DISABILITY CATALYST AFRICA

YOUTH, DISABILITY AND RURAL COMMUNITIES

Facing the Challenges of Change

SERIES NO. 3

YOUTH, DISABILITY AND RURAL COMMUNITIES:

FACING THE CHALLENGES OF CHANGE

BY THERESA LORENZO, LIEKETSENG NED-MATIWANE, ANNIBALE COIS AND IKECHUKWU NWANZE

SERIES EDITOR: THERESA LORENZO

AFFIRM ADVOCATE ACCOUNT

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Copy-editing, design, layout, cover and production by Bronwen Müller, bronwen@media17.co.za

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Aims and Intentions of Disability Catalyst Africa

The situation of disabled people calls for a catalyst to prompt the changes and shifts to the status quo that will ensure their participation as active citizens. Disability Catalyst Africa intends to create spaces for dialogue, debate and action among different players in higher education institutions, civil society organisations and government, particularly local government. It also intends to generate awareness on disability-inclusive development and facilitate self-representation of disabled people in academic and public forums.

The pillars are **affirmation**, **advocacy** and **accountability**. The series of Disability Catalyst Africa should appeal to those at every level who are able to influence disability inclusion in their institutions to make a difference in the lives of disabled people, their families and communities.

PREFACE

The intention of the *Disability Catalyst Africa Series 3* on *Youth, disability and rural communities: Facing the challenges of change* is to provide an analysis of the inequities in terms of access and participation of disabled youth in development opportunities to enable them to sustain their livelihoods. It presents a profile of possibilities regarding education, health and well-being, sources of support, work and the living situation of disabled youth in under-serviced communities of Northern Cape and Eastern Cape. The previous DCAs highlight the consolidation of community-inclusive development to generate social and economic inclusion. Therefore, highlighting the barriers faced by disabled youth in reaching their possibilities and potential is the first step in the process of reshaping service provision and community-based care in line with the policies.

Theresa Lorenzo
Series Editor

AUTHORS

Theresa Lorenzo

Theresa Lorenzo, Associate Professor in the University of Cape Town's Disability Studies and Occupational Therapy department, gained experience in community-based disability and development programmes in the rural communities of Limpopo and Mpumalanga. She joined UCT's occupational therapy department in 1996 and has worked with the SACLA Health Project in building students' capacity to work with civil society organisations in addressing the needs of disabled people and their families. She initiated the Disability Studies Postgraduate Programme at UCT in 2003 to bridge the gap between activism and scholarship.

Lieketseng Ned-Matiwane

Lieketseng Ned-Matiwane graduated as an occupational therapist in 2009, and her passions are rural community development and the facilitation of employment and skills development of disabled youth. She is currently completing Masters of Philosophy in Disability Studies at the University of Cape Town, focusing on disabled youth in rural areas. She worked as an occupational therapist in the Eastern Cape province for three years before she joined UCT, where she supervises students in work practice and community development, policy brief writing and manual development.

Annibale Cois

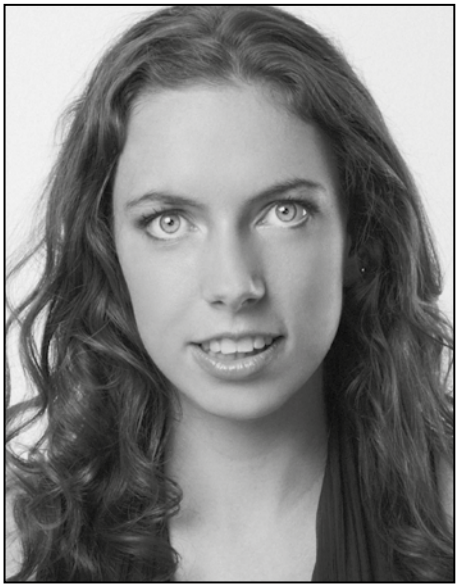
Annibale Cois is an epidemiologist and biostatistician, recipient of the 2013 University Research Associateship award for his studies at the University of Cape Town's Department of Public Health and Family Medicine. He has more than 20 years' experience working in the field of non-communicable diseases, both in Italy and in South Africa. His current research interests are in social epidemiology, especially in the application of advanced-statistical techniques to the study of the biological, social

and behavioural mechanisms underlying the observed differences in health across population's socioeconomic strata.

Ikechukwu Nwanze

Ikechukwu Nwanze graduated with an honours in computing in 2009 and currently focuses on the use of information communication technologies (ICT) as a tool and medium for the inclusion of disability in the curriculum at higher education level. He manages a number of projects in the Disability Studies Programme at the University of Cape Town. He is completing a Masters in Philosophy focusing on how disability can be included into curricula at the University of Cape Town.

Foreword



Chaeli Mycroft

I am a wheelchair user as a result of cerebral palsy and a degenerative neuropathy. However, I do not view this as a negative – I see my disability as an opportunity to educate people on the importance of embracing difference as a society. This is one of the focuses of my activism.

I have lived my whole life in Cape Town, one of the biggest cities in the country. I believe that this has, in some ways, shaped my experiences as a disabled person. Living in a big city has its benefits in terms of better infrastructure being in place to support people with disabilities. This is not to say that my life with my disability is without struggle. I am very lucky to live where I live and have the support that I do, which enables me to do what I do.

I can only speak for myself and share my own experiences of living in the Western Cape.

I think my education is a good representation of the situation with disabled people where I live. I started my schooling at an inclusive pre-school where I interacted with able-bodied children every day. When I had to go to school, my parents found it challenging to find a school that was willing to accommodate my special needs, which meant the best option for me at that stage was to go to a special needs school. At the age of nine, I was mainstreamed to a government primary school. I then went to a government high school. When I was in grade eleven I was awarded a full bursary to attend a private school and I finished my schooling there. This was quite a journey.

It was not always easy – there were times when my needs were not accommodated, and I was made to feel like a burden. There were times where I was very unhappy because the people around me were very negative about my being there and didn't see the value that I could bring to the situation. I think having a positive attitude of disability is a crucial aspect of strategising around disability and inclusion in society.

I am now a first-year university student at the University of Cape Town where I am studying for a Bachelor of Social Science. The university environment is a very different place compared to school – there is a support system in place for disabled students and I believe there is an expectation of disabled people to perform as any other able-bodied student, which I think is very healthy and a good step towards inclusion being effectively practiced in society.

Having said this, it is by no means, a perfect system and there are still plenty of challenges to be addressed.

Aside from education, there are other things that make living with a disability interesting. A big challenge for people with disabilities is transport. Transport systems are not built with disabled people in mind and therefore don't cater for our needs effectively. This makes inclusion difficult as the infrastructure does not allow for easy travelling for disabled people. In the Western Cape, there is a move towards a more inclusive system being introduced, but this has only happened in the last few years. I am very lucky that my parents have had the resources to get me to places, so that I had the opportunity to be integrated and included in activities.

One of the main reasons, I believe, for me being where I am, is that my parents have had expectations of me, regardless of my having a disability.

Living where I live and having all that we do, to support people with disabilities, has certainly not been a simple thing. I have had many challenges in my life and I have had many opportunities as well. I think that disability is a challenge wherever you live and it holds different difficulties in different places. Disability becomes a lot more challenging when people live in areas where it is not embraced or supported effectively.

I think publications such as this allow people the opportunity to be more aware of disability and hopefully make them want to get involved in making our society more inclusive.

I feel that my role as an activist is to help other people – able-bodied and disabled people alike – to see the possibility that life has to offer. I want to show people that having a disability should not limit what you can achieve in life, and we need to work together towards making the places where we live more inclusive and aware of the needs of people with disabilities. The infrastructure of where we live needs to promote and support all people who live there.

Chaeli Mycroft

Executive Summary

The study on Disabled Youth in Rural Areas investigated the livelihood assets of disabled and non-disabled youth between the ages of 18 and 35 years in rural communities in South Africa's Northern Cape and Eastern Cape provinces (Lorenzo et.al, 2012). Livelihood refers to the assets that people use to earn enough money to support themselves and their families through a variety of economic activities. These assets include five categories: human assets (health and education), social assets (social support systems and use of free time), financial assets (work and other sources of income), physical assets (living situation, facilities and services) and natural assets (resource-based activities).

A cross-sectional survey using a structured questionnaire was done. Field-workers interviewed 102 youths between the ages of 18 and 35 years in the Namakwa District Municipality and 199 youths in Kimberley, De Aar and Khatu in Northern Cape, as well as 143 youths in Cofimvaba, Eastern Cape. Descriptive statistics were used to describe demographic characteristics and livelihood assets. Frequency distributions were used to analyse collected data. Barriers to participation were analysed using the five chapters of environmental factors in the International Classification of Functioning (ICF) (WHO, 2001), namely, products and technology, natural environment, support and relationships, attitudes, and services and systems.

The findings here provide a profile of possibilities regarding education, well-being, social support, employability and living aspects of disabled and non-disabled youth in rural districts of these two provinces. Across the study sites, onset of impairment is mostly between birth and five years of age. Both groups see doctors at hospitals and nurses at clinics. Non-disabled youth also visit religious leaders for health reasons while disabled youth additionally visit social workers for health reasons and social support. There are greater inequities experienced by young disabled people who have never attended or completed schooling. Disabled youth in the survey had no postsecondary education compared to a small proportion of non-disabled youth with diplomas. More non-disabled youth were in employment than disabled youth. Both groups received similar social and emotional support from immediate household family members, extended family and religious organisations, but more non-disabled youth received support from partner/boy-/girlfriend, neighbours and friends. Non-disabled youth spent more time engaging in all free-time activities while disabled youth spent more time watching movies at home, going to the library, and taking part in church or other religious activities. Both groups owned their homes. Private cars, minibuses and car taxis are the modes of transport most utilised by

both groups. More disabled than non-disabled respondents accessed social services and the Department of Home Affairs while a relatively large proportion of non-disabled youth accessed the local municipality and local government councillors. More non-disabled youth have access to the Post Office, ATMs, banks, community policing forums and the police.

Barriers to accessing livelihood assets included minimal provision of mobility technology and communication devices as well as self care products, poor retention through education and training systems for skills development for employability, poverty and subsequent lack of financial resources, geographical context and lack of information and communication systems. Barriers to accessing transport were funding and geographical location, which also affected access to public facilities and services for both groups. Inadequate support from their immediate family was further compounded by attitudes of community and those in authority.

In summary, more resources are required to improve access to livelihood assets and to provide effective interventions to enhance the participation of disabled youth in the life of the community. Poverty is a barrier across all assets. Other barriers that prevent them from accessing livelihood assets are insufficient financial resources, an inaccessible transport system, poor education and training and inadequate support from family members. Since 1994 various legislations have been put in place to promote access to resources for youth in South Africa; however challenges in terms of the implementation of these laws remain. Appropriate policy responses to address inequities between disabled and non-disabled youth are essential. Programmes to enhance their retention in school and transition into the labour market as active contributors to the economy need to be considered. The capacity of service providers and community organisations should be developed to facilitate disability-inclusive development rather than special, segregated development. The second series of Disability Catalyst Africa identified the competences of the human workforce needed to implement inclusive development, which is borne out by the youth's livelihood assets identified in this study.

Chapter 1

INTRODUCTION

The universal drive towards inclusion of people with disabilities into mainstream developments resulted in the formation of the United Nations Convention on the Rights of People with Disabilities (UNCRPD,2006:3), which seeks to "promote the participation of persons with disabilities in civil, political, economic social and cultural spheres with equal opportunities, in both developing and developed countries".

In South Africa, apartheid left a legacy of inequalities in both income and access to services, with the worst poverty being located in the rural areas (Cousins, 1999). These conditions perpetuate poverty and facilitate lack of access to livelihood assets among young people in these areas, especially those with disabilities.

Livelihood is defined as "the assets, the activities, and the access to these (mediated by institutions and social relations) that together determine the living gained by the individual or household" (Ellis, 2000 cited in Kgathi, Ngwenya & Wilk, 2007: 290). There are five categories of livelihood assets namely, human assets (health and education), financial assets (work and other sources of income), social assets (social support systems and use of free time), physical assets (living situation, facilities and services) and natural assets (resource-based activities, e.g. gathering firewood and vegetation) (DFID, 2001).

Inequalities in income distribution and access to social services, as well as human capabilities, are among the legacies of apartheid (Stats SA, 2001). These inequalities and lack of access to livelihood resources affect South African youth in general, and disabled youth in particular, from full participation in mainstream developments. This issue of Disability Catalyst Africa looks specifically at the extent of inequities between disabled and non-disabled youth in terms of access and barriers to accessing the above-mentioned livelihood assets in rural areas.

The International Labour Organisation (ILO:2010) report on employment and disabled persons shows that in Africa and other developing countries the unemployment rate among disabled people is estimated to be at least 80%. This is despite attempts to integrate disabled people into mainstream employment through the adoption of the anti-discriminatory, affirmative and incentive-based legislations and guidelines to support integration and protection in the labour market (Gathiram, 2008). Sing (2012) argues that the national and provincial social service departments are still faced with difficulties of delivery with regard to employability and employment of people with disabilities.

Statistics by the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2006) indicate that in the developing world less

than 10% of children with disabilities attend school. The number could be more as many agencies often claim that what prevents them from achieving adequate policies for people with disabilities is that disabled people often go unnoticed because they make up a small number of the population (Kett, Lang & Trani, 2009).

Figures by Statistics South Africa (2001) show that 30% of disabled people have no schooling compared with 15% of the total population. In terms of employment, the figures show that only 13% of disabled youth between the ages of 20 and 24 were employed, compared to 22% of non-disabled youth of the same age, and 21% of disabled youth between the ages of 25 and 29 were employed compared to 40% non-disabled youth of the same age. A quarter of people between the ages of 30 and 34 were employed, compared to 49% of non-disabled people in this age group.

These figures clearly indicate that disabled youths are among the most disadvantaged groups and are in need of support from government and civil society to mitigate this. However, there is little information about their available assets and the extent of access to these assets that would enable the government and other stakeholders to measure the level of assistance that is needed. Knowledge of the factors facilitating or preventing disabled youth's efforts to sustain livelihood would inform provincial and local government departments, and organisations working with disabled youth at a community level, about inequities that exist between disabled and non-disabled youth in terms of access to livelihood assets. Therefore, identification and comparison of access to livelihood assets among disabled and non-disabled youth is the first step to resolving these inequities.

This study therefore investigated the factors that influence disabled youth's assets to sustain their livelihoods in the districts of Namakwa, Pixley Ka Seme (De Aar), Sol Plaatje (Kimberley) and Gamagara (Khatu) in the Northern Cape, and Cofimvaba in Chris Hani district of Eastern Cape.

Overview of Namakwa District Municipality

Namakwa is one of the five districts of the Northern Cape province of South Africa. Its capital is Springbok. The district has a population of around 110 000 people. Taking into account the total area of 126 747km?, this means there is an average of less than one person per km?. The dominant language spoken is Afrikaans, followed English and isiXhosa. About 55% of Namakwa's population is female and 45% male. The youth population consists of 8% between the ages of 20 and 24 years, 8% between the ages of 25 and 29 years and 8% between 29 and 34 years (NDM,2006). Among the disabled people in Namakwa district, 27% have a physical disability; 22%

have a sight disability; 17% have multiple disabilities; 13% have a hearing disability; 8% have emotional problems; 6% have intellectual disabilities; and 4% have a communication disability (Stats SA,2004).

Overview of De Aar (Pixley Ka Seme District Municipality)

De Aar is the capital of Pixley Ka Seme District Municipality, but is located in the Emtahanjeni local municipality. Emthanjeni municipality has a population of 35 549. Black South Africans comprise 26% of the population of Emthanjeni municipality, Coloureds make up 58%, Whites 13%, and other racial groups 2%. The unemployment rate was 23% in 2007. Some 39% of the population were employed in the farming and agricultural sector and about 23% in community services. While 37% of households live on an income of R500 or less, some 89% of the people in Emtanjeni municipality live in formal dwellings and 84% have access to electricity. Of those who have attended school, 32% have some form of primary schooling, 24% have secondary schooling, 7% have finished matric and 3% have some tertiary education (PDMIDP, 2011).

Overview of Kimberley (Sol Plaatje Local Municipality)

Kimberley is the main city of the Sol Plaatje local municipality (John Taolo district) in the Northern Cape province. Blacks make up 46% of the municipal population of 246,566. About 40% of the population is younger than 19 years old. Education and literacy levels are higher than in other areas in the district, although at least 10% of people over the age of 15 have received no formal schooling, only 28% have matric certificates and 4% have tertiary education. The rural areas are characterised by high levels of poverty: 57% of Blacks and 29% of Coloureds are living in poverty, with 32% of households earning less than R2, 400 per month (TSA, LED, N, 2010).

Overview of Khatu (Kgamagara Local Municipality)

Khatu is the biggest city in Kgamagara local municipality, with a population of 23 192. Sixteen percent of the population have no schooling, 27% have some primary schooling, 7% have completed primary school, 23% have some secondary schooling, 19% have matric certificates and only 8% have tertiary education. About half of the municipality's residents are unemployed. Some 28% are in formal employment, 11% are involved in work in the home, 3% are seasonal workers currently not employed, and about 5% are unable to work due to illness or disability (KDM, 2006).

Overview of Cofimvaba (Chris Hani District)

Cofimvaba is a town in Chris Hani district municipality in the Eastern Cape province. It is located in the Intsika Yethu local municipality. This area is made up of dispersed rural village settlements that mostly practice subsistence farming. About 71% of the district's population lives in rural areas (SALGA, 2001). Situated 79km east of Queenstown on the route to Gcuwa (also known as Butterworth), Cofimvaba has a population of 8,266 (StatsSA 2001). Xhosa is spoken by 98.4% of Cofimvaba residents (StatsSA, 2001). The Chris Hani district is a comparatively poor district as 75% of its people live below the poverty line and the unemployment rate is around 60% (DPLG, 2003). The estimated percentage of disabled youth was 8% and the literacy rate was 47%.

Methodology

Using a cross sectional survey design, the study aimed to explore how disabled youth from vulnerable communities in South Africa sustain their livelihoods given high levels of poverty.

Study population

All youth living in the Namakwa, Pixley, Kgamagara, Sol Plaatje districts of the Northern Cape and Chris Hani district in Eastern Cape formed the study population.

Sampling strategy

Convenience sampling was done by fieldworkers who used snowballing to identify disabled youth in their study site. Snowballing refers to the process where each subject interviewed is asked to identify others (Babbie and Mouton, 2001). The fieldworkers then had to match for a non-disabled youth who was not more than five years older or younger, who lived on either side or across the road from the disabled youth. Although the official definition of "youth" in South Africa includes individuals from 14 to 35 years of age, this study included individuals from 18 to 35 in accordance with the research goals. No impairment groups were excluded, unless they were unable to respond in interviews.

A total of 102 youth (51 disabled, 51 non-disabled) were selected in Namakwa district between July and October 2010. 102 disabled and 97

non-disabled youth were interviewed in the districts of Pixley, Kgamagara and Sol Plaatje between April and June 2012. In Cofimvaba, 143 youth, where 51% were disabled and 49% non-disabled, were interviewed.

Instrument: Survey questionnaire

The questionnaire was developed for an initial study on Disabled Youth Enabling Sustainable Livelihoods (DYESL) to investigate the youth's human, social, physical and financial capital (Lorenzo and Cramm, 2012) (see Appendix). It consisted of seven sections containing single-option and multiple-response items that addressed the demographic, educational, health, social, financial, physical and natural assets of individuals. The process for ensuring validity and reliability of the instrument is explained in Cramm et. al, 2012. It was field tested during the training of the community development workers for the survey in Namakwa and Cofimvaba.

Fieldworkers

Four community development workers (CDWs) in local municipal wards of the Namakwa district were selected as fieldworkers to help carry out the survey, and between two and four CDWS in Pixley, Kgamagara, and Sol Plaatje districts. The CDWs were identified by the district co-ordinator as they work in these communities and were familiar with the target population. They had all completed Grade 10 and had a good understanding of English and one other local language. Two community rehabilitation workers from a primary health care non-governmental organisation completed the survey in Cofimvaba. A two-day training workshop was conducted in each site by two research assistants using the survey questionnaire in order to familiarise the fieldworkers with the questionnaire and the research process. Each fieldworker was expected to interview one disabled and one non-disabled youth on the second day of the training session. The data was collected over a period of about four months with each fieldworker completing 4–6 questionnaires a day. The research assistant was responsible for meeting with all fieldworkers at least once a week to verify the completed questionnaires.

