Disability in Burkina Faso

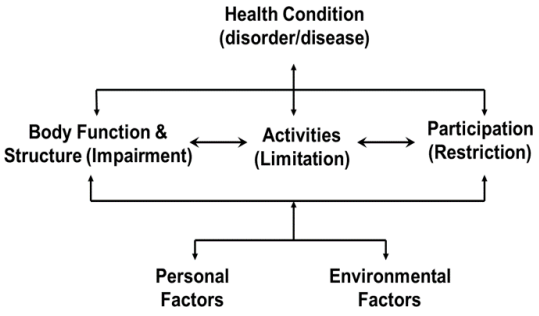
The Importance of Disability

Disability is both a multidimensional concept and experience. Disability can affect anyone at any time – from birth through childhood, adolescence, adulthood, and old age. Worldwide, many people with disabilities do not have equal access to education, employment, and health care. In addition, those with disability may experience barriers to participating in civic and social life activities.

Defining Disability

No single definition of disability exists. Definitions vary depending on the purpose for measurement. Moreover, the nature and severity of disabilities can vary greatly depending on cultural contexts[1]. Yet, data on the size and characteristics of the population with disability, which also allow for cross-cultural comparisons, require standardization in both the conceptualization and the measurement of disability.

The ICF Model of Disability



The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization[2], provides the necessary and consistent definition of disability. According to the ICF model, disability arises from the interaction between an individual and that individual's contextual (personal and environmental) circumstances. Thus, the degree to which participation in life activities is restricted depends on the interaction between the individual's functioning (ability to perform basic functional activities) and the environment.

The Washington Group

The Washington Group on Disability Statistics (WG), a city group established under the United Nations Statistical Commission, was formed to address the need for population-based measures of disability by promoting and coordinating international co-operation in the area of health statistics, focusing on disability data collection tools suitable for censuses and national surveys.

The WG has developed, tested and adopted the Short Set on Functioning (WG-SS) to collect such data. The questions use the ICF as a conceptual framework. The WG-SS is comprised of 6 questions measuring difficulty functioning in basic actions, with response categories that capture the full spectrum of difficulty functioning, from mild to severe. Disability is defined as having "a lot of difficulty" or "cannot do at all" to at least one WG-SS question.

The WG Short Set on Functioning

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty with self-care, such as washing all over or dressing?
6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Response categories: No difficulty / Some difficulty / A lot of difficulty / Cannot do at all

Burkina Faso Data on Disability and Methods

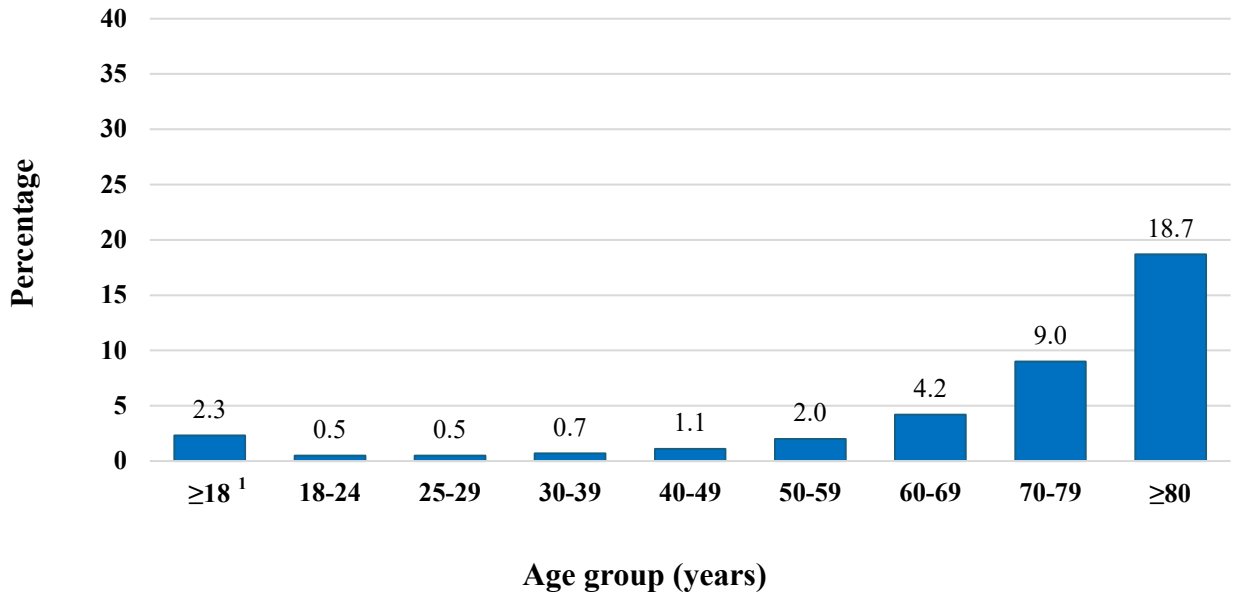
The data used to produce this report come from the fifth General Census of Population and Housing in Burkina Faso (5th RGPH) carried out by the National Institute of Statistics and Demography (INSD). Data collection for the 5th RGPH took place in November and December 2019 throughout the country, covering a total population of 20,505,155. For more information on the 5th RGPH, visit: https://www.insd.bf.[3]

