



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**

## **ACRONYMS**

DPO	Disabled Persons Organisation
CSO	Civil Society Organisation
CRPD	Convention on the Rights of Persons with Disabilities
FBO	Faith Based Organisation
FNCDP	Fiji National Council of Disabled Persons
AUSAID	Australian Aid for International Development
UNIFEM	United Nations Development Fund for Women (Pacific Regional Office)
PIFS	Pacific Island Forum Secretariat
NGO	Non-Government Organization
CRPD	Convention on Rights of Persons with Disabilities
PWD	Persons with Disabilities/ People with Disabilities
CBO	Community Based Organisations
BMF	Biwako Millennium Framework for Action
ICF	International Classification of Functions
JICA	Japan International Co-operation Agency
WHO	World Health Organisation

## **FOREWORD**

On behalf of the Ministry of Social Welfare, Women and Poverty Alleviation, the 18 district committees and the 34 affiliates of the Council, we would like to welcome you all to the first comprehensive survey on the disabled population for Fiji and Rotuma. In utilizing the wide and extensive network of FNCDP we were able to complete this baseline survey for persons with disabilities that started in the last quarter of 2008 and completed at the end of 2009.

The main objective of this national disability baseline survey was to establish a disability database. The FNCDP Secretariat had been disadvantaged by the lack of data and although there was a pilot project conducted in Macuata province in 2006, despite the unconvincing of the results, it had provided a burning desire for the Council to conduct another survey two years down the line on a national scale.

The initial concepts was mooted by UNIFEM and generous contributions of both the Australian and British High Commissions, the Department of Social Welfare, Ministry of Health and FNCDP provided the funding for this national exercise that covered the whole of Fiji and Rotuma. There were challenges along the way but the team of young, hardworking enumerators were able to endure and persevere to cover as many areas as possible in a very short time frame of a survey of this magnitude.

This report covered all the essential and explicit details of persons with disabilities living in Fiji and the difficulties they face in their everyday lives. It will also provide a candid view on how they fare in areas of education, employment etc. It will also be regarded as a major achievement in FNCDP's existence and persons with disabilities will have a constructive and solid roadmap in years to come. I hope that this report will create an in depth insight on the barriers encountered by Persons with Disabilities (PWDs) .

**Dr. Sitiveni Yanuyanutawa**  
**Executive Director**

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## **DISABILITY DEVELOPMENT IN FIJI**

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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."<sup>1</sup>

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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wareness and advocacy to create a higher level of awareness of the rights and aspirations of people with disability in Fiji<sup>2</sup>.

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.<sup>3</sup>

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.<sup>4</sup> 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<sup>nd</sup> 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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<sup>2</sup> Government of Fiji (2008), A National Policy on Persons Living with Disabilities.

<sup>3</sup> Ministry of National Planning (2009), Roadmap for Democracy and Sustainable Socio Economic Development 2009 - 2014

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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.<sup>5</sup> Women with disabilities continue to live in isolation, not

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# CENTRAL DIVISION





# CENTRAL DIVISION



## 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 desegregated 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.<sup>1</sup> 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.<sup>2</sup>

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.

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<sup>1</sup> PIFS (2009), Forum Disability Ministers Meeting Outcomes Document.

<sup>2</sup> Prasad K (2008), Report on JICA Training on Human Resource Development on the Field of Oceania.

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. <sup>3</sup>

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.<sup>4</sup>

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

<sup>4</sup> 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.<sup>5</sup>

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*'.<sup>6</sup>

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.***<sup>7</sup>

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

**Physical disability** - Physical 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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<sup>5</sup> UN/UNOHCHR/Intern Parliamentary Union (2007), From Exclusion to Equality – Realizing the Rights of Persons with Disabilities.

<sup>6</sup> Government of Fiji (2008), A National Policy on Persons Living with Disabilities

<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup>

**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.<sup>10</sup>

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<sup>8</sup> Equal Employment Opportunity, NSW Government website:  
[http://www.eeo.nsw.gov.au/guides/employ\\_able\\_resource\\_guide/sensory\\_disabilities\\_-\\_sight/vision\\_impairment](http://www.eeo.nsw.gov.au/guides/employ_able_resource_guide/sensory_disabilities_-_sight/vision_impairment)

<sup>9</sup> Department of Health and Aging website, <http://www.health.gov.au/internet/main/publishing.nsf/>

<sup>10</sup> Australian Deaf Blind Council website, <http://deafblind.org.au/>

**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.<sup>11</sup>

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.

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<sup>11</sup> 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 disaggregated 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<sup>12</sup> 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.<sup>13</sup>

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

<sup>13</sup> 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;<sup>14</sup>

**(2) 'Activity'**

Activity components where Activity is defined as the execution of a task or action by an individual;<sup>15</sup>

**(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.<sup>16</sup>

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

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<sup>14</sup>WHO: <http://www.who.int/classifications/icf/en/>

<sup>15</sup>WHO: <http://www.who.int/classifications/icf/en/>

<sup>16</sup>WHO: <http://www.who.int/classifications/icf/en/>

# NORTHERN DIVISION





# NORTHERN DIVISION



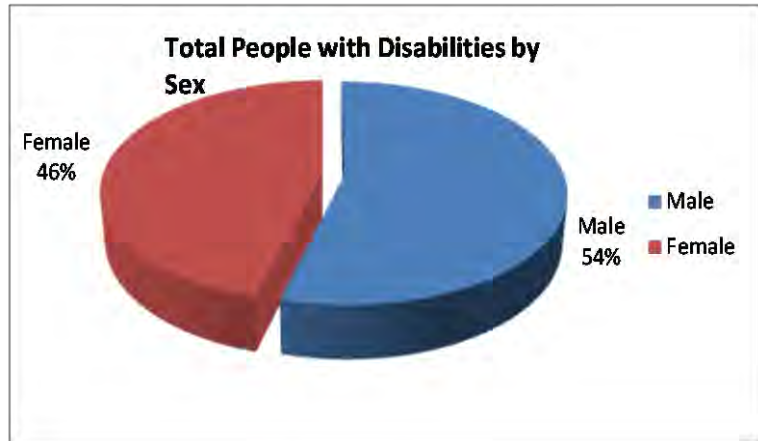
## Section Two : Survey Findings

# 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.

**Figure 1**



Based on 2007 national census, Fiji's total

**Table 1**

Total PWD by sex		
Total	Women	Men
<b>11402</b>	5222	6180

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.<sup>1</sup> 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.<sup>2</sup> The hospital recorded 222 were seen as out patients for drug abuse in 2006.<sup>3</sup>

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.<sup>4</sup> 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.<sup>5</sup>

<sup>1</sup> Dr Neil Sharma Opening of Pacific eye institute Fiji Times online Oct 8/2009

<sup>2</sup> Saint Giles Hospital medical superintendent Dr Shisram Narayan fjitimes online 22 October 2009

<sup>3</sup> 31 Jan 2007; Fiji Times on line

<sup>4</sup> UN enable website; <http://www.un.org/disabilities/default.asp/>

<sup>5</sup> Disabled World Website; <http://www.disabled-world.com/disability/statistics/>

## 1.1 Total disability population by district by sex.

Table 2

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

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 Savusavu 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 Savusavu 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.<sup>6</sup>

<sup>6</sup> UNDP 2009; Pacific Sisters with Disabilities at the Intersection of Discrimination

### 1.1.1 Total percentage of disability population by district

Table 3

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

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.

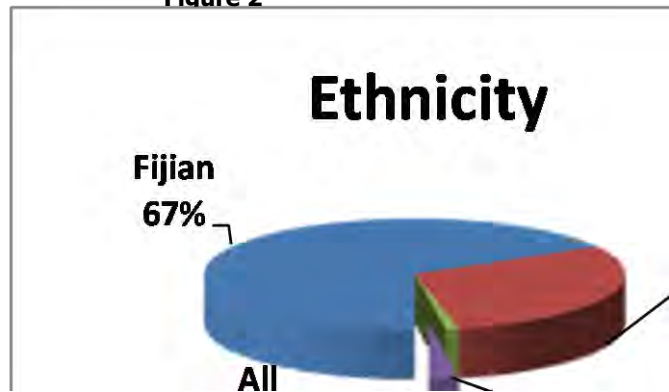


### 1.2 Total disability population by sex and ethnic group

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

Figure 2



men and boys with disabilities and 3608 women and girls with disabilities. Indian

Table 4

	Fijian	Indian	Rotuman	Others
Total	<b>7604</b>	<b>3408</b>	<b>123</b>	<b>267</b>
Male	3996	1950	78	156
Female	3608	1458	45	111

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.

### 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.

Table 5

Categories	Age Range	Total	Women	Men
Infants	0-3 years	100	49	51
Children	4-13 years	1511	558	953
Teenager	14-19 years	1408	577	831
Young Adults	20-30 years	982	408	574
Adults	31-40 years	751	346	405
Old Adults	41-50 years	1036	471	565
Older Adults	51 years and more	4876	2454	2422
Unidentified		738	333	405
<b>Total</b>		<b>11402</b>	<b>5196</b>	<b>6206</b>

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.

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 **Table 6**

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

Percentage of PWD by marital status by sex			
Marital Status	Total	Women	Men
Married	39percent	15percent	24percent
Single	36percent	15percent	21percent
Widower/widowed	22percent	16percent	6percent
De facto	0.20percent	0.18percent	0.13percent
Divorced	1.50percent	0.8percent	0.7percent
Separated	0.80percent	0.37percent	0.39percent

of women, while 36percent remain single with 21 percent of men and 15 percent 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 2percent with approximately 0.13percent of men and 0.18 percent women; 1.5 percent are divorced with 0.7percent 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.

Table 7

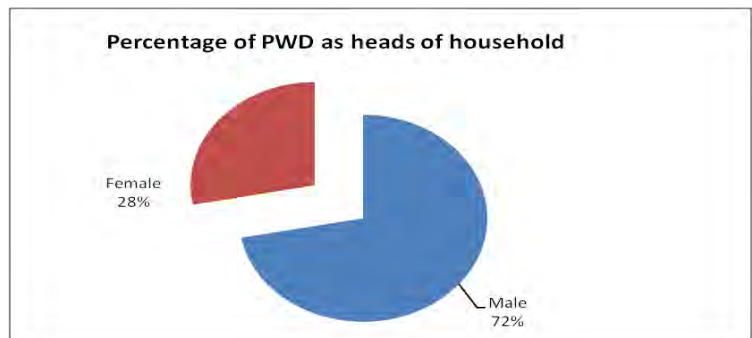
Percentage of PWD living with families	
PWD with families	Percentage
Living with Families	96.4percent
Not living with families	3.5percent
N/A	0.1percent

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.

Figure 3

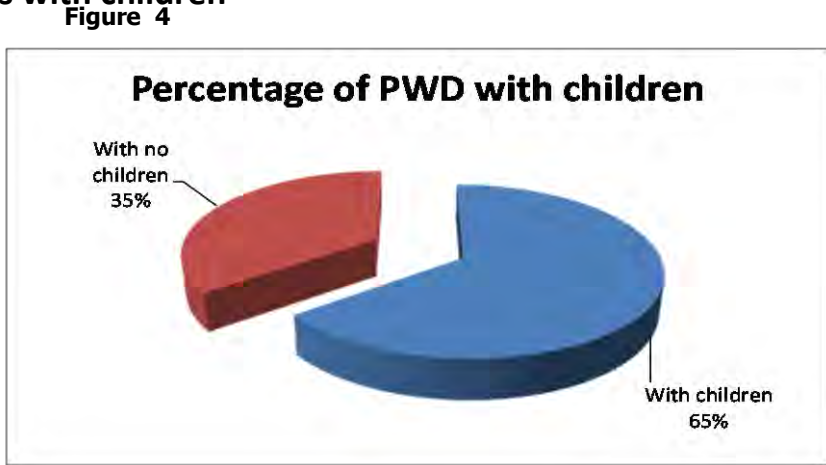


### 2.3 People with disabilities related to head of household by sex

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

**2.4 People with disabilities with children**

The survey shows that 65 percent of people with disabilities have children, 8percent 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.