Data collection

Respondents were youth that were home at the time of the survey. Fieldworkers carried out individual interviews with respondents that took about 30-45 minutes in the respondent's home language. Data collection took place during the day and was limited to the work week (Monday–Friday), thus excluding most individuals with full-time formal employment.

Data analysis

Descriptive statistics, in terms of frequency distributions and, when appropriate, means and medians, were used to characterise the sample. Differences between disabled and non-disabled youth in five areas of livelihood assets were statistically analysed taking into account the matching procedure used for the enrolment of the control group. The McNemar x2 test (McNemar, 1947), the StZuart-Maxwell test for marginal symmetry (Maxwell, 1970) and the Wilcoxon signed rank test (Wilcoxon, 1945) were used for to compare binary, categorical and ordinal variables, respectively. The confidence level for the statistical testing was set at the value of ∂=0.05. Missing values were managed with the pairwise deletion method, in order to maximise the use of the available information. All analyses were conducted with using Stata™ Statistical Software Version 12 for Windows™ (StataCorp, 2011). Univariate analysis was done on the whole sample or in single groups, while Bivariate analysis was done when we tested for differences between disabled/non disabled or across provinces.

Ethical approval

The questionnaire received ethical approval from the Faculty of Health Sciences Human Research Ethics Committee, University of Cape Town. Each participant was asked to complete an informed consent form prior to commencement of the interview.

Limitations of the study

Data was collected from both disabled and non-disabled youth during weekdays only and only during the day, which may have led to selection bias of our study sample, particularly related to employment. Furthermore, the cross-sectional design hampered our ability to draw causal inferences. It was not possible to determine the direction of the association using our study findings. Upington is not covered as community development workers were not available for training at the time of the survey.

Results

The results describe the demographic details of respondents, their access to the five livelihoods assets, as well as barriers identified by both groups. The results of this paper are separated between Namakwa (Bergsig, Concordia, Garies, H'klipbaai, Kheis, Klipfontein, Kroonsig, Mantjieskloof, Nababeep, Nourivier, Port Nolloth, Spoegrivier and Tweerivier) and the other three districts (Kimberley, De Aar and Khatu) in the Northern Cape, followed by Cofimvaba in Chris Hani district, Eastern Cape.

NAMAKWA SITE

Demographic Profile

This section will present the demographics and then the description of the five livelihood assets of Namakwa site.

Age, gender and marital status

Disabled and non-disabled youth did not differ significantly in terms of gender (McNemar x^2 test, p=0.24) or, as expected as a result of the matching procedure, by age category (Stuart-Maxwell test of marginal homogeneity, p=0.88).

FIGURE 1: GENDER

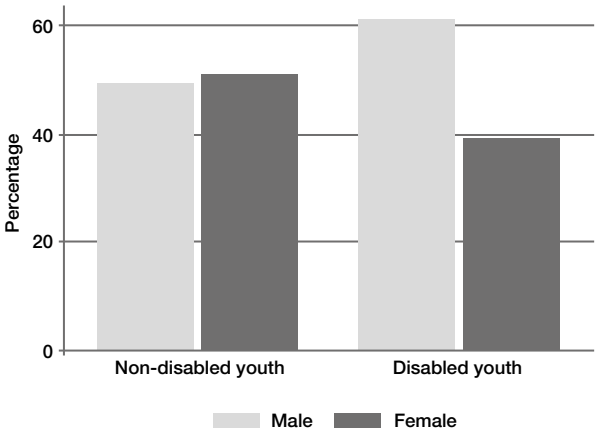
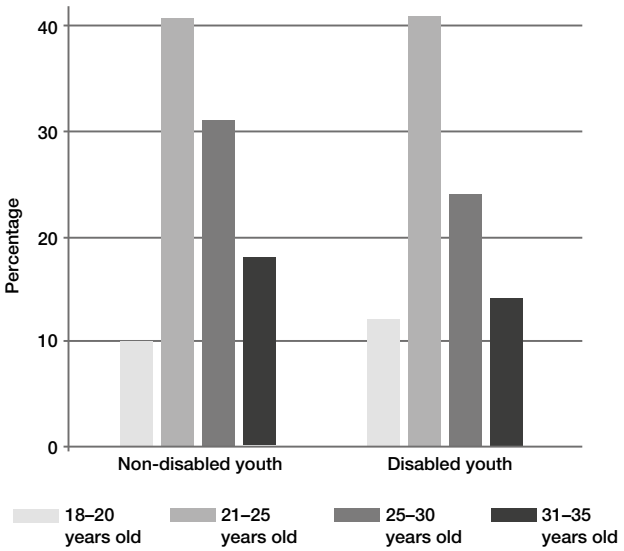


FIGURE 2: AGE DISTRIBUTION



All disabled respondents indicated that they have never been married. In comparison, 80% of non-disabled respondents indicated that they have never been married, 14% indicated that they were married, two respondents were co-habiting, and one was divorced. The distributions were significantly different (Stuart-Maxwell, p=0.02),

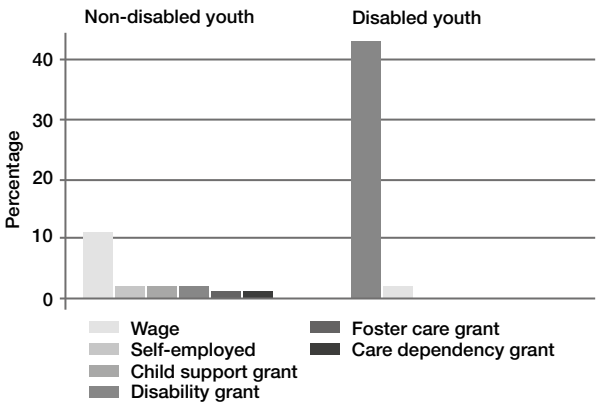
Self-identified functional ability

Some 37% of disabled respondents indicated that they have difficulty walking or climbing stairs, 24% that they have difficulty remembering or concentrating and 18% that they have difficulty in gripping, holding or lifting object. Difficulties in seeing, hearing, carrying out simple instructions and communicating affected one subject each. Finally, four respondents identified themselves as non-disabled.

Head of household and sources of income

Some 6% of disabled respondents and 26% of the non-disabled indicated that they were the head of their household. The proportions were significantly different (McNamar, p=0.003). A large proportion of respondents indicated that their main source of income was from the state's disability grant. Disaggregation by disability status however indicated that the main source of income for non-disabled respondents was from some form of wage earnings, while for disabled respondents it was, as expected, from the state's disability grant (see figure 3).

FIGURE 3: SOURCES OF INCOME



Note: Multiple responses allowed

Human assets: Education

This section looks at school attendance and completion, post-secondary educational opportunities and barriers to completing schooling.

School attendance

Some 22% of disabled respondents indicated that they have never attended school, 8% that they are currently attending school, and 71% that they have previously attended school. The distribution was significantly different among non-disabled respondents (Stuart-Maxwell, p=0.03): 4% indicated that they have never attended school, 12% that they are currently attending school, and 84% that they have previously attended school (see figure 4).

Highest level of education

In terms of the highest level of education attained by participants who attended school, 51% of disabled respondents have completed some form of primary education and 49% have completed some form of secondary education. In comparison, 8% of non-disabled respondents have completed some form of primary education, 88% some form of secondary education, and 4% some form of post-secondary education in the form of a diploma (see figure 5).

The median level of education was Grade 7 among disabled youth and Grade 10 among non-disabled youth, and the values were significantly different (Wilcoxon signed rank test, p<0.001).

FIGURE 4: SCHOOL ATTENDANCE

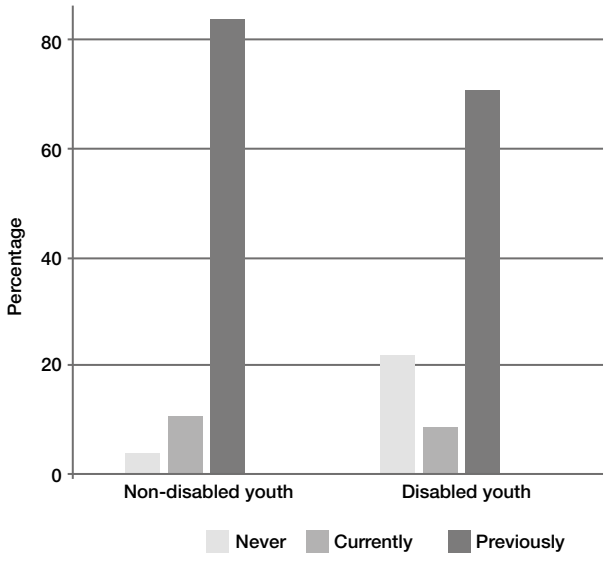
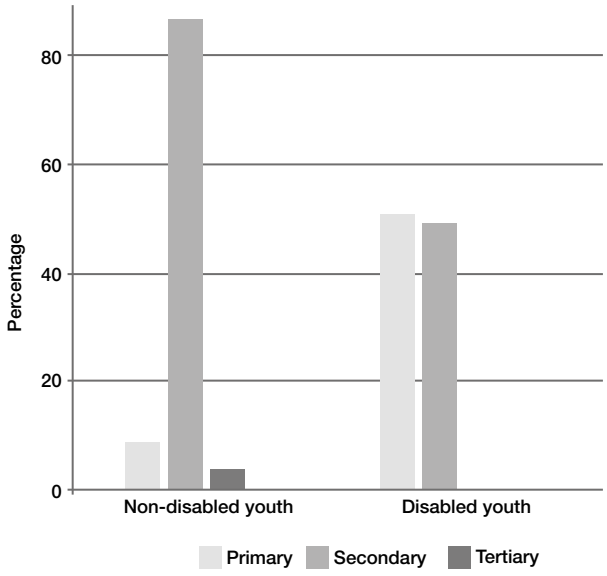


FIGURE 5: HIGHEST LEVEL OF EDUCATION



Support from educators (disabled respondents)

Among the 11 disabled subjects who answered the question, six indicated that they were not provided with any personal support or technical assistive devices whilst in school, while the remaining five said that they were provided with this kind of support.

Human assets: Health

This section identified onset of impairments, the functional abilities, physical and emotional health status, as well as health professionals frequently seen by both groups.

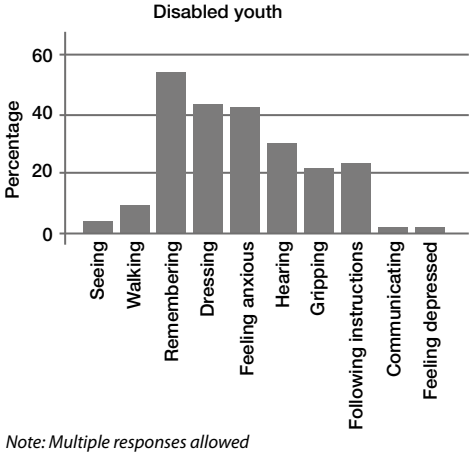
Onset of disability (disabled respondents)

Some 56% of respondents indicated that the onset of their disability was at birth. Additionally, 16% indicated that the onset of their disability was before the age of 5, 8% between the ages of 6 and 14 years; and 8% when they were 15 years or older. Three respondents were unaware when their disability manifested.

Difficulty with functional ability (disabled youth)

Walking was the most frequent functional limitation amongst disabled youth, followed by gripping and remembering, which could indicate mental and intellectual ability.

FIGURE 6A: DIFFICULTIES WITH FUNCTIONAL ABILITIES (DISABLED YOUTH)

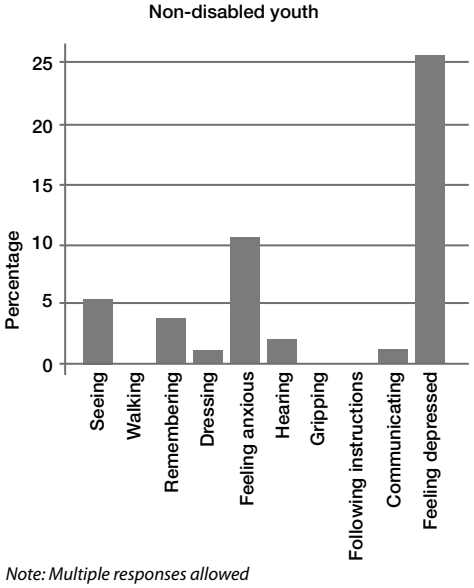


Note: Multiple responses allowed

Difficulty with functional ability (non-disabled youth)

Non-disabled youth experienced most functional difficulties related to mental health status.

FIGURE 6B: DIFFICULTIES WITH FUNCTIONAL ABILITIES (NON-DISABLED YOUTH)



Note: Multiple responses allowed

More than half of respondents indicated that they had some difficulties walking or climbing up stairs because of a health problem. Other common difficulties were related to gripping/holding/lifting, remembering, concentrating and carrying out simple instructions. Table 1 and figure 6 show the whole set of responses.

TABLE 1: NUMBER OF DISABLED YOUTH WITH DIFFICULTY WITH FUNCTIONAL ABILITY					
Difficulty with functional ability	No	Some	A lot	Cannot do	Total
Seeing	48	0	1	1	50
Hearing	45	4	1	0	50
Walking/ climbing stairs	23	11	7	9	50
Gripping/ holding/lifting	28	9	10	2	49
Remembering/ concentrating	29	6	8	7	50
Carrying out simple instructions	35	9	4	2	50
Self-care	39	7	2	2	50
Communicating	46	0	1	0	50
Feeling anxious	46	0	1	0	47
Feeling depressed	46	0	1	0	47

Physical health

Some 4% of disabled respondents indicated that their physical health was poor, 11.8% that it was fairly good, 77% that it was good, and 8% that it was very good. In comparison, 2% of non-disabled respondents indicated that their physical health was fairly good, 59% indicated that it was good, and 38.8% indicated that it was very good. The level of physical health was significantly higher among the non-disabled than the disabled (Wilcoxon, $p<0.001$).

Emotional health

Six percent of disabled respondents indicated that their emotional health was poor, 20% indicated that it was fairly good, 67% that it was good, and 8% that it was very good. In comparison, 2% of non-disabled respondents indicated that their emotional health was fairly good, 57% indicated that it was good, and 41% that it was very good. The differences were statistically significant (Wilcoxon, $p<0.001$), again with non-disabled youth showing a better self-perceived health status.

Illnesses suffered

The most common disease suffered in the past three months was, for both groups, related to substance abuse (20% among disabled and 22% non-disabled). However, the groups differed significantly regarding prevalence of high blood pressure (20% among disabled vs. 6% non-disabled. McNamar,

p=0.02), and epilepsy (8% vs. 0. McNamar, p=0.05). Depression and anxiety were also more prevalent among the disabled (6% vs. 2% for both illnesses), but the differences were not statistically significant (McNamar, p=0.31 and p=01.5, respectively for depression and anxiety). Overall, disabled youth experienced a higher number of illnesses than their non-disabled peers.

Health professionals visited

Both among disabled and non-disabled youth, nurses and doctors were the most visited health professionals in the past 12 months, followed by social workers and religious leaders. However, the percentages of disabled subjects who had contact with nurses (60%) and doctors (39%) were higher than those of their non-disabled peers (39% and 24%, respectively). The differences were statistically significant for nurses (McNamar, $p<0.01$).

Health services utilised

The most utilised health services in the past 12 months were clinics, followed by hospitals. Percentages were similar regarding hospitals (27% among disabled and 20% among non-disabled youth), but a significantly higher percentage of disabled than non-disabled respondents visited clinics (76% and 47%. McNamar, p=0.02).

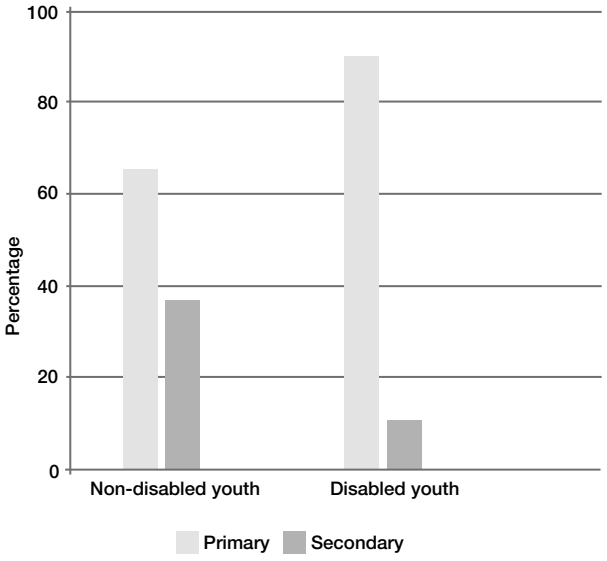
Human assets: Employment

This section compares the participation of disabled and non-disabled youth in employment opportunities. The findings include proportions of those who are currently working and those who are not working.

Current work

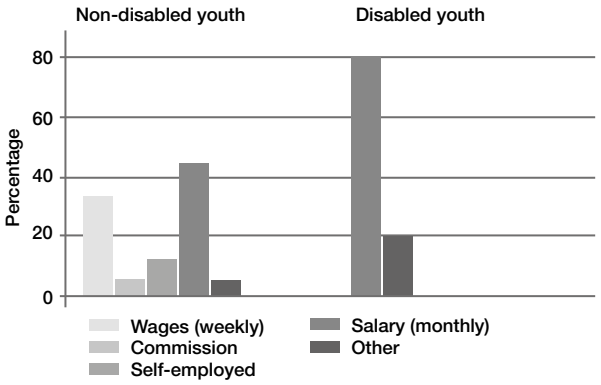
Some 90% of disabled respondents indicated that they are currently not working, while only 10% indicated that they are working. In comparison, 65% of non-disabled respondents indicated that they are currently not working, while 35% said they are working. Percentages were significantly different between the groups (McNamar, $p<0.01$) (see figure 7).

FIGURE 7: EMPLOYMENT STATUS



Note: Multiple responses allowed

FIGURE 8: PRIMARY REMUNERATION



Financial assets

This section looks at sources of income. The characteristics of employed respondents are described, disaggregated by disability status. Considering the small number of subjects in this condition and the consequent extremely reduced statistical power, all results of the tests for the differences among groups are not significant, and not reported.

Primary remuneration (employed respondents)

Some 80% of disabled respondents indicated that they receive a monthly salary as their primary source of income. In comparison, 44% of non-disabled respondents indicated that they receive a monthly salary as their primary source of income, 33% indicated that they receive a weekly wage,

6% that they receive a commission, and 11% that they were self-employed (figure 8).

Type of work (employed respondents)

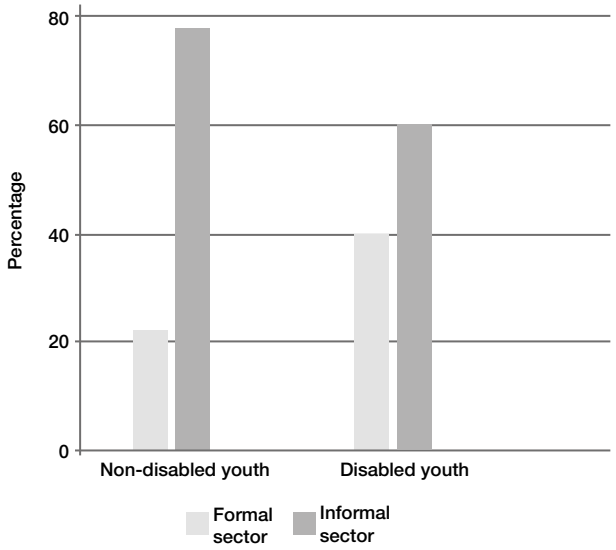
Table 2 shows the distribution of respondent by type of work, disaggregated by disability status.

