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Disability Statistics in Egypt*

I. Introduction

According to the last census of 1996, the population of Egypt was 59.3 million. The annual growth rate fall from 2.8% during 1976-1986 to 2.1% during 1986-1996. The population inhabits 6% of the total area of Egypt, which is 1 million square kilometers. According to 1996 census, 42.6% of the population lived in urban areas and 57.4% lived in rural areas. The population density was over 1450 person per square kilometer, but in Cairo the density reached 26148 persons per square kilometer. 34.9% of the population was under 15 years of age, 60% between 15-59 and 5.1% was over 60 years(1996 census).

The population problem in Egypt is held responsible for or is at least associated with every problem hindering social and economic development plans. There are three aspects of Egypt's population problem that addressed by government policy: reducing high rates of population growth, better distribution of population, and improving the quality of the population. Improving the quality of the population can be achieved through improving the education skills, and health of the population.

There has been a notable change in attitudes towards the disabled in the twentieth century. Efforts have been made to provide organized care and rehabilitation to the disabled and to help them to play numerous roles in the community which are commensurate with their abilities. All these efforts are aimed at helping them to become self-reliant and to adjust and integrate in their communities. This trend has put an end to the old view of the disabled as a burden on society and

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has given rise to radical changes in the type and volume of care provided to this category of people, who used use to be merely the object of sympathy and pity.

International efforts with a degree of co- ordination and collaboration in the field of care for disable resulted in numerous documents such as the Declaration on the Rights of Mentally Retardation Persons (1971) and Economic and Social Council resolution 1921 (VIII) on the prevention of disability and rehabilitation of disabled persons, as well as various other resolutions and documents issued by specialized international agencies such as UNESCO and the United Nations Children's Fund (UNICEF).

Services and care provided to the disabled in the advanced countries have developed greatly both in term of quantity and quality. In the developing countries such care is still well below the required level, in spite of the fact these countries contain 80 percent of the total number (over 500 million) of disabled persons in the world.

Several large-scale surveys from industrialized countries indicate a disability rate affecting 10% of the population. In developing countries, some 100 studies (survey, censuses, etc.,) have been made. Comparing the outcome of these studies is difficult because different methods have been used. It would, however, be reasonable to assume that about 5 to 7 percent of the population are disable (ESCWA, 1992).

Traditionally, Egyptian society ascribed simple work, such as cloth folding, threading beads and wool spinning to handicapped persons. Al- Azhar university was the first to rehabilitate the visionary handicapped persons and to educate them as motives for Islam. Early in the nineteenth century Egyptian citizens started to form benevolent assemblies serving the handicapped. In 1939 the Ministry of Social Affairs was established, with the handicapped persons through

providing their essential requirements and rehabilitating them to be productive persons in the society. In 1953 the Ministry of social Affairs established the first handicapped rehabilitation center. Now there are many center distributed in all the Egyptian governorates.

The year 1990 was devoted to improving the welfare of the handicapped children. Many conferences were held under the sponsorship of the first lady in Egypt: Nrs. Mubarak. All professional concerned with handicapped children participated in these conferences and came up with many recommendations which are now under execution.

II. Sources of data disability in Egypt and its limitation

1- **Population censuses**:

Egypt has a national census every 10 years since 1907 containing data on disability. The results of 1947, 1960, 1976 and 1996 censuses will be present in this report. The census provides data about the categories of disabled persons, classified according to type, age, sex distribution. Education, work status and occupational status are also available for disabled persons

The population of Egypt in 1996 census was 59,312,914; disable persons constituted 0.48% of the population. There is no doubt that the number of disable persons in 1996 census was underestimated implying that there are in fact more disables persons than those suggested by the results. In this case, the reasons for the inaccuracy of the results concerning the disabled could be as follows:

A- Prevailing customs and traditions, whereby some families are unable for various social reasons to admit cases of disability, particularly when the disabled persons are females;

B- The low educational level of some families, which makes them decline to admit that there are any disabled persons in the family;

C- The failure of the media to explain disability and the services provided to disables persons by the community. As a result, the family has no wish to report the existence of disable persons because it thinks that to do so is neither important no useful;

D- A lack of awareness on the part of some of those responsible for the collection of data with respect to the importance of accurate information on the situation, characteristics, abilities and requirements of disables persons in the community. They therefore fail to obtain correct data in this field;

E- The fact that the general population census questionnaire does not include categories of disability, which, if include, might affect the number of disable persons. These categories include psychiatric disorders, epilepsy, learning disabilities, certain chronic diseases, etc.;

F- The imprecision of definitions and explanations relating to the categories of disability covered by the questionnaire.

Table (1) presents the categories of impairments encountered in the 1947, 1960, 1976 and 1996 Egyptian censuses. It is obvious; there are disparities between the basic patterns of disability in different censuses. The reasons of disabilities are not published in the censuses.

