hospital or health centre environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>33.5</td>
</tr>
<tr>
<td>MALE</td>
<td>17.4</td>
</tr>
<tr>
<td>FEMALE</td>
<td>16.1</td>
</tr>
<tr>
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<td>0.82</td>
</tr>
<tr>
<td>MALE</td>
<td>0.43</td>
</tr>
<tr>
<td>FEMALE</td>
<td>0.39</td>
</tr>
<tr>
<td>13.4 Local towns or shopping centres</td>
<td></td>
</tr>
<tr>
<td>Accessible local shops and town environment</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td>57</td>
</tr>
<tr>
<td>MALE</td>
<td>31.7</td>
</tr>
<tr>
<td>FEMALE</td>
<td>25.2</td>
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<tr>
<td>Inaccessible local shops and town environment</td>
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</tr>
<tr>
<td>TOTAL</td>
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</tr>
<tr>
<td>MALE</td>
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<tr>
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<td>20.3</td>
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<tr>
<td>FEMALE</td>
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<td>13.5 Place of worship</td>
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<td>Accessible place of worship environment</td>
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<tr>
<td>TOTAL</td>
<td>67.1</td>
</tr>
<tr>
<td>MALE</td>
<td>36.1</td>
</tr>
<tr>
<td>FEMALE</td>
<td>31</td>
</tr>
<tr>
<td>Inaccessible place of worship environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>30.8</td>
</tr>
<tr>
<td>MALE</td>
<td>16.2</td>
</tr>
<tr>
<td>FEMALE</td>
<td>14.6</td>
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<tr>
<td>MALE</td>
<td>1</td>
</tr>
<tr>
<td>FEMALE</td>
<td>1.1</td>
</tr>
<tr>
<td>13.6 Sports and recreational facilities</td>
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</tr>
<tr>
<td>Accessible local sports and recreation facilities environment</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>38.5</td>
</tr>
<tr>
<td>MALE</td>
<td>22.8</td>
</tr>
<tr>
<td>FEMALE</td>
<td>15.7</td>
</tr>
<tr>
<td>Inaccessible local sports and recreation facilities environment</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>28.1</td>
</tr>
<tr>
<td>MALE</td>
<td>14</td>
</tr>
<tr>
<td>FEMALE</td>
<td>14.3</td>
</tr>
<tr>
<td>N/A</td>
<td>33.4</td>
</tr>
<tr>
<td>MALE</td>
<td>16.8</td>
</tr>
<tr>
<td>FEMALE</td>
<td>16.5</td>
</tr>
<tr>
<td>13.7 Public transportation</td>
<td></td>
</tr>
<tr>
<td>Accessible public transportation in your area</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>55.6</td>
</tr>
<tr>
<td>MALE</td>
<td>30.2</td>
</tr>
<tr>
<td>FEMALE</td>
<td>25.4</td>
</tr>
<tr>
<td>Inaccessible public transportation in your area</td>
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<tr>
<td>TOTAL</td>
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</tr>
<tr>
<td>MALE</td>
<td>22</td>
</tr>
<tr>
<td>FEMALE</td>
<td>21</td>
</tr>
<tr>
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</tr>
<tr>
<td>MALE</td>
<td>0.76</td>
</tr>
<tr>
<td>FEMALE</td>
<td>0.69</td>
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</table>

According to the survey, the percentages of people with disabilities in accessible environment are higher than those in inaccessible environment. 66.1 percent live in accessible homes. 67 percent of persons with disabilities reported that their place of worship is accessible. 38 percent reported that public transportation is accessible. This reporting is accurate however a high percentage of people with disabilities in Fiji are not aware of their rights and freedom to access any built environment or public transportation without any barriers and moreover they have adapted to the inaccessible environment which they claim to be accessible.
The percentage of women and girls with disabilities continue to be less than men and boys on accessible built environment thus indicates the less participation of women and girls with disabilities which prevents them from utilising facilities used by the public. The figure also indicated that movement of women and girls with disabilities are restricted to their home environment which they have been adapted to.

Location is a critical element of the right to accessible built environment for women with disabilities. This includes a woman with a physical disability being able to access entrances into the house and within the house (e.g. wheelchair access; access to water and sanitation facilities within the home). It also includes access to transport, services, information and justice.  

14. ASSISTANCE AND SUPPORT

This section analyses the level of, and highlights the need for, support to persons with disabilities.

14.1 People with disabilities receiving financial assistance or support from NGO

From the 70 percent of persons with disabilities who were surveyed, approximately 60 percent of people with disabilities do not receive financial or support assistance from either government or non governmental organisation with 32 percent of men and 28 percent of women and girls with disabilities. 10 percent of people with disabilities receive financial assistance from the Family Assistance Scheme which is provided by the Department of Social Welfare.

According to the Fiji poverty report of 1997 which was cited by the National Policy for People Living with Disabilities, Ten percent of the recipients of Family Assistance are disabled and another 22 percent are

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chronically ill.