All estimates are based on self-reported data. Some of the estimates reported here are age-adjusted using the 2020 world population[4] to facilitate cross-country comparisons.

Prevalence of Disability

- The age-adjusted prevalence of disability in the population aged 18 and over is 2.3%.
- The prevalence of disability increases with age, from 0.5% among 18–24-year-olds to 18.7% among those aged 80 and over, a difference of 18.2 percentage points.

Figure 1. Prevalence of disability: age-adjusted and age-specific percentage of the population 18 years and over and by age group, Burkina Faso, 2019



[1]Total for ≥18 is age-adjusted using the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–24, 25-29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years.

Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disabilities.

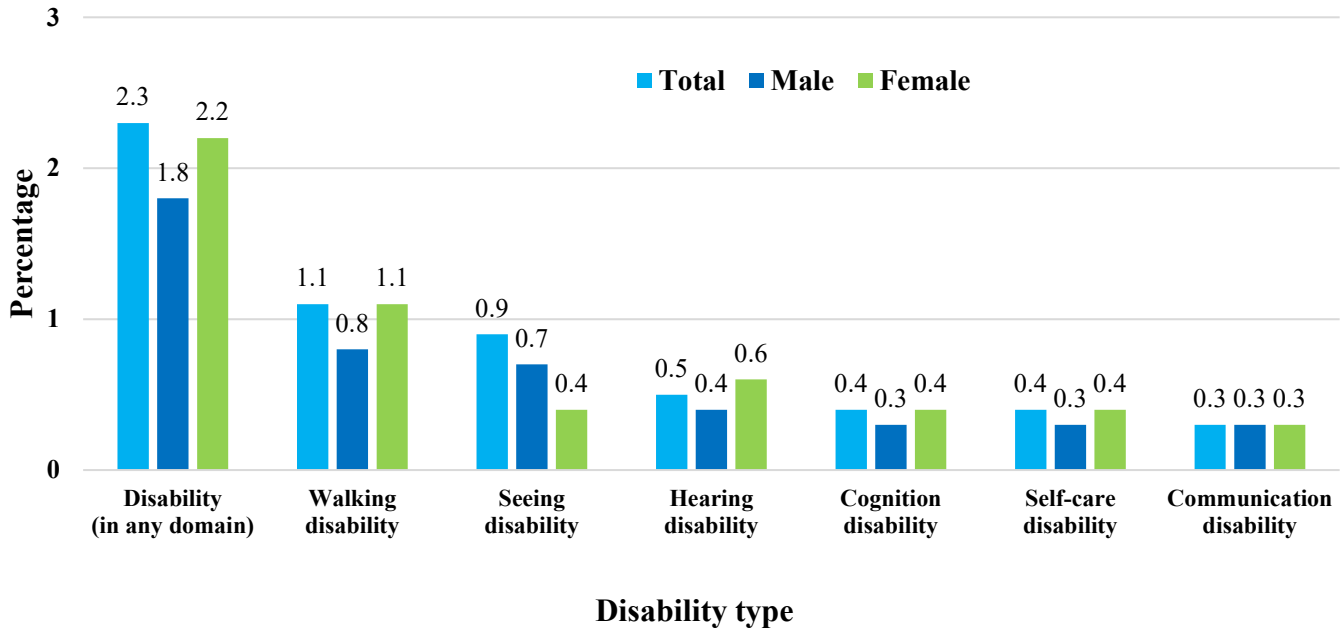
Data source: RGPH-V of Burkina Faso, 2019.