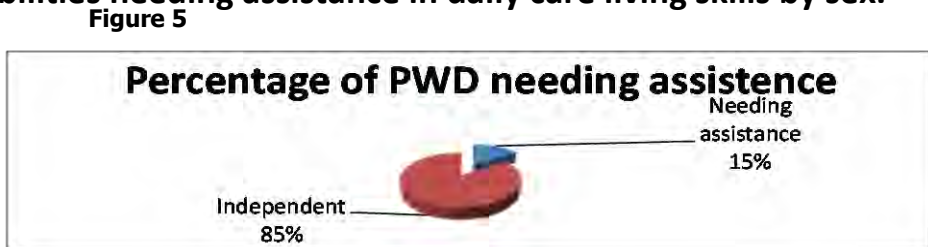


**3. SELF CARE**

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, 8percent are men while 7percent are women with disabilities.

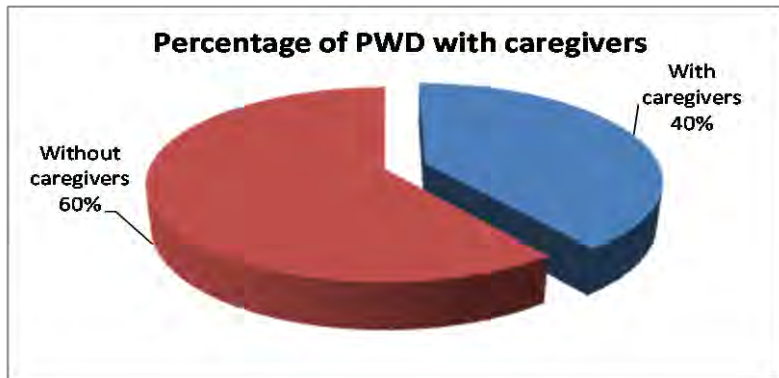
**Table 8**

Percentage of PWD needing assistance or supervision on daily living skills by sex		
Total	Women	Men
17 percent	7percent	8percent

### 3.2 People with disabilities with caregivers by sex

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

Figure 6



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

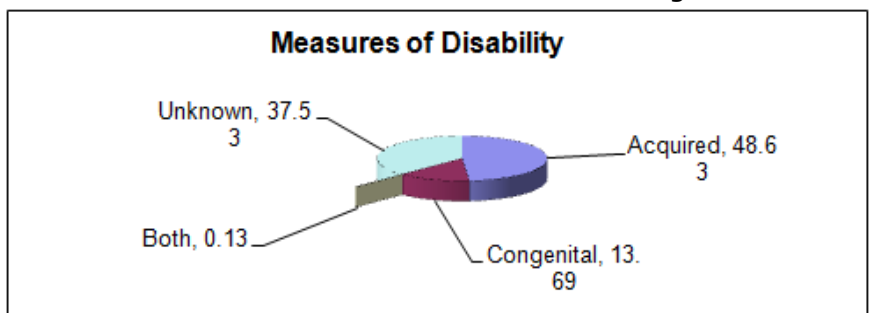
## 4. MEASURES OF DISABILITY

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

Figure 7

48.6 percent of persons with disabilities acquired their disability compared to 13 percent who were born with their disability.



Percentage of PWD by measures of disability by sex

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

<b>Disability Measures</b>	<b>Women</b>	<b>Men</b>	<b>Total</b>
Congenital	6.03	7.66	13.69
Acquired	25.32	23.31	48.63
Both	0.07	0.06	0.13
Unknown	16.4	21.12	37.52

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

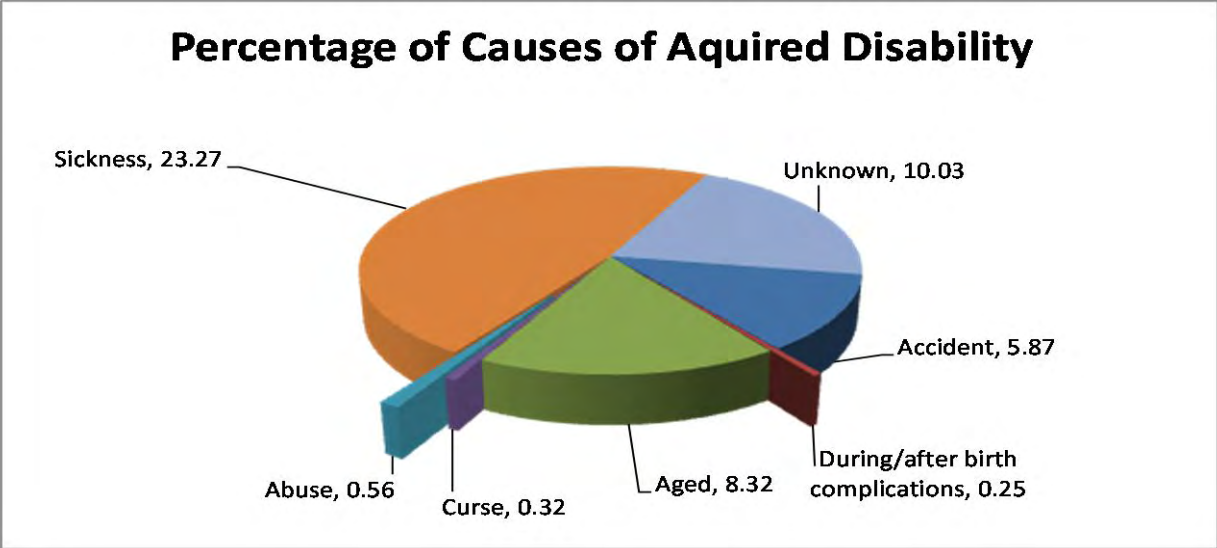
Table 10

<b>Percentage of PWD with congenital disability by sex</b>			
<b>Causes of congenital disability</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>
Heredity	1.57	0.84	0.73
Pre-birth complications	3.58	1.6	1.98
Unknown	8.54	3.6	4.94

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 Figure 8



There were seven categories of acquired disability. The pie graph indicated that 23.37percent 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**

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

Percentage of PWD with of acquired disability by sex			
Types of Acquired	Total	Women	Men
Accident	5.87	2.22	3.65
During/after birth complications	0.25	0.12	0.13
Aged	8.32	5.29	3.03
Curse	0.32	0.12	0.2
Abuse	0.56	0.17	0.39
Sickness	23.27	12.78	10.49
Unknown	10.03	4.6	5.43

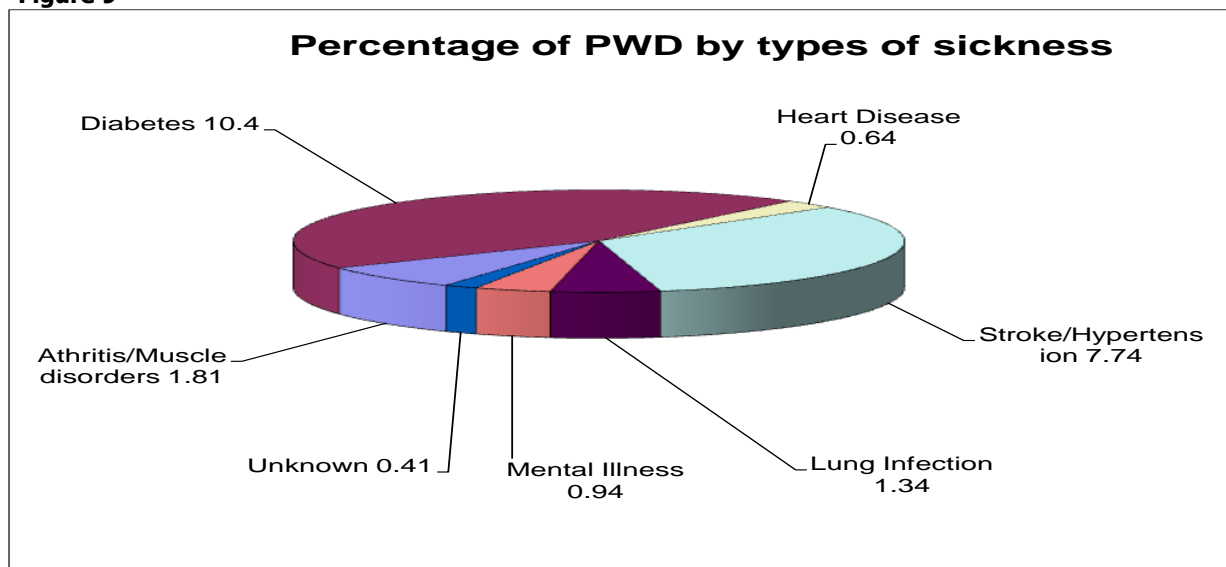
amongst women with disabilities in particular those with mental illness. However most women with mental illness are living in abusive and violent situations which lead to severe depression and therefore when their attack occurs mostly during full moon period and at most times coincides with their menstrual 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

Figure 9



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**

Percentage of PWD by types of sickness by sex			
Types of Sickness	Women	Men	Total
Diabetes	6	4.4	10.4
Stroke/Hypertension	4.94	2.79	7.74
Arthritis/Muscle disorders	1.06	0.75	1.81
Lung Infection	0.56	0.78	1.34
Mental Illness	0.47	0.47	0.94
Heart Disease	0.24	0.4	0.64
Unknown	0.19	0.22	0.41

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

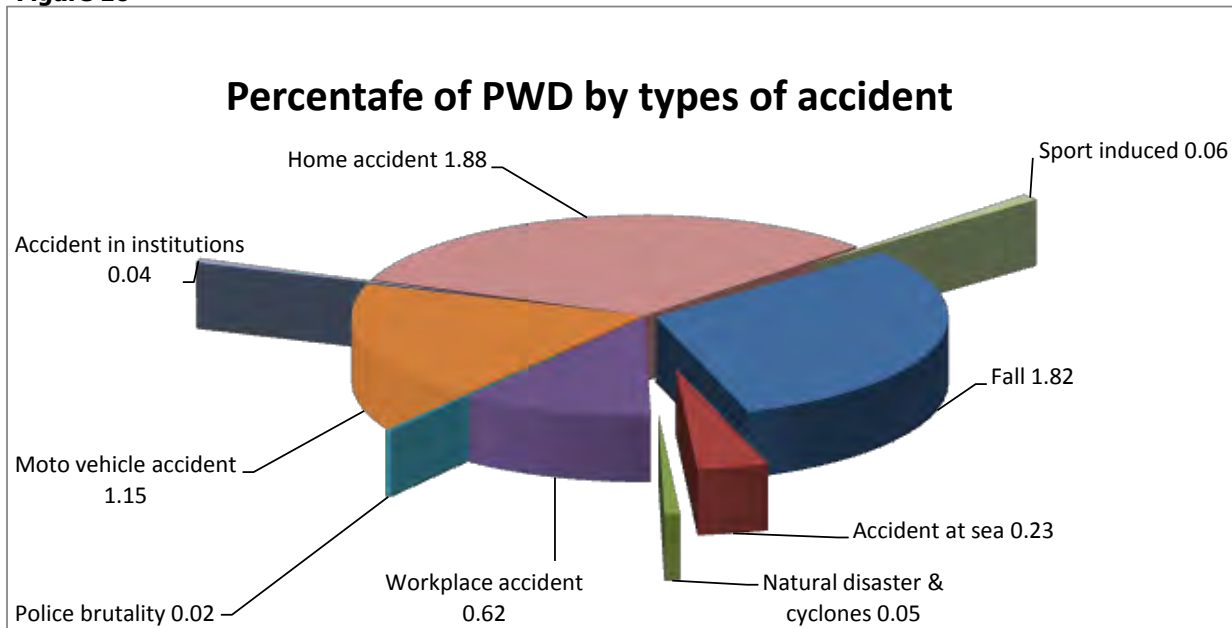
including arthritis and muscle disorder is higher compared to men which clearly indicate that women are vulnerable to infections that cause disability and they spend less time looking after themselves and less likely to access treatment. Furthermore, women spend more time on the health and well being of other family members.<sup>7</sup>

#### 4.5 People with disabilities by type of accident by sex

<sup>7</sup> UNCP Pacific Centre (2009), Pacific Sisters with Disabilities at a cross-section of discrimination



**Figure 10**



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.