Allocations of public resources provide little relief for either men or women with disabilities which exacerbate gender disparity.

More than thirty percent of persons with disabilities find difficulty in accessing the scheme. Many are frustrated as they do not understand the internal procedures within the department of Social Welfare which may have caused the delay in providing feedback regarding their application for Family Assistance.

14.2 People with disabilities needing education assistance by sex
While 17 percent of persons with disabilities were not educated due to financial difficulty, the survey found that 57 percent of persons with disabilities need disability allowance, while 27 percent require scholarship and 1 percent prefer credit loan for education. 19 percent require specialized training for persons with disabilities while 6 percent would like to attend vocational training. The figures show that more men and boys compared to women and girls.

People with disabilities in rural areas including outer islands in Fiji were not educated due to high cost of living, lack appropriate and accessible infrastructure and affordable services such as roads and transportation including the inaccessibility of the mainstream school environment. Most parents of children with disabilities do not send their disabled child to school because they think it is useless and costly.

Children with disabilities especially those with intellectual disabilities do not acquire early intervention services due to the centralisation of this service including the lack of accommodation facilities in the urban centres to accommodate children with this type of disabilities.

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Allowance</td>
<td>26.81</td>
<td>30.32</td>
<td>57.13</td>
</tr>
<tr>
<td>Specialized training for people with Disabilities</td>
<td>7.58</td>
<td>11.53</td>
<td>19.11</td>
</tr>
<tr>
<td>Scholarships</td>
<td>7.03</td>
<td>9.22</td>
<td>16.25</td>
</tr>
<tr>
<td>Vocational training for people with Disabilities</td>
<td>2.74</td>
<td>3.73</td>
<td>6.47</td>
</tr>
<tr>
<td>Credit-Loan</td>
<td>0.61</td>
<td>0.43</td>
<td>1.04</td>
</tr>
<tr>
<td>Total</td>
<td>44.77</td>
<td>55.23</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 23
14.3 People with disabilities needing financial assistance

98 percent of persons with disabilities require some sort of allowance to assist them with their livelihood while 2 percent require micro credit. This indicated that people with disabilities lack the skills to endeavour into money making or income generating programs for their independent livelihood. People who acquire disability at later age in life are disadvantaged in areas of rehabilitation, training and empowerment to accept their disability and continue to live their life prior to disability.

14.4 People with disabilities needing medical assistance

The survey found that 51 percent of persons with disabilities needed medical assistance; 25 percent women and girls and 26 percent men and boys with disabilities. 11 percent needed medicine with 5% women and girls and 6% men and boys with disabilities, while approximately 2 percent needed both medical supplies with 0.88 percent women and girls and 0.66 percent men and boys. One percent needed medical treatment with 0.22 percent women and girls and 0.55 percent men and boys with disabilities. 35 percent of persons with disabilities do not require medical assistance or support.

The difficulty faced by people with disabilities in affording to pay for medical services that includes medical supplies, medical treatment and medicine worsens the disabling condition and increases the health risk of the individual. Physical access to acquiring health services such as health centres exacerbates the issue.
4.5 People with disabilities needing assistive devices

43 percent of persons with disabilities needed assistive devices such as wheelchairs, crutches, callipers, walking frames and walking stick.

12 percent needed white cane and spectacles including computer software for the blind such as zoom text and screen reader such as Jaws Assisted with Speech (JAWS). 4 percent needed hearing aid and sign language interpreters.

14.6 People with disabilities needing housing assistance

The survey found that 60 percent of people with disabilities needed housing assistance to live independently. These people either live with families and friends where they are often deprived of basic necessities which leads them to total isolation and participation.
EASTERN DIVISION
Section Three: Conclusion and Recommendations
CONCLUSION

People with disabilities in recent times have been largely invisible in all areas and at all levels of the development processes in Fiji. They are often uncounted, their concerns are unheard and their rights to development, full participation and equality are not upheld. In general, people with disabilities in Fiji have lacked education, employment and livelihood opportunities, and have no or limited access to support services. They are the most discriminated group. They often do not receive adequate healthcare, nor assistance. This has led to economic and social exclusion. In addition, lack of awareness and understanding in the wider community has meant that people with disabilities and their families face prejudice, discrimination and rejection in their daily lives.

Disability adds to the risk of poverty and conditions of poverty increase the risk of disability. The result of the cycle of poverty and disability is that people with disabilities are usually amongst the poorest of the poor.

Comprehensive legislation concerning disabled peoples and their integration into society is lacking in Fiji, which makes enforcement difficult. And in cities, building and construction codes – although they exist in a nominal form – are often not adequately enforced nor adhered to, making it difficult for disabled people to get access to service institutions and social happenings.

Although sympathetic and willing to help, community workers and caregivers and even family members often lack adequate knowledge on how to assist people with special, specific needs; Medical staff, especially those in the rural areas where facilities are often lacking, face similar constraints. This makes life in the villages even more difficult – which often leads to an even further reduced mobility, and further, unintentional discrimination.