Table 1: Type of impairments encountered in the 1947, 1960, 1976 and 1996 Egyptian census

		Type of impairment	1947	1960	1976	1996
Sensory	Visual	Blind (total loss)	+	+	+	+
		Partial loss	-	-	-	-
		Loss of one eye	+	+	+	+
	Hearing	Deaf (total loss)	-	-	+	+
		Partial loss	-	-	-	-
	Speech	Dumb (total loss)	-	-	+	+
		Partial loss	-	-	-	-
Physical	Locomotor	Upper limb disability	-	+	+	+
		Lower limb disability	-	+	+	+
		Poliomyelitis	-	-	-	+
		Paralysis total or partial	-	-	-	+
Mental	Mentally retarded	Intellectual	+	-	+	+
Multiple	Deaf- Dumb		+	+	+	+
	Blind-Deaf- Dumb		+	-	-	-
	Blind- Mentally retarded		+	-	-	-
	Blind –Mentally retarded -Deaf- Dumb		+	-	-	-
	Loss of one eye- Deaf- Dumb		+	-	-	-
	Loss of one eye- Mentally retarded		+	-	-	-
	Loss of one eye- Mentally retarded- Deaf- Dumb		+	-	-	-
	Deaf- Dumb - Mentally retarded		+	-	-	-

Note: (+) Data are existed (-) Data are not existed

2- Surveys

There is a general lack of surveys concerning the nature and extent of disability. Some surveys conducted to collect basic information on the health status of the Egyptian as well as related factors which affected this. Disability included in Health Interview Survey (HIS). This survey formed part of five years national research project for the period 1977 to 1984.The classification scheme applied in this survey was the World Health organization (WHO) 1980 international classification.

In 'Egypt Maternal and Child Health Survey, 1991' information on disabilities was collected. In the disability module, the following question was asked 'Does anyone in the household, including very young children and women, have any long –term condition or health problem which prevents or limits his/her participation in activities, normal for a persons of his/her age? For every person in the household reported to have a disability, both the type and the cause of the condition were ascertained. Some results of the two surveys will present in this report.

3- Some special studies

Few researchers conducted small surveys to describe the socio-economic and health characteristics of the mentally disable children in primary schools and rehabilitation centers.

III. Comparative study of the characteristics of disabled persons though censuses 1947-1996

1- Situation in 1947

According to 1947 census of Egypt, the number of disable persons totaled 200,449 or 1.22% of the total population. Of these 116,621 disabled males (1.4 of males) and 83,828 disable females (1.0% of females population). This may be owing to the fact that families declined to admit the existence of disable females, for the reasons already mentioned. In addition, the possibility of being exposed to accidents and occupational injuries is greater for males than for females, making them more liable to suffer from disability. (Table 2)

Table 2: Disable Persons and Prevalence per 100 Population by Sex and Place of Residence, Egypt

Year	Number of disable persons			Disable persons prevalence per 100 population		
	Males	Females	Total	Males	Females	Total
A-urban						
1947	*	*	*	*	*	*
1960	37607	29160	66767	0.75	0.60	0.68
1976	38726	12779	51505	0.47	016	0.32
1996	80323	43020	123343	062	0.35	0.49
B-Rural						
1947	*	*	*	*	*	*
1960	105466	83966	189432	1.31	1.04	1.18
1976	44179	15640	59819	0.42	0.15	0.29
1996	103069	58464	161532	0.59	0.35	0.47
C-total						
1947	116621	83828	200449	1.44	1.01	1.22
1960	143073	113126	256199	1.09	0.88	0.99
1976	82905	28419	111324	0.44	016	0.30
1996	183391	101484	284875	0.60	0.35	0.48

Source: Population Censuses, 1976 - 1996.
* Not available

The census distinguished three groups:
1-Sensory impairments: blind, loss of one eye, deaf-dumb.
2-Mental retarded
3-Multiple impairments

The 1947 census not considered the physical impairment in categories of disability. The category of "lose of one eye" constituted the largest group of all disabled (52.4%); this was true of both males and females. The second largest group is categorized of blind (37.4%) (Table 3).

Table 3: Percent distribution of Disabled Persons by Type of Disability in 1947

Type	Males	Females	Total
1-Blind	32.89	43.78	37.44
2-Lose of one eye	56.07	47.37	52.43
3-Deaf-dumb	4.63	4.12	4.42
4- Mental Retardation	5.97	4.44	5.33
5-Blind- deaf-dumb	0.10	0.07	0.09
6 –Blind- Mental retardation	0.05	0.02	0.04
7-Blind - Mental retardation- deaf-dumb	0.03	0.01	0.02
8-Lost of one eye- deaf- dumb	0.05	0.01	0.03
9- Lost of one eye- Mental retardation	0.03	0.01	0.02
10- Lost of one eye- Mental retardation- deaf- dumb	0.04	0.02	0.03
11- Deaf-dumb- Mental retardation	0.14	0.15	0.14
Total	100	100	100

2-Situation in 1960

According to 1960 census, the number of disabled persons totaled 256,199 or 0.99% of the total population. Of these 143,073 disabled males (1.1 % of males and 113,126 disabled females (0.9% of females)

The census distinguished only two groups:

1-Sensory impairments: blind, loss of one eye, deaf-dumb

2-Physical impairments: lost of one or both arms, lost of one or both legs.