**Table 13**

Percentage of PWD by types of accident by sex			
Types of accident	Women	Men	Total
Home accident	0.74	1.14	1.88
Fall	0.91	0.91	1.82
Motor vehicle accident	0.38	0.77	1.15
Workplace accident	0.05	0.57	0.62
Accident at sea	0.06	0.17	0.23
Natural disaster & cyclones	0.02	0.03	0.05
Accident in institutions	0	0.04	0.04
Police brutality	0	0.02	0.02
Sport induced	0	0.06	0.06

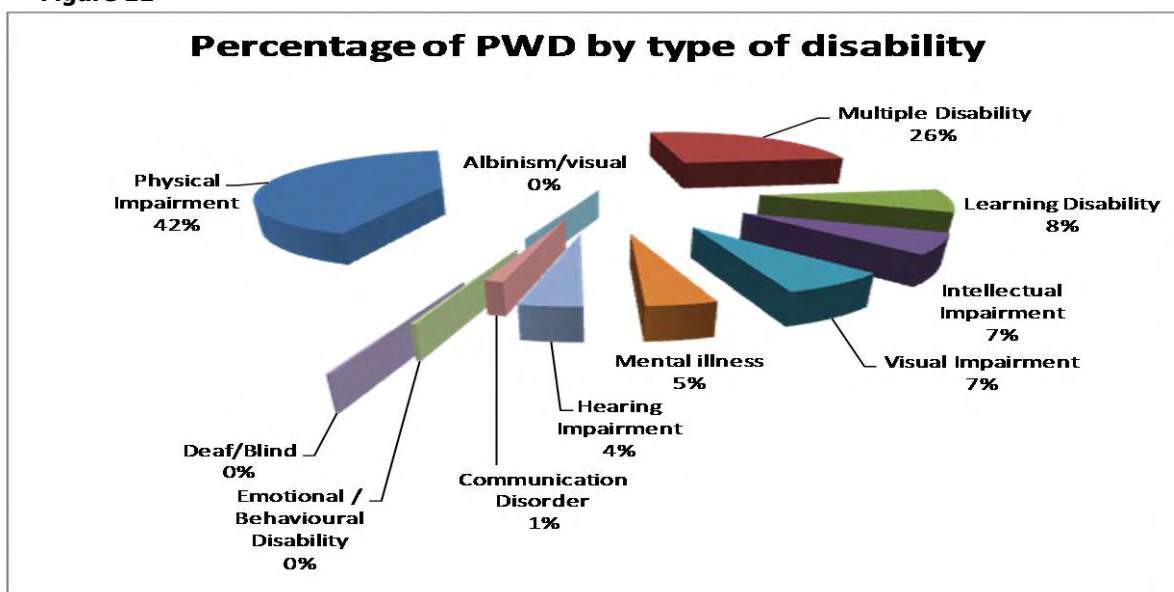
The study revealed that most people acquire their disability in the home which indicated that homes and home environments need to be accessible and user friendly while motor vehicle accidents is another contributing factor to disability.

## 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.

### 5.1 People with disabilities by types of disability by sex.

Figure 11



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.

Table 14

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

Disability population by type			
Types of Disability	Women	Men	Total
Physical Impairment	2153	2621	4774
Multiple Disability	1439	1472	2911
Learning Disability	371	536	907
Intellectual Impairment	314	455	769
Vision Impairment	385	448	833
Mental illness	244	279	523
Hearing Impairment	221	243	464
Communication Disorder	60	90	150
Emotional / Behavioural Disability	21	18	39
Deaf/Blind	8	16	24
Albinism/visual	5	3	8

percent of those with hearing impairment are totally deaf.

## 5.2 People with disabilities by types of disability by severity

**Table 15**

Percentage of types of disability by severity						
Types of disability	Total%	Mild	Moderate	Severe	Profound	
Physical Impairment	<b>41.84</b>	1.51	24.54	11.8	3.99	42
Multiple Disability	<b>25.51</b>	1.64	11.63	9.11	3.13	26
Learning Disability	<b>7.94</b>	0.38	3.69	3.54	0.33	8
Visual Impairment	<b>7.29</b>	0.35	3.92	2.35	0.67	7
Intellectual Impairment	<b>6.73</b>	0.33	4.22	1.04	1.14	7
Mental illness	<b>4.57</b>	0.38	2.89	1.02	0.28	5
Hearing Impairment	<b>4.06</b>	0.16	1.63	1.35	0.92	4
Communication Disorder	<b>1.3</b>	0.05	0.71	0.45	0.09	1
Emotional / Behavioural Disability	<b>0.32</b>	0	0.24	0.06	0.02	0
Deaf/Blind	<b>0.2</b>	0	0.12	0.03	0.05	0
<b>Total</b>	<b>99.76</b>	<b>4.8</b>	<b>53.59</b>	<b>30.75</b>	<b>10.62</b>	<b>100</b>

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.

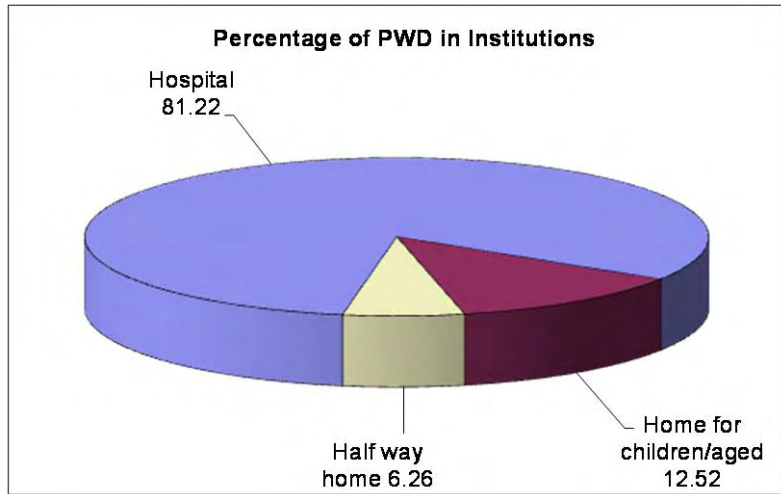
## 6. INSTITUTIONALISATION

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.

Figure 12



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

Table 16

Institutions	Women	Men	Total
Hospital	36.36	44.86	81.22
Home for children/aged	8.35	4.17	12.52
Half way home	3.73	2.53	6.26

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 10years, 4 percent for 11 to 13 years, and approximately 3 percent for 15 years and over.

Figure 13

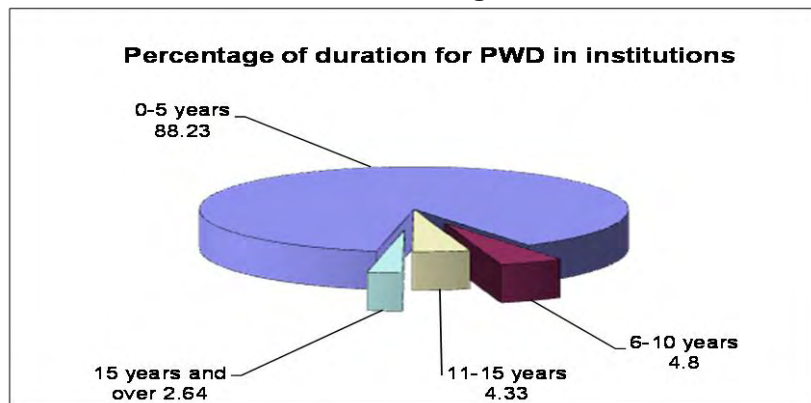


Table 17

	Women	Men	Total
0-5 years	40.71	47.52	88.23
6-10 years	2.63	2.17	4.8
11-15 years	2.63	1.7	4.33
15 years and over	1.86	0.78	2.64

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 source of livelihood.

### 6.3 People with disabilities in institution by treatment

Figure 14

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.<sup>8</sup>

“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.”

Statement by Shamima Ali, Coordinator, FWCC, abstract taken from the Fiji Sun, 23 March 2005. s

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

## 7. EDUCATION

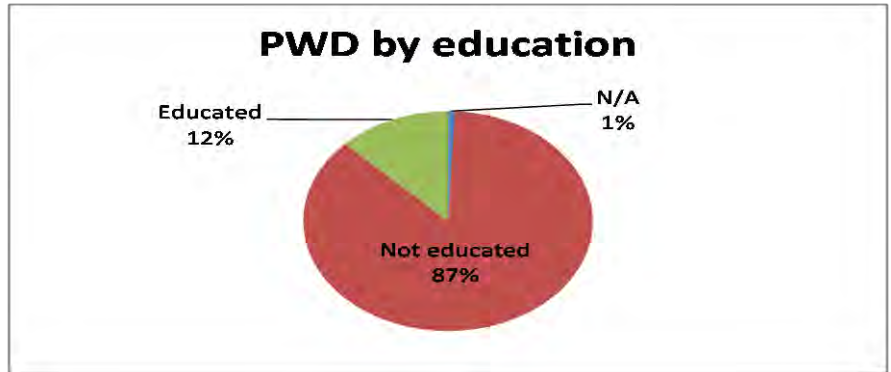
This section highlights the education attainment and achievement of persons with disabilities and the types of assistive devices they need to use for learning.

<sup>8</sup> Public Health Agency of Canada: [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femdisab\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femdisab_e.html)

### 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.

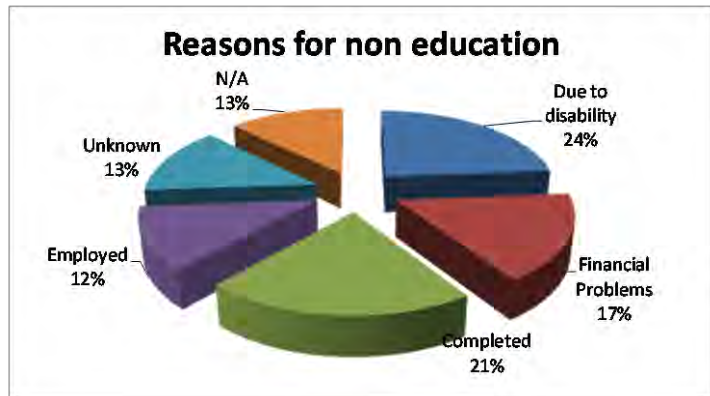
Figure 15



### 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

Figure 16



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

Table 18

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

Percentage of People with disabilities level of education by sex			
Type of Education	Women	Men	Total
Primary	29.62	27.65	57.27
Secondary	7.24	10.02	17.26
Special school	4.86	8.91	13.77
Didn't attend School	4	2.9	6.9
Diploma	0.65	1.02	1.67
Vocational	0.57	1.1	1.67
Preschool	0.32	0.16	0.48
Degree	0.12	0.4	0.52
Early Intervention Centre	0.12	0.24	0.36
Total	47.5	52.4	99.9



and boys compared to 7.24 percent women and girls, 13.77percent 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 enrolment 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.