The attitudes towards women and girls with disability are not supportive. They continue to face discrimination and violation of human rights. The state does not take into account laws on women and girls with disabilities but rather develop policies which say very little on the issue. Even within women’s groups, disability issues are commonly dismissed as health issues. There are many forms of disability and each disability has different needs.

People with disabilities in particular women do not understand their rights and often lack information regarding their own issues. Statistics on issues relating to
women and girls with disabilities are randomly low which indicated the lack of empowerment of, and attention given to women and girls with disabilities.

RECOMMENDATION

Relevant Government Ministries and Departments

Law and Policy – Ministry of Foreign Affairs/Ministry of Justice

2. Consolidate all disability policies and legislations including the review of the Fiji National Council for Disabled Persons Act.
3. Review the FNCDP Act to include provisions for law enforcement and include wider representations from both women and youth disabilities.
4. Develop and revise all government policies that related to people with disability so that policies promote a rights based approach in accordance with international human rights instruments norms and standards.
5. Establish sign language as an official language.

Educational Issues - Ministry of Education

1. Establish special education units in mainstream schools in the rural areas and outlying islands for children with disabilities.
2. Promote the level of special education from primary education to secondary education level.
3. Increase curriculum on disability and special education in teacher training institutions such as Lautoka Teachers College.
4. Build the capacity of teachers in both special education and mainstream schools on issues relating to children with disabilities and their human rights.
5. Promote the identification of children with learning disabilities in mainstream schools.
6. Include programs on disability in the curriculum of primary and secondary education.
7. Ensure that girls with disabilities acquire quality education.
8. Provision of sign language interpreters to relevant mainstream schools.
9. Increase the number of qualified teachers in special schools
10. Partner with relevant stakeholder in the provision of assistive devices to children with disabilities in mainstream schools.
11. Strengthen the Fiji Vocational and Technical Training Centre for persons with disabilities through the provision of financial, technical and human resources.
12. Provide and strengthen quality education, rehabilitation and training for people with disabilities that is inclusive and sensitive to the multiple forms of discrimination they face.

13. Review and strengthen conditions on education assistance and scholarships to include the provision of scholarship to persons with disabilities and also ensure gender equity within this provision.

14. Provide free passes for disabled students on all public transport regardless of distance and surcharges.

Health Issues Ministry of Health

1. Establish a psychiatric unit within Labasa and Lautoka Hospital to all for better mental health services for persons with mental illness.

2. Provide and promote accessibility in both health facilities and services in rural and urban centres.

3. Promote and strengthen community outreach programmes to include disability prevention.

4. Build the capacity of health personnel for early detection and intervention on disability.

5. Build the capacity of health personnel on the human rights of persons with disabilities.

6. Strengthen the Community Rehabilitation Assistant Program through capacity building and resource mobilizing.

7. Promote and establish proper recording on disability desegregated data in urban and rural hospitals and health centres.

8. Ensure the dissemination of information on related health issues such as information on sexual reproductive health and rights and HIV and AIDS to women and girls with disabilities.

9. Provide women and girls with disabilities with equal access to health screening and related education.

10. Partner with relevant existing organisations in the provision of care giving training to people with disabilities and to promote healthy living and proper diet to reduce disability including disability prevention programs.

11. Partner with relevant stakeholders in the provision and purchasing of medicines, medical supplies and assistive devices.

12. Provide compensation on disability that is acquired through health personnel’s negligence.

Institutionalisation/Adequate Housing—Ministry of Health

1. Establish halfway homes for people with disabilities who are survivors of abuse.
2. Provide support for the establishment of day centre for psychiatric survivors.
3. Recognise the vulnerability of women with disabilities in situations of abuse and provide supportive services.
4. Build the capacity of relevant personnel on the rights based approach in providing care for persons with disabilities.
5. Partner with relevant organisations in the provision of adequate affordable and accessible housing in accessible locations for persons with disabilities.

**Violence and Abuse – Ministry of Health/Department of Housing/Ministry of Justice**

1. Develop and implement measures to provide for care and protection of persons with disabilities especially women and girls with disabilities either experiencing or at risk of abuse and negligence.
2. Strengthen counselling support in hospitals through up skilling of counsellors on the disability rights based approach.
3. Impose heavy penalty on people inflicting violence and abuse to people with disabilities in particular women and children with disabilities.

**Employment Issues – Ministry of Labour**

1. Review the Employment Relations Promulgation to provide a solid platform for the employment of persons with disabilities in Fiji.
2. Partner with relevant organisations in promoting awareness on employment issues of persons with disabilities and the provision of accessible technologies for employees with disabilities.
3. Seek technical assistance from agencies such as ILO on the development of employment policies for persons with disabilities.
4. Introduce tax exemption to employers employing persons with disabilities.