The 1960 census not considered the mentally retarded or multiple impairments. The category of "lose of one eye" constituted the largest group of all disables (51.6%), this true of both males and females. The second largest group is categorized of blind (36.0%) (Table 4).

Table 4: Percent distribution of Disabled Persons by Type of Disability in 1960

Type	Males	Females	Total
1-Blind	30.9	42.6	36.0
2-Lose of one eye	53.7	48.9	51.6
3-deaf-dumb	7.1	6.0	6.6
4- Lose of one or both arms	3.7	1.1	2.6
5-Lose of one or both legs	4.5	1.4	3.2
Total	100.0	100.0	100.0

Situation in 1976

According to 1976 census, the number of disabled persons totaled 111,324 or 0.3% of the total population. Of these 82,905 were disabled males (0.4% of males) and 28,419 disabled females (0.2% of females). The rural urban distribution was consistent at 0.3% of the population in each region. The disabled males-female proportional distribution in both rural and urban areas showed a preponderance of males. Clearly these statistics are the result of an obvious under-enumeration of the disabled particularly among females.

The census distinguished five groups of sensory impairments: blind, loss of one eye, deaf, dumb, deaf-dumb. It distinguished two groups of physical impairments: loss of one or both arms, and loss of one or both legs. It included a group of mentally retarded as well as a group classified as "other impairments".

The blind constituted the largest group of the entire disable, this was true of both males and females. However the difference in proportion of males and females was quite significant. Among disabled males in Egypt, the second largest group is categorized under "other disabilities, 19.9%", followed by "loss of one eye, 17.5". Ranking the disability among females, the second largest group is "loss of one eye" followed by deaf and dumb (Table 5).

Table 5: Percent distribution of Disabled Persons by Type of Disability in 1976

Type	M	F	T
1-Blind	23.9	44.2	29.1
2-Lose of one eye	17.5	14.8	16.8
3-deaf-dumb	10.5	13.0	11.1
4-Deaf	4.5	4.6	4.6
5-Dumb	3.0	3.1	3.0
4- Lose of one or both arms	7.5	1.8	6.1
5-Lose of one or both legs	6.1	2.1	5.1
8- Mental Retardation	7.1	6.3	6.9
9- Other disabilities	19.9	10.1	17.4
Total	100	100	100

Situation in 1996

According to last published population census of Egypt 1996, the number of disabled persons totaled 284,875 or 0.48% of total population. Of these 183,391 were disable males (0.6%) and 101,484 disabled females (0.4%). The rural- urban distribution of disabled persons was consistent at 0.5% in each area.

The disabled males- females' proportional distribution in both rural and urban areas showed a preponderance of males. Clearly these statistics are the result of an obvious under- enumeration of the disabled, particularly among females.

The 1996 census distinguished five groups of sensory impairments: blind, loss of one eye, deaf, dumb, deaf-dumb. It distinguished four groups of physical impairment: loss of one or both arms and loss of one or both legs, poliomyelitis and total or partial paralysis. It included a group of mentally retarded as well as a group classified as "other disabilities", Paralysis total or partial constituted the largest group of all the disabled, this was true of both males and females. The second largest group is mental retarded (16.7%), followed by poliomyelitis (12.5%) and blind (10.8%). The category of "other disability" constituted the largest group of the entire disabled. This was true of both males and females (Table 6).

Table 6: Percent distribution of Disabled Persons by Type of Disability in 1996

Type	M	F	T
1-Blind	10.7	11.1	10.8
2-Lose of one eye	1.8	1.3	1.6
3-Deaf-dumb	3.1	3.5	3.2
4-Deaf	1.6	1.9	1.7
5-Dumb	3.9	4.6	4.2
4- Lose of one or both arms	2.1	0.6	1.6
5-Lose of one or both legs	4.1	1.4	3.2
8- Mental Retardation	17.5	15.3	16.7
9-Poliomyelitis	12.8	12.1	12.5
10-Paralysis total or partial	19.4	17.6	18.7
11-Other disabilities	23.1	30.6	25.8
Total	100	100	100

Finally Table 7 summarized the prevalence rate (per 100,000 persons) of the different types of impairment in 1947, 1960, 1976 and 1996 censuses.

Table 7: Prevalence rate per 100 000 persons of the different types impairments encountered in the 1947, 1960, 1976 and 1 996 Egyptian census

		Type of impairment	1947	1960	1976	1996
Sensory	Visual	Blind (total loss)	458	355	88	52
		Loss of one eye	942	509	51	8
	Hearing	Deaf (total loss)	-	-	14	8
	Speech	Dumb (total loss)	-	-	9	20
Physical	Locomotor	Upper limb disability	-	25	18	7
		Lower limb disability	-	31	16	15
		Poliomyelitis	-	-	-	60
		Paralysis total or partial	-	-	-	90
Mental	Mentally retarded	Intellectual	65	-	21	80
Multiple	Deaf- Dumb		54	66	34	15
	Blind-Deaf- Dumb		1	-	-	-
	Blind- Mentally retarded		*	-	-	-
	Blind –Mentally retarded -Deaf- Dumb		*	-	-	-
	Loss of one eye- Deaf- Dumb		*	-	-	-
	Loss of one eye- Mentally retarded		*	-	-	-
	Loss of one eye- Mentally retarded- Deaf- Dumb		*	-	-	-
	Deaf- Dumb - Mentally retarded		2	-	-	-
	Other disabilities		-	-	53	124