Table 19

Percentage of People with disabilities requiring assistive devices for learning by sex			
Require Assistive Devices	Women	Men	Total
NO	44.13	46.58	90.71
YES	4.6	4.68	9.28
Total	48.74	51.26	100

#### 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

Figure 17



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.<sup>9</sup>

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.<sup>10</sup>

## 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

Figure 18

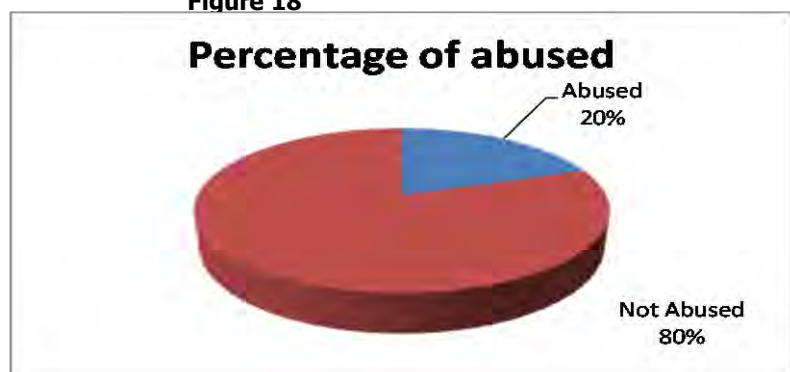


Table 20

Percentage of abused PWD	
Male	12percent
Female	8percent

<sup>9</sup> Republic of Fiji Islands Government Gazette (2007); Employment Relations Promulgations

<sup>10</sup> 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 8percent of women and girls with disabilities. Off the 20percent, 9percent continue to suffer from abuse in which 5percent 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 disabling 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 2percent of women and girls with disabilities have a history of unwanted pregnancy compared to 93 percent of those who do not. 5percent do not wish to answer the question.



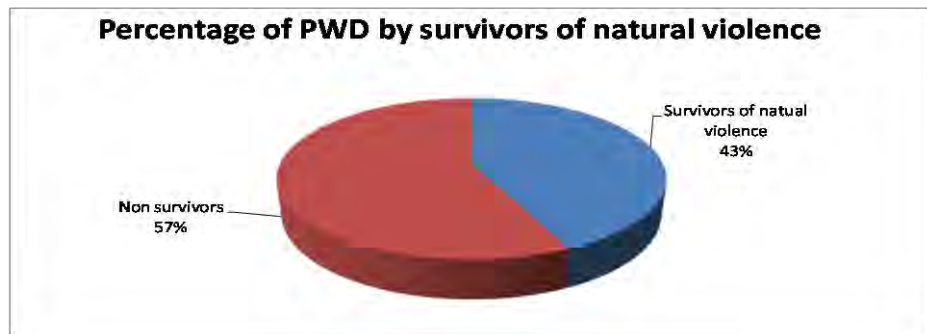
Although this figure on abuse and unwanted pregnancy is randomly low, it does not indicate that women and girls with disabilities are not abused or are having sex with consent. It indicated that women and girls with disabilities are discriminated against in areas of reporting where they are denied the 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.

Figure 20



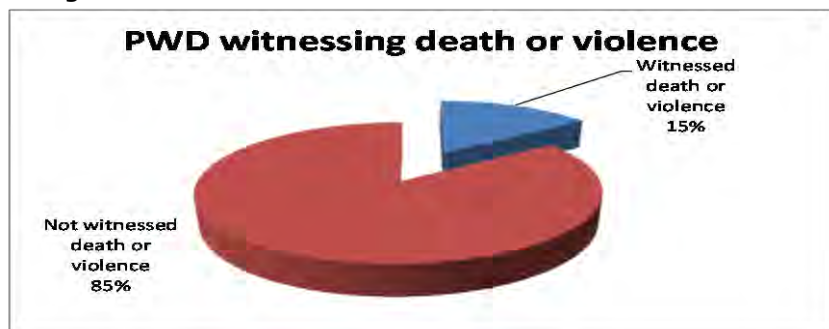
### 9.4 War and terrorism

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.

Figure 21

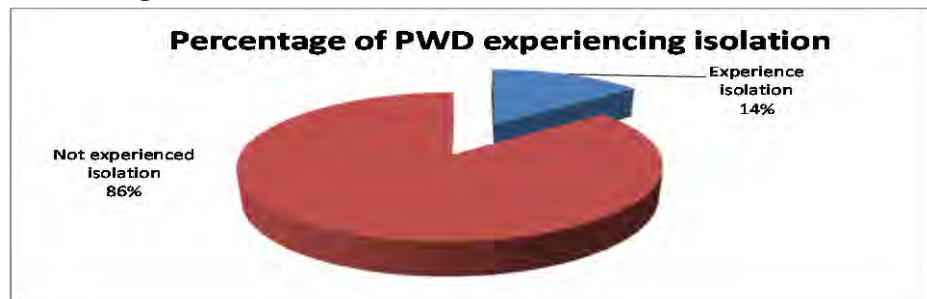


### 9.6 People with disabilities experience isolation by sex

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.

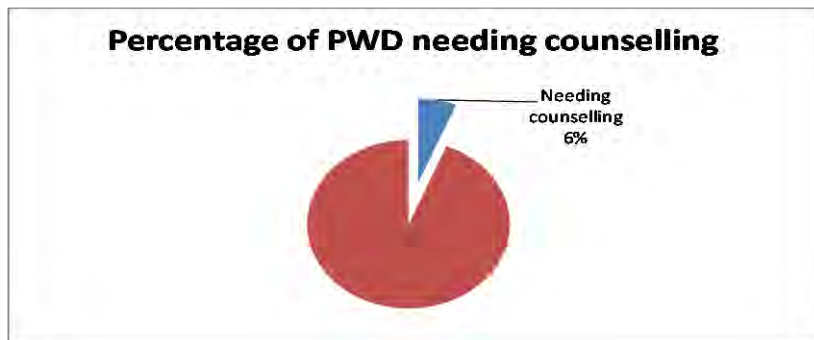
Figure 22



### 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.

Figure 23



3percent are men and boys and 3percent are women and girls with disabilities.

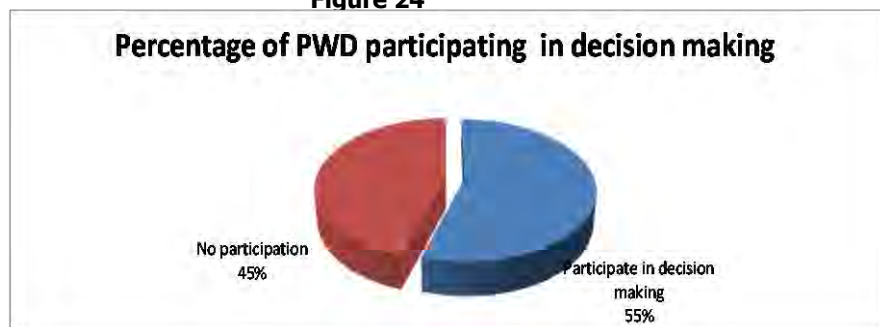
## 10. PARTICIPATION

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 30percent of men and boys and 25 percent of women and girls with

Figure 24

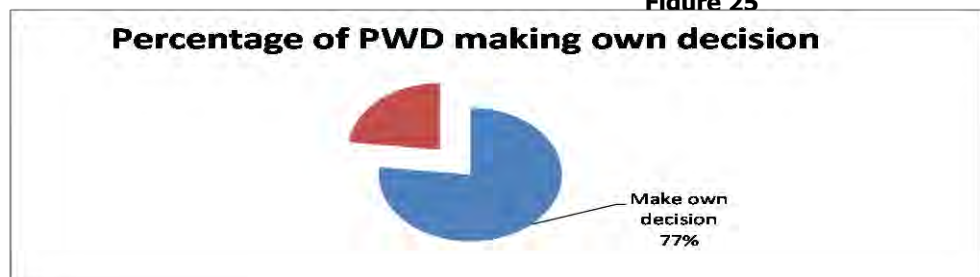


disabilities. These decisions are not major decisions rather it is limited to minor issues such as food and clothing and furthermore most decisions made are not adhered to members of the household.

### 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

Figure 25



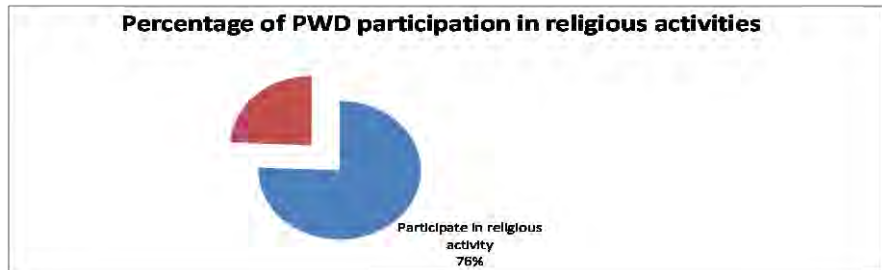
and 36percent of women and girls and with disabilities. These decisions are limited to clothing and food.

### 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.

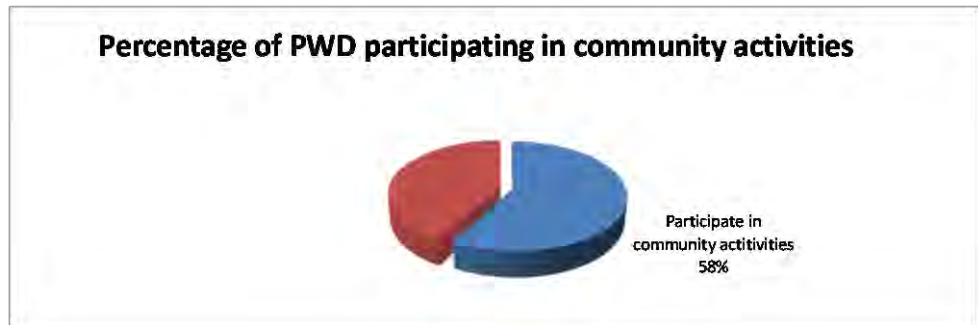
Figure 26



### 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.

Figure 27



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.

Figure 28



8percent communicate using the Fijian sign language whilst 4percent 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 21

Percentage of people with hearing impairment understanding type of sign language	
Types of sign languages	Percentage
Self Developed	13%
Fijian	8%
Signed English	4%
American Sign	1%
Lip read	1%

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.

Figure 29



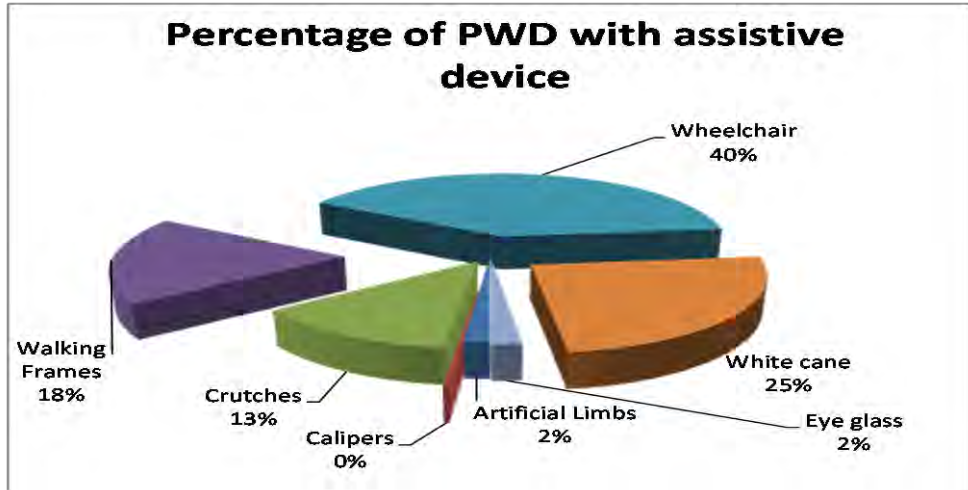
## 12 MOBILITY

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.

Figure 30

According to the study, 20percent of persons with disabilities use some sort of assistive devices or equipments to assist with mobility.