TABLE 2: TYPE OF WORK			
Type of work	Disabled youth	Non-disabled youth	Total
Piece work	0	2	2
Seasonal work	0	2	2
Temporary/contract	2	9	11
Permanent part-time	1	1	2
Permanent full-time	0	2	2
Other	2	2	4
Total	5	18	23

Work sector (employed respondents)

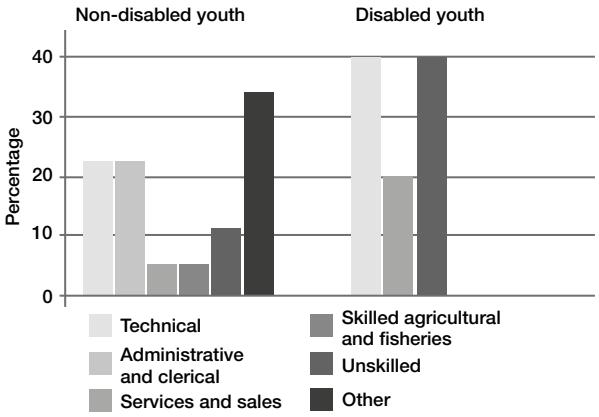
Some 40% of disabled respondents indicated that they were employed in the formal sector, while 60% said that they were employed in the informal sector. In comparison, 22% of non-disabled respondents indicated that they worked in the formal sector, while 78% said that they were employed in the informal sector (figure 9).

FIGURE 9: WORK SECTOR



Note: Multiple responses allowed

FIGURE 10: TYPE OF SKILLS



Type of skills (employed respondents)

Most of the disabled respondents (40%) were skilled in technical work, followed by 20% who had administrative and clerical skills. However, another 40% of disabled respondents were unskilled. In comparison, 22% of non-disabled respondents were skilled in technical work, another 22% had administrative and clerical skills, 6% were skilled in service and sales, another 6% had skills related to the agriculture and fisheries industry, and only 11% were unskilled (figure 10).

Length of employment (employed respondents)

A full 100% of employed disabled respondents indicated that they have been employed for a year or less. In comparison, while 50% of non-disabled respondents indicated that they have been employed for a year or less, 29% said that they have been employed for two to three years, and 21% that they have been working for about four years.

Social Assets

Our research examined sources of social support and free-time activities among disabled and non-disabled youth.

Available social support systems

Overall, respondents indicated that their top three sources of social support were from their immediate family in their household, friends, and extended family members not living in their household.

Disaggregation by disability status, however, shows that disabled respondents indicated among their top three sources of social support immediate family

household members (98%), extended family members not living in their household (76%), and friends (74%). Non-disabled respondents indicated that their top three sources of social support were friends (98%), immediate household family members (94%), and extended family members not living in their household (78%). Differences were, nevertheless, not statistically significant (McNamar, $p>0.05$ for all sources of support).

Free-time activities

Regarding the top three activities of leisure, respondents cited visiting friends, watching movies at home, and attending church and other religious services. Disaggregation by disability status shows that disabled respondents mostly watch movies at home (74%), visit friends (65%), and attend church or other religious services (43%). Non-disabled respondents visit friends (86%), watch movies at home (74%) and hang out in nightclubs, shebeens or taverns (53%). Differences were statistically significant regarding both visiting with friends (McNamar, $p=0.001$) and going to nightclubs/shebeens (McNamar, $p=0.001$).

Physical Assets

This section looks at living situations as well as access to services and facilities.

Dwellings

There was no significant difference in the type of main dwelling between the two groups (Stuart-Maxwell, $p=0.51$). The majority of both disabled respondents (80%) and non-disabled respondents (82%) indicated that their main dwelling was a house on a separated stand or yard on a farm. Similar numbers also indicated their main dwelling as a townhouse in a complex.

Ownership and accessibility of main dwelling

Some 92% of disabled respondents indicated that they or their family owned their main dwelling. In comparison, 88% of non-disabled respondents indicated that they or their family owned their main dwelling. The proportions were not significantly different (McNamar, $p=0.28$). All respondents indicated that their dwelling was accessible.

Ownership of other properties

Six percent of disabled respondents vs. 2% of non-disabled respondents indicated that they or their family owned additional properties other than

their main dwelling. Differences were not statistically significant (McNamar, p=0.31).

Toilet facility

The majority of both groups had access to flush toilets connected to a sewerage system (58% among disabled and 51% among non-disabled). The second most common type of facility was a ventilated pit toilet (42% vs. 41%). A negligible percentage of non-disabled respondents had different types of facilities. Differences between the groups were not statistically significant (Stuart-Maxwell, p=0.38). In both groups, toilets were mostly located outside the dwelling (64% among non-disabled and 55% among disabled) and were non-communal (96% and 92%). None of these differences in proportion between groups were significant.

Main source of piped water

Table 3 summarises the main sources of water for the respondents. Percentage distributions were almost identical between groups (Stuart-Maxwell, p=0.5).

TABLE 3: MAIN SOURCE OF PIPED WATER			
Main source	Disabled youth	Non-disabled youth	Total
Tap (piped) water inside the dwelling	24	23	49
Tap (piped) water inside the yard	26	25	49
No access to tap (piped) water	0	1	1
Total	50	49	99

Sources of energy/fuel

Figures 11 and 12 show, disaggregated by disability status, the distribution of sources of energy for cooking and heating.

In both groups, electricity is by far the most used source of energy for cooking and heating, and almost the exclusive source for lighting/entertainment (data not shown). Differences were not statistically significant (Stuart-Maxwell, p>>0.05 for all uses).

FIGURE 11: ENERGY/FUEL FOR COOKING

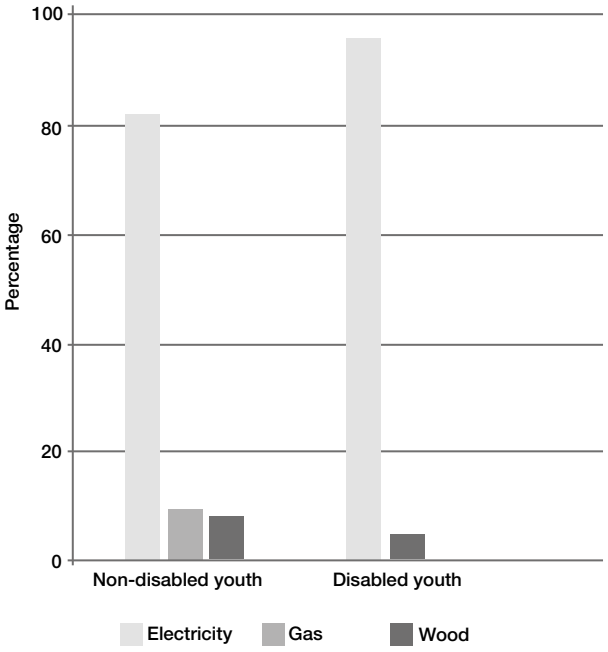
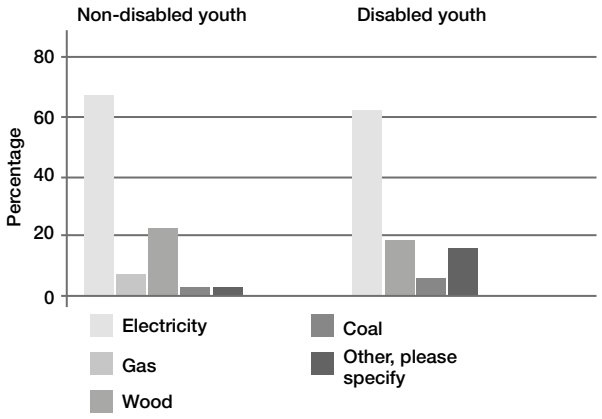


FIGURE 12: ENERGY/FUEL FOR HEATING



Household possessions

The most common household possessions were electric/gas stove, refrigerator, radio and television with modest percentage differences (not statistically significant) between disabled and non-disabled respondents. Among other assets only ownership of cellular phones shows significant differences, with a higher percentage among non-disabled respondents (McNamar, p=0.049).

TABLE 4: HOUSEHOLD POSSESSIONS			
Household possession	Disabled youth	Non-disabled youth	Total
Refrigerator	78%	84%	81%
Electric/gas stove	84%	80%	82%
Computer	4%	2%	3%
Car	10%	6%	8%
Television	82%	88%	85%
Radio	90%	86%	88%
Landline telephone	12%	4%	8%
Cellular phone	49%	67%	58%
Bicycle	14%	8%	11%
Microwave	37%	46%	42%

Transport

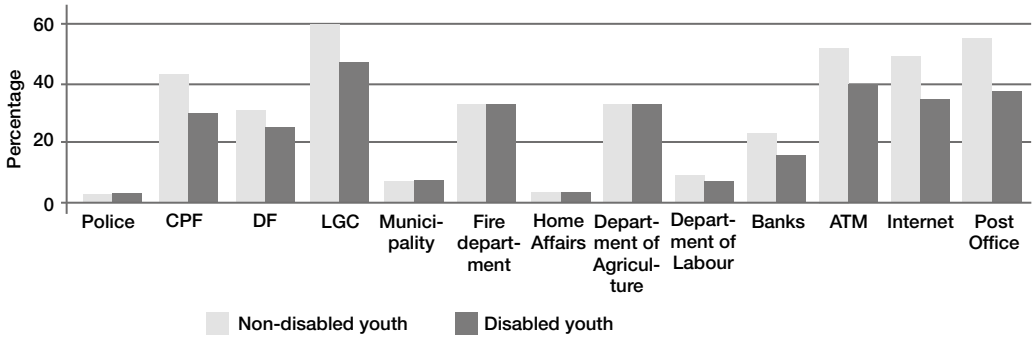
The largest proportion of people surveyed indicated that they make use of minibus taxis and, less frequently, that they use car taxis. Non-disabled respondents also use buses and motorcycles and they indicated the use of bicycles more than disabled respondents. Overall, the distribution shows a similar pattern, within the usual significance level for the statistical comparisons. Table 5 shows the percentages of transport used, disaggregated by disability status.

TABLE 5: UTILISED TRANSPORT			
Utilised transport	Disabled youth	Non-disabled youth	Total (Average)
Minibus taxis	40%	56%	48%
Car taxis	20%	24%	22%
Bus	0	10%	7%
Motorcycle	0	5%	2%
Bicycle	2%	5%	3%

Services in the Area

The pattern of service utilisation (figure 13) was similar among disabled and non-disabled respondents, with the former showing a somewhat lower utilisation of local government, ATMs, internet cafes and post offices. The differences were not statistically significant.

FIGURE 13: UTILISED SERVICES



Note: Multiple responses allowed

Natural assets

This section looks at resource-based activities, such as agricultural activities. Only a few households are involved in agricultural activities: two households in livestock and four in vegetable production. These small numbers do not allow for meaningful between-group comparisons.

De Aar, Kimberley and Khatu

This section presents the demographics and describes the five livelihood assets of the other three sites in the Northern Cape.

Demographic profile

Age, gender and marital status

Disabled and non-disabled youth did not differ significantly in terms of gender (McNemar, p=0.61), age category (Stuart-Maxwell, p=0.79) and marital status (Stuart-Maxwell, p=0.26) Figures 14 to 16 depict the distribution of these variables by group.

FIGURE 14: GENDER

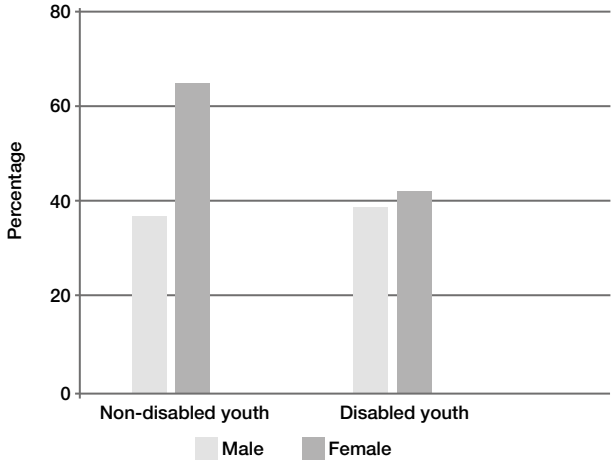


FIGURE 15: AGE DISTRIBUTION

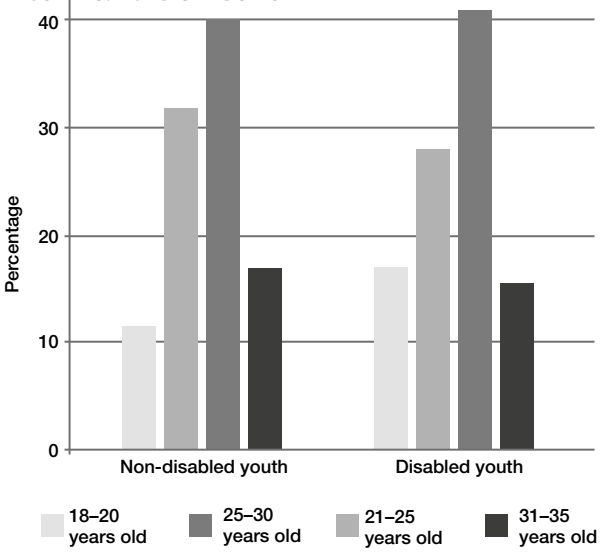
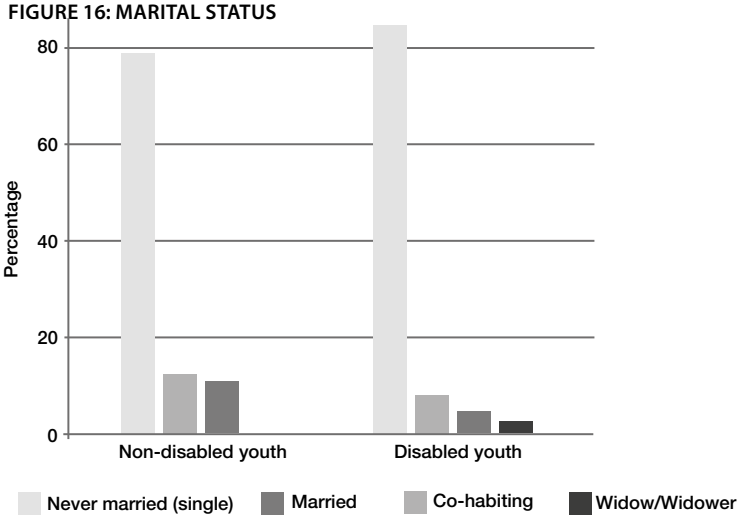


FIGURE 16: MARITAL STATUS



Self-identified disability

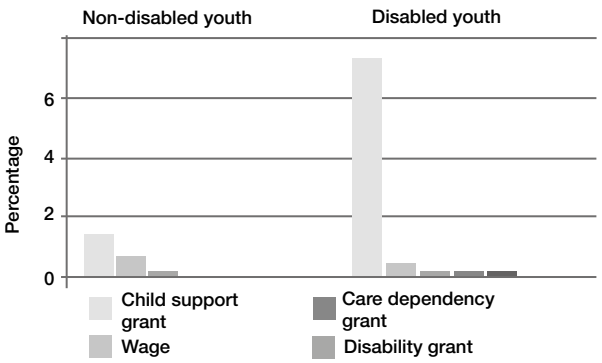
The most common self-identified disabilities were walking or climbing stairs, which was indicated by 36% of respondents. Difficulties in gripping, holding or lifting objects affected 16% of respondents, followed by remembering and concentrating (11%), hearing (10%) , seeing (8%) and communicating (8%). Two subjects reported having difficulties in carrying out simple instructions, two were feeling depressed, one was feeling anxious and one was having problems in taking care of himself. One respondent identified himself as non-disabled.

Heads of household and sources of income

All (100%) of the disabled and non-disabled respondents indicated that they were not the head of their household.

A fairly large proportion of respondents indicated that their main source of income was the state's disability grant. Disaggregation by disability status however indicated that the main source of income for non-disabled respondents is some form of salary and child support grants. As expected, the main source of income for disabled respondents is the state's disability grant.

FIGURE 17: SOURCES OF INCOME



Note: Multiple responses allowed

Human assets: Education

This section looks at school attendance, highest level of education as well as support provided at school.

School attendance

A quarter (25%) of disabled respondents indicated that they had never attended school; 10% indicated that they were currently attending school;

and 66% that they had previously attended school. In comparison, 3% of non-disabled respondents indicated that they had never attended school, 7% that they were currently attending school, and 89% indicated that they had previously attended school (figure 4). The distributions were significantly different (Stuart-Maxwell, p=0.001).

Highest level of education

In terms of the highest level of education attained among those who attended school, 32% of disabled respondents indicated that they have completed some form of primary education, 47% indicated that they have completed some form of secondary education, and only one respondent indicated that he has a Bachelor's degree. In comparison, 15% of non-disabled respondents indicated that they have completed some form of primary education, 79% that they have completed some form of secondary education, and 2% that they have completed some form of post-secondary education (figure 19).

The median levels of education were Grade 9 among disabled and Grade 11 among non-disabled youth, but the differences were not statistically significant (Wilcoxon, p=0.29).

FIGURE 18: SCHOOL ATTENDANCE

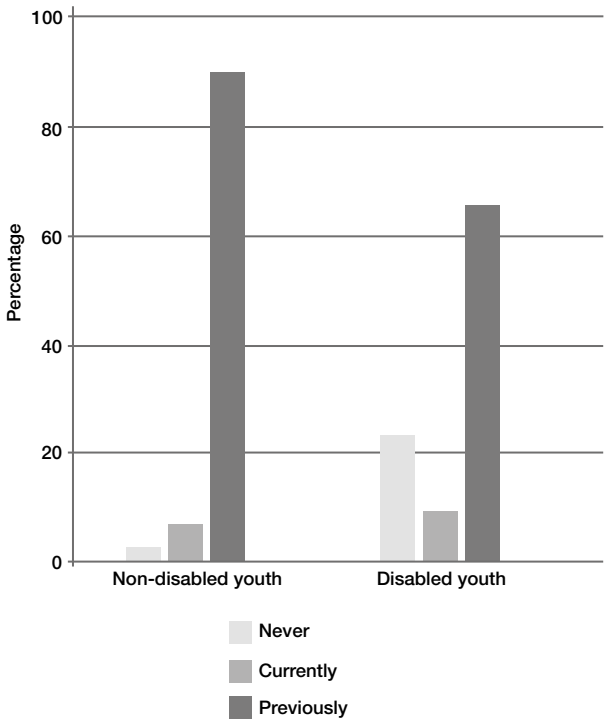
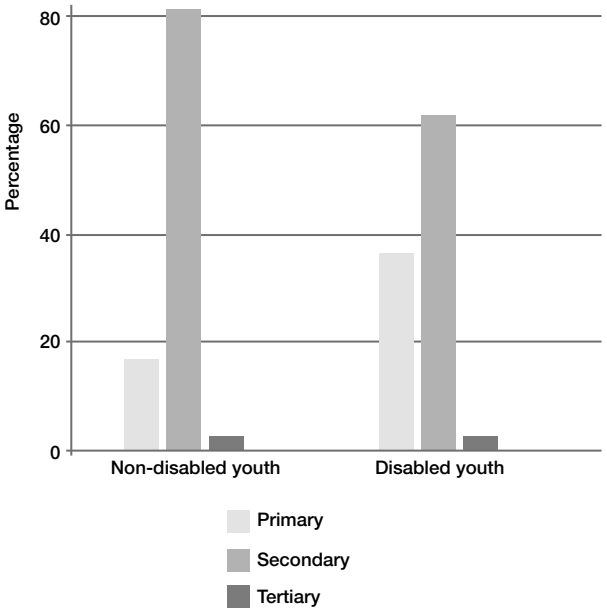


FIGURE 19: HIGHEST LEVEL OF EDUCATION



Support from educators: disabled respondents

Some 51% of disabled respondents indicated that they were not provided with any personal support or technical assistive devices whilst in school, whereas 49% said that they were in fact provided with personal support and technical assistive devices whilst in school.

Human assets: Health

This section describes the onset of disability, difficulties with functional abilities, health status, health professionals visited and health services utilised.

Onset of disability

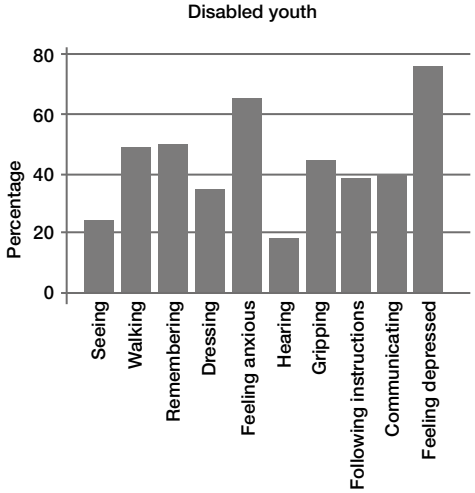
Some 36% of respondents indicated that the onset of their disability was at birth. Another 21% indicated that the onset was before they turned 5 years old. Twelve percent said the onset had occurred between the ages of 6 and 14 years, and 19% when they were 15 years or older. Eleven respondents said that they did not know when the onset of their disability had occurred.