(*) Less than 1 (-) Data are not existed

Distribution of disabled persons by age 1960-1996

Table 8 shows that the percentage of disabled persons in 1960 increase from 1% in age group less than 5 to reach 8% in age group 35-39, then the percentage were fluctuated between 5.4-9.2% for other groups. In 1976 and 1996, the age group with the highest number of disabled persons was that 10-24 (28.0% in 1976 and 36.2% in 1996). In 1996 the percentage of disability tended to decrease gradually from age group 25-29 (8%) to reach 2.6% in age group (75+). In 1976 the percentage were nearly remain stationary in middle ages 25-49 years (ranged between 6.3-7.5%) and decreased in the older ages (55+) (ranged between 3.7-4.9%) except age group 60-64. The group comprising children of pre- school age (under 5) and age group 5-9 has about 7% in 1976 and 11% in 1996. This indicated that the services of most vital importance for disabled are those provided to children and adolescents of school age.

Table 8: Percent Distribution of Disabled Persons by Age Groups

Total

Age	1960	1976	1996
Less than 5	1.0	0.7	4.0
5-	2.8	6.0	6.8
10-	4.0	10.5	11.4
15-	5.2	9.4	14.0
20-	5.8	8.1	10.8
25-	6.6	7.5	8.0
30-	6.7	7.0	7.1
35-	8.0	7.2	6.5
40-	7.5	7.3	5.8
45-	7.7	6.3	5.2
50-	8.7	6.8	4.5
55-	6.3	4.9	3.7
60-	9.2	6.1	4.0
65-	5.4	3.7	3.1
70-	6.7	4.0	2.5
75+	8.2	4.4	2.6
Total	100	100	100

Table 8 (cont.) : Percent distribution of Disabled Persons by Age Groups

B- By Sex

Age	1960		1976		1996	
	Males	Females	Males	Females	Males	Females
<5	1.1	1.0	0.6	1.0	3.2	5.4
5-	3.1	2.5	5.1	8.6	6.1	8.3
10-	4.5	3.4	10.0	12.2	10.2	13.5
15-	5.6	4.8	9.4	9.7	13.6	14.6
20-	6.6	4.8	8.4	7.3	11.3	10.0
25-	6.9	6.3	8.3	5.4	8.2	7.7
30-	7.1	6.1	7.7	5.0	7.2	6.9
35-	8.6	7.3	8.1	4.6	6.7	6.1
40-	7.8	7.2	8.0	5.4	6.2	5.1
45-	7.9	7.4	7.0	4.2	5.9	3.9
50-	8.3	9.2	7.1	6.0	4.8	3.8
55-	6.5	6.2	5.3	3.9	4.2	2.8
60-	8.2	10.4	5.7	7.3	4.2	3.7
65-	5.2	5.8	3.4	4.6	3.3	2.6
70-	5.7	7.9	3.0	6.7	2.4	2.7
75+	7.0	9.8	3.1	8.1	2.4	2.9
Total	100	100	100	100	100	100

It can be concluded, therefore, that priorities for services to the disabled, by age group, should be ranked as follows:

(i) Children and young people ranging in age from 5 to 24 who need educational and vocational training services in order to be rehabilitated as productive members of the work-force:

(ii) Those aged from 25 to 64, who need vocational guidance and rehabilitation, as well as programmes on recruitment and employment, because they are frequently responsible for providing for their families, as well as themselves:

(iii) Those aged 65 and over, who constitute a significant proportion of the total number of disabled persons. They need to be provided with welfare services:

(iv) Children under the age of 5. This group requires special and distinctive attention because, the sooner that services are provided, the more effective and useful they are for the development and growth of the disabled child. Also, the size of this group is expected to be much larger than was indicated in the census, since disability at this age may not be apparent to the family, or may remain unconfirmed by doctors owing to lack of evidence or the possibility of recovery.

Characteristics of Disabled Persons in 1996

Educational structure

Table (9) presents the distribution of disabled persons (10+) and for all population by educational structure and sex in 1996 census. The illiteracy rate is high among disabled Egyptian males and females, 10 years and over (60.6% and 70.1% respectively), the corresponding percentages for all population (10+) are 29.1% for males and 50.3% for females. The relative share of other educational status is much lower among disabled persons compared to all population. The levels of education for males are higher than those for females, inconformity with the situation for the population as a whole.

Table 9: Percentage distribution of the disabled persons (10 +) and all Persons (10+) by educational status and sex, 1996.