- The age-adjusted prevalence of disability (in any domain) is higher among females aged 18 and over (2.2%) than among males in the same age group (1.8%).

- Disabilities in the domains of hearing, cognition, walking, and self-care are more common among females than males.

- While there is no difference between males and females in rates of communication disabilities, seeing disabilities are more common among males than females.

Figure 2. Prevalence of disability in any domain and disability in each domain: age-adjusted percentage of the population 18 years and over, by sex, Burkina Faso, 2019



Age-adjusted percentages are based on the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–24, 25-29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years.

Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as having disability (in any domain). Disability in each domain is defined by a response of "a lot of difficulty" or "cannot do at all" in that domain.

Data source: RGPH-V of Burkina Faso, 2019.

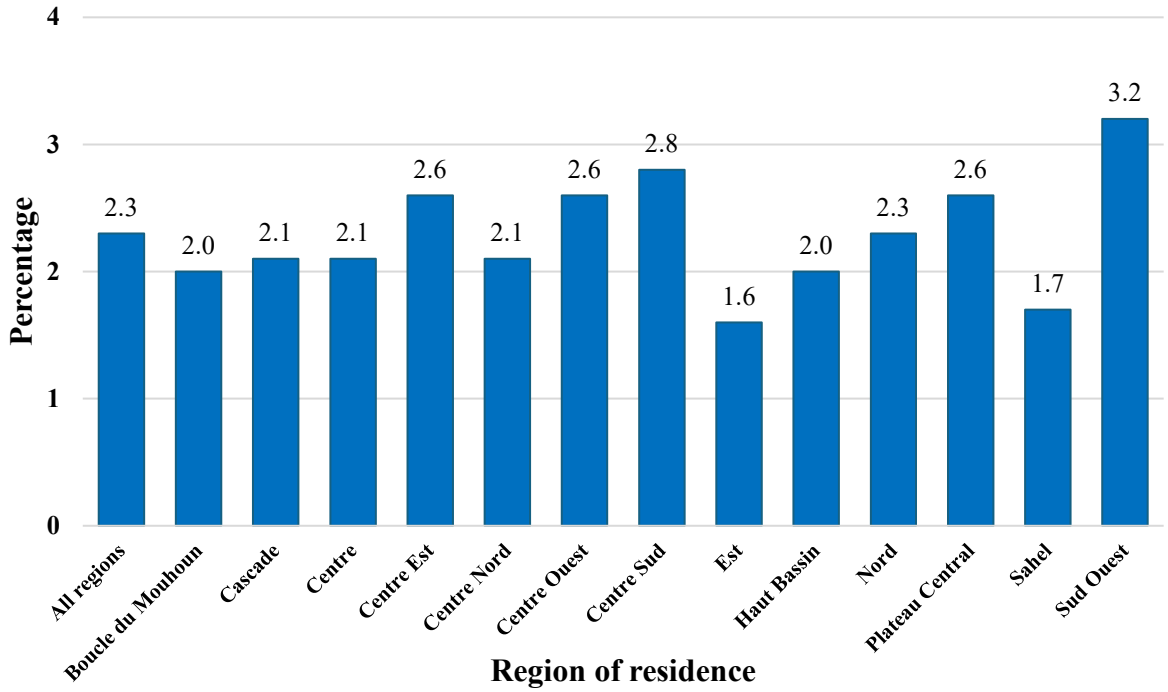
Prevalence by Region

- Age-adjusted prevalence of disability in the population aged 18 or over in Burkina Faso is highest in the Sud Ouest (3.2%) and Centre Sud (2.8%) regions.

- On the other hand, prevalence is lower in the Est (1.6%) and Sahel (1.7%) regions.

- Prevalence in the other regions is as follows: Boucle du Mouhoun and Haut Bassin (2.0%), Cascade, Centre and Centre Nord (2.1%), Nord (2.3%), Plateau Central and Centre Est (2.6%).

Figure 3. Prevalence of disability: age-adjusted percentage of the population 18 years and over by region, Burkina Faso, 2019



Age-adjusted using the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–24, 25-29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years.