Difficulties with functional abilities

Figure 20 and table 1 show the percentage and number of respondents who indicated that they had difficulties doing some activities because of

health problems. The most common problems related to feeling some level of depression or anxiety, followed by walking/climbing, gripping/holding/lifting and remembering/concentrating.

FIGURE 20: DIFFICULTIES WITH FUNCTIONAL ABILITIES



Note: Multiple responses allowed

TABLE 6: NUMBER OF DISABLED YOUTH WITH DIFFICULTY WITH FUNCTIONAL ABILITY					
Difficulty with functional ability	No.	Some	A lot	Cannot do	Total
Seeing	73	16	5	3	97
Hearing	78	8	7	3	96
Walking/climbing stairs	48	15	18	13	94
Gripping/holding/lifting	52	18	15	10	95
Remembering/concentrating	48	25	13	8	94
Carrying-out simple instructions	58	21	8	8	95
Self-care	65	13	9	11	95
Communicating	58	14	18	6	96
Feeling anxious	32	32	22	7	93
Feeling depressed	23	37	26	7	93

Physical health

Seven percent of disabled respondents indicated that their physical health was very poor, 13% indicated that it was poor, 30% indicated that it was fairly good, 34% said that it was good, and 17% that it was very good. In comparison, 4% of non-disabled respondents indicated that their physical

health was very poor, 11% that it was fairly good, 47% that it was good, and 39% that it was very good. Self-perceived physical health was significantly higher among non-disabled than among disabled youth (Wilcoxon, $p<0.001$).

Emotional health

As with physical health, emotional health was significantly higher among non-disabled than among disabled youth (Wilcoxon, $p<0.001$). Among disabled respondents, 5% said that their emotional health was very poor, 15% that it was poor, 41% that it was fairly good, 24% that it was good, and 15% that it was very good. In comparison, 1% of non-disabled respondents indicated that their emotional health was very poor, 2% that it was poor, 17% that it was fairly good, 54% that it was good, and 26% that it was very good.

Illnesses suffered

The distribution of illnesses suffered in the past months significantly differed among the two groups, with disabled youth showing an overall higher prevalence. A significantly higher proportion of disabled youth suffered from high blood pressure (14% vs. 2%. McNamar, $p<0.001$), epilepsy (19% vs 0. McNamar, $p<0.001$), depression (29% vs. 3%. McNamar, $p<0.001$), and anxiety (21% vs. 6%. McNamar, $p<0.001$)

Health professionals visited

Doctors and nurses were the most visited health professionals in the past 12 months. Proportions of respondents visiting doctors were similar and fairly large in both groups (51% and 46% among disabled and non-disabled, respectively). However, visits to nurses were significantly higher among disabled respondents when compared with their than non-disabled peers (52% vs. 31%. McNamar, $p<0.01$)

Health services utilised

Respondents indicated that they mostly utilised clinics (66% of disabled and 38% of non-disabled youth), followed by hospitals (45% and 32%) for health reasons in the past 12 months. Disaggregation by disability status shows, however, that the percentages were significantly higher among disabled than non-disabled respondents (McNamar, $p<0.01$).

Human assets: Employment

We compared the employment status of disabled and non-disabled youth.

Current work

The vast majority (89%) of disabled respondents indicated that they were currently not working, while 11% said that they were working. In comparison, 69% of non-disabled respondents were unemployed. The percentages were significantly different between the groups (McNamar, $p<0.01$).

FIGURE 21: EMPLOYMENT STATUS

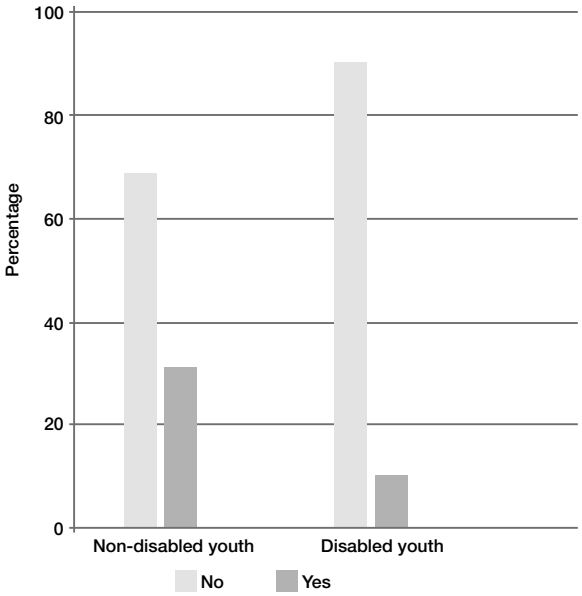
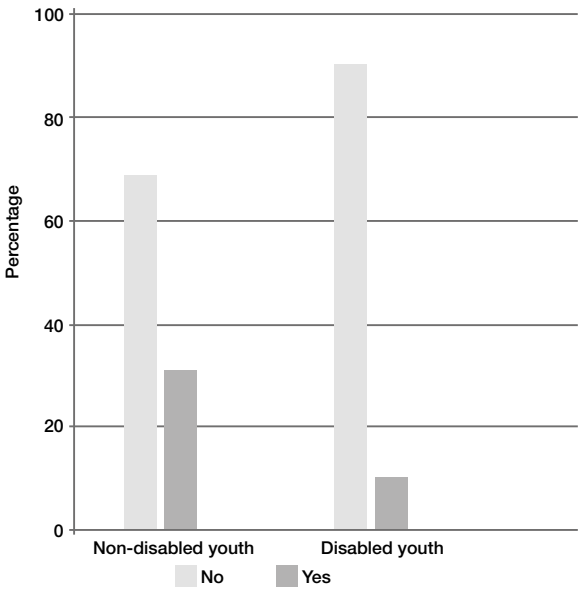


FIGURE 22: PRIMARY REMUNERATION



Financial assets

The following paragraphs describe the characteristics of employed respondents, disaggregated by disability status. Considering the small number of respondents who do have work, and the consequent extremely reduced statistical power, all results of the tests for the differences among groups are not significant, and not reported.

Primary remuneration (employed respondents)

Some 78% of disabled respondents indicated that they receive a monthly salary as their primary source of income. In comparison, 72% of non-disabled respondents indicated that they receive a monthly salary as their primary source of income, 16% that they receive a weekly wage, and 8% that they receive a commission, which meant that they received a fee (mostly a percentage of the total amount transacted) after doing a task (figure 22).

Type of work (employed respondents)

The number of respondents based on their type of work is shown in table 7, disaggregated by disability status.

TABLE 7: TYPE OF WORK

Type of work	Disabled youth	Non-disabled youth	Total
Piece work	0	3	3
Temporary/contract	1	6	7
Permanent part-time	1	2	3
Permanent full-time	5	11	16
Other	1	2	3
Total	8	24	32

Work sector (employed respondents)

Of the respondents (17%) who answered this question, 6% of disabled youth indicated that they were employed in the formal sector, while 3% said that they were employed in the informal sector. In comparison, 19% of non-disabled respondents indicated that they were employed in the formal sector, while 7% indicated that they were employed in the informal sector (figure 23).

FIGURE 23: WORK SECTOR

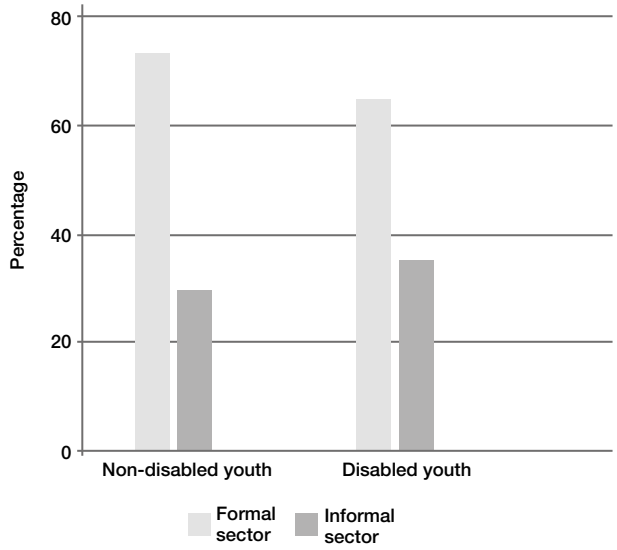
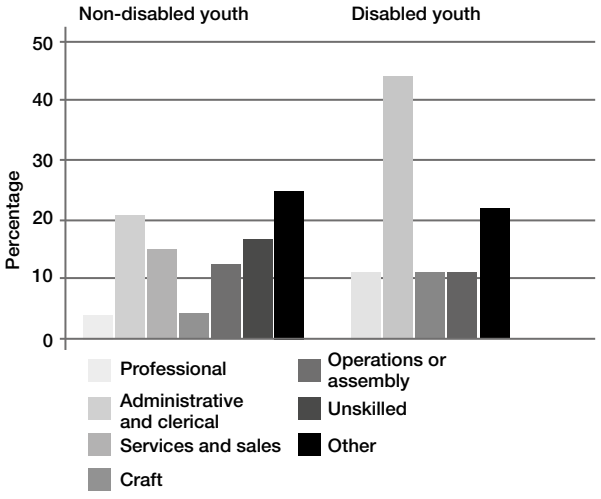


FIGURE 24: TYPE OF SKILLS



Work skills (employed respondents)

More disabled respondents were skilled in administrative, clerical, craft and professional work while more non-disabled respondents were skilled in service and sales. Similar proportions of both groups were skilled in operations or assembly. Some 17% of non-disabled respondents were unskilled, while the comparative figure was nil among disabled youth (figure 24).

Social assets

Available sources of social support and free-time activities were looked at by the researchers.

Available social support systems

Respondents cited immediate household family members, friends and extended family members not living in their household as their top three sources of support. Disaggregation by disability status however shows that non-disabled respondents mentioned their immediate household family members (85%), friends (65%), and their partner (57%) as their top three sources of support. Disabled respondents on the other hand indicated as their top three sources of social support their immediate family household members (85%), extended family members not living in their household (56%), and friends (53%). Differences in percentages were statistically significant regarding perceived support from partner (McNamar, $p<0.001$), but not for extended family (McNamar, $p=0.49$) and friends (McNamar, $p=0.27$).

Free-time activities

Respondents indicated that their top three activities of leisure were visiting friends, watching movies at home and attending church and other religious services. Disaggregation by disability status, however, shows that non-disabled respondents indicated their top three activities as visiting friends (80%), watching movies at home (71%), and hanging-out at shopping malls (56%). Disabled respondents on the other hand indicated their top three activities as visiting friends (71%), watching movies at home (62%), and attending church or other religious services (55%). Differences were only significant for visits to shopping malls (McNamar, $p=0.03$).

Physical Assets

Physical assets describe the living situations of disabled and non-disabled groups, as well as facilities and services accessed.

Dwelling

Distribution of type of dwelling was similar between disabled and non-disabled respondents (Stuart-Maxwell, $p=0.35$). The majority of both groups lived in houses on a separate stand or yard or on a farm. The second most frequent type of dwelling was a house/flat/room in a backyard (table 8).

TABLE 8: TYPE OF MAIN DWELLING			
Type of dwelling	Disabled youth	Non-disabled youth	Total
House on a separate stand or yard or on a farm	48	31	79
Traditional dwelling/hut/structure	1	0	1
Flat or apartment in a block of flats	0	2	2
Semi-detached house	9	11	20
House/flat/room in backyard	28	27	55
Informal dwelling in backyard	8	9	17
Informal dwelling in an informal/ squatter settlement or on a farm	2	3	5
Other	1	4	5
Total	97	87	184

Accessibility of main dwelling

Some 84% of disabled youth vs. 90% of non-disabled youth indicated that their main dwelling was accessible to them. Differences were not statistically significant (McNamar, p=0.13).

Ownership of main dwelling

Some 82% of disabled respondents indicated that they or their family owned their main dwelling. In comparison, a non-significantly different proportion of non-disabled respondents (74%) indicated that they or their family owned their main dwelling (McNamar, p=0.16).

Ownership of other properties

The percentage of disabled and non-disabled respondents who owned, or whose family owned, additional properties other than their main dwelling was the same (5%).

Toilet facility

The majority of both groups had access to flush toilets connected to a sewerage system, with a non-statistically significant difference between disabled and non-disabled respondents (73% vs. 82%. McNamar, p=0.60). In both groups the same percentage of respondents (44%) indicated that their main toilet facility was located inside the main dwelling. The proportion of communal vs. non-communal toilet facilities was slightly higher among disabled respondents (40% vs. 30%), but the difference was not statistically significant (McNamar, p=0.64).

Main source of piped water

Higher proportions of both disabled (62%) and non-disabled (59%) respondents had access to piped water inside the yard, followed by similar but smaller proportions of both disabled (30%) and non-disabled (33%) respondents who accessed piped water inside the dwelling. Table 9 summarises the main sources of water for the respondents. Percentage distributions were not significantly different between groups (Stuart-Maxwell, p=0.56).

TABLE 9: MAIN SOURCE OF PIPED WATER

Main source	Disabled youth	Non-disabled youth	Total
Tap piped water inside the dwelling	29	28	57
Tap (piped) water inside the yard	59	50	109
Tap (piped) water on community stand	7	6	13
No access to tap (piped) water	1	1	2
Total	96	85	181

Sources of energy/fuel

For all uses, electricity is the most common source of energy, similarly among disabled and non-disabled respondents. The distributions of use of other sources of energy show some differences (non-statistically significant), particularly regarding the use of paraffin and, to a lesser extent, wood, which is more common among disabled respondents.

FIGURE 25: ENERGY/FUEL FOR COOKING

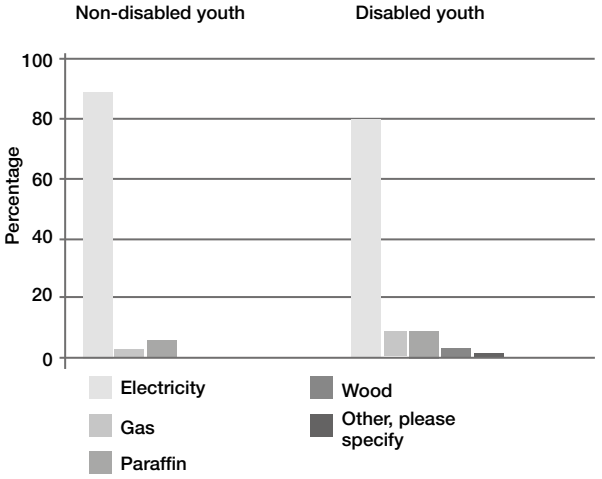


FIGURE 26: ENERGY/FUEL FOR HEATING

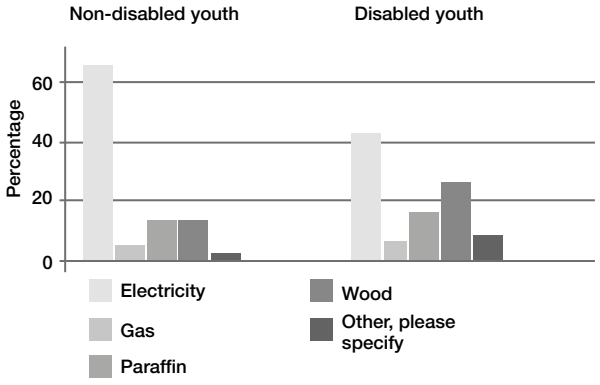
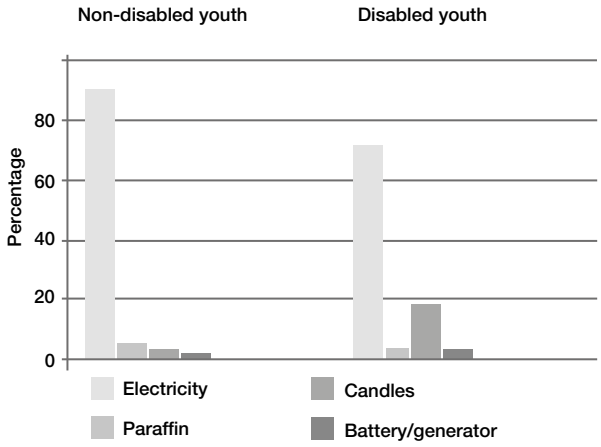


FIGURE 27: ENERGY/FUEL FOR LIGHTING/ENTERTAINMENT



Household possessions

The most common household appliances owned by respondents or their families include electric/gas stoves, refrigerators, televisions and cell phones among both groups, with no significant differences in the percentages. The most evident discrepancy between groups refers to computer ownership: a quarter of households of non-disabled youth own a computer, while no households of disabled respondents had a computer. The difference is, nevertheless, not statistically significant (McNamar, p=0.08). Table 10 shows the percentage of households that own various items.

TABLE 10: HOUSEHOLD POSSESSIONS			
Household possession	Disabled youth	Non-disabled youth	Total
Refrigerator	79%	80%	79%
Electric/gas stove	82%	82%	82%
Computer	0%	25%	20%
Motor vehicle	18%	19%	19%
Television	82%	91%	86%
Radio	67%	80%	73%
Landline telephone	14%	17%	15%
Motorcycle	1%	5%	3%
Cellular phone	84%	84%	84%
Donkey cart	2%	3%	3%
Bicycle	17%	25%	21%
Microwave	50%	60%	55%

Transport facilities

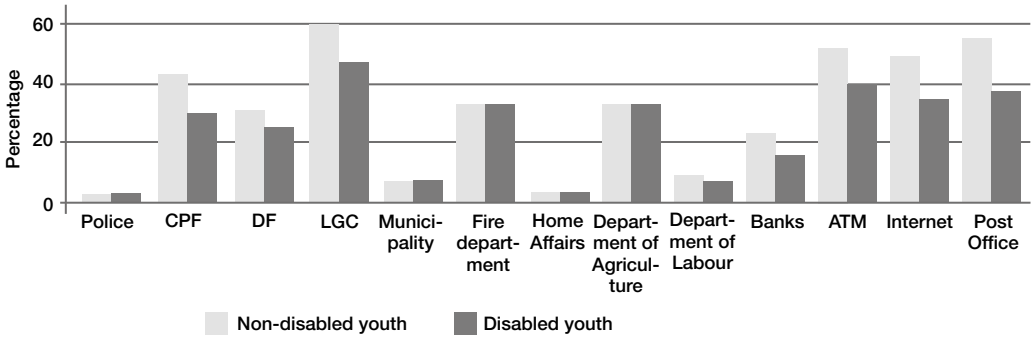
A large proportion of respondents indicated that they make use of minibus taxis and a somewhat large proportion indicated that they make use of private vehicles. Disaggregation by disability status shows similar patterns for both disabled and non-disabled respondents (table 11).

TABLE 11: UTILISED TRANSPORT			
Utilised transport	Disabled youth	Non-disabled youth	Total
Minibus taxis	70%	75%	72%
Car taxis	25%	25%	25%
Bus	11%	12%	12%
Train	18%	20%	19%
Private cars	46%	65%	55%
Motorcycle	8%	6%	7%
Bicycle	14%	27%	20%
Donkey carts	3%	4%	3%

Utilised services in the area

The pattern of service utilization (figure 28) was similar among disabled and non-disabled respondents, with the former showing a somewhat lower utilization of local government, ATMs, internet cafes and post offices. The differences were not statistically significant.

FIGURE 28: UTILISED SERVICES



Note: Multiple responses allowed

Natural assets

This section refers to resource-based activities that are related to agricultural activity in the household. Most respondents (96%) indicated that they were not involved in any form of livestock or agricultural activity. However, 7% indicated that they were involved in the production of livestock and 3% in the production of poultry.

Cofimvaba

This section will present the demographics and then the description of the five livelihood assets in Cofimvaba, Chris Hani District, Eastern Cape.