Educational Status	Disable persons			All population (10+)		
	M	F	T	M	F	T
Illiterate	60.6	70.1	63.9	29.1	50.3	39.4
Read and Write	16.4	8.8	13.8	22.7	14.6	18.7
Below Intermediate	10.1	10.1	10.1	19.6	15.6	17.7
Intermediate	9.0	7.4	8.5	19.0	13.9	16.5
Over Intermed. and Less Than University	1.0	1.1	1.0	2.3	1.7	2.0
University and over	2.9	2.5	2.8	7.3	3.9	5.7
Total	100	100	100	100	100	100

Source: CAPMAS, Population Census in 1996.

Economic Participation

Table (10) present the participation rate of the disabled persons by type of disability in 1996 census.The percentage of economically active Egyptian disabled males (15+) amounted 33.4% and much lower for females (11.9%).These percentages are significantly lower than the participation rates for all population especially for males. The lowest participation rates are among blind (12.9%) and mentally retarded (4.1%) persons.The majority of disabled persons do not work and constitute a heavy burden in terms of care for both the family and the community. They consume without producing and also prevent a considerable number of family and community members from fulfilling their roles as producers because they have to devote all or some of their time to the service and care of the disabled. This confirms the importance of training and rehabilitation for the disabled and of organizing employment for them so that they have the possibility of serving and providing for themselves and of participating in production. They are thus converted from consumers into active partners in the construction and progress of the community.

Table 10: Participation rate of the disabled persons (15+) by type of disability and sex 1996 (%)

Type	Males	Females	Total
1-Blind	18.3	3.3	12.9
2-Lose of one eye	63.4	8.6	47.5
3-deaf-dumb	57.2	9.5	38.6
4-Deaf	51.7	6.6	33.9
5-Dumb	56.9	6.8	37.2
4- Lose of one or both arms	46.5	14.8	42.4
5-Lose of one or both legs	39.1	11.3	34.8
8- Mental Retardation	5.5	0.8	4.1
9-Poliomyelitis	38.7	16.7	31.5
10-Paralysis total or partial	28.0	23.4	26.5
11-Other disabilities	51.2	12.3	36.2
Total	33.4	11.9	26.2

Participation rate of all population (15+), 1996 (%)

Males	Females	Total
77.3	14.5	46.5

Occupation

Table (11) presents the percentage distribution of working persons and total labour force (15+) by occupation in 1996. The highest proportion of disabled persons in 1996 were engaged in white-collar occupation (legislator.., technician.., professional, clerk) (32%). The percentage is similar with respect to all population (15+). The second largest sector was agriculture (25%) and slightly lower compared to all population (27%), followed by blue- collar occupation (crafts..., ,machine operators, elementary occupation (19%). Services workers occupied the last rank with 16%. The percentage of disable persons were engaged in services activities much higher compared to all population (9%), while whose engaged in blue collar (19%) were lower compared to all population (23%).

Table 11 : Percentage Distribution of working disabled persons and total labour force (15 Years and Over) by Occupation, Sex, 1996.

Occupation	Disabled persons			Total labour force		
	M	F	T	M	F	T
Legislators, Senior Officials and Mangers	3.9	2.6	3.7	4.5	3.4	4.3
Science Professionals	8.9	19.6	10.5	9.8	24.8	12.1
Technicians and Associate Professionals	7.8	13.6	8.6	7.8	16.1	9.1
Clerks	7.2	17.6	8.8	4.7	16.6	6.5
Service Workers Shop and Market Sale Workers	16.8	10.3	15.8	9.2	4.7	8.5
Agriculture and Fishery Workers	26.8	15.6	25.1	30.6	8.0	27.2
Crafts and Related Trade Workers	13.6	4.2	12.2	16.1	2.1	14.0
Plant and Machine Operators and Assembles	3.9	2.1	3.7	7.0	1.6	6.2
Elementary Occupation	3.0	1.1	2.7	2.7	1.1	2.4
Person Not Classified	8.1	13.4	8.9	7.6	21.5	9.7
Total	100	100	100	100	100	100

Source: CAPMAS, Population Census in 1996

There are marked differentials in the occupation distribution of disabled males and females. The proportion of females engaged in white-collar occupation is much higher than among males (53.4%, 27%). The proportion of those in blue collar are much higher among males than females (20.5%, 7.4%), The proportion of those engaged in services and agriculture occupations are much higher among males than females. The similar pattern was observed among males and females in the total population.

Employment status

Table 12 present the distribution of disabled persons by employment status in 1996 and for total labour force. The employees constitute the highest percentage with 67.6% (65.8% for males and 77.7% for females). The lowest percentage is for unpaid family workers with 2.5% (2.7% for males and 1.3% for females).The status structure of disabled persons didn't vary significantly with structure of total labour force.

Table 12: Percentage Distribution of working disabled persons and total Labour Force (15 Years and Over) by Employment Status, sex, 1996.