**Participation – Ministry of Social Welfare, Women Poverty Alleviation and Ministry of Youth**

1. Ensure the provision of issues relating to women and youth with disabilities in the national plans of actions within the Ministry.
2. Ensure and strengthen the participation of women and youths with disabilities in national, regional and international events.
3. Promote issues of women and girls with disabilities in all government ministries.
Communication – Ministry of Information
1. Establish a system to train and dispatch sign language interpreters, Braille transcribers, finger Braille interpreters, and human readers to enable equal participation of persons with disabilities.
2. Recognise the sign language trainings offered by the Fiji Association of the Deaf and encourage the participation.
3. Partner with relevant stakeholders such as mainstream media in the provision of disability friendly mass media awareness.
4. Partner with relevant stakeholders in the promotion of Braille literacy and sign language interpretation.

Mobility – Ministry of Housing Transport and Works
1. Review legislation on land, air and sea transport to include disability access.
2. Partner with relevant government stakeholders in the provision of accessible means of transportation to allow for barrier free movement of persons with disabilities.

Inaccessibility Built Environment – Department of Town and Country Planning
1. Partner with relevant government stakeholders in ensuring accessible built environment in public places.
2. Partner with relevant stakeholders to conduct access audit in public places.
3. Create accessible built environment in rural areas and outlying islands.

Assistance – Ministry of Social Welfare, Women and Poverty Alleviation
1. Establish a disability pension scheme for appropriate persons with disabilities to assist in their livelihood.
2. Establish a caregiver’s pension as a form of allowance for caregivers of persons with severe disability.
3. Review the policy on Family Assistance Scheme and determine the exact beneficiaries through research and field studies.
4. Establishment of disability focal points or disability desk officers within the structure of social welfare at district level.
Recommendation

Fiji National Council for Disabled Persons

Institutional Strengthening

1. Build on the capacity through increase of financial, technical and human resources for provision of effective and efficient services to persons with disabilities.
2. Advocate and lobby for the inclusion of the National Disability Policy as part of the Legal Framework.
3. Review of current structure, programs and services including the streamlining and strengthening of disability committees for effective and efficient services to people with disabilities at the grass root.
4. Monitor and evaluate programs and activities of District Committees.
5. Lobby to relevant authorities on the provision of accessible public transportation.
6. Raise awareness by conducting disability trainings across all sectors of society.
7. Update disability database annually.
8. Actively engage with employers for the establishment of disability management programs in the workplace.

Partnership

1. Actively engage through sensitising disability issues to technical institutions, trade unions, employers’ federation, civil society organisations, women’s organisations, community and faith based organisations for disability development.
2. Promote disability awareness through massive media campaign utilising the mass media.
3. Establish and strengthen partnership with women’s organisations to mainstream issues of women and girls with disabilities.
4. Strengthen partnership with persons with disabilities and their organisations to promote the human rights of persons with disabilities.
5. Partner with Ministry of Social Welfare to lobby to Ministry of National Planning for increase in budget allocation for implementation of disability programs at district level.
6. Network with relevant government ministries and departments including civil society organisation in raising awareness on disability prevention.
Further Research
1. Inter-relation between poverty and disability.
2. Status of people with disabilities in rural and remote areas including outlying islands.
3. Status of people with disabilities on the streets
4. Sexual exploitation of women and children with disabilities.
5. Persons with disabilities and the need for adequate housing.
6. Lack of quality education and high unemployment rate
7. Women with disabilities and sexual reproductive health
8. Disability and HIV/AIDS
9. Support services for persons with disabilities
10. Disability and health

Recommendations

Disabled Persons Organisations Partnership
1. Actively engage with the Fiji National Council for Disabled Persons in promoting issues relating to people with disabilities with more emphasis to women and girls with disabilities and those with mental illness in all sectors of society.
2. Actively engage with international disability organisations for the provision of assistive devices/technologies.
3. Actively engage with international organisations for internship and training of persons with disabilities.

Awareness Raising
4. Conduct awareness, advocacy and training programs for persons with disabilities and their communities and families to foster great understanding and support to promote disability issues.
5. Encourage the equal participation of minor minority groups within the organisation e.g. women, youth and children including those with mental illness.
6. Initiate and conduct disability development programs in rural areas and outlying islands.
7. Establish a skills and knowledge data base of persons with disabilities in Fiji to promote participation in areas of education including employment and training.
9. Lobby for inclusion of persons with disabilities in family entitlements, privileges and opportunities.

Mainstreaming
1. Provide technical support and advice to the Fiji National Council for Disabled Persons and other technical agencies on the issues relating to persons with disabilities.
2. Promote and mainstream rights based approach to disability development to civil society organisations, media and other relevant non government organisations.
3. Lobby and advocate for review and or formulation of policies to address disability.
4. Establish a knowledge and skills database for disability mainstreaming in areas of education and vocation training and employment of persons with disabilities.