Demographic Profile

Age, gender and marital status

As expected, according to the matching procedure, disabled and non-disabled youth have a similar distribution in terms of age groups (Stuart-Maxwell,p=0.08), with the central categories (21-30 years) most represented. Women are significantly more represented among non-disabled (McNemar, p=0.01): 65% vs. 40% (figures 29 and 30). All disabled respondents indicated that they have never been married. Among non-disabled respondents, one indicated being married and one was separated.

FIGURE 29: AGE DISTRIBUTION

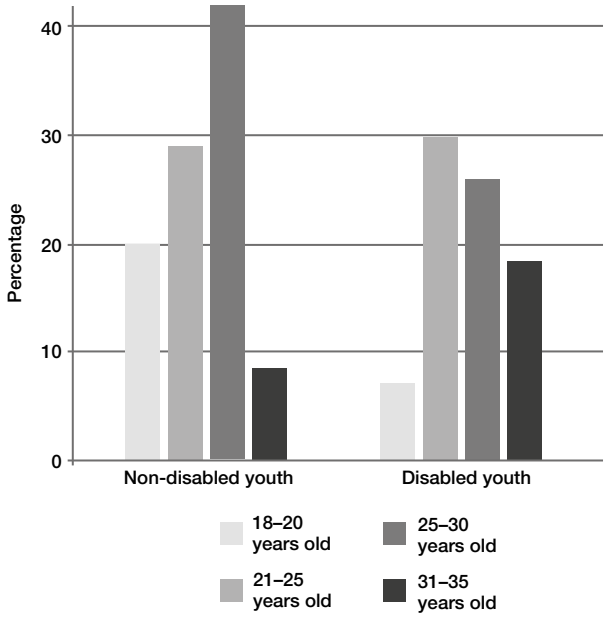
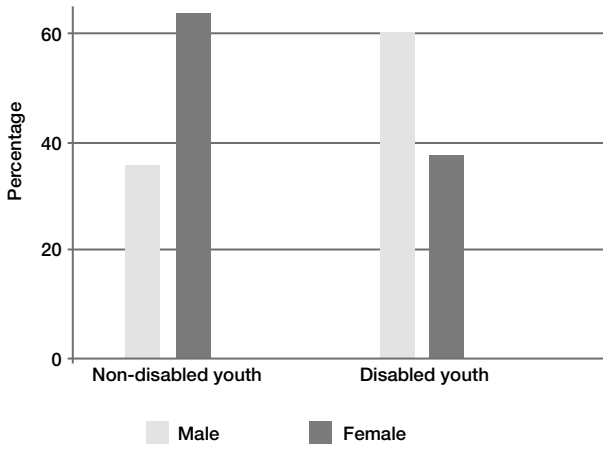


FIGURE 30: GENDER



Self-identified functional ability

One disabled youth identified himself as non-disabled. Among the others, 3% indicated that they have difficulty seeing; 8% that they have difficulty walking or climbing stairs; 3% that they have difficulty gripping, holding or lifting objects; 44% that they have difficulty remembering or concentrating; 8% that they have difficulty carrying-out simple instructions; and 27% that they have difficulty communicating.

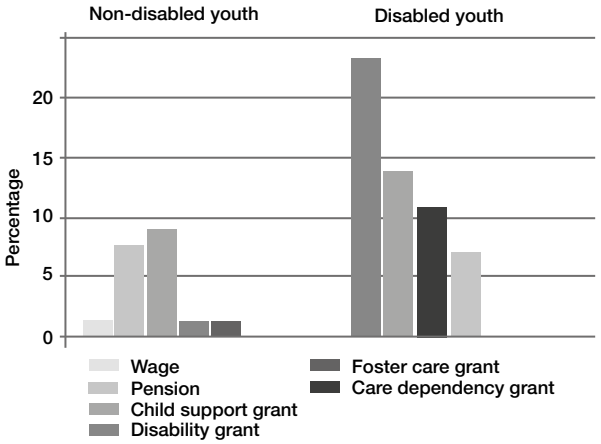
Head of household

All disabled and non-disabled respondents (100%) indicated that they were not the head of their household.

Sources of income

Of the respondents who answered this question, almost equal proportions indicated that their main source of income was the state's disability grant or child support grant. Disaggregation by disability status indicated that the main sources of income for non-disabled respondents are the state's child support grant, old age pension grant as well as self-employment. The main sources of income for disabled respondents are the state's disability grant, child support grant and care dependency grant (figure 31).

FIGURE 31: SOURCES OF INCOME



Note: Multiple responses allowed

Human assets: Education

The research looked at the educational status and level of both disabled and non-disabled youth.

School attendance

Of the disabled respondents, 18% indicated that they had never attended school and 81% said that they had previously attended school. One respondent indicated that he was currently attending school.

In comparison, 23% of non-disabled respondents indicated that they were currently attending school, and 77% indicated that they had previously

attended school (figure 32). The differences were statistically significant (Stuart-Maxwell, p<0.001).

FIGURE 32: SCHOOL ATTENDANCE

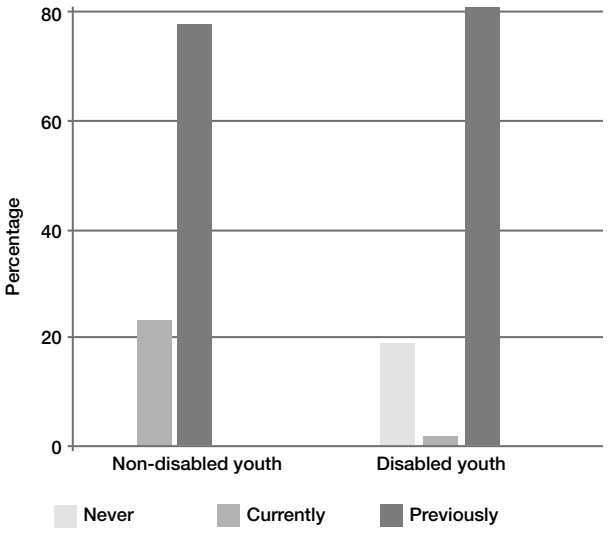
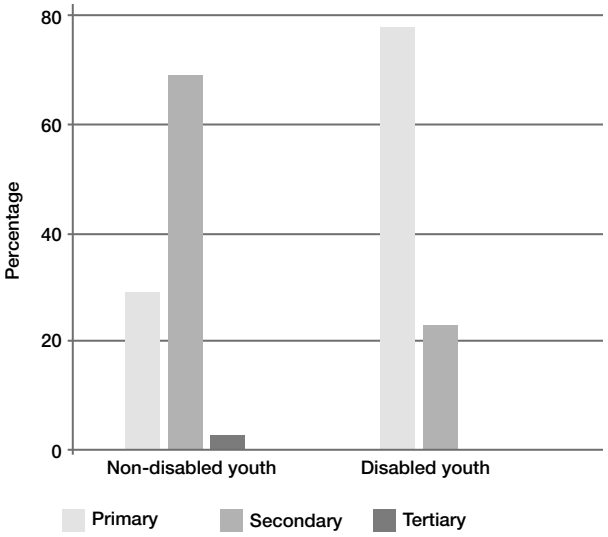


FIGURE 33: HIGHEST LEVEL OF EDUCATION



In terms of the highest level of education attained, 77% of disabled respondents have completed some form of primary education and 23% have completed some form of secondary education. In comparison, 28% of non-disabled respondents have completed some form of primary education, 69% some form of secondary education, and two some form of post-secondary education. The average level of education was significantly higher among the non-disabled respondents (Wilcoxon Signed Rank, p<0.001).

Support from educators: Disabled respondents

In terms of support from educators, 89% of disabled respondents indicated that they were not provided with any personal support or technical assistive devices whilst in school, whereas only 11% indicated that they were provided with this kind of support at school.

Human assets: Health

The health section focuses on onset of disabilities, the difficulties with functional abilities that respondents experience, their health status as well as the health professional seen most and at which facility.

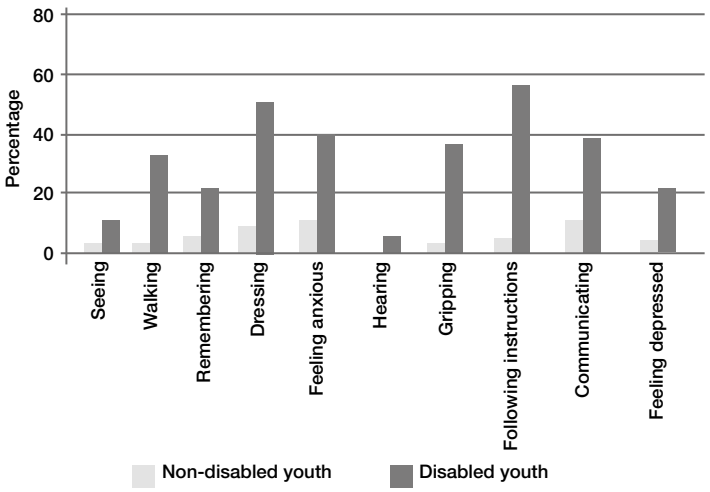
Onset of disability (disabled respondents)

About 25% of respondents indicated that the onset of their disability was at birth. Another 26% said that the onset of their disability happened before the age of 5 years, 21% between the ages of 6 and 14, and 26% when they were 15 or older. One of the respondents did not know when the onset of his disability had occurred.

Difficulties with functional abilities (all respondents)

Almost three-quarters (73%) of disabled respondents reported difficulties in remembering and concentrating, followed by difficulties in carrying out simple instructions (55%) and self-care (49%). A smaller proportion had difficulties communicating (39%) and 40% battled with anxiety (figure 34 and table 12).

FIGURE 34: DIFFICULTIES WITH FUNCTIONAL ABILITIES



Note: Multiple responses allowed

TABLE 12: DIFFICULTY WITH FUNCTIONAL ABILITY	
Difficulty with functional ability	Yes
Seeing	10%
Hearing	6%
Walking/climbing stairs	33%
Gripping/holding/lifting	35%
Remembering/concentrating	73%
Carrying out simple instructions	55%
Self-care	48%
Communicating	39%
Feeling anxious	40%
Feeling depressed	21%

Physical health

Two of the disabled respondents indicated that their physical health was very poor, 17% that it was poor, and 80% indicated it was good. In comparison, 6% of non-disabled respondents indicated that their physical health was poor and 94% that it was good. One respondent in each group indicated that their health was fairly good. The differences in the distribution were not statistically significant (Wilcoxon Signed Rank, $p=0.06$).

Emotional health

In looking at emotional health, 79% of disabled respondents indicated that their emotional health was good, 17% that it was poor, and one respondent that it was very poor. In comparison, 93% of non-disabled respondents indicated that their emotional health was good and 7% that it was poor. The differences in the distribution were not statistically significant (Wilcoxon Signed Rank, $p=0.25$).

Illnesses suffered

Of the respondents who answered this question, a substantial proportion indicated that they suffer from epilepsy (18%) and a fairly small proportion indicated that they suffer from asthma (6%). Disaggregation by disability status, however, shows that the most common illness among non-disabled respondents is anxiety (6%), followed by asthma (4%). Among the disabled respondents, epilepsy (with a prevalence of 36%) was the leading disease, followed by asthma (8%). Differences were statistically significant for the prevalence of epilepsy (McNamar, $p<0.001$).

Health professionals visited

A large majority of respondents indicated that they had visited a nurse for health reasons in the past 12 months, while a fairly small proportion indicated that they had visited a doctor in the same period. Disaggregation by disability status shows similar patterns for both disabled and non-disabled respondents.

Health services utilised

An overwhelming majority of respondents indicated that they had made use of clinics for health reasons in the past 12 months, whereas a fairly small proportion indicated that they had made use of hospitals for health reasons in the past 12 months. Disaggregation by disability status shows similar patterns for both disabled and non-disabled groups.

Human assets: Employment

In relation to employment status, almost all (99%) indicated that they are currently not working while only one indicated that he was employed. Similarly, 99% of non-disabled respondents indicated that they are currently unemployed, while only one indicated the opposite.

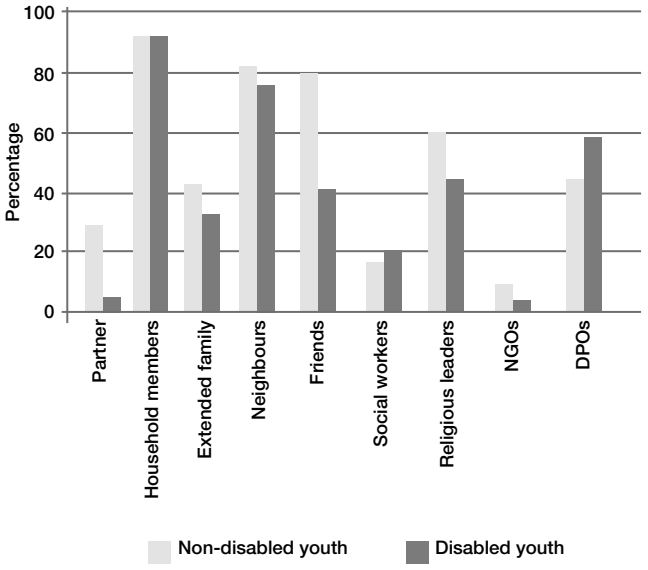
Social assets

Social assets focused on identifying sources of support or help and free-time activities for both groups. Disabled respondents indicated that their top three sources of social support were from their immediate household family members (92%), neighbours (75%), disabled people's organisations (58%) and friends (45%). Among non-disabled respondents the pattern was fairly similar (no statistically significant differences), but friends were indicated more frequently than disabled people's organisations as a source of support (61% and 45%, respectively). Figure 35 shows graphically the frequency distribution of the various answers in each group.

Free-time activities

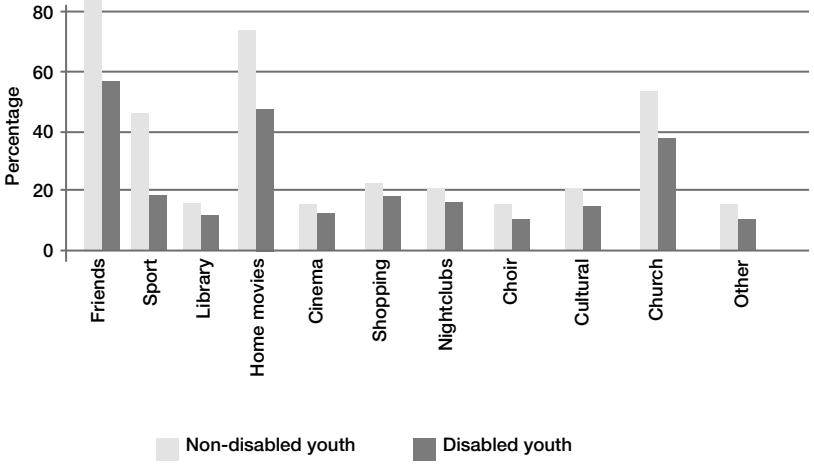
Respondents indicated that their top three activities of leisure were visiting friends, watching movies at home, and attending church and other religious services. Disaggregation by disability status (figure 36) shows that a significantly higher proportion of non-disabled than disabled respondents engages in sport (McNamar, $p<0.001$).

FIGURE 35: SOURCES OF SOCIAL SUPPORT



Note: Multiple responses allowed

FIGURE 36: FREE TIME ACTIVITIES



Note: Multiple responses allowed

Physical assets

This section of the survey identified living situations, facilities and public services.

Dwelling

In looking at types of housing, all (100%) respondents indicated that their main dwelling was a traditional hut or structure that they or their family owned. About 3% of disabled respondents indicated that they or their

family own additional properties other than their main dwelling. Similarly, 3% of non-disabled respondents indicated that they or their family own additional properties. Most respondents in both groups indicated that they do not have toilets, while slightly lower but similar proportions in both groups indicated that they use pit toilets with ventilation (See Table 3). All respondents indicated that their main toilet facility was located outside their main dwelling. Regarding toilet facilities, 7% of disabled respondents indicated that their main toilet facility was communal, compared to 12% of non-disabled respondents.

TABLE 13: MAIN TYPE OF TOILET FACILITY			
Main type of toilet facility	Disabled youth	Non-disabled youth	Total
Pit toilet with ventilation	43%	41%	42%
Pit toilet without ventilation	4%	5%	5%
Other	2%	5%	4%
None	51%	49%	50%
Total	100%	100%	100%

Main source of piped water

All respondents in both groups indicated that they access piped water on a community stand.

Sources of energy/fuel

Both groups used electricity for cooking, but they used more gas and paraffin for heating. However, for lighting and entertainment they used mainly wood and small amounts of candles and electricity. All differences are statistically insignificant (McNamar, all p-values >>0.05).

Household possessions

More disabled respondents reported that they have refrigerators (81%) and electric stoves (89%) while more non-disabled respondents have cellular phones (62%). However, similar proportions from both groups have television, radio and microwaves (table 4). Only the differences in ownership of cellular phones reached statistical significance (McNamar, p=.049).

Transport facilities

The majority of respondents, and of almost equal proportions, indicated that they make use of minibus taxis (38% and 34%) and buses respectively (38% and 32%). Disaggregation by disability status shows similar patterns for both disabled and non-disabled respondents (table 15).

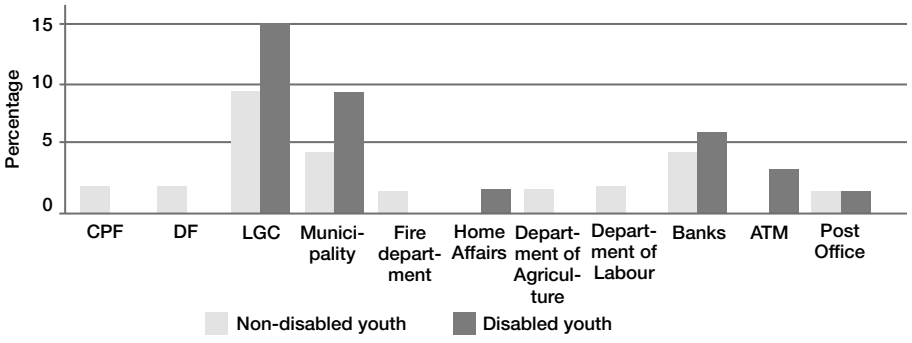
TABLE 14: HOUSEHOLD POSSESSIONS			
Household possession	Disabled youth	Non-disabled youth	Total
Refrigerator	81%	75%	78%
Electric/gas stove	89%	88%	88%
Motor vehicle	0%	2%	1%
Television	84%	85%	85%
Radio	71%	76%	73%
Cellular phone	30%	62%	47%
Bicycle	0%	2%	1%
Microwave	6%	8%	7%

TABLE 15: UTILISED TRANSPORT			
Utilised transport	Disabled youth	Non-disabled youth	Total
Minibus taxis	38%	34%	36%
Car taxis	1%	3%	2%
Bus	38%	32%	35%

Services in the area

Disabled youth mostly accessed local government councillors (15%), followed by municipality (9%) and banks (5%). As depicted in figure 37, non-disabled respondents accessed, firstly, the Department of Home Affairs (12%) and then local government councillors (9%), and community development forums and banks (4%). The pattern of utilisation of services appears to be different between the two groups, and the differences in utilisation of the services of Home Affairs are statistically significant (McNamar, p=0.03).

FIGURE 37: UTILISED SERVICES IN THE AREA



Note: Multiple responses allowed; percentages are calculated over the whole sample

Natural assets

This section asked questions about the type of resource-based activities that households engage in. Most respondents (89%) indicated that they were not involved in any form of livestock or agricultural activity. However, 11% indicated that they were involved in the production of vegetables. Additionally, for those respondents who are involved in the production of vegetables, 2% indicated that this activity occurs on communal or tribal land.

Chapter 2

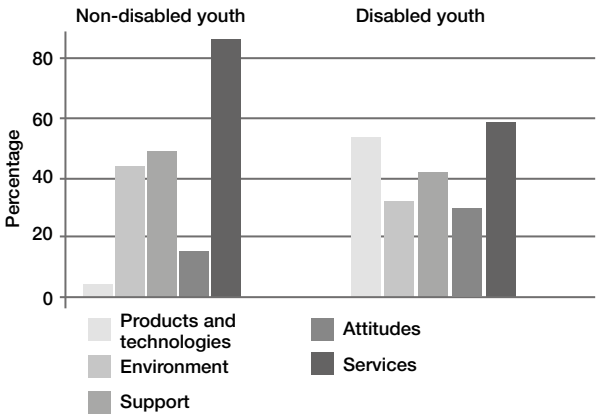
BARRIERS TO ACCESSING LIVELIHOOD ASSETS

The chapter discusses the nature of the barriers to accessing the different livelihood assets grouped according to the five environmental factors classified by International Classification of Functioning (WHO, 2001) in each study site.