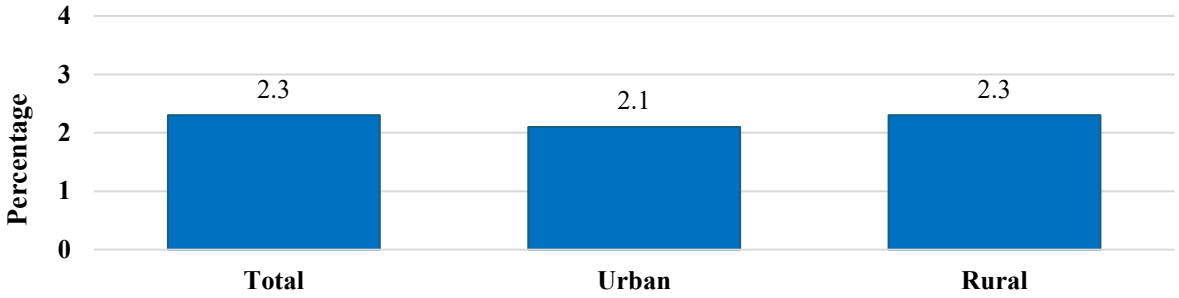
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disabilities.

Data source: RGPH-V of Burkina Faso, 2019.

Prevalence by Urbanicity

- The prevalence of disability is almost identical by urbanicity. However, prevalence is slightly higher in rural areas (2.3%), compared with urban areas (2.1%).

Figure 4. Prevalence of disability: age-adjusted percentage of the population 18 years and over by urbanicity, Burkina Faso, 2019



Age-adjusted using the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–24, 25-29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years.

Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disabilities.

Data source: RGPH-V of Burkina Faso, 2019.

Outcomes Disaggregated by Disability

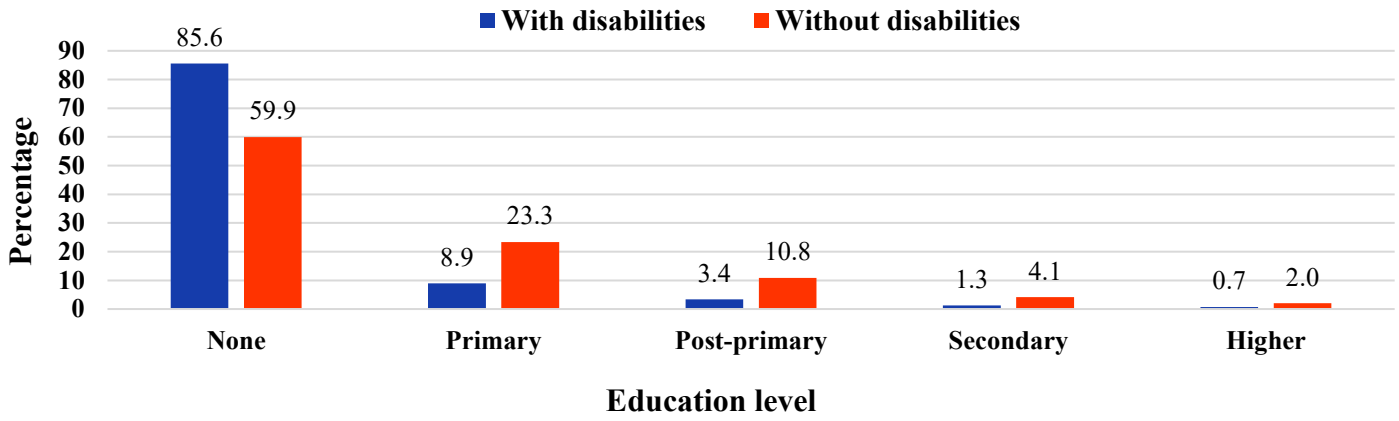
Disaggregating data by disability status allows for the comparison of outcomes for people with and without disabilities and is a necessary first step towards addressing disparities. Outcome indicators, such as educational attainment and employment, any of the 2030 Agenda for Sustainable Development Goals[5], or specific programmatic objectives, can be monitored over time to determine if gaps exist between those with and without disabilities and whether those gaps are increasing or decreasing across time. In this section, data on educational attainment and economic well-being are disaggregated by disability status.

Educational Attainment

- More than 8 out of 10 adults (85.6%) aged 18 or over living with disabilities have no formal education, compared with 59.9% of those without disabilities.

- The trends are reversed as the level of education increases, with a higher percentage of adults without disabilities attaining primary, post-primary, secondary, and higher education, compared to adults with disabilities.

Figure 5. Education level by disability status: percentage of the