Recommendation
Developing Partners and Donor agencies
1. Work with relevant ministries and department including the FNCDP to build capacity in areas of policy review and formulation for greater awareness and development on disability.
2. Establish funding opportunities on disability development in Fiji with more emphasis on women and children with disabilities.
3. Promote and support the need for quality education of persons with disabilities at all levels.
Section Four: Appendices
CASE STUDIES

Case one
My son had an accident in the 1970s when he was about nine years old and the police could not identify the driver until today. During this accident my son acquired severe physical and visual impairment, then my husband left and I had to care for my disabled son by myself. At times I had to leave him in our small home to look for our means of survival. At times some catholic nuns provide us with monthly food ration but this is not always enough for us as there are other poor people for them to help. I have just started to receive allowance from the Dept of Social Welfare and this too is not enough because food prices and everything we buy is very expansive. No one pays us a visit except for the social worker. Now my son’s disability had worsened and it is very difficult for me to carry him for bathing and feeding as he is very heavy. I do not want my son to be cared for in any institution because I know as a mother; this is my responsibility – to look after my disabled son.

Mother/Caregiver
Labasa
Researcher/Documenter – Sai Tawake

N.B With assistance from a social worker,

Case two
I interviewed a family of four (4) and all of them are disabled, the mother was physically disabled, father was blind, the eldest son is in form 3 and is physically disabled and the youngest daughter is blind and is attending the Fiji School of the Blind in Vatuwaqa. The only source of income they get is the assistance from the Ministry for Social Welfare which is $60.00 per month and also a little assistance from the church they attend. The assistance they receive is not sufficient for them to cater for their daily needs. Also their family system has broken down. Their living condition is very unhygienic and their house is not accessible for them to live in.

Poverty/inaccessibility/isolation
Researcher/Documenter – Kirath Prasad
**Case three**
I was sexually abused when I was a young child and when I got married to my first husband; he used to beat me many times. My second husband was good but he is now dead. I now live with my brother and his family and most times I am labelled and referred to as ‘lialia’. Some men in the village come to me at night for sex.

Sexually abused woman with a disability  
Beqa  
Researcher/Documenter – Sai Tawake

**Case four**
I was operated on the wrong eye in Labasa hospital. This led to my blindness. I am a mechanic by profession and now I am unable to provide better income for the family and my children’s education.

Hospital negligence  
Labasa  
Researcher/Documenter – Sai Tawake

**Case five**
I was conducting interview in one of the villages in Lakeba. I came across two brothers with disabilities providing caregiving support to one another. As I entered their home, I saw the brother who was both intellectually impaired and mentally ill was shaving the beard of the other brother who is totally blind. I wondered if there was any community support provided to them as I could see that they live in a very unhygienic environment.

Lack of community and caregiving support  
Lau  
Researcher/Documenter - Niko Ravasakula
Case six
We visited a family which had two children with cerebral palsy; they are being looked after by their mother. According to their mother, the zone nurses or community rehabilitation assistant never visits them, to train her how to take care of the children. They are receiving assistance from the government which is $60.00. Her husband always beat her up because she gave birth to these children and also he takes the money they receive from Social Welfare and misuse it for his personal use. She really needs respite care because she is the only one looking after her children neither her husband. She is doing her best to look after her children. Their house is very clean and accessible.
Kirath Prasad
Suva

Case seven
I am caring for my twin brother who is mentally ill. Sometimes when his illness triggers, he would run away or take all his clean clothes and put them inside the toilet or throw it in the sea as we are near the beach. He would wet his beddings and would also refuse to eat. I would punch him and bang his head on the wall because I am frustrated and don’t know what to do with him when he does these things. I beat him up especially when I come back from the plantation and see all the mess he does. I love him as a brother and I want to care for him but sometimes he is a nuisance especially when he has his attack.

Abused/Lack of knowledge on disability
Rotuma
Researcher/Documenter – Sai Tawake
Labasa and Taveuni are home to the majority of people living with disabilities. This was one of the findings revealed by the Fiji National Council for Disabled Persons after a survey earlier this year. Council project officer Sainimili Tawake said they were now conducting roundtable consultations with every district from which they had gathered information before they published a report of their survey findings in three weeks' time. "Through the survey, we have been able to determine that percentage wise, 19 per cent of Taveuni's population are people with disabilities while Labasa has the most people with disabilities which amount to 1800," she said. Ms Tawake said there were more than 11,000 people with disabilities in Fiji. "In Taveuni, one of the key findings we discovered was that people with disabilities were subjected to physical and sexual violence. Some of these incidents resulted in non-disabled people acquiring disabilities. In Nabouwalu and Savusavu, the issue of awareness and quality education was also raised," she said. She said the council was now working on strengthening its structure to cater for the community and people at grassroots level. "The survey was initially called 'making women with disabilities visible' but we later decided to include boys and men so that we could weigh the disadvantages of women with disabilities thoroughly," she said. Ms Tawake said they had already conducted consultations in Sigatoka and the Northern Division and were focusing on the Western Division this week before moving to the Central Division next week. "Although we may have some statistics, we believe these statistics will increase if people facility. "We have arrangements to get the same concept in the Western Division," he said. This year's budget has allocation of $200,000 for the construction of the facility in Labasa. Dr Yanuyanutawa said the project had been in the pipeline since 2005.