8percent uses

wheelchairs with 4percent of men and boys and 4percent of women and girls with disabilities. 5percent use white cane with 2.5percent men and boys and 2.5percent women and girls with disabilities. 3.6percent use walking frames with 2percent women and girls with disabilities and 1.6percent men and boys. 2.5percent use crutches with 1.4percent of men and boys and 1.1percent of women and girls with disabilities. 0.3percent use artificial limbs with 0.2percent of men and boys and 0.1percent of women and girls with disabilities. 0.3percent use spectacles with 0.2percent of women and girls with disabilities and 0.1percent of men and boys. 0.06percent use callipers with 0.06percent of men and boys and 0percent 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**

<b>Percentage of PWD by inaccessible built environment</b>	<b>Percentage</b>		
Types of Environment			
<b>13.1 Homes</b>	TOTAL	MALE	FEMALE
Accessible home environment	66.1	35.7	30.4
Inaccessible home environment	33.2	17.3	16.1
N/A	0.6	0.32	0.28
<b>13.2 School</b>			
Accessible school environment	29.1	16.8	12.1
Inaccessible school environment	30.5	15.7	14.8
N/A	40.5	20.6	19.9
<b>13.3 Hospitals and health centres</b>			
Accessible local hospital or health centre environment	65.6	35.3	30.3
Inaccessible local hospital or health centre environment	33.5	17.4	16.1
N/A	0.82	0.43	0.39
<b>13.4 Local towns or shopping centres</b>			
Accessible local shops and town environment	57	31.7	25.2
Inaccessible local shops and town environment	41	20.8	20.3
N/A	2	0.94	1.12
<b>13.5 Place of worship</b>			
Accessible place of worship environment	67.1	36.1	31
Inaccessible place of worship environment	30.8	16.2	14.6
N/A	2.1	1	1.1
<b>13.6 Sports and recreational facilities</b>			
Accessible local sports and recreation facilities environment	38.5	22.8	15.7
Inaccessible local sports and recreation facilities environment	28.1	14	14.3
N/A	33.4	16.8	16.5
<b>13.7 Public transportation</b>			
Accessible public transportation in your area	55.6	30.2	25.4
Inaccessible public transportation in your area	43.1	22	21
N/A	1.4	0.76	0.69

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.<sup>11</sup>

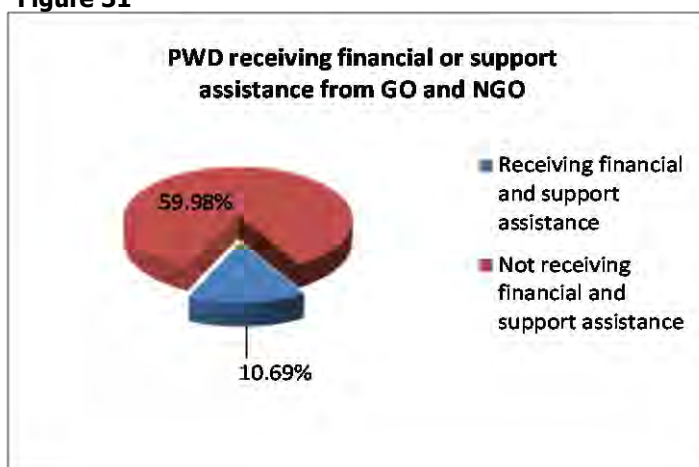
#### 14. ASSISTANCE AND SUPPORT

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

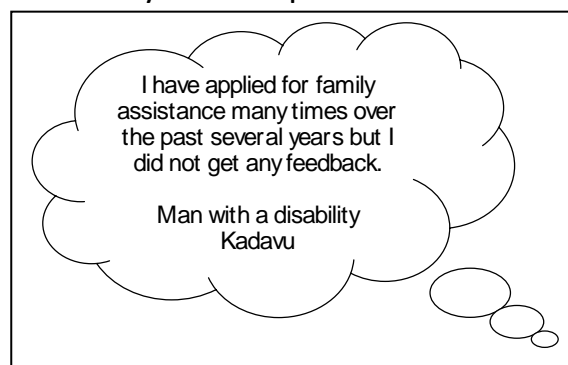
##### 14.1 People with disabilities receiving financial assistance or support from NGO

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.

Figure 31



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



<sup>11</sup> Aggarwal,A.(2005),Report, Pacific Regional Consultation, Women’s Rights to Adequate Housing and Land in cooperation with UN Special Raporteur on Right to Adequate Housing.Fiji,12-15 October 2004.



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 57percent of persons with disabilities need disability allowance, while 27percent require scholarship and 1percent prefer credit loan for education. 19percent require specialized training for persons with disabilities while

6percent would like to attend vocational training. The figures shows that more men and boys compared to women and girls.

**Table 23**

Percentage of PWD needing education assistance by sex			
Type of Assistance	Female	Male	Total
Disability Allowance	26.81	30.32	57.13
Specialized training for people with Disabilities	7.58	11.53	19.11
Scholarships	7.03	9.22	16.25
Vocational training for people with Disabilities	2.74	3.73	6.47
Credit-Loan	0.61	0.43	1.04
Total	44.77	55.23	100

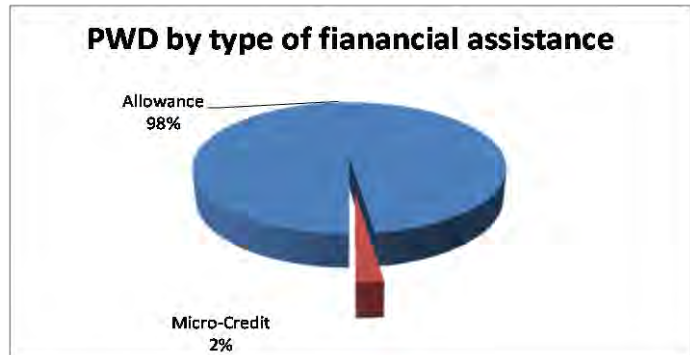
People with disabilities in rural areas including outer islands in Fiji were not educated due to high cost of living, lack appropriate and accessible infrastructure and affordable services such as roads and transportation including the inaccessibility of the mainstream school environment. Most parents 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.

### 14.3 People with disabilities needing financial assistance

Figure 32

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 Table 24

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

Percentage of PWD needing medical assistance				
Types of Medical Assistance	Female	Male	Total	
Medical supplies	25.13	26.19	51.33	
N/A	17.53	17.86	35.4	
Medicine	5.38	5.54	10.93	
Medical supplies / Medicine	0.88	0.66	1.55	
Medical Treatment	0.22	0.55	0.77	
	49.16	50.83	99.98	

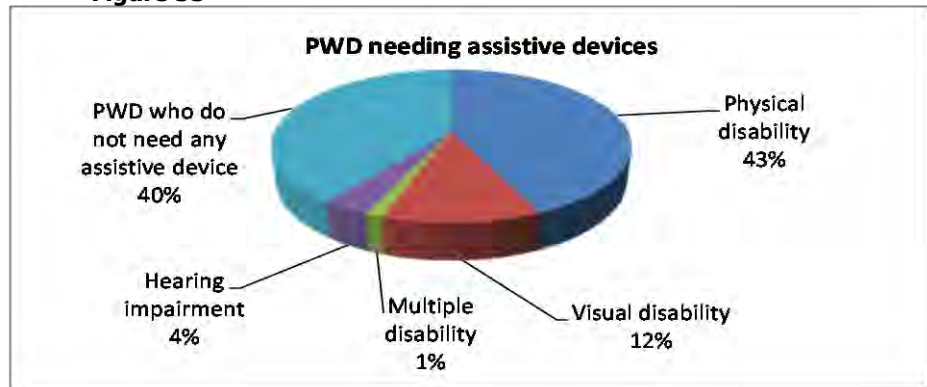
needed both medical supplies with 0.88 percent women and girls and 0.66 percent men and boys. One percent needed medical treatment with 0.22 percent women and girls and 0.55 percent men and boys with disabilities. 35 percent of persons with disabilities do not require medical assistance or support.

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.

Figure 33

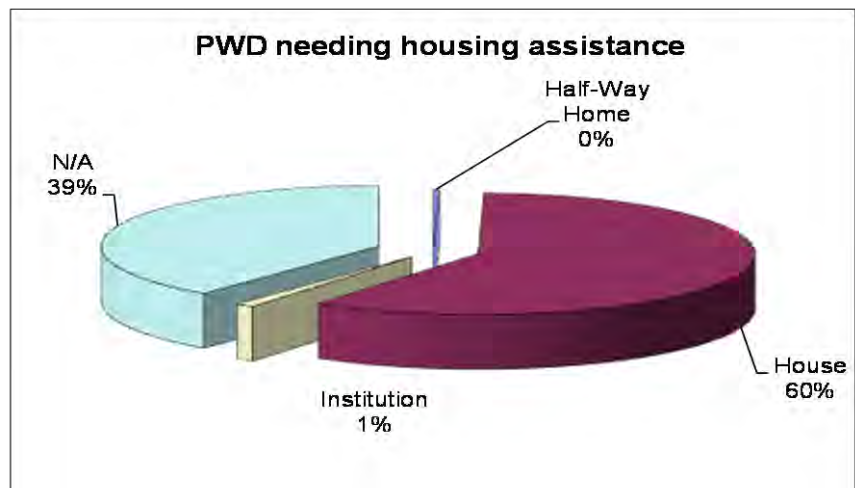


12 percent needed white cane and spectacles including computer software for the blind such as zoom text and screen reader such as Jaws Assisted with Speech (JAWS). 4 percent needed hearing aid and sign language interpreters.

#### 14.6 People with disabilities needing housing assistance

The survey found that 60 percent of people with disabilities needed housing assistance to live independantly. These people either live with families and friends where they are often deprived of basic necessasities which leads them to total isolation and participation.

Figure 34

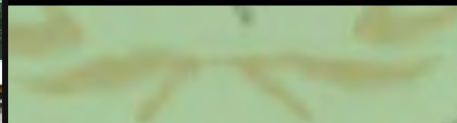
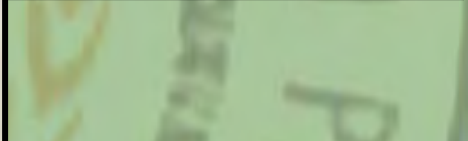


# EASTERN DIVISION





# 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**

1. Sign and ratify the Convention on the Rights of Persons with Disabilities.
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.
8. Document success stories of qualified persons with disabilities who could act as role models for persons with disabilities.

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.

# WESTERN DIVISION





# WESTERN DIVISION





## 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 expensive. 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

## News Articles

### 11000 WITH DISABILITIES

FIJI TIMES SATURDAY, MAY 22, 2010

*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

FIJI TIMES SATURDAY, APRIL 17, 2010

*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

<http://www.radiofiji.com.fj/fullstory.php>

***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.

## CONSIDERATE DEPARTMENT

FIJI TIMES - MONDAY, SEPTEMBER 14, 2009

*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."*

### **DATA MISSION FOR DISABLED**

***[Fiji Times Online](#) (19 December 2008)***

*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."*

### **AUSTRALIA DONATES \$22,000 TO DISABILITIES PROJECT**

**FIJI TIMES - WEDNESDAY, DECEMBER 17, 2008**

*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. "It's 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

DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILITY %
MACUATA	1846	16.19	2.55

### DISABILITY POPULATION BY SEX

DISTRICT	MACUATA
MALE	973
FEMALE	873
TOTAL	1846

### ETHNICITY

ETHNICITY	SEX	
	M	F
FIJIAN	430	429
INDIAN	523	432
ROTUMAN	-	1
OTHERS	20	11
TOTAL	973	873

### PWD BY ETHNICITY BY SEX

ETHNICITY	TOTAL
FIJIAN	859
INDIAN	955
ROTUMAN	1
OTHERS	31
<b>TOTAL</b>	<b>1846</b>

### DISABILITY POPULATION BY AGE RANGE

LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	3	4
CH/REN	4-13YRS	245	139
T/AGER	14-19YRS	292	243
Y/AD	20-30YRS	46	26
ADULTS	31-40YRS	30	32
OLD ADULTS	41-50YRS	49	50
OLDER ADULTS	51 YRS +	234	330

### MARITAL STATUS

STATUS		
	M	F
MARRIED	213	146
SINGLE	116	93
WIDOW/ WIDOWER	24	187
DE FACTO	-	2
DIVORCED	4	10
SEPERATED	3	3

<b>MEASURES OF DISABILITY</b>			
	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
CONGENITAL	68	50	118
ACQUIRED	299	402	701
UNKNOWN	606	421	1027