NAMAKWA DISTRICT

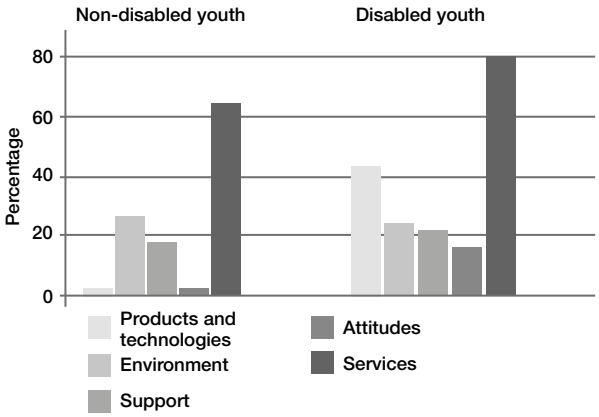
Respondents were asked to indicate the main barriers they experienced to participating in various categories of livelihood assets, namely, completing school, working, accessing services and social support, and participating in free time activities. Multiple responses were allowed. Figures 38 to 45 summarise the results: each bar represents the percentage of respondents who answered positively to one or more questions related to the specific factor.

FIGURE 38: BARRIERS TO COMPLETING SCHOOL



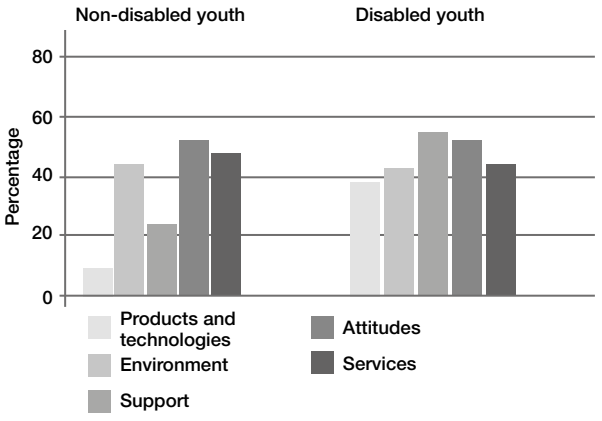
Note: Multiple responses allowed

FIGURE 40: BARRIERS TO ACCESSING WORK



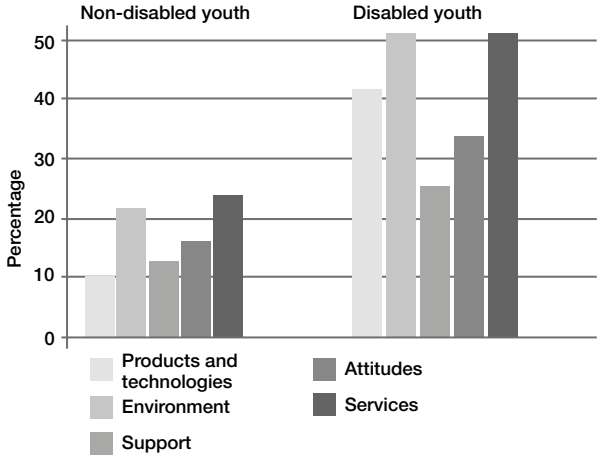
Note: Multiple responses allowed

FIGURE 41: BARRIERS TO ACCESSING SOCIAL SUPPORT



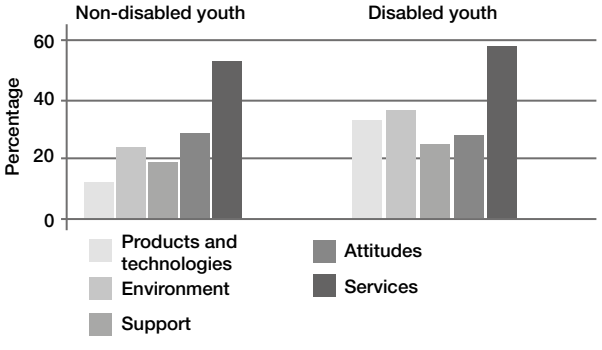
Note: Multiple responses allowed

FIGURE 42 : BARRIERS TO ACCESSING HEALTH SERVICES



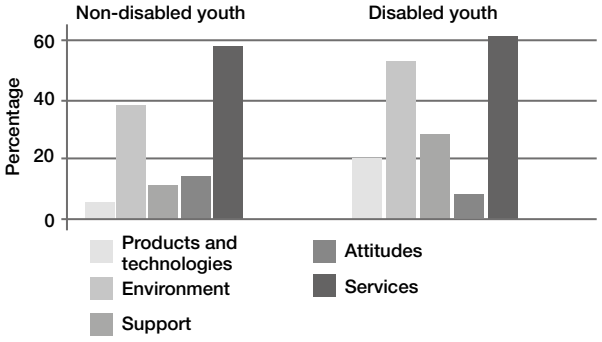
Note: Multiple responses allowed

FIGURE 43: BARRIERS TO ACCESSING AREA SERVICES



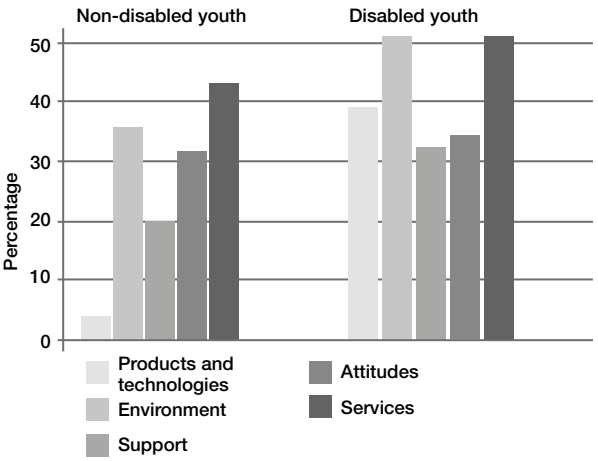
Note: Multiple responses allowed

FIGURE 44 : BARRIERS TO ACCESSING TRANSPORT



Note: Multiple responses allowed

FIGURE 45: BARRIERS TO FREE-TIME ACTIVITIES NOTE:MULTIPLE RESPONSES ALLOWED



An analysis using WHO's factors shows that disabled respondents were more affected by barriers related to products and technology, consistently across all categories. Differences in percentages were statistically significant (McNamar, all p-values ≤ 0.02). Patterns for the other factors were less consistent and varied across the different categories. They are summarised below.

Table 16 reflects, within each factor, the specific barriers most frequently individuated by the respondents across the various categories.

TABLE 16: BARRIERS TO PARTICIPATION IN LIVELIHOOD ASSETS OF NON-DISABLED AND DISABLED YOUTH							
Category	School	Working	Social support	Health services	Area services	Transport	Free-time activities
Products & technology	mobility comm.	mobility comm.	mobility comm.	mobility comm.	mobility building acc	comm. mobility	mobility comm.
Natural environment	geography seasons	geography seasons	geography seasons	geography seasons	geography seasons	geography seasons	geography seasons
Support	family neighbours	neighbours family	neighbours family	neighbours family	neighbours strangers	neighbours strangers	neighbours strangers
Attitudes	authority family	authority strangers	authority strangers	authority family	authority strangers	strangers authority	authority strangers
Services & systems	funding information	education funding	education funding	funding information	information transport	funding transport	funding safety

TABLE 17: ENVIRONMENTAL FACTOR DESCRIPTION		
Factor	Items	Abbreviation
Products & technology	Mobility (lack of devices for such)	mobility
	Communication (lack of methods for this)	comm.
	Self-care/ ADL	self care
	Building access – private	build acc.
	Building access – public	build acc.
Natural environment	Geography (distance land form, and water form)	geography
	Seasonal changes (rains, storms, landslides)	seasons
	Human events (road blockage, strikes)	hum. events
	Natural events	nat. ev.
Support and relationships	Immediate family	family
	Friends	friends
	Neighbours & community	neighbours
	Personal assistants	assistant
	Strangers	strangers
Attitudes	Immediate family members	family
	Friends	friends
	Authority	authority
	Strangers	strangers
	Religious beliefs	religion
	Cultural beliefs	beliefs
Services & systems	Education & training (skills development)	education
	Safety and security (crime)	Safety
	Legal services	legal
	Communication (telephone, internet, post)	comm.
	Information (newspapers, policy, books)	information
	Funding	funding
	Transport systems	transport

Completing school

Services, support and environmental factors were the most common barriers indicated by non-disabled respondents. They were also frequently indicated by disabled subjects, but less frequently than the product and technology factor. Differences, other than those in product and technologies, were not statistically significant.

Accessing work

Other than in barriers related to products and technologies, disabled and non-disabled youth differed regarding attitude barriers, with significantly more frequently indicated among the former (McNamar, $p=0.02$).

Accessing social support free-time activities

The only significant differences between groups were in product and technologies and support (McNamar, $p<0.01$) more frequently indicated as barriers among disabled respondents.

Except for product and technologies, disabled and non-disabled youth did not differ significantly in their responses. Both indicated factors related to services and environment as main barriers.

Accessing health and public services

As with health and public services, disabled youth indicated as the main barriers factors related to environment, product and technologies and services. Non-disabled youth showed, on the other hand, a slightly different pattern in which the most frequent barriers are environment, services and attitudes.

Accessing transport

Patterns were similar between groups. The only significant difference was in product and technologies and support (McNamar, $p=0.05$).

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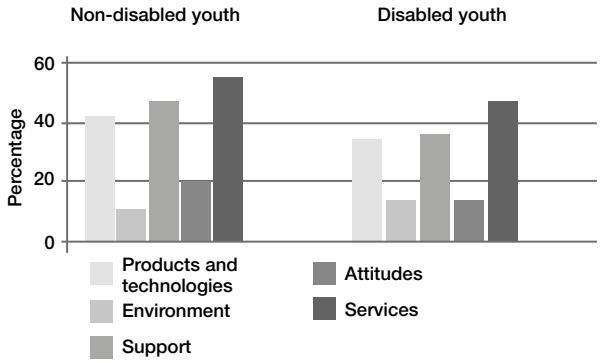
Figures 46 to 52 summarise the results of the main barriers that respondents identified in completing school, working, accessing services and social

support, and participating in free-time activities: the height of each bar represents the percentage of respondents who answered positively to one or more questions related to the specific factor.

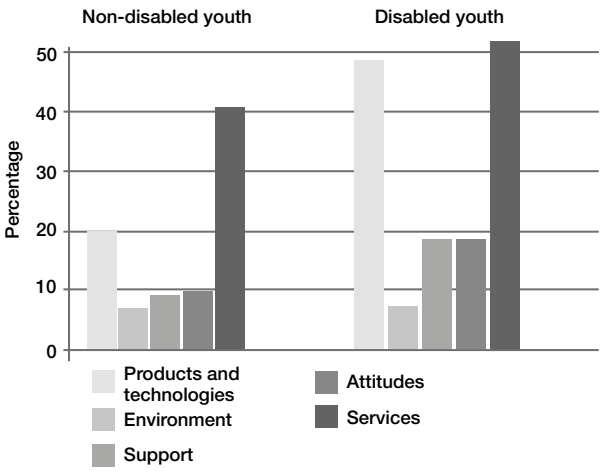
Respondents were asked to indicate the main barriers they experienced to participating in various categories of livelihood assets, namely completing school, working, accessing services and social support, and participation in free-time activities. Multiple responses were allowed.

FIGURE 46: BARRIERS TO COMPLETING SCHOOL



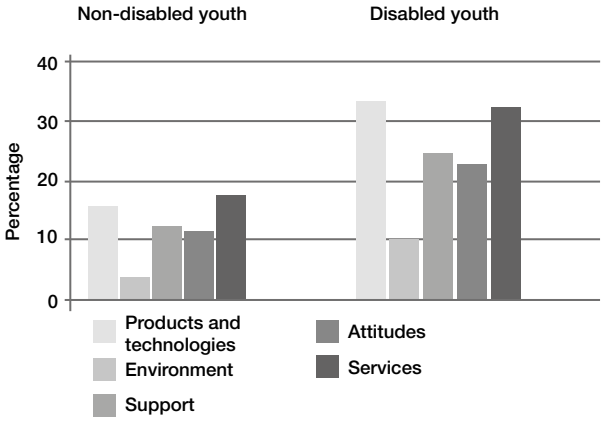
Note: Multiple responses allowed

FIGURE 47: BARRIERS TO ACCESSING WORK



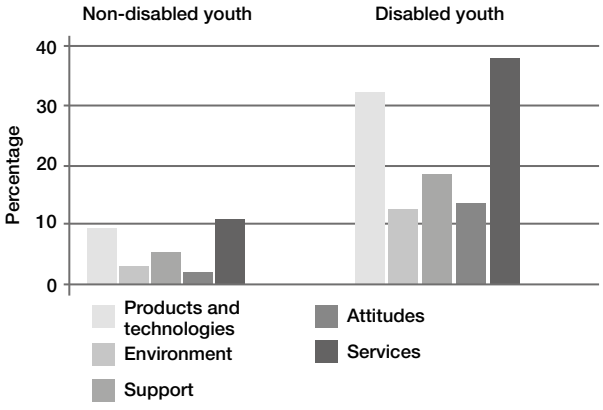
Note: Multiple responses allowed

FIGURE 48: BARRIERS TO ACCESSING SOCIAL SUPPORT



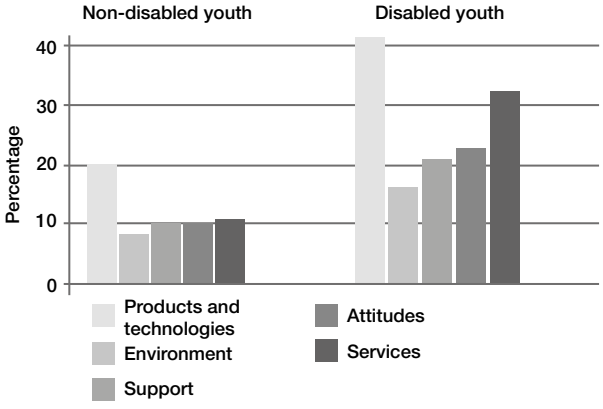
Note: Multiple responses allowed

FIGURE 49 : BARRIERS TO HEALTH SERVICES



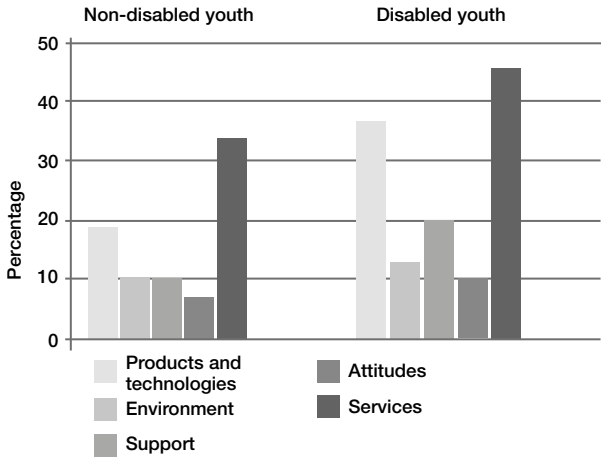
Note: Multiple responses allowed

FIGURE 50: BARRIERS TO AREA SERVICES



Note: Multiple responses allowed

FIGURE 51 : BARRIERS TO ACCESSING TRANSPORT



Note: Multiple responses allowed

FIGURE 52: BARRIERS TO ACCESSING FREE-TIME ACTIVITIES

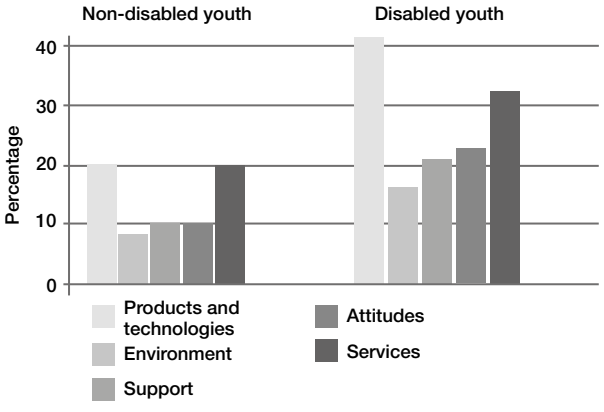


Table 18 reflects, within each factor, the specific barriers most frequently individuated by the respondents.

TABLE 18: BARRIERS TO PARTICIPATION IN LIVELIHOOD ASSETS OF YOUTH AND DISABLED YOUTH

Category	School	Working	Social support	Health services	Area services	Transport	Free-time activities
Products & technology	self-care mobility	comm. mobility	comm. self-care	mobility comm.	mobility build acc.	self-care mobility	mobility self-care
Natural environment	geography human events	geography natural events	geography human events	geography natural events	natural events geography	geography natural events	geography natural events
Support	family strangers	personal assistant family	neigh-bours family	family assistant	neigh-bours friends	personal assistant family	personal assistant friends
Attitudes	family friends	authority strangers	friends strangers	beliefs friends	personal assistant family	strangers friends	strangers friends
Services & systems	funding education	education funding	funding education	funding transport	transport funding	funding transport	funding transport

Completing school

Both groups show a very similar pattern, indicating services, support and products and technologies as the main factors preventing them from completing school,. Percentages were consistently higher among non-disabled, but the differences were not statistically significant.

Accessing work

By far the most frequently indicated factors preventing participants from being able to work were services and products and technologies. Percentages were significantly higher (McNamar, $p<0.01$) among disabled youth regarding products and technologies (McNamar, $p=0.55$).

Accessing social support and free-time activities

Significantly higher percentages of disabled respondents indicated barriers related to products and technologies (McNamar, $p<0.01$), support (McNamar, $p=0.02$), attitudes (McNamar, $p=0.03$) and services (McNamar, $p<0.01$). The overall patterns were, nevertheless, similar.

A much higher percentage of disabled respondents answered positively to the various questions across all categories. The McNamar test indicated that all differences were statistically significant, except the differences in the environment factor, the significance cut-off ($p=0.055$). The relative importance of the various factors was, however, similar.

Accessing health and public services

The relative importance of the various factors related to health and public services were similar between groups, but disabled respondents showed significantly higher percentages across all factors (McNamar, all p-values <0.02). The most frequently indicated barriers belonged to services and products and technologies.

Accessing transport

The most frequently indicated barriers were, also in this category, services and products and technologies, with significantly higher percentages among disabled than non-disabled respondents (McNamar, $p<0.02$). Percentages were also significantly higher among the former for support and attitudes.

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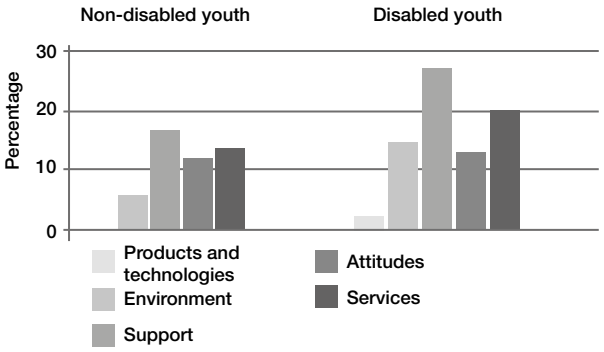
Figures 53 to 59 summarise the main barriers that respondents identified in completing school, working, accessing services and social support, and participating in free-time activities. The height of each bar represents the percentage of respondents who answered positively to one or more question related to the specific factor.

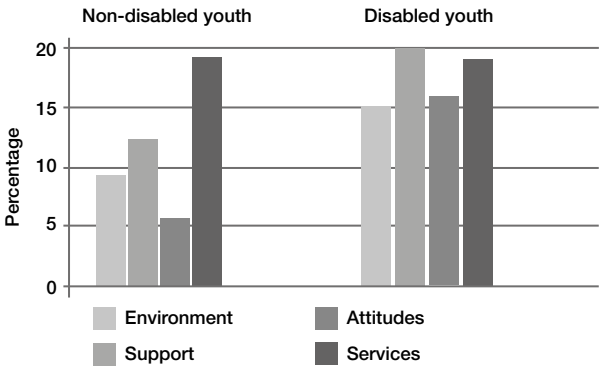
The visual comparison of the results for disabled and non-disabled respondents allows for the identification of some differences, but the small sample size and the number of subjects answering each question does not allow confirmation of the statistical significance of the discrepancies, except for the large difference in the factor "Attitudes" in the barrier to accessing public and health services (in which the McNamar test indicates a significantly lower score for disabled compared to non-disabled respondents, $p<0.05$ for both).