$300K DEAL FOR DISABLED

Done deal … signing the building contract are, from left, Andrew Pene (A/Principal Architect), Govind Sami (permanent secretary Social Welfare and Women) and Zhang Bei Yan (Templetec Limited - Fiji) A DISABILITY centre in Labasa, similar to the Fiji National Council for Disabled Persons complex in Suva, will be operational by next year. A $300,000 construction agreement was signed on Thursday by the Ministry of Social Welfare, Ministry of Works and a Chinese construction company. Social Welfare permanent secretary Govind Sami said the building would ensure people living with disabilities in the North had a facility in which to train and create a livelihood." It is important for these people to lead a more independent life and graduate out of poverty," Mr Sami said. He said the facility was an expansion of the one in Suva. Mr Sami said the law required that people with disabilities make up 2 per cent of the workforce of every employer with more than 50 employees. He said the project would be completed in two stages. "The first stage is going to cost $300,000 and for the second we'll need $200,000," he said. "But with the completion of the first stage we should be able to run and provide a good number of courses." He said the ministry would consider residential facilities in later stages. FNCDP executive director Dr Sitiveni Yanuyanutawa said the facility would be located close to the
Labasa School for the Handicapped. "This is going to provide another avenue for the people to move out into independent economic activities," Dr Yanuyanutawa said "It is going to bring much needed life back to Labasa. "Dr Yanuyanutawa said there were some cases when people come from Labasa attended training in Suva.

MOST DISABLED PEOPLE UP NORTH
Saturday, April 17, 2010

ABOUT 40 per cent of the total disabled population is in Northern Division. This was documented in a survey conducted by Fiji National Council for Disabled Persons last year. FNCDP executive director Dr Sitiveni Yanuyanutawa said the figure was the highest of all the divisions. "It is 10 to 15 per cent more than other divisions," he said. Dr Yanuyanutawa said the figures were from the initial reports of the survey which had to be made public. "This can also be attributed to the fact that disabled people are coming forward." He said the number of disabled people had continued to increase. He said the report would document the number of people living with disabilities and the types of disabilities. "The report will also reveal if the global phenomena on disabled people is applicable to Fiji," he said. Dr Yanuyanutawa said it was globally accepted that 10 per cent of any population was disabled. He said FNCDP was working on the inclusivity of disabled people. "We also want to make it barrier-free," Dr Yanuyanutawa said.

Disabled Women and Girls still not Recognized

FIJI BROADCASTING COMMISSION Thursday, December 03, 2009

While the rest of the world is celebrating the International Day of Persons with Disabilities today, disabled women and girls in Fiji are still lagging behind in the recognition of their human rights. Fiji National Council for Disabled Persons officer Sanimili Tawake says women and girls with disabilities are not always highlighted or captured in the Millennium Development Goals discussions. “Despite three of the eight MDGs being specifically to address women issues, women and girls with disabilities are not always highlighted or captured during the MDG discussion processes...” Tawake says women with disabilities always face violence and other negative issues which affect them but this has been under-reported. “Another problem we’re facing is the lack of data that shows that women and girls with disabilities usually face violence from people in power and this is due to a lot of things but one thing is that since they are vulnerable, they are usually taken advantage of...” In a report being compiled by the Council, it shows that disabled women and girls are usually emotionally and physically abused.
DISABILITY is one of the considerations taken by the Social Welfare department when they vet applicants from people who apply for monthly allowance from the department. Permanent Secretary, Doctor Ami Chandra said they have certain criteria to follow, and advice all those who think can benefit from this financial assistance should apply. Mr Chandra has urged Renuka Devi who is looking after her 24-year-old cousin, Ronita Singh to apply for assistance from the department.

"Everyone has to go through the proper channel and fill in the form," Mr Chandra said."We have criteria to follow and disability is one of the main things we look at."

A NINE-member team from the Fiji National Council for Disabled Persons will compile statistical data next year on people with disabilities. The team will be led by project officer Sainimili Tawake. Its first assignment is to visit Rotuma and other islands in January. "We have six months to carry out this mammoth exercise and hopefully finish off by June next year," Ms Tawake said. "We are going to collect, collate and analyse all the information in regards to people with disabilities in Fiji and Rotuma."

This is the first time the council is compiling data and conducting a census of disabled people. The team will also focus on women and girls - their condition and status and accessibility to paid jobs, health services and legal assistance. Although the project is called "Making Women with Disabilities Visible", the work will cover all people with disabilities. Donor agencies and the interim Government have provided $89,356 for the project. UNIFEM donated US$5000 for counselling. The project was launched this week by Australian High Commissioner James Batley who said the research would bring facts to the attention of the interim Government and the public. "We might say such women are invisible," he said. "And I guess that's why this research project is titled Making Women with Disabilities Visible. "It's a good title because it reminds us why the research is important. "It will make information visible that was previously invisible. "It will bring facts to the attention of decision-makers and the public. "It will strengthen the hand of groups such as your own, who are fighting for the rights of people with disabilities."