Employment Status	Disabled persons			Total labour force		
	M	F	T	M	F	T
Own Account Workers	5.8	2.7	5.3	7.3	1.4	6.4
Employers	19.8	7.6	17.9	21.2	4.2	18.6
Employees	65.8	77.7	67.6	62.0	71.6	63.5
Unpaid Family Workers	2.7	1.3	2.5	2.6	2.4	2.6
Ever Worked Unemployed	1.1	0.5	1.1	0.5	0.2	0.4
Newly Unemployed	4.8	10.2	5.6	6.4	20.2	8.5
Total	100	100	100	100	100	100

Source: CAPMAS, Population Census in 1996.

Unemployment rate

Table (13) presents the unemployment rate of the disabled persons (15+) by type of disability and sex.The unemployment rate of disabled person reaches 6.7% in 1996. the rats for females is almost double the rate for males. These rates are lower than the rates of all unemployed persons:

The highest proportion of those unemployed or economically inactive occurs among the mentally disabled, followed by physically disables, with the lowest proportion occurring among with hearing and speech disabilities, followed by those visual disabilities.

Table 13: Unemployment rate of the disabled persons (15+) by type of disability and sex , 1996

Type	Males	Females	Total
1-Blind	4.0	7.2	4.2
2-Lose of one eye	3.0	11.2	3.5
3-deaf-dumb	2.4	7.5	2.9
4-Deaf	1.9	7.4	2.3
5-Dumb	1.8	7.7	2.2
4- Lose of one or both arms	4.5	5.0	4.5
5-Lose of one or both legs	4.2	10.6	4.6
8- Mental Retardation	12.7	22.4	13.2
9-Poliomyelitis	7.0	9.4	7.4
10-Paralysis total or partial	5.4	4.6	5.2
11-Other disabilities	8.1	22.0	10.0
Total	5.9	10.7	6.7

Unemployment rate of all population (15+), 1996

Males	Females	Total
9.3	25.5	11.1

IV. Characteristics of disabled person through Survey

A. Health Interview Survey

After the results of the 1976 census were published, it became evident that realistic up-to-date information on disabilities in Egypt was urgently needed. Consequently, it was decided to include disability in the Health Interview Survey (HIS). This Survey formed part of a five-year national research project for the period 1977 to 1984. The main objective of this project was to collect basic information on the health status of Egyptians, as well as related factors which affected this.

The HIS was carried out on a sample of 1 per cent of the population in 20 governorates, including Cairo, and according to the 1976 census it was representative of the whole of Egypt. The sample covered 55,174 households: 23,220 in urban areas, 26,189 in rural areas with health centers and 5,765 in rural areas without health centers. These families included 225, 737 individuals, 48,607 of whom were children in the pre-school age group and 177,130 others were over six years of age.

A controlled selection technique was used to divide the sample into three cycles, each representing the nation as a whole. The final results included the average of each cycle. This technique produced estimates of rare conditions and improved the precision of the estimation. Considerable care was taken over definition issues of disability.

The classification scheme applied in the Survey was the World Health Organization (WHO) 1980 international classification. The data of the survey was presented as follows:

1. Prevalence rate of disability

(a) Of the total sample of 225,737 persons, 3,436 were recorded as being disabled, giving a prevalence rate (PR) of 1,522 per 100,000.

From this it can be concluded that 1.5 per cent of the population of Egypt was disabled:

(b) Effect of the area: disability was found to be slightly more frequent in rural than in urban areas, and more frequent in rural areas without health centers.

(c) Age: the disability rate tended to increase gradually in the young, increase rapidly during old age and remain stationary in middle age.

(d) Sex: disability was more frequent in males than in females, with a ratio of 1.5:1.0.

2. Types of impairment

(a) Visual impairment

The incidence of visual impairment was 28.3 per cent: the PR was 633 per 100,000 persons. The PR for total blindness was 203 per 100,000 people. partial impairment was at least twice as frequent as total blindness (2.2:1.0 in rural areas and 2.0:1.0 in urban areas), for all ages. Visual impairment was most common in rural areas, especially in those without health centers.

(b) Hearing impairment

The PR of hearing impairment was 209 persons per 100,000. It was slightly more frequent in rural than in urban areas. Partial hearing impairment was more frequent than complete deafness (the ratio was 102:1.0). Complete deafness predominated over partial impairment in the newly born and young, while the reverse was true for the middle - aged and elderly. The PR of complete deafness was 94 per 100,000 persons.

(c) Speech impairment

The average PR of speech impairment was 189 per 100,000 persons. Impairment was more frequent in urban than in rural areas. Complete speech impairment was slightly more frequent than partial impairment.

(d) Locomotory impairment

(i) The PR of lower limb impairment was 653 per 100,000 persons. It was found to be more frequent in urban than in rural areas;

(ii) The PR of upper limb impairment was 308 per 100,000 persons and was found to be more frequent in people of an active age (20-30 years); it affected the right side more than the left side;

(iii) The PR of vertebral column impairment was 53 per 100,000 persons: it was found to be slightly more frequent in urban than in rural areas, gradually increasing with age and becoming more common in old age.

(e) Mental impairment

Including both the mentally handicapped and mentally ill, the PR of mental impairment was 122 per 100,000 persons. Mental impairment was more frequent in urban areas than in rural areas. Impairment peaked at 20-30 years and was less marked in people over 60.