<b>CONGENITAL</b>			
	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>PRE BIRTH</b>	<b>17</b>	<b>14</b>	<b>31</b>
<b>HEREDITY</b>	<b>2</b>	<b>4</b>	<b>6</b>
<b>UNKNOWN</b>	<b>48</b>	<b>33</b>	<b>81</b>

<b>Acquired</b>			
<b>TYPE</b>	<b>SEX</b>		
	<b>M</b>	<b>F</b>	<b>T</b>
SICKNESS	149	219	368
AGED	33	76	109
ACCIDENT	60	45	105
CURSE	4	1	5
ABUSED	3	2	5
AT BIRTH	-	6	6
UNKNOWN	47	56	103

<b>PWD BY TYPE</b>			
	<b>M</b>	<b>F</b>	<b>T</b>
PHYSICAL	155	147	302
MULTIPLE	236	298	534
LEARNING	327	242	569
INTELLECTUAL	27	18	45
VISUAL	133	92	225
MENTAL	15	21	36
HEARING	34	35	69
COM/DISORDER	35	10	45
EMOTIONAL	11	10	21

## Savusavu Presentation

### Population per district

DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILITY %
Savusavu	523	4.6	1.06

### DISABILITY POPULATION BY SEX

DISTRICT	SAVUSAVU
MALE	251
FEMALE	272
TOTAL	523

### ETHNICITY

ETHNICITY	SEX	
	M	F
FIJIAN	220	242
INDIAN	21	24
ROTUMAN	-	-
OTHERS	10	6
TOTAL	251	272

### PWD BY ETHNICITY BY SEX

ETHNICITY	TOTAL
FIJIAN	462
INDIAN	45
ROTUMAN	-
OTHERS	16
TOTAL	523

### DISABILITY POPULATION BY AGE RANGE

LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	-	6
CH/REN	4-13YRS	22	24
T/AGER	14-19YRS	15	15
Y/AD	20-30YRS	28	22
ADULTS	31-40YRS	22	18
OLD ADULTS	41-50YRS	25	29
OLDER ADULTS	51 YRS +	133	146

### MARITAL STATUS

STATUS	SEX	
	M	F
MARRIED	98	73
SINGLE	124	115
WIDOW/ WIDOWER	82	28
DE FACTO	0	1
DIVORCED	-	-
SEPERATED	1	1

## MEASURES OF DISABILITY

	MALE	FEMALE	TOTAL
CONGENITAL	84	83	167
ACQUIRED	151	167	318
UNKNOWN	16	22	38

## CONGENITAL

	MALE	FEMALE	TOTAL
PRE BIRTH	28	34	62
HEREDITY	-	2	2
UNKNOWN	56	47	103

## Acquired

TYPE	SEX		
	M	F	T
SICKNESS	83	190	182
AGED	20	53	73
ACCIDENT	16	26	42
SPORTS	2	1	3
UNKNOWN	9	9	18

## PWD BY TYPE

	M	F	T
PHYSICAL	160	161	321
MULTIPLE	18	37	55
LEARNING	8	9	17
INTELLECTUAL	39	32	71
VISUAL	6	17	23
MENTAL	18	9	27
HEARING	1	4	5
COM/DISORDER	1	3	4



## BUA PRESENTATION

Population per district			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILITY %
<b>Bua</b>	263	2.31	1.86

DISABILITY POPULATION BY SEX	
DISTRICT	BUA
MALE	153
FEMALE	110
TOTAL	263

ETHNICITY		
ETHNICITY	SEX	
	M	F
FIJIAN	105	87
INDIAN	43	23
ROTUMAN	-	-
OTHERS	5	-
<b>TOTAL</b>	<b>153</b>	<b>110</b>

PWD BY ETHNICITY BY SEX	
ETHNICITY	TOTAL
FIJIAN	192
INDIAN	66
ROTUMAN	-
OTHERS	5
<b>TOTAL</b>	<b>263</b>

DISABILITY POPULATION BY AGE RANGE			
LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	-	-
CH/REN	4-13YRS	3	5
T/AGER	14-19YRS	9	3
Y/AD	20-30YRS	15	13
ADULTS	31-40YRS	16	9
OLD ADULTS	41-50YRS	16	9
OLDER ADULTS	51 YRS +	87	62

MARITAL STATUS		
STATUS	SEX	
	M	F
MARRIED	53	34
SINGLE	91	48
WIDOW/ WIDOWER	9	28
DE FACTO	-	-
DIVORCED	-	-
SEPERATED	-	-

### MEASURES OF DISABILITY

	MALE	FEMALE	TOTAL
CONGENITAL	40	21	61
ACQUIRED	60	60	120
UNKNOWN	29	53	82

### CONGENITAL

	MALE	FEMALE	TOTAL
PRE BIRTH	21	12	33
HEREDITY	-	2	2
UNKNOWN	19	7	26

### ACQUIRED

TYPE	SEX		
	M	F	T
SICKNESS	28	32	60
AGED	11	11	22
ACCIDENT	12	7	19
UNKNOWN	9	10	19

### PWD BY TYPE

	M	F	T
PHYSICAL	128	92	220
MULTIPLE	7	8	15
LEARNING	-	1	1
INTELLECTUAL	4	1	5
VISUAL	3	4	7
MENTAL	8	3	11
HEARING	2	0	2
COM/DISORDER	1	1	2



## LAUTOKA PRESENTATION

Population per district			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILIT Y %
Lautoka	1130	1.19	9.91

DISABILITY POPULATION BY SEX	
DISTRICT	LAUTOKA
MALE	616
FEMALE	514
TOTAL	1130

ETHNICITY		
ETHNICITY	SEX	
	M	F
<b>FIJIAN</b>	326	282
<b>INDIAN</b>	272	220
<b>ROTUMAN</b>	-	-
<b>OTHERS</b>	18	12
<b>TOTAL</b>	616	514

PWD BY ETHNICITY BY SEX	
ETHNICITY	TOTAL
FIJIAN	608
INDIAN	492
ROTUMAN	-
OTHERS	30
TOTAL	1130

MARITAL STATUS		
STATUS	SEX	
	M	F
MARRIED	98	43
SINGLE	62	42
WIDOW/ WIDOWER	18	61
DE FACTO	-	-
DIVORCED	2	6
SEPERATED	1	3

DISABILITY POPULATION BY AGE RANGE			
LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	6	4
CHILDREN	4-13YRS	69	50
TEENAGER	14-19YRS	44	35
YOUNG ADULTS	20-30YRS	36	27
ADULTS	31-40YRS	31	33
OLD ADULTS	41-50YRS	84	61
OLDER ADULTS	51 YRS +	274	235

CONGENITAL			
	MALE	FEMALE	TOTAL
PRE BIRTH	6	3	9
HEREDITY	10	6	16
UNKNOWN	22	15	37

MEASURES OF DISABILITY			
	MALE	FEMALE	TOTAL
CONGENITAL	41	21	62
ACQUIRED	154	138	292
UNKNOWN	421	355	776

ACQUIRED			
TYPE	SEX		
	M	F	T
SICKNESS	80	68	148
AGED	29	37	66
ACCIDENT	20	6	26
ABUSED	1	-	1
AT BIRTH	1	-	1
UNKNOWN	23	25	48

PWD BY TYPE			
	M	F	T
PHYSICAL	388	314	702
MULTIPLE	114	114	228
LEARNING	13	4	17
INTELLECTUAL	25	15	40
VISUAL	34	23	57
MENTAL	23	31	54
HEARING	12	10	22
COM/DISORDER	4	3	7

## RAKIRAKI PRESENTATION

Population per district			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILITY %
Rakiraki	468	4.10	1.59

ETHNICITY		
ETHNICITY	SEX	
SEX	M	F
FIJIAN	185	161
INDIAN	67	52
ROTUMAN	1	-
OTHERS	2	-
TOTAL	255	213

MEASURES OF DISABILITY			
	MALE	FEMALE	TOTAL
CONGENITAL	55	46	101
ACQUIRED	103	92	195
UNKNOWN	255	213	468

ETHNICITY	PRE BIRTH	CONGENITAL		
		MALE	FEMALE	TOTAL
FIJIAN	18	16	34	
INDIAN	9	14	23	
ROTUMAN				
OTHERS				
TOTAL	26	18	44	

	PWD BY TYPE		
	M	F	T
	140	121	262
	39	32	71
	-	4	4
	44	26	70
	16	9	25
	7	7	14
	5	7	12
		4	5
		1	1
		2	5

	MARRIED	
	M	F
SINGLE	57	27
WIDOW/ WIDOWER	59	46
DIVORCED	45	12
SEPERATED	2	-
	2	1

## TAVUA PRESENTATION

Population per district			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILITY %
Tavua	434	3.8	1.5

### **PWD BY ETHNICITY BY SEX**

<b>ETHNICITY</b>	<b>TOTAL</b>
<b>FIJIAN</b>	165
<b>INDIAN</b>	262
<b>ROTUMAN</b>	-
<b>OTHERS</b>	7
<b>TOTAL</b>	<b>434</b>

DISABILITY POPULATION BY SEX	
DISTRICT	TAVUA
MALE	240
FEMALE	194
TOTAL	434

<b>ETHNICITY</b>		
<b>ETHNICITY</b>	<b>SEX</b>	
SEX	M	F
<b>FIJIAN</b>	<b>88</b>	<b>77</b>
<b>INDIAN</b>	<b>150</b>	<b>112</b>
<b>ROTUMAN</b>	-	-
<b>OTHERS</b>	<b>2</b>	<b>5</b>
<b>TOTAL</b>	<b>194</b>	<b>240</b>

### PWD BY ETHNICITY BY SEX

ETHNICITY	TOTAL
<b>FIJIAN</b>	165
<b>INDIAN</b>	262
<b>ROTUMAN</b>	-
<b>OTHERS</b>	7
<b>TOTAL</b>	<b>434</b>

### DISABILITY POPULATION BY AGE RANGE

LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	2	1
CHILDREN	4-13YRS	25	11
TEENAGER	14-19YRS	34	15
YOUNG ADULTS	20-30YRS	46	38
ADULTS	31-40YRS	18	30
OLD ADULTS	41-50YRS	27	26
OLDER ADULTS	51 YRS +	49	48

### MARITAL STATUS

STATUS	SEX	
	M	F
MARRIED	4	19
SINGLE	20	16
WIDOW/ WIDOWER	-	6
DE FACTO	-	-
DIVORCED	-	-
SEPERATED	-	-

### MEASURES OF DISABILITY

	MALE	FEMALE	TOTAL
CONGENITAL	16	13	29
ACQUIRED	46	27	73
UNKNOWN	178	154	332

<b>CONGENITAL</b>			
	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>PRE BIRTH</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>HEREDITY</b>	<b>7</b>	<b>4</b>	<b>11</b>
<b>UNKNOWN</b>	<b>6</b>	<b>6</b>	<b>12</b>

<b>TYPE</b>	<b>SEX</b>			
	<b>M</b>	<b>F</b>	<b>T</b>	
SICKNESS	32	20		52
AGED	-	-		-
ACCIDENT	10	4		14
SPORTS	-	-		-
CURSE	1	0		1
ABUSED				
AT BIRTH	-	1		1
UNKNOWN	5	0		5



## BA PRESENTATION

Population per district			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILITY %
<b>BA</b>	636	5.58	6.96

DISABILITY POPULATION BY SEX	
	<b>BA</b>
MALE	376
FEMALE	260
TOTAL	636

<b>ETHNICITY</b>		
ETHNICITY	SEX	
	M	F
<b>FIJIAN</b>	<b>134</b>	<b>124</b>
<b>INDIAN</b>	<b>237</b>	<b>133</b>
<b>ROTUMAN</b>	-	-
<b>OTHERS</b>	<b>5</b>	<b>3</b>
<b>TOTAL</b>	<b>376</b>	<b>376</b>