The Australian government has donated $22,000 in support for a research project vital for understanding issues involving women with disabilities. Australian High Commission to Fiji, James Batley said this would be a valuable contribution towards the protection of human rights for women with disability. Mr Batley said Australia shared the commitment to ensuring men and women benefit equally from development. The year 2008 marks 60 years since the adoption of
the Universal Declaration of Human Rights. He said Australian Government has also, for the first time, determined to make people with disability a priority for Australia’s aid program. The Australian High Commission in Fiji thanked the Fiji National Council for Disabled Persons and the Fiji Disabled Peoples Association assisting in putting the new strategy together. Mr Batley announced that the project launched had a theme of Making Women with Disabilities Visible. "Its a good title because it reminds us why this research is so important. It will make information visible that was previously invisible," he said. "It will bring facts to the attention of decision-makers in government and to the attention of the general public. It will strengthen the hand of groups such as your own, who are fighting for the rights of people with disabilities."

Census on Disabled Underway
Fiji Sun, 27 December 2008

A survey to establish the number of disabled people in the country is underway. Fiji National Council for Disabled Persons field research officer Sainimili Tawake said the exercise was an effort to collect gender-desegregated information, including statistical and research data on people with disabilities at national level. A three-member team, which included Ms Tawake, was in Beqa over the weekend to conduct survey on persons with disabilities living on the island. "This is the first time the council is compiling data and conducting a census of disabled persons," said Ms Tawake. "The team will focus on women and girls, their condition and status and accessibility to paid jobs, health services and legal assistance."

Ms Tawake said information and data collected would assist in identifying and delivering appropriate disability programmes and services including formulation of relevant policies and legislation for people with disabilities, especially women.

She confirmed that the FNCD would also visit Rotuma and other outer islands in January, next year. The FNCD hopes to complete the task within six months.
### MACUATA PRESENTATION

#### Population per district

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>TOTAL DISABILITY POPULATION</th>
<th>TOTAL %</th>
<th>TOTAL DISABILITY %</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACUATA</td>
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#### PWD by Ethnicity by Sex

<table>
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<tr>
<th>ETHNICITY</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>FIJIAN</td>
<td>859</td>
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<tr>
<td>INDIAN</td>
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<td>ROTUMAN</td>
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#### Disability Population by Sex

<table>
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<tr>
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<tr>
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#### Disability Population by Age Range

<table>
<thead>
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<td>CH/REN</td>
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<td>T/AGER</td>
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<tr>
<td>Y/AD</td>
<td>20-30YRS</td>
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<td>ADULTS</td>
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<td>OLD ADULTS</td>
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<td>WIDOW/ WIDOWER</td>
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<td>187</td>
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<tr>
<td>DE FACTO</td>
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<td>DIVORCED</td>
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### Congenital

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### Acquired

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### PWD by Type

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<td>Emotional</td>
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### Population per District

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<th>Total Disability Population</th>
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<th>Total Disability %</th>
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<td>Savusavu</td>
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<td>1.06</td>
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### Disability Population by Sex

<table>
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<td></td>
<td>Female</td>
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<tr>
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<td>TOTAL</td>
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### Ethnicity

<table>
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<tr>
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<tbody>
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<td>242</td>
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<td>Indian</td>
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<td>24</td>
</tr>
<tr>
<td>Rotuman</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Others</td>
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<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
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### PWD by Ethnicity by Sex

<table>
<thead>
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<th>TOTAL</th>
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<td>Fijian</td>
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<td>Indian</td>
<td>45</td>
</tr>
<tr>
<td>Rotuman</td>
<td>-</td>
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<tr>
<td>Others</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>523</td>
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### Disability Population by Age Range

<table>
<thead>
<tr>
<th>Level</th>
<th>Age Range</th>
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<th>F</th>
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<tbody>
<tr>
<td>Infants</td>
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<tr>
<td>CH/Ren</td>
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<td>24</td>
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<td>T/Ager</td>
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<td>15</td>
<td></td>
</tr>
<tr>
<td>Y/Ad</td>
<td>20-30yrs</td>
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<td>22</td>
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<tr>
<td>Adults</td>
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<td>Old Adults</td>
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### Marital Status

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<tr>
<td>Single</td>
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## Measures of Disability

<table>
<thead>
<tr>
<th></th>
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## Congenital

<table>
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<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Pre Birth</td>
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<tr>
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## Acquired

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<tr>
<td>Sickness</td>
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## PWD by Type

<table>
<thead>
<tr>
<th>TYPE</th>
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<tbody>
<tr>
<td>Physical</td>
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<td>Visual</td>
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<tr>
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<tr>
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</table>
# BUA PRESENTATION