FIGURE 53: BARRIERS TO COMPLETING SCHOOL



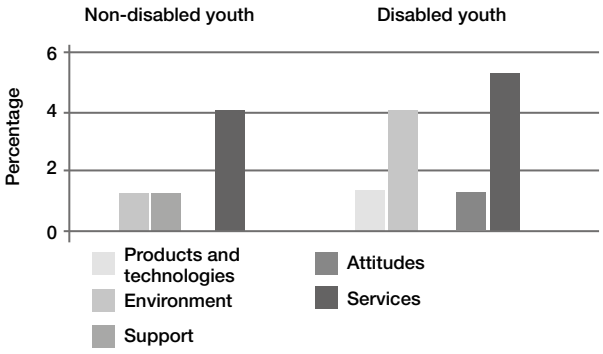
Note: Multiple responses allowed

FIGURE 54: BARRIERS TO ACCESSING HEALTH SERVICES



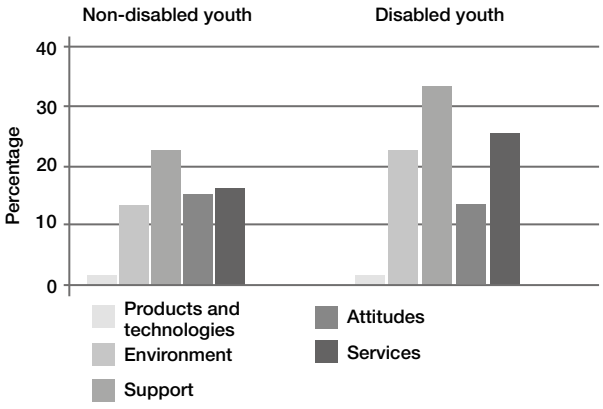
Note: Multiple responses allowed

FIGURE 55: BARRIERS PREVENTING WORK



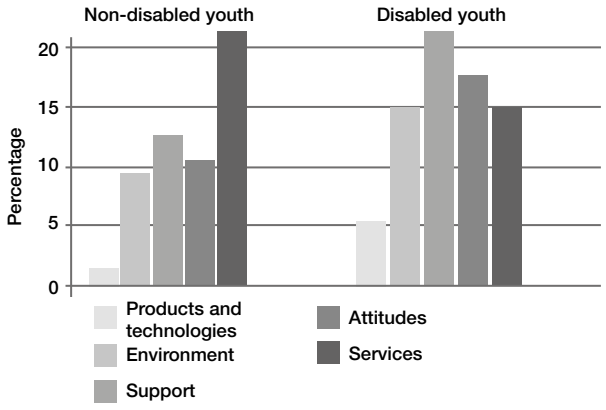
Note: Multiple responses allowed

FIGURE 56: BARRIERS TO ACCESSING SOCIAL SUPPORT



Note: Multiple responses allowed

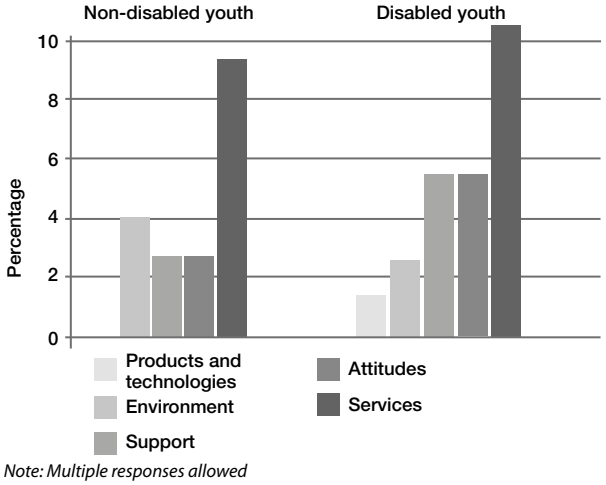
FIGURE 57: BARRIERS TO ACCESSING FREE-TIME ACTIVITIES



Note: Multiple responses allowed

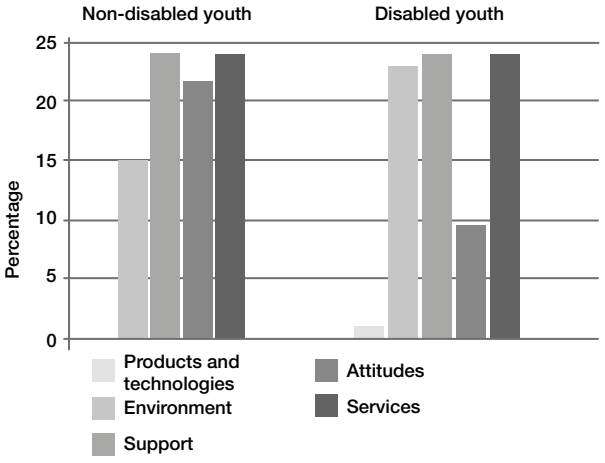
Table 19 reflects, within each factor, the specific barriers most frequently individuated by the respondents across the various categories. There was no indication of products and technology as barriers.

FIGURE 58: BARRIERS TO ACCESS TRANSPORT



Note: Multiple responses allowed

FIGURE 59: BARRIERS TO ACCESSING PUBLIC SERVICES



Note: Multiple responses allowed

TABLE 19: BARRIERS TO PARTICIPATION IN LIVELIHOOD ASSETS OF NON-DISABLED AND DISABLED YOUTH

Category	Completing school	Health services	Working	Social support	Free-time activities	Transport	Public services
Products & technology							
Natural environ	geography	geography	human events	seasonal changes	seasonal changes	geography	geography
Support	immediate family	immediate family		immediate family	immediate family		immediate family members
Attitudes		immediate family			immediate family	immediate family	family
Services & systems	funding	funding	education and training, funding	funding	funding	funding	funding

Chapter 3

DISCUSSION

The results identified similarities and differences between disabled and non-disabled youths living in the districts of Namakwa (Springbok), Sol Plaatje (Kimberley), Pixley Ka Seme (De Aar), and Gamagara (Khatu) in the Northern Cape, and Cofimvaba in Chris Hani district of Eastern Cape. The discussion draws on statistical comparisons as well as fieldworkers' comments and reports.

Health

In terms of comparing onset of disability, it was worth noticing that across all five research sites the majority of respondents indicated birth and before the age of five as the critical stages of onset of their disability. Additionally, 15 years and older was indicated frequently across all sites as another critical stage of onset of disability. This challenges community disability practitioners' competencies or capacity in the implementation of prevention and health promotion strategies. The Disability Catalyst Series 2 (Chappell and Lorenzo, 2012) focused on Community-based Rehabilitation (CBR) guidelines (WHO, 2010) as a theoretical framework through which to analyse disability-inclusive developments as it incorporates key issues that may enhance the quality of life of people with disabilities and their families. It also has a strong focus on the empowerment of disabled people, families and communities through the facilitation of inclusion and participation. The guidelines emphasise the provision of health promotion materials and programmes (including knowledge, skills and support) to assist people in achieving good levels of health. The findings may suggest that the poor focus given to disability leads to a major gap regarding health promotion that is not being addressed by primary health care (PHC) teams, who are the main source of help regarding health issues. This gap could potentially explain the higher proportions of disability onset from the age of 15 and over. Also, the higher proportions of disability onset at birth and before the age of five may be an indication of too little focus on early identification of disabilities and inadequate education of families, disabled people and communities by PHC teams for better prevention, earlier identification and promotion strategies. Botha (1995) identified mothers' lack of information about spina bifida and expectations of the development of children with spina bifida. Similarly, another study (Keikelame & Swartz, 2007) found that parents of children with epilepsy were poorly informed about epilepsy, its causes and management.

Disabled youth in Namakwa and the other districts share similar experiences in terms of access to health care. It is worth noting that in Kimberley, De Aar and Khatu respondents saw more doctors than nurses, even though

they visited clinics more often than hospitals. This may suggest that there are more frequent visits by doctors to clinics in these districts than in Namakwa district. In Cofimvaba, there appeared to be no difference between the two groups regarding their experiences in terms of health care access. Both groups reported that they mostly go to clinics and are attended to by nurses. Fieldworkers reported that disabled youth are referred to local hospitals where they see doctors. The highest reported physical ailment among disabled respondents was epilepsy. In terms of emotional health, there was no significant difference between the two groups. Interestingly, people with disabilities in the United States experience significant health disparities and barriers to health care when compared to non-disabled people (Breslin, 2009).

Education

This study shows that majority of disabled youths in all the districts have lower chances of finishing school compared to their non-disabled peers. Similar results were found in the study of Fleming and Fairweather (2012) that people with disabilities lag behind their peers in participating in post-secondary education, which adversely affects employment options and career earnings. The lower educational attainment among disabled youth in this community is mainly associated with poverty among households with a disabled member. Reporting on an earlier study on Disabled Youth Enabling Sustainable Livelihoods, Lorenzo and Cramm (2012) found that funding was a major barrier for disabled youth in gaining access to education in five provinces in South Africa. However, fieldworkers reported that reasons why disabled youth have limited access to education is that parents of children with disabilities in these districts are often poor and unemployed and therefore rely on the child care grant and/or the disability grant to support the entire family. Another reason was lack of special schools that cater for disabled children in these districts and the inability of parents of disabled children to enrol their children in special schools that are in districts far away from their communities.

Societal stigma against disabled people has also been highlighted by fieldworkers as a potential reason for the difference in educational attainment between disabled and non-disabled youth in all districts. It is reported that some parents decide not to send their children to school because they do not want the community to know that they have a disabled child. Even though disabled youth in all the districts received social support from immediate family, our data indicates that in Kimberley, De Aar and Khatu lack of support by immediate family was cited as one of the barriers to completing

school for disabled youth, possibly due to parents' limited awareness about disability and the rights of disabled children.

In Cofimvaba, young people with disabilities are at a disadvantage in terms of being able to attend and complete school. Respondents identified funding and lack of support from immediate family members as the main obstacles. Fieldworkers reported that reasons that non-disabled youths appear to have an educational advantage include high levels of poverty and insufficient financial resources among parents with disabled children. As a result, parents cannot afford to take their disabled child to school. Fieldworkers also reported that in cases where parents can send their children to school, they do so late in the child's life, which may lead to the child having difficulties in settling in a class dominated by younger learners. In poorer families, disabled students are forced to leave school to look for work and then come back to school after they have saved enough money to fund their schooling. Disabled youth who find themselves in this situation may find it frustrating. Macaula (2010) found poverty to be the main factor preventing access to education in the Eastern Cape. However, this situation can be reversed if the socio-economic conditions of disabled youth are improved through the initiation of programmes aimed at educational infrastructure in mainstream schools. Here, accessibility to buildings can be enhanced and teachers trained about disability and how to include disabled learners in mainstream schools.

Fieldworkers have noted that the factors preventing disabled youth from accessing postsecondary education are primarily that local FET colleges and other institutions of higher learning are not built to accommodate the special needs of people with disabilities. It could also possibly be due to the lack of a countrywide strategy to recruit disabled people in institutions of higher learning (Matshidisho, 2010). These findings reflect those of Fleming & Fairweather (2012), who found that people with disabilities in the United States lag behind their peers in participating in postsecondary education, which affects employment options and career earnings.

Employment

Unemployment was common among disabled youth in all districts. However, more disabled youth were employed in Namakwa than in Kimberley, De Aar and Khatu, where more non-disabled youth were employed compared to their disabled peers. This suggests that the labour market in Namakwa is more open to people with disabilities than it is in Kimberley, De Aar and Khatu. Sing (2012) argued that disabled youth in South Africa are faced with

unemployment as the national and provincial social service departments are not delivering in regard to employability programmes and employment of people with disabilities. Fieldworkers reported that the high unemployment rate among both disabled and non-disabled youth in Cofimvaba is related to the lack of jobs coupled with the lack of skills training opportunities in the area. High unemployment among disabled youth could be linked to their limited education, particularly completion of secondary education. Fleming & Fairweather (2012) also found that people with disabilities in the United States participate less than their non-disabled peers in postsecondary education, which adversely affects employment options and career earnings. In contrast, a study in Nepal revealed that educated individuals with disabilities have a higher chance of being employed compared with less educated or illiterate individuals (Lamichhane, 2012).

Financial assets

In all districts in the Northern Cape the main source of income for disabled youth is the disability grant, while non-disabled youth receive income mainly from child support grants. This result correlates with Mitra's (2009) assertion that when economic conditions are not favourable for young people with disabilities of working age, disability benefits provide a safety net for them. For the few disabled youth who were employed, their primary remuneration was from monthly salaries. In contrast to the other districts, most of the employed disabled youth in Namakwa work in the formal sector. However, more robust research is required to investigate the dynamics of labour for both non-disabled and disabled youths.

In Cofimvaba, the main sources of income for non-disabled respondents are from the state's child care grant and the old age pension grant. The data shows that both groups mainly live on state grants, which seems to support the assertion that in times of high unemployment disability benefits become the main source of income for the working age population (Mitra, 2009). However, disabled youth appear to be slightly better off than their non-disabled peers because they obtain income from a variety of sources in the South African social service system. Poverty limits the opportunities to acquire education for disabled youth in Cofimvaba. As Martins (2006:1) concludes, "What people can or cannot do and, more importantly, how they survive in a market economy, depends to a large extent on access to the necessary financial resources and assets to meet an increasing portion of their needs".

Social networks and free-time activities

In terms of social assets, this study found that, in addition to other social support systems in all districts, non-disabled youth also receive social support from partners, which is not the case with disabled youth as most of them are not in stable, long-term relationships. Fieldworkers felt the reason was the social stigma in relation to disability, similar to the findings of Goldstein & Johnson (1997). Both groups of respondents displayed similar preferences for social support as well as free-time activities. Fieldworkers report that parents and other family members fear for the safety of their disabled family member, hence they discourage them from taking part in free-time activities.

In all districts non-disabled youth seem to have more choice regarding free-time activities. Non-disabled youth in Namakwa go to nightclubs, shebeens or taverns, while in more developed Kimberley, De Aar and Khatu they go to shopping malls. Fieldworkers reported that because of the high levels of poverty in these districts, most non-disabled female youths go to these areas to look for employed men who may become their boyfriends and then support them financially. Non-disabled males are reported to visit shopping malls, shebeeens and taverns mainly to enjoy themselves, while looking for possible female partners. In contrast, the fieldworkers reported that disabled youth experience less societal stigma in church or other religious services than in shopping malls, shebeens and taverns. Fieldworkers reported that in some instances, disabled youth felt ashamed to go to shopping malls because of a perceived negative attitude among non-disabled people. The fieldworkers also reported that, where there are no recreational facilities within their communities, disabled youth entertain themselves rather than struggle to walk long distances to access free-time activities in other areas. More non-disabled youth engaged in sport than disabled youth who are not included in mainstream sports. Due to poverty and unemployment, disabled youth are left with little or no money to spend on free-time activities. Disabled youth are also prevented from participating in free-time activities due to mobility problems, possibly due to the lack of assistive devices such as wheelchairs.

Public services

Disabled youth utilised local government councillors and the municipality because they are easily available and accessible. Disabled youth hardly use

the Department of Home Affairs because they only need to apply for identity documents for themselves as many of them do not have children, who would need birth certificates. But the Department of Home Affairs sends staff to local communities and schools so disabled youth do not have to travel to their offices. In contrast, most non-disabled youth use the Department of Home Affairs to obtain birth certificates for their children and to apply for child support grants. Lack of support from family members was found to be the main barrier to accessing public services in Cofimvaba. Fieldworkers reported that this is because parents do not know about these services due to the high rate of illiteracy.

Transport systems

Minibus taxis and buses were most commonly cited by both groups as their chief source of transport. It appears that while taxi and bus operators make transport accessible to disabled youth in Cofimvaba, the problem is poverty. Attitudes among immediate family members that create barriers may be related to safety concerns.

Natural assets

The results revealed that only a small proportion of both groups were involved in agricultural activities in all districts, which correlate with a study by Puttergill, Bomela, Grobbelaar & Moguerane (2001) about the utilisation of restored land in rural areas. The study investigated how restored land should be used in rural communities in the Western Cape, Kwa-Zulu Natal and Limpopo provinces. Among the findings was that young people in particular are not familiar with a way of living that involves reliance on agricultural activities. Instead they aspire to formal employment; hence there is low participation in agricultural activities by young people.

Conclusion

This study investigated the factors that influence rural youth's assets to sustain their livelihoods in the districts of Namakwa (Springbok), Sol Plaatje (Kimberley), Pixley Ka Seme (De Aar) and Gamagara (Khatu) in the Northern Cape, and Cofimvaba in Chris Hani district in the Eastern Cape.

It also identified the barriers that prevent disabled youth from gaining access to the five livelihood assets, namely, poor levels of education and training, unemployment and insufficient financial resources, inadequate support from family members and limited participation in social networks and free-time activities, and an inaccessible transport system. While both groups had problems associated with access to livelihood assets, disabled youth endured more inequalities and inequities than their non-disabled peers. If the conditions that disabled youth find themselves in are not addressed immediately, these young people are likely to remain marginalised from sustaining their own livelihoods.

RECOMMENDATIONS

With the majority of disabled youth struggling to access education, it is important that urgent interventions are made to improve retention and completion of secondary education so that disabled youth are able to access higher education. School buildings need to be designed in a manner that accommodates students with various disabilities. Teachers need to be educated about disability and they also need to be trained on how to provide learning support to disabled learners. The same should be done in further education and training colleges and institutions of higher learning.

The key to improving the overall socioeconomic conditions of disabled youth is improved access to education. With regular access to secondary and higher education, which usually leads to skills development and better career prospects, disabled youth can have access to other livelihoods assets with minimal limitations. Disabled youth should be assisted in obtaining skills development opportunities as a matter of dire urgency. Access to education for disabled youth must be a government priority. Service providers are required to provide capacity building to the youth and support through career counselling should be provided to ensure that students have what it takes to complete their studies.

An environment should be created where it is possible for disabled and non-disabled people to interact with each other and share experiences, hence we recommend that recreational facilities, libraries and community youth centres be constructed in these districts as places where these groups can learn to understand and accept each other.

Nurses should be taught about disability to promote early childhood development, early identification and prevention, as well as to strengthen referral systems and multidisciplinary interventions. Also, doctors and nurses

should be encouraged to increase awareness of rehabilitation services and to strengthen referral systems and care pathways for rehabilitation so that disabled youth gain access to resources that would promote their development.

Occupational therapists should play a role in facilitating the employment of disabled youth. Also, social workers and occupational therapists could help in the retention of disabled youth in schooling, which might facilitate access to higher education on the part of disabled youth, in turn enhancing opportunities for employment.

Access to involvement in agricultural and other activities should be promoted to enable skills development, self-employment and as means of mobilising disabled youth.

The provincial government should allocate and secure disability budgets and resources, including capacitating service providers at district level to support disability-inclusive and community-based programmes.

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APPENDIX

Appendix 1: Survey Questionnaire

DYESL - DYRA Questionnaire

The Disabled Youth Enabling Sustainable Livelihoods - Disabled Youth in Rural Areas project is a collaborative research project undertaken by staff of the Disability Studies Postgraduate Programme at University of Cape Town. The research is undertaken to determine the livelihoods of youth. To this end we kindly request 1 hour of your time to complete the following questionnaire . Your response is of the utmost importance to us.

Your responses will be treated confidentially. Results will be made available in summary form; no individual will be identified in any report.