<b>PWD BY ETHNICITY BY SEX</b>	
ETHNICITY	TOTAL
FIJIAN	258
INDIAN	370
ROTUMAN	-
OTHERS	8
TOTAL	636

<b>DISABILITY POPULATION BY AGE RANGE</b>			
<b>LEVEL</b>	<b>AGE RANGE</b>	<b>Sex</b>	
		<b>M</b>	<b>F</b>
<b>INFANTS</b>	<b>0-3YRS</b>	<b>1</b>	<b>1</b>
<b>CHILDREN</b>	<b>4-13YRS</b>	<b>32</b>	<b>16</b>
<b>TEENAGER</b>	<b>14-19YRS</b>	<b>82</b>	<b>28</b>
<b>YOUNG ADULTS</b>	<b>20-30YRS</b>	<b>82</b>	<b>48</b>
<b>ADULTS</b>	<b>31-40YRS</b>	<b>32</b>	<b>18</b>
<b>OLD ADULTS</b>	<b>41-50YRS</b>	<b>45</b>	<b>26</b>
<b>OLDER ADULTS</b>	<b>51 YRS +</b>	<b>90</b>	<b>103</b>

<b>MARITAL STATUS</b>		
<b>STATUS</b>	<b>SEX</b>	
	<b>M</b>	<b>F</b>
<b>MARRIED</b>	<b>45</b>	<b>23</b>
<b>SINGLE</b>	<b>44</b>	<b>30</b>
<b>WIDOW/ WIDOWER</b>	<b>0</b>	<b>34</b>
<b>DE FACTO</b>	<b>-</b>	<b>-</b>
<b>DIVORCED</b>	<b>1</b>	<b>0</b>
<b>SEPERATED</b>	<b>0</b>	<b>3</b>

<b>MEASURES OF DISABILITY</b>			
	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>CONGENITAL</b>	<b>45</b>	<b>20</b>	<b>65</b>
<b>ACQUIRED</b>	<b>105</b>	<b>99</b>	<b>204</b>
<b>UNKNOWN</b>	<b>226</b>	<b>141</b>	<b>367</b>

<b>CONGENITAL</b>			
	<b>MALE</b>	<b>FEMALE</b>	<b>TOTAL</b>
<b>PRE BIRTH</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>HEREDITY</b>	<b>7</b>	<b>4</b>	<b>11</b>
<b>UNKNOWN</b>	<b>6</b>	<b>6</b>	<b>12</b>

## ACQUIRED

TYPE	SEX		
	M	F	T
SICKNESS	32	49	81
AGED	2	9	11
ACCIDENT	15	21	36
ABUSED	1	0	1
AT BIRTH	-	-	-
UNKNOWN	55	20	75

## PWD BY TYPE

	M	F	T
PHYSICAL	203	138	341
MULTIPLE	39	30	66
LEARNING	2	5	7
INTELLECTUAL	82	47	129
VISUAL	15	9	24
MENTAL	19	16	35
HEARING	14	13	27
COM/DISORDER	2	1	3
DEAF/BLIND	0	1	1

## NADI PRESENTATION

Population per district			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL %	TOTAL DISABILITY %
Nadi	822	7.21	1.29

DISABILITY POPULATION BY SEX	
DISTRICT	NADI
MALE	405
FEMALE	417
TOTAL	822

ETHNICITY		
ETHNICITY	SEX	
	M	F
SEX	M	F
<b>FIJIAN</b>	272	285
<b>INDIAN</b>	126	125
<b>ROTUMAN</b>	-	-
<b>OTHERS</b>	7	7
<b>TOTAL</b>	405	417

PWD BY ETHNICITY BY SEX	
ETHNICITY	TOTAL
<b>FIJIAN</b>	557
<b>INDIAN</b>	251
<b>ROTUMAN</b>	-
<b>OTHERS</b>	14
<b>TOTAL</b>	822

DISABILITY POPULATION BY AGE RANGE			
LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	9	11
CH/REN	4-13YRS	87	51
T/AGER	14-19YRS	56	26
Y/AD	20-30YRS	32	42
ADULTS	31-40YRS	20	31
OLD ADULTS	41-50YRS	41	42
OLDER ADULTS	51 YRS +	153	205

MARITAL STATUS		
STATUS	SEX	
	M	F
MARRIED	86	59
SINGLE	117	79
WIDOW/ WIDOWER	28	112
DE FACTO	0	1
DIVORCED	4	1
SEPERATED	1	0

MEASURES OF DISABILITY			
	MALE	FEMALE	TOTAL
CONGENITAL	105	61	166
ACQUIRED	145	192	337
UNKNOWN	-	-	-

CONGENITAL			
	MALE	FEMALE	TOTAL
PRE BIRTH	20	17	37
HEREDITY	2	2	4
UNKNOWN	83	42	125

## acquired

TYPE	SEX		
	M	F	T
SICKNESS	59	83	142
AGED	30	42	72
ACCIDENT	52	48	100
SPORTS	2	0	2
CURSE	0	1	1
ABUSED	1	0	1
AT BIRTH	2	0	2
UNKNOWN	9	8	17

## PWD BY TYPE

	M	F	T
PHYSICAL	179	224	403
MULTIPLE	60	58	118
LEARNING	2	8	10
INTELLECTUAL	83	34	117
VISUAL	28	33	61
MENTAL	16	18	34
HEARING	20	29	49
COM/DISORDER	8	7	15
EMOTIONAL	0	1	1
DEAF-BLIND	9	5	14
ALBINISM	-	-	-

**SIGATOKA PRESENTATION**

<b>DISABILITY POPULATION BY SEX</b>	
<b>DISTRICT</b>	<b>SIGATOKA</b>
<b>MALE</b>	256
<b>FEMALE</b>	361
<b>TOTAL</b>	617

<b>Population per district</b>			
<b>DISTRICT</b>	<b>TOTAL DISABILITY POPULATION</b>	<b>TOTAL %</b>	<b>TOTAL DISABILITY %</b>
<b>Sigatoka</b>	617	5.4	1.06

<b>ETHNICITY</b>		
<b>ETHNICITY</b>	<b>SEX</b>	
	<b>M</b>	<b>F</b>
<b>FIJIAN</b>	216	326
<b>INDIAN</b>	40	34
<b>ROTUMAN</b>	-	-
<b>OTHERS</b>	0	1
<b>TOTAL</b>	256	361

<b>PWD by ethnicity by sex</b>	
<b>ETHNICITY</b>	<b>TOTAL</b>
<b>FIJIAN</b>	542
<b>INDIAN</b>	74
<b>ROTUMAN</b>	-
<b>OTHERS</b>	1
<b>TOTAL</b>	617

## DISABILITY POPULATION BY AGE RANGE

LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	3	2
CHILDREN	4-13YRS	31	34
TEENAGER	14-19YRS	21	22
YOUNG ADULTS	20-30YRS	17	12
ADULTS	31-40YRS	16	18
OLD ADULTS	41-50YRS	29	40
OLDER ADULTS	51 YRS +	132	225

## MARITAL STATUS

STATUS	SEX	
	M	F
MARRIED	124	87
SINGLE	106	84
WIDOW/ WIDOWER	1	166
DE FACTO	0	1
DIVORCED	1	0
SEPERATED	-	-

## MEASURES OF DISABILITY

	MALE	FEMALE	TOTAL
CONGENITAL	64	69	133
ACQUIRED	170	273	443
UNKNOWN	22	19	41

## CONGENITAL

	MALE	FEMALE	TOTAL
PRE BIRTH	17	20	37
HEREDITY	1	5	6
UNKNOWN	44	46	90



## ACQUIRED

TYPE	SEX		
	M	F	T
SICKNESS	69	118	187
AGED	29	67	96
ACCIDENT	20	39	59
ABUSED	7	6	13
AT BIRTH	-	-	-
UNKNOWN	53	35	88

## PWD BY TYPE

	M	F	T
PHYSICAL	154	206	360
MULTIPLE	27	59	86
LEARNING	8	5	13
INTELLECTUAL	26	30	56
VISUAL	22	28	50
MENTAL	13	20	33
HEARING	6	12	18
COM/DISORDER	-	1	1

## NAUSORI/VUNINDAWA/TAILEVU

DISABILITY POPULATION BY SEX			
DISTRICT	NAUSORI	VUNIDAWA	TAILEVU
MALE	140	213	94
FEMALE	117	233	99
TOTAL	257	446	193

POPULATION PER DISTRICT			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL D/ABILITY %	TOTAL %
<b>N/SORI</b>	257	2.25	0.25
<b>V/DAWA</b>	446	4	0.28
<b>TAILEVU</b>	193	1.7	0.35

ETHNICITY			
ETHNICITY	N/SORI	V/DAWA	TAILEVU
<b>FIJIAN</b>	177	441	166
<b>INDIAN</b>	75	5	27
<b>ROTUMAN</b>	1	-	-
<b>OTHERS</b>	4	-	-
<b>TOTAL</b>	<b>257</b>	<b>446</b>	<b>193</b>

TOTAL DISABILITY POPULATION BY SEX						
ETHNICITY	N/SORI		V/DAWA		TAILEVU	
	M	F	M	F	M	F
<b>FIJIAN</b>	<b>94</b>	<b>83</b>	<b>210</b>	<b>231</b>	<b>79</b>	<b>87</b>
<b>INDIAN</b>	<b>41</b>	<b>34</b>	<b>3</b>	<b>2</b>	<b>15</b>	<b>12</b>
<b>ROTUMAN</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHERS</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL</b>	<b>138</b>	<b>119</b>	<b>213</b>	<b>233</b>	<b>94</b>	<b>99</b>

### DISABILITY POPULATION BY AGE RANGE

LEVEL	AGE RANGE	N/SORI		V/DAWA		TAILEVU	
		M	F	M	F	M	F
INFANTS	0-3YRS	1	1	15	22	2	1
CHILDREN	4-13YRS	19	11	8	15	4	8
TEENAGER	14-19YRS	13	9	19	20	4	12
YOUNG ADULTS	20-30YRS	13	13	12	8	12	-
ADULTS	31-40YRS	9	10	15	21	5	4
OLD ADULTS	41-50YRS	12	14	113	124	13	8
OLDER ADULTS	51 YRS +	55	51	31	23	51	53

### MARITAL STATUS

STATUS	NAUSORI		VUNIDAWA		TAILEVU	
	M	F	M	F	M	F
MARRIED	39	25	85	47	30	13
SINGLE	95	67	116	124	51	65
WIDOW/ WIDOWER	3	26	10	58	11	19
DE FACTO	-	-	-	-	-	-
DIVORCED	1	1	1	3	2	2
SEPERATED	-	-	1	1	-	-

### MEASURES OF DISABILITY

	SEX	N/SORI	V/DAWA	TAILEVU
CONGENITAL	M	33	17	9
	F	30	26	8
ACQUIRED	M	76	119	59
	F	66	128	41
UNKNOWN	M	29	77	26
	F	23	79	50

### CONGENITAL

		NAUSORI	VUNIDAWA	TAILEVU
PRE BIRTH	M	16	5	1
	F	14	8	2
HEREDITY	M	4	4	4
	F	5	3	0
UNKNOWN	M	15	10	4
	F	9	13	6

## ACQUIRED

	NAUSORI		VUNIDAWA		TAILEVU	
	M	F	M	F	M	F
<b>SICKNESS</b>	26	26	52	66	62	46
<b>AGED</b>	1	6	20	34	9	10
<b>ACCIDENT</b>	12	6	34	34	11	3
<b>SPORTS</b>	2	-	7	0	2	0
<b>CURSE</b>	2	-	-	-	-	-
<b>ABUSED</b>	2	11	-	-	1	0
<b>AT BIRTH</b>	1	1	-	-	-	-
<b>UNKNOWN</b>	11	4	21	20	13	17