(f) Chorines ill- health disability

The PR for chronic ill-health disability was 77 per 100,000 persons. There was no difference with regard to area, but there was an abrupt rise in frequency after 60 years of age.

3. Causes of disability

In the total sample interviewed, the causes of disability were as follows:

(a) chronic illness (responsible for 43.5 per cent of all disabilities):
(b) Congenital causes (20.5 per cent):
(c) Other causes (20.4 per cent):
(d) Non-work accidents (6.8 per cent):
(e) Work accidents (4.8 per cent):
(f) Unknown causes (4.0 per cent).

4. Duration of disability

Calculated from the date of onset to the date of the interview in the survey, the duration of disability was described as:

(a) Short : less than 20 years:
(b) Moderate: from 20 -50 years:

(c) Long: more than 50 years.

(a) Disability of short duration

In the sample, 67.5 percent of cases had disabilities which had lasted for less than 20 years, of which 46.7 per cent had a duration of less than 10 years. This was more evident in urban areas than in rural areas, and found to be slightly more common among males than among females. It covered all the cases at the age of 20 years, about 45 per cent of cases in middle age (20-50 years) and more than half the cases (60 per cent) in old age (more than 50 years).

(b) Disability of moderate duration

Generally, this covered 20.9 per cent of all cases in the sample. It was more frequent in rural areas than in urban areas, and slightly more frequent among females than among males. It constituted half of the cases in middle age and decreased gradually with old age.

(c) Disability of long duration

Generally, this constituted 5.9 per cent of all cases. It was more frequent in rural than in urban areas, and was slightly more frequent among females than among males. The age group most affected was the over 50s.

(d) Disability of unknown duration

This constituted 5.7 per cent of all cases.

5. Effect of disability on work

The disabled in the survey were divided into three categories:

(a) Those with a definite work status before being disabled. They represented 74.7 per cent of the sample. The ratio of males to females was (1.26:1). It was found that 38.9 per cent of these people were able to work after being disabled; the other 60.1 per cent were unable to work. Of those who were able to work again, 18.8 per cent went back to the same work after being disabled.

(b) Those with an unknown work status before being disabled. They represented 5.6 per cent of disabled persons. The rate was almost the same in both urban and rural areas and for both sexes.

(c) Those with an unknown work status before being disabled, or those who gave no definite answer. They represented 19.7 per cent of the total sample. The rate was almost the same in both rural and urban areas, but was more frequent among females than among males (2.3:1) in both areas.

B- Maternal and child Health Survey, 1991

1- Prevalence of disability

Out of 58,284 persons surveyed, there were 808 who had a disability. This represents about 1.4 percent, or 1 in 72 persons, who had a disability. This figure is much higher than that derived from the 1976 and 1996 censuses of Egypt where the number of disabled persons totaled 111,324, or 0.3 percent of the total population in 1976 and 284875 persons or 0.5% in 1996 . There is no doubt that the number of disabled persons in the 1976 and 1996 censuses was seriously underestimated. The prevalence rate derived from the EMCHS is, however, very close to the rate given by the Health Interview Survey of 1979-85 (1.5 percent).

Of all the persons reported to have a disability, 60 percent were males and 40 percent females. The overall prevalence of disability was much higher among males than females, 1.6 percent compared with 1.1 percent, respectively. The sex ratio of disabled persons is much higher than that of the whole population. Disability dating from birth, like early neonatal mortality, disproportionately affects boys. It may also be argued that males are at greater risk of other causes of disability. Despite this, however, the sex ratio of disabled persons is so high as to suggest poorer reporting of disability among females than among males.

The prevalence of disability tended to rise with age, though not systematically. Urban residence denoted a higher level of disability

than rural residence; 2.0 compared with 1.4 percent in the case of males, and 1.2 compared with 1.0 percent in the case of females.

Out of a total of 8224 children under five years of age, 72 were reported to have a disability, giving a prevalence rate of 875 per 100,000. The prevalence of disability was much higher among boys than girls, 1014 compared with 728, per 100,000, respectively.

2- Type of Disability

Table 14 shows the percent distribution of disabled persons by type of disability and the prevalence rate of disability by type, separately for males and females. Among women with a disability, 35 percent had a sensory disability, 27 percent had physical or mobility disability and nine percent had a mental disability. About 29 percent had disabilities other than those listed. The pattern was different for men. Among males with a disability, physical impairments were the leading cause of disability (31 percent), followed by sensory disabilities (28 percent), and mental disabilities (10 percent), while 31 percent had disabilities other than those listed.

The type-specific prevalence rates were higher among males than among females, particularly in the case of physical disabilities. For example, the prevalence rate of sensory disabilities, per 100,000 persons, was 451 among males and 392 among females, whereas the rate of physical disabilities was 510 among males compared with 303 among females.

A visual disability was by far the most common of the sensory disabilities. It affected around three in five of those who had any sensory disability. Paralysis was the most prevalent of the physical disabilities, it affected around two in three of those who had any physical disability.