## Population per district

<table>
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<tr>
<th>District</th>
<th>Total Disability Population</th>
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<th>Total Disability %</th>
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## Disability Population by Sex

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## Disability Population by Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
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<tbody>
<tr>
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<td>Indian</td>
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</tr>
<tr>
<td>Rotuman</td>
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<td>Others</td>
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## Disability Population by Age Range

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<tr>
<th>Level</th>
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<th>F</th>
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### MEASURES OF DISABILITY

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### Measures of Disability

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### ETHNICITY

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### Population per district

<table>
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<tr>
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### Disability Population by Sex

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### Pwd by Ethnicity by Sex

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<tr>
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<td></td>
<td>F</td>
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<td>DE FACTO</td>
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### DISABILITY POPULATION BY AGE RANGE

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<tr>
<td>CHILDREN</td>
<td>4-13YRS</td>
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<td>16</td>
<td>48</td>
</tr>
<tr>
<td>TEENAGER</td>
<td>14-19YRS</td>
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<td>28</td>
<td>110</td>
</tr>
<tr>
<td>YOUNG ADULTS</td>
<td>20-30YRS</td>
<td>82</td>
<td>48</td>
<td>130</td>
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<tr>
<td>OLD ADULTS</td>
<td>41-50YRS</td>
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<td>26</td>
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<tr>
<td>OLDER ADULTS</td>
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### MEASURES OF DISABILITY

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<th>FEMALE</th>
<th>TOTAL</th>
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### CONGENITAL

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<tr>
<td>PRE BIRTH</td>
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<th>T</th>
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<tr>
<td>ACCIDENT</td>
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<td>ABUSED</td>
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<tr>
<td>AT BIRTH</td>
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### PWD BY TYPE

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<tr>
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<tr>
<td>LEARNING</td>
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<td>7</td>
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<td>VISUAL</td>
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<td>HEARING</td>
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<td>COM/ DISORDER</td>
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<tr>
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## Population per district

<table>
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<tr>
<th>DISTRICT</th>
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<th>TOTAL DISABILITY %</th>
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## DISABILITY POPULATION BY SEX

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<tbody>
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<td>FEMALE</td>
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## ETHNICITY

<table>
<thead>
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<th>F</th>
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## PWD BY ETHNICITY BY SEX

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### Disability Population by Age Range

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<tr>
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<td>Teenagers</td>
<td>14-19YRS</td>
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<td>82</td>
</tr>
<tr>
<td>Young Adults</td>
<td>20-30YRS</td>
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<td>42</td>
<td>74</td>
</tr>
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<td>31-40YRS</td>
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<td>20</td>
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<td>51</td>
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<tr>
<td>Older Adults</td>
<td>41-50YRS</td>
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### Measures of Disability

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<tr>
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### Marital Status

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<tr>
<td>Widow/Widower</td>
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<tr>
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### Congenital

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### acquired

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<td>0</td>
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### PWD BY TYPE

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### DISABILITY POPULATION BY SEX

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### Population per district

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<th>TOTAL DISABILITY %</th>
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### ETHNICITY SEX

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### PWD by ethnicity by sex

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<td>ROTUMAN</td>
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<td>OTHERS</td>
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</tr>
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## Disability Population by Age Range

<table>
<thead>
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<th>Age Range</th>
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<td>Infants</td>
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<td>Children</td>
<td>4-13YRS</td>
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<td>Teenager</td>
<td>14-19YRS</td>
<td>M: 21</td>
</tr>
<tr>
<td>Young Adults</td>
<td>20-30YRS</td>
<td>M: 17</td>
</tr>
<tr>
<td>Adults</td>
<td>31-40YRS</td>
<td>M: 16</td>
</tr>
<tr>
<td>Old Adults</td>
<td>41-50YRS</td>
<td>M: 29</td>
</tr>
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<td>51 YRS +</td>
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## Measures of Disability

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<tr>
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<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>Congenital</td>
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</tr>
<tr>
<td>Acquired</td>
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<td>273</td>
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## Marital Status

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<th>Sex</th>
</tr>
</thead>
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<td>Single</td>
<td>M: 106, F: 84</td>
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<tr>
<td>Widow/Widower</td>
<td>M: 1, F: 166</td>
</tr>
<tr>
<td>De Facto</td>
<td>M: 0, F: 1</td>
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<tr>
<td>Divorced</td>
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## Congenital

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#### Disability Population by Sex

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### Congenital

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**TAVEUNI PRESENTATION**

**DISABILITY POPULATION BY SEX**

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**ETHNICITY**

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**Population per district**

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**PWD by ethnicity by sex**

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### Marital Status

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### Disability Population by Age Range

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### Measures of Disability

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### Congenital

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### ACQUIRED

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### PEOPLE WITH DISABILITIES BY TYPE

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<th>NAVUA</th>
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<td>F</td>
<td>M</td>
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Note: The table format is used to present data in a structured manner, which is helpful for data analysis and comparison.
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