## PEOPLE WITH DISABILITIES BY TYPE

DISABILITY BY TYPE	NAUSORI		VUNIDAWA		TAILEVU	
	M	F	M	F	M	F
<b>PHYSICAL</b>	71	65	108	84	52	54
<b>MULTIPLE</b>	33	34	67	84	15	14
<b>LEARNING</b>	6	1	-	6	1	2
<b>INTELLECTUAL</b>	10	5	5	14	2	5
<b>VISUAL</b>	4	5	10	30	12	11
<b>MENTAL</b>	4	5	6	7	9	5
<b>HEARING</b>	6	2	11	12	2	6
<b>COM/DISORDER</b>	2	1	1	1	1	2
<b>EMOTIONAL</b>	1	1	-	-	-	-
<b>DEAF-BLIND</b>	-	-	-	-	-	-
<b>ALBINISM</b>	1	-	-	-	-	-

## TAVEUNI PRESENTATION

<b>DISABILITY POPULATION BY SEX</b>	
<b>DISTRICT</b>	<b>TAVEUNI</b>
MALE	266
FEMALE	224
TOTAL	490

<b>Population per district</b>			
<b>DISTRICT</b>	<b>TOTAL DISABILITY POPULATION</b>	<b>TOTAL %</b>	<b>TOTAL DISABILITY %</b>
Taveuni	490	22.3	19.3

<b>ETHNICITY</b>		
<b>ETHNICITY</b>	<b>SEX</b>	
	<b>M</b>	<b>F</b>
FIJIAN	220	178
INDIAN	37	31
ROTUMAN	-	-
OTHERS	9	15
TOTAL	226	224

<b>PWD by ethnicity by sex</b>	
<b>ETHNICITY</b>	<b>TOTAL</b>
FIJIAN	398
INDIAN	68
ROTUMAN	-
OTHERS	24
TOTAL	490

MARITAL STATUS		
STATUS	SEX	
	M	F
MARRIED	100	55
SINGLE	41	45
WIDOW/ WIDOWER	18	53
DE FACTO	2	2
DIVORCED	3	3
SEPERATED	-	-

DISABILITY POPULATION BY AGE RANGE			
LEVEL	AGE RANGE	Sex	
		M	F
INFANTS	0-3YRS	2	1
CH/REN	4-13YRS	53	32
T/AGER	14-19YRS	48	34
Y/AD	20-30YRS	12	16
ADULTS	31-40YRS	11	11
OLD ADULTS	41-50YRS	20	21
OLDER ADULTS	51 YRS +	115	104

MEASURES OF DISABILITY			
	MALE	FEMALE	TOTAL
CONGENITAL	17	25	42
ACQUIRED	153	147	300
UNKNOWN	96	52	148

CONGENITAL			
	MALE	FEMALE	TOTAL
PRE BIRTH	4	6	10
HEREDITY	-	4	4
UNKNOWN	15	13	28

PWD BY TYPE			
PHYSICAL	60	48	108
MULTIPLE	81	88	169
LEARNING	60	28	88
INTELLECTUAL	6	6	12
VISUAL	20	20	40
MENTAL	9	8	17
HEARING	21	18	39
COM/DISORDER	8	7	15
EMOTIONAL	1	1	2

PWD BY TYPE			
	M	F	T
PHYSICAL	114	82	196
MULTIPLE	51	29	80
LEARNING	-	-	
INTELLECTUAL	9	17	26
VISUAL	12	14	26
MENTAL	37	33	70
HEARING	13	10	23
COM/DISORDER	4	7	11
EMOTIONAL	-	2	2
DEAF-BLIND	-	-	-
ALBINISM	-	-	-

## ROTUMA/LAU/KADAVU PRESENTATION

DISABILITY POPULATION BY SEX			
DISTRICT	ROTUMA	LAU	KADAVU
MALE	59	44	377
FEMALE	31	26	330
TOTAL	90	70	707

POPULATION PER DISTRICT			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL D/ABILITY %	TOTAL %
ROTUMA	90	4.5	0.8
LAU	70	0.66	0.61
KADAVU	707	6.96	6.2

ETHNICITY			
ETHNICITY	ROTUMA	LAU	KADAVU
<b>FIJIAN</b>	3	69	701
<b>INDIAN</b>	-	1	-
<b>ROTUMAN</b>	87	-	-
<b>OTHERS</b>	-	-	6
<b>TOTAL</b>	<b>90</b>	<b>70</b>	<b>707</b>

TOTAL DISABILITY POPULATION BY SEX						
ETHNICITY	ROTUMA		LAU		KADAVU	
SEX	M	F	M	F	M	F
<b>FIJIAN</b>	2	1	43	26	375	326
<b>INDIAN</b>	-	-	1	-	-	-
<b>ROTUMAN</b>	57	30	-	-	-	-
<b>OTHERS</b>	-	-	-	-	3	3
<b>TOTAL</b>	<b>59</b>	<b>31</b>	<b>44</b>	<b>26</b>	<b>378</b>	<b>329</b>



DISABILITY		POPULATION BY AGE RANGE					
LEVEL	AGE RANGE	ROTUMA		LAU		KADAVU	
		M	F	M	F	M	F
INFANTS	0-3YRS	1	-	2	-	2	8
CHILDREN	4-13YRS	36	14	6	2	59	40
TEENAGER	14-19YRS	6	6	2	-	40	18
YOUNG ADULTS	20-30YRS	-	1	4	2	17	20
ADULTS	31-40YRS	4	-	1	3	27	9
OLD ADULTS	41-50YRS	3	6	7	3	20	23
OLDER ADULTS	51 YRS +	10	3	21	13	201	208

MARITAL STATUS						
STATUS	ROTUMA		LAU		KADAVU	
	M	F	M	F	M	F
MARRIED	7	2	-	-	161	94
SINGLE	50	27	-	-	126	82
WIDOW/ WIDOWER	1	1	-	-	22	106
DE FACTO	-	-	-	-	2	-
DIVORCED	-	1	-	-	2	3
SEPERATED	-	-	-	-	1	-

MEASURES OF DISABILITY				
	SEX	ROTUMA	LAU	KADAVU
CONGENITAL	M	3	17	24
	F	4	7	34
ACQUIRED	M	31	13	310
	F	17	8	254
UNKNOWN	M	24	14	44
	F	10	11	41

CONGENITAL				
		ROTUMA	LAU	KADAVU
PRE BIRTH	M	2	10	7
	F	-	3	5
HEREDITY	M	1	7	5
	F	4	4	2
UNKNOWN	M	12	7	16
	F	5	6	30

	ACQUIRED					
	ROTUMA		LAU		KADAVU	
	M	F	M	F	M	F
SICKNESS	6	2	3	4	96	76
AGED	3	0	1	2	34	62
ACCIDENT	5	4	1	-	73	38
SPORTS	-	-	3	-	-	-
CURSE	-	-	2	-	1	3
ABUSED	1	-	2	1	4	1
AT BIRTH	1	-	1	1	1	2
UNKNOWN	12	5	7	5	59	39

DISABILITY BY TYPE	PEOPLE WITH DISABILITIES BY TYPE					
	ROTUMA		LAU		KADAVU	
	M	F	M	F	M	F
PHYSICAL	7	7	20	17	122	93
MULTIPLE	17	4	12	5	139	159
LEARNING	17	5	-	-	65	36
INTELLECTUAL	3	-	6	3	5	10
VISUAL	7	11	2	-	24	13
MENTAL	2	-	2	-	7	7
HEARING	5	4	1	1	14	8
COM/DISORDER	1	-	1	-	2	3
EMOTIONAL	-	-	-	-	-	-
DEAF-BLIND	-	-	-	-	-	-
ALBINISM	-	-	-	-	-	-

## SUVA/LEVUKA/NAVUA PRESENTATION

DISABILITY POPULATION BY SEX			
DISTRICT	SUVA	LEVUKA	NAVUA
MALE	919	285	88
FEMALE	729	291	79
TOTAL	1648	576	167

Population per district			
DISTRICT	TOTAL DISABILITY POPULATION	TOTAL D/ABILITY %	TOTAL %
<b>SUVA</b>	1648	1.85	14.45
<b>LEVUKA</b>	576	3.50	5.05
<b>NAVUA</b>	167	0.66	1.50

ETHNICITY			
ETHNICITY	SUVA	LEVUAKA	NAVUA
<b>FIJIAN</b>	994	535	123
<b>INDIAN</b>	522	28	40
<b>ROTUMAN</b>	31	1	01
<b>OTHERS</b>	101	12	3
<b>TOTAL</b>	<b>1648</b>	<b>576</b>	<b>167</b>

TOTAL DISABILITY POPULATION BY SEX						
ETHNICITY	SUVA		LEVUKA		NAVUA	
	M	F	M	F	M	F
<b>FIJIAN</b>	<b>538</b>	<b>456</b>	<b>267</b>	<b>268</b>	<b>60</b>	<b>63</b>
<b>INDIAN</b>	<b>302</b>	<b>220</b>	<b>10</b>	<b>18</b>	<b>27</b>	<b>13</b>
<b>ROTUMAN</b>	<b>19</b>	<b>12</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>01</b>
<b>OTHERS</b>	<b>60</b>	<b>41</b>	<b>8</b>	<b>4</b>	<b>01</b>	<b>02</b>
<b>TOTAL</b>	<b>919</b>	<b>729</b>	<b>285</b>	<b>291</b>	<b>88</b>	<b>79</b>

DISABILITY POPULATION BY AGE RANGE							
LEVEL	AGE RANGE	SUVA		LEVUKA		NAVUA	
		M	F	M	F	M	F
INFANTS	0-3YRS	10	5	6	2	0	1
CHILDREN	4-13YRS	145	92	32	21	12	9
TEENAGER	14-19YRS	107	59	13	10	0	6
YOUNG ADULTS	20-30YRS	129	67	28	15	4	1
ADULTS	31-40YRS	93	70	22	12	10	6
OLD ADULTS	41-50YRS	92	70	41	16	5	5
OLDER ADULTS	51 YRS +	282	330	157	207	29	223

MARITAL STATUS						
STATUS	SUVA		LEVUKA		NAVUA	
	M	F	M	F	M	F
MARRIED	223	150	141	103	21	12
SINGLE	322	190	83	68	20	19
WIDOW/ WIDOWER	39	138	22	106	04	11
DE FACTO	5	5	-	-	-	-
DIVORCED	20	23	3	1	-	-
SEPERATED	13	11	3	1	-	01

MEASURES OF DISABILITY				
	SEX	SUVA	LEVUKA	NAVUA
CONGENITAL	M	175	48	15
	F	127	39	08
ACQUIRED	M	464	213	60
	F	404	239	60
UNKNOWN	M	279	24	13
	F	198	13	11

CONGENITAL				
		SUVA	LEVUKA	NAVUA
PRE BIRTH	M	46	7	06
	F	23	7	01
HEREDITY	M	20	16	01
	F	25	16	01
UNKNOWN	M	109	25	08
	F	79	16	06

ACQUIRED						
	SUVA		LEVUKA		NAVUA	
	M	F	M	F	M	F
SICKNESS	147	161	104	142	21	24
AGED	34	72	22	52	2	3
ACCIDENT	203	120	44	30	7	13
SPORTS	10	5	16	4	-	-
CURSE	10	4	3	1	2	-
ABUSED	6	1	5	0	1	-
AT BIRTH	6	3	2	0	-	-
UNKNOWN	48	38	60	45	27	20

PEOPLE WITH DISABILITIES BY TYPE						
DISABILITY BY TYPE	SUVA		LEVUKA		NAVUA	
	M	F	M	F	M	F
PHYSICAL	355	275	69	49	46	48
MULTIPLE	300	251	143	177	22	18
EARNING	10	11	16	03	-	1
INTELLECTUAL	68	41	6	10	3	1
VISUAL	53	49	25	30	5	4
MENTAL	65	49	8	10	4	2
HEARING	55	42	14	8	3	4
COM/DISORDER	12	6	3	1	3	1
MOTIONAL	1	5			1	-
DEAF-BLIND	-	-			1	-
ALBINISM	-	-	1	3	-	-

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