Table 14: percent distribution of disabled persons by type of disability, and type- specific prevalence rates per 100,000 persons, according to sex, Egypt MCHS 1991

Type of impairment		Percent distribution of disabled persons by type of impairment		Prevalence rate per 100,000 population	
		Males	Females	Males	Females
Sensory	**All**	**27.6**	**34.7**	**451**	**392**
	Visual	16.9	21.8	276	246
	Hearing/Speech	10.7	12.9	174	146
Physical	**All**	**31.3**	**26.8**	**510**	**303**
	Upper Limb	4.1	2.8	66	32
	Lower limb	7.1	4.1	115	46
	Paralysis	20.1	19.9	329	225
Mental		**10.1**	**9.5**	**164**	**107**
Other		**31.0**	**29.0**	**507**	**328**
Total		100.0	100.0	1632	1130

The figures in Table (14) also indicate that, among females, a visual impairment was the most prevalent type of all disabilities, with a prevalence rate of 246 per 100,000, and this was followed by paralysis with a prevalence rate of 225 per 100,000. Among males, paralysis was the most prevalent type of disability with a prevalence rate of 329 per 100,000, followed by visual impairments with a prevalence rate of 276 per 100,000.

As already mentioned, there were 72 children under five years of age who were reported to have at least one type of disability. Table (15) shows that 28 percent of these children were reported to have disability which handicapped their mobility, 16 percent had a sensory disability and 13 percent had a mental disability, while a high of 43 percent had disabilities other than those listed.

Table 15: Among children under five years of age, the percent distribution by type of disability, according to sex of child, Egypt MCHS 1991

Sex of child	Type of disability				Total	Number of children
	Sensory	Physical	Mental	Other		
Male	17.1	24.4	14.6	43.9	100.0	43
Female	13.8	34.5	10.3	41.4	100.0	29
Total	15.8	28.5	12.9	42.8	100.0	72

3- Cause of Disability

For each person with a disability it was ascertained whether the condition was due to each of a number of causes: congenital, infant birth trauma, injury, disease, some other cause or an unknown cause. The distribution of persons with a disability according to reported cause of disability is shown in Table 16.

Disabilities dues due to a chronic disease were most common, reported as a cause for 36 percent of men, and 43 percent of women, with a disability. Next most common were congenital causes, 26 percent of men and 27 percent of women, followed by accidents, 25 percent of men and 12 percent of women, and other causes, 10 and 14 percent of men and women with a disability, respectively. Infant birth trauma as a cause of disability accounted for 1.7 and 3.1 percent of all cases among males and females, respectively.

Table 16: Percent distribution of disabled persons by cause of disability, according to sex, Egypt MCHS 1991

Cause of disability	Males	Females
Congenital	26.1	26.7
Infant Birth Trauma	1.7	3.1
Injury	24.7	12.3
Disease	35.7	43.4
Other	10.2	14.2
Unknown	1.6	0.3
Total	100.0	100.0

Detailed tabulations (not shown here) indicate that congenital causes were much more common, among both senses, in rural than urban areas, whereas injury as a cause of disability, was slightly more common among urban than rural men, and among rural than urban women.

Detailed results also indicate that among children under five years of age, congenital disabilities were by far the most common of the causes of disability. The proportion of all disabled children whose disability was due to congenital causes inevitable declines with age, as the child becomes exposed to other risks.

V. Recommendations

The definition of disability and the various types of disability should be standardized among the various countries for use in research studies and general population censuses.

In the case of Egypt, the category of "other disabilities" accounted for the largest category of the disabled.This failure to identify disability does not help planners. Standardization allows for better understanding as well as comparison both vertically and horizontally.

It is clear from the census data that this group of the population is under- enumerated. It is also clear from the available literature on the subject that there is a dearth of relevant material . It will be necessary, therefore, to set up a research project to help to clear the mist regarding this group of people with respect to their numbers, needs and capabilities. Such information is vital for planning and implantation of sound programes.Thus detailed information on disability should be collected in population censuses such as: causes, duration, effect on work and family in addition marital status, reproductive health and household family formation, internal and international migration, etc.

Training courses should be organized for workers in the field of disability as a first step to establishing a specialized institute for the training of personal needed as well as co-operation with existing

expertise. In Egypt, the fist lady of Egypt Mrs. Mubarak supervised a project to develop the Mental education in Egypt. Five schools for the pilot study were selected, some teachers send abroad for training in the rehabilitation center and get acquainted with experience in other countries taking into account the indigenous conditions and available resources. The Ministry of Education will open 40 classes in private schools and 244 classes in governmental schools for disabled children without any charge

It would be useful if census officers were provided with a questionnaire concerning disabled persons prepared by the Ministry of Social Affairs and Ministry labour in conjunction with Central Bureau Statistics. The census officer would fill in the questionnaire with those families which proved to have disabled members. The results would be submitted to the Ministry of Social Affairs and Labour where specialists would analyze the data and use the results to formulate policies for the disabled. It would thus be possible to acquire precise and comprehensive information on disabled persons with less effort and at a lower cost.

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