Should you have any queries or comments regarding this survey, you are welcome to contact us telephonically. Our contact details are as follows:

Associate **Professor Theresa Lorenzo**
Programme convenor
Disability Studies Programme
Department of Health and of Rehabilitation Sciences,
Faculty of Health Sciences, University of Cape Town
Email: theresa.lorenzo@uct.ac.za
Tel: 021 406 6326

Mr Ikechukwu Nwanze
Project manager,
Disability Studies Programme
Department of Health and of Rehabilitation Sciences,
Faculty of Health Sciences, University of Cape Town
Email: Ikechukwu.nwanze@uct.ac.za
Tel: 021 404 7677

§ Questions marked with this symbol were taken from or adopted from the Census 2011 Household Questionnaire by Statistics SA (July 2010)

Questionnaire Code:					
Site:					
Fieldworker:					
Sample group:		Disabled youth			Non disabled youth

A. PERSONAL DETAILS TO BE ASKED OF THE YOUTH RESPONDENT

This section of the questionnaire refers to background or biographical information. Although we are aware of the sensitivity of the questions in this section, the information will allow us to compare groups of respondents.

1. Sex

Male	1
Female	2

2. Age (in years)

3. Marital status (What is your marital status?)

Never married (single)	1
Cohabiting (Living together like married partners)	2
Married	3
Widower/Widow	4
Separated	5
Divorced	6

4. Are you a South African citizen?

No	1
Yes	2

The following table is to be used as KEYS for completing the questions on Household tables:

Relationship to youth respondent	**Disability status- experience difficulty with:**
1. =Partner/Husband/Wife 2. =Parent (Mother/Father) 3. =Grandparent (Mother/Father) 4. =Own child (Son/Daughter) 5. =Parent-in-law 6. =Sibling (Brother/Sister) 7. =Other relative (Aunt/Uncle/Cousin) 8. =Non-related person (Friend) 9. =Other, please specify	1. Seeing 2. Hearing 3. Walking or climbing steps 4. Gripping, holding, or lifting 5. Remembering or concentrating 6. Carrying out simple instructions 7.Doing self care activities e.g. washing 8. Difficulty communicating, e.g. understanding or being understood 9. Feeling anxious 10. Feeling depressed (sad, moody)

Who currently lives with you in the same dwelling for at least the last three months of the year? Please fill in each household[2] member's name, relationship to the youth respondent, age group, sex, and disability status, using the codes in the table below. Next indicate the sources of income that each person brings to the household. **Circle head of household amongst respondents**

Person number	Relation-ship to youth	Age category 0-14 1 15-35 2 36-59 3 60+ 4	Sex M F	Disability status	Salary	Wages	Commission	Disability grant	Child support grant	Care dependent grant	Foster care grant	Old age pension grant	Social relief grant	War veterans	Grant-in-aid	Self employed	Other, please specify
Self	Self																
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

[2] Household: is a social and economic unit consisting of one or more people who contribute money, goods or labour for the common good of the unit; household members usually share groceries and frequently eat together; included are members who return on weekends (e.g., people who work and study elsewhere)

B. HUMAN ASSETS

B1 EDUCATION

This section of the questionnaire explores your educational background.

5. Schooling:

Never attended school	1
1, SKIP QUESTION 6, PROCEED WITH QUESTION 15	
Currently attending school	2
Previously attending school	3
3, SKIP QUESTION 6, PROCEED WITH QUESTION 8	

6. Which of the following educational institutions are you currently attending?[§]

Secondary/high School	1
Day care centre/training centre	2
Lsen schools/centre	3
Adult Basic Education and Training Learning Centre (ABET Centre)	4
Literacy classes (e.g., Kha Ri Gude, SANLI)	5
Higher Education Institution (University/University of Technology)	6
Further Education and Training College (FET)	7
Other College	8
Home based education/home schooling	9
Other, please specify	10

7. What is the highest level of education that you have passed?[§]

No schooling	98	
98, GO TO QUESTION 10		
Grade 0	0	
Grade 1 / Sub A	1	
Grade 2 / Sub B	2	
Grade 3 / Std 1/ ABET 1	3	
Grade 4 / Std 2	4	
Grade 5 / Std 3 /ABET 2	5	
Grade 6 / Std 4	6	
Grade 7 / Std 5 / ABET 3	7	
Grade 8 / Std 6 / Form 1	8	
Grade 9 / Std 7 / Form 2 / ABET 4	9	
Grade 10 / Std 8 / Form 3 / NVC 1	10	
Grade 11 / Std 9 / Form 4 / NVC 2	11	
0-11, GO TO QUESTION 8		

[§]Questions marked with this symbol were taken from or adopted from the Census 2011 Household Questionnaire by Statistics SA (July 2010)

Grade 12 / Std 10 / Form 5 / NVC 3	12	**Please specify**
NCT / N / NIC / (V) Level	13	
Certificate	14	
Diploma	15	
Bachelors degree	16	
Higher degree (Honours/Masters/PhD)	17	
Other, please specify	18	
12-17, GO TO QUESTION 10		

8. (see table at end)

9. (see table at end)

10. FOR DISABLED YOUTH ONLY

Did your educators provide you with personal support and technical assistive devices that you require?

No	1
Yes	2

B2 HEALTH

11. The next questions ask about difficulties you may have doing certain activities because of a health problem.

	No – no difficulty	Yes – some difficulty	Yes – a lot of difficulty	Cannot do at all
1. Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
2 .Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
3 .Do you have difficulty walking or climbing steps?	1	2	3	4
4 .Do you have difficulty in gripping, holding, or lifting?	1	2	3	4
5 .Do you have difficulty remembering or concentrating?	1	2	3	4
6 .Do you have difficulty carrying out simple instructions?	1	2	3	4
7 Do you have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
8 .Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	1	2	3	4
9. Feeling anxious	1	2	3	4
10. feeling depressed (sad or moody)	1	2	3	4
IF NO DISABILITY, PLEASE SKIP QUESTION 12 AND CONTINUE WITH QUESTION 13.				

Please note: If you scored 'some difficulty' on at least two (2) questions, then you may Be considered to be disabled.

12. When was the onset of your disability?

Don't know	0
At birth	1
Childhood (0 - 5)	2
Childhood (6-14)	3
Young adulthood (15+)	4

13. How would you describe you physical health in the past three months?

Very poor	1
Poor	2
Fairly good	3
Good	4
Very good	5

14. How would you describe you emotional health in the past three months?

Very poor	1
Poor	2
Fairly good	3
Good	4
Very good	5

15. In the past three months:

	Never	Sometimes	Often	Always
1. Have people paid attention to you	1	2	3	4
2. Have people helped you if you had a problem?	1	2	3	4
3. Have you felt that people really love you?	1	2	3	4
4. There are situations in which we deal with groups of people, for example at home, at work or during our leisure time. Do others appreciate your role in the group?	1	2	3	4
5. Have people found you reliable?	1	2	3	4
6. Have you felt useful to others?	1	2	3	4
7. Have people thought you did better than others?	1	2	3	4
8. Have people found you an influential person?	1	2	3	4
9. Are you known for the things you have accomplished?	1	2	3	4
10. In the past few months have you felt relaxed?	1	2	3	4
11. In the past few months have you felt perfectly healthy?	1	2	3	4
12. In the past few months have you felt physically comfortable?	1	2	3	4
13. Have your activities been challenging to you?	1	2	3	4
14. Have you really enjoyed your activities?	1	2	3	4
15. How often are you fully concentrated when doing something?	1	2	3	4

16. Do you suffer from any of the following illnesses? Mark all applicable.

	No	**Yes**
1 Diabetes	1	2
2 High blood pressure/Hypertension	1	2
3 Asthma	1	2
4 Epilepsy	1	2
5 High cholesterol	1	2
6 Heart disease	1	2
7 Substance abuse (alcohol and drugs)	1	2
8 Depression	1	2
9 Anxiety	1	2
10 Other, please specify	1	2

17. Which professionals have you seen for health reasons in the past 12 months? Mark all applicable.

1. Community Rehabilitation Facilitators / Home Based Carers	
2. University students	
3. Doctor	
4. Nurse	
5. Rehabilitation Therapist	
6. Psychologist	
7. Social worker	
8. Religious leaders	
9. Traditional Healer	
10. Other, please specify	

18. What services have you used for health reasons in the past 12 months? (Mark all applicable)

1. Hospital	
2. Clinic	
3. NGO	
4. Youth's home (residential facility)	
5. Traditional healer's home (home remedies& visits to traditional healer's home)	
6. Other, please specify	

B3 EMPLOYMENT

20. Are you currently working?

No	1	**1, SKIP QUESTION 21 CONTINUE WITH QUESTION 27**
Yes	2	

IF YOU ARE NOT CURRENTLY WORKING, PLEASE SKIP TO QUESTION 27.

21. What kind of primary remuneration do you receive? Mark one option only.

Unpaid work	1
Paid in kind, e.g., food	2
Wages (Weekly)	3
Commission	4
Self employed	5
Salary (Monthly)	6
Other, please specify	7

22. Is this work piece work, seasonal work, a temporary contract or permanent work?

Piece work		1
Seasonal work e.g., harvesting, farming		2
Temporary/Contract		3
Permanent	Part time (e.g., half day or 3 out 5 days per week etc.)	4
	Full time 40+ H	5
Other, please specify		6

23. What type of sector is your place of work?

Formal sector	1
Informal sector	2

24. What type of work are you doing? Mark one option only.

Skilled	Managerial	.1
Skilled	Professional	2
Semi-skilled	Technical e.g.,	3
Semi-skilled	Administrative & clerical	4
Semi-skilled	Service & sales	5
Semi-skilled	Skilled agricultural & fishery	6
Semi-skilled	Craft	7
Semi-skilled	Operations or assembly	8
Unskilled	Unskilled, EG gardener, domestic worker	9
	Other, please specify	10

25. How long have you been working at your current primary work?

	Years		Months		Weeks

26. Do you have another job, apart from the one you described above?

No	1
Yes	2

27. (see table at end)

C. SOCIAL ASSETS

28. Please indicate who you have received any kind of support from in the past 12 months? Mark all applicable.

	No	**Yes**
1. Partner/ boy/girl friend	1	2
2. Your immediate household members	1	2
3. Extended family not living in your house/dwelling	1	2
4. Neighbours	1	2
5. Friends	1	2
6. Social workers	1	2
7. Religious organisations	1	2
8. Community organisations / NGOs	1	2
9. DPOs	1	2
10. Other, please specify	1	2

29. Please indicate which of the following you participate in or visit in your free time? Mark all applicable.

1. Visiting with friends	
2. Sport	
3. Library	
4. Home movies	
5. Cinema	
6. Shopping malls	
7. Nightclubs /Shebeens /Taverns	
8. Choir	
9. Cultural events	
10. Church or other religious services	
11. Other, please specify	

D. PHYSICAL ASSETS

30. Which of the following best describes the main dwelling that the household occupies? Mark one option only.

House on a separate stand or yard or on a farm	01
Traditional dwelling/hut/structure	02
Flat or apartment in a block of flats	03
Cluster house in complex	04
Townhouse in a complex	05
Semi-detached house	06
House/flat/room in backyard	07
Informal dwelling/shack in backyard	08
Informal dwelling/shack in an informal/squatter settlement or on a farm	09
Caravan/tent	10
Other, please specify	11

31. Is the main dwelling accessible to you?

No	1
Yes	2

32. How many households occupy/live in this dwelling?

33. Do you or your family member own or rent this dwelling?

Owned	1
Owned with a mortgage	2
Private Rented/Leased	3
Government Rented/Leased	4
Rent free	5
Other, please specify	6

Not stated	7

34. Do you own any other properties?

No	1
Yes	2

35. What is the **main** type of toilet facility used by this household?§

Flush toilet (connected to sewerage system)	1
Flush toilet (with septic tank)	2
Chemical toilet	3
Pit toilet with ventilation	4
Pit toilet without ventilation	5
Bucket toilet	6
Other, please specify	7
None	8
8, SKIP QUESTION 38 AND 39, PLEASE CONTINUE WITH QUESTION 40	

36. Is the main type of toilet facility located inside or outside the dwelling?

Inside	1
Outside	2

37. Is the main type of toilet facility communal, i.e., share with other households?

No	1
Yes	2

38. In which way does the household mainly get piped (tap) water for household use?§

Tap (piped) water inside the dwelling	1
Tap (piped) water inside the yard	2
Tap (piped) water on community stand (some distance from the dwelling)	3
1-3, GO TO QUESTION 42	
No access to tap (piped) water	4
4, CONTINUE WITH QUESTION 41	

39. What is this household's main source of water for household use?

Borehole	1
Spring	2
Rain water tank	3
Dam/pool/stagnant water	4
River/stream	5
Water vendor	6
Water tanker/TANK	7
Other, please specify	8

§ Questions marked with this symbol were taken from or adopted from the Census 2011 Household Questionnaire by Statistics SA (July 2010)

40. What type of energy/fuel does the household MOSTLY/MAINLY use for (1) cooking, (2) heating and (3) Geyser – heating water (4) lighting? Please select one for each.[§]

1 Cooking		1=Electricity	4=Wood	7=Solar
2 Heating		2=Gas	5=Coal	8=Battery/generator
3 Geyser		3=Paraffin	6=Candles	9=Other, please specify
4 Lighting/entertainment				

41. Does the household own any of the following in working order?

	No	Yes
1 Refrigerator	1	2
2 Electric/Gas stove	1	2
3 Computer	1	2
4 Motorcar	1	2
5 Television	1	2
6 Radio	1	2
7 Landline/Telephone	1	2
8 Cell phone	1	2
9 Bicycle	1	2
10 Motor cycle	1	2
11 Animal drawn cart	1	2
12 Microwave	1	2

42. Please indicate which modes of transport (1) are available in your area. Next indicate which modes of transport (2) have you utilised at least once in the past month. Mark all applicable.

	(1) Available		**(2) Utilise (if available)**	
Mode of transport	**No**	**Yes**	**No**	**Yes**
1. Minibus Taxis	1	2	1	2
2. Car taxis	1	2	1	2
3. Buses	1	2	1	2
4. Trains	1	2	1	2
5. Private cars	1	2	1	2
6. Motor cycles	1	2	1	2
7. Bicycles	1	2	1	2
8. Donkey carts	1	2	1	2
9. Other, please specify	1	2	1	2

43. Please indicate which of the following services (1) are available in your area. Next please indicate which of the following services (2) you have utilised at least once in the past 12 months?

Services Police	**(1) Available**		**(2) Utilise (if available)**	
	No	**Yes**	**No**	**Yes**
Community Policing forum	1	2	1	2
Development forums	1	2	1	2
Local government councillors	1	2	1	2
Municipality	1	2	1	2
Fire department	1	2	1	2
Social services agency / Department of Social Development	1	2	1	2
Department of Home affairs	1	2	1	2
Department of Agriculture	1	2	1	2
Department of Labour	1	2	1	2
Banks	1	2	1	2
ATMs only	1	2	1	2
Internet cafe	1	2	1	2
Post office	1	2	1	2
Other, please specify	1	2	1	2

E. NATURAL ASSETS

44. What kind of agricultural activity is the household involved in? Mark all applicable[§]

None	0
0, END OF SURVEY	
Livestock production (cattle, goats, sheep, pigs, etc.)	1
Poultry production (chicken, ducks, geese, guinea fowl, ostrich etc.)	2
Vegetable production	3
Production of other crops (grains, fruit, etc.)	4
Fishing	5
Other, please specify	6

45. Where does this household operate its agricultural activities?[§5]

Farm land	1
Backyard or school	2
Communal or tribal land	3
Other, please specify	4

§ Questions marked with this symbol were taken from or adopted from the Census 2011 Household Questionnaire by Statistics SA (July 2010)

F. BARRIERS TO ACCESSING LIVELIHOOD ASSETS

Please indicate the THREE MAIN reasons that prevent you from utilising the particular services that are available in your area (barriers)

ENVIRONMENTAL FACTORS AND ASSETS	Education – Completed Attend	Employment	Health services	Social support	Free time activities	Public services	Transport
PRODUCTS AND TECHNOLOGY							
1. Mobility (Lack of devices for such)							
2. Communication (Lack of methods for this)							
3. Self Care/ ADL							
4. Building Access -Private							
5. Building Access -Public							
NATURAL ENVIRONMENT							
6. Geography (Distance land form, and water form)							
7. Seasonal Changes (Rains, storms, landslides)							
8.Human events (Road blockage, strikes)							
9.Natural Events							
SUPPORT AND RELATIONSHIPS							
10.Immediate family							
11.Friends							
12.Neighbours& Community							
13.Personal Assistants							
14.Strangers							
ATTITUDES							
15.Immediate family members							
16.Friends							
17.Authority							
18.Strangers							
19.Religious Beliefs							
20.Cultural Beliefs							
SERVICES & POLICIES							
21.Education & training (skills development)							
22.Safety and security							
23.Legal services							
24.Communication (Telephone, internet, post)							
25.Information (Newspapers, policy, books)							
26.Funding/Financial assistance							
27.Transport Systems							

CLOSURE

1. *How do you feel about the interview session?*

   _____

   _____

2. *Is there anything else you would like to add?*

   _____

   _____

3. *What action do you think should be made to change the situation?*

   _____

   _____

INFORMED CONSENT FORM FOR PARTICIPATION

Questionnaire Code:					
Site:					
Fieldworker:					
Sample group:		Disabled youth			Non disabled youth

DISABLED YOUTH IN RURAL AREAS

Declaration by participant

By signing below, I _____ agree to take part in a research study entitled **'*Disabled Youth In Rural Areas*'**

Contact number: _____

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

Signed:

_____ _____

Participant Date and Place

_____ _____

Researcher Date and Place

_____ _____

Witness (If necessary) Date and Place

INFORMATION SHEET: DISABLED YOUTH IN RURAL AREAS

Dear Participant,

This is a research project that is conducted by an Associate Professor Theresa Lorenzo in the Disability Studies Postgraduate Programme in the Department of Health Rehabilitation and Science at the University of Cape Town. The study is made possible with the support of the National Research Foundation (NRF) Community Engagement Strategy funding. We would like to invite you to be a part of this project.

The project is entitled '*Disable youth in rural areas*', which builds on a current study Disabled Youth: Enabling Sustainable Livelihoods (DYESL) in five provinces initiated in 2007 with the aim of exploring issues related to disabled youth and their sustainable livelihoods.

This research attempts to get a better understanding of the factors that influence disabled youth's ability to sustain a livelihood. In particular we need to look at how the disabled youth are able to access information about resources and services for development.

The study will so a survey of 200 participants in Northern and Eastern Cape between the ages of 18-35; 100 disabled youth and 100 non-disabled youth.

You will be interviewed by a research fieldworker in order to complete a questionnaire that relates to information about your assets and strategies to maintain your livelihood.

The interview will take an average of one hour to complete. The research team will do individual home visits to the houses of the participants. Participation involves no physical risks in any form. Participants will not be paid in any form for their participation. Although this study does not benefit you directly, the information gathered from this research will be given to relevant government officials and organisations involved with youth, to inform them of needs related to skills development.

We would like to inform you of your rights with respect to the following:

- Your participation in this project is entirely voluntary.
- You may stop taking part in the project at any time without fear of penalty.
- Your name will not be used in the project to ensure confidentiality and privacy at all times.

If you have any questions or concerns, feel free to contact us using the contact details on the front page of the questionnaire.

Thank you for your time and we look forward to your participation in the project.

Kind Regards,

Youth, Disability and Rural Communities: Facing the Challenges of Change

This study on Disabled Youth in Rural Areas investigates the livelihood assets of young disabled and non-disabled people between the ages of 18 and 35 years who live in rural communities in South Africa's Northern Cape and Eastern Cape provinces. Livelihood refers to the assets that people use to earn enough money to support themselves and their families through a variety of economic activities. These assets include five categories: human assets (health and education), social assets (social support systems and use of free time), financial assets (work and other sources of income), physical assets (living situation, facilities and services) and natural assets (resource-based activities). The findings provide a profile of possibilities for education, well-being, social support, employability and living aspects of disabled and non-disabled youth in rural areas of these provinces.

More resources are required to improve access to livelihood assets and provide effective interventions to enhance the participation of disabled youth in community life. Poverty is a barrier across all assets. Other barriers that prevent young people with disabilities from accessing livelihood assets include an inaccessible transport system, poor education and training and inadequate support from family members. Since 1994 legislations have been put in place to promote access to resources for youth in South Africa; however challenges in terms of implementation remain. Appropriate policy responses to address inequities between disabled and non-disabled youth are essential. Programmes to enhance their retention in school and transition into the labour market as active contributors to the economy need to be considered. The capacity of service providers and community organisations should be developed to facilitate disability-inclusive development rather than special, segregated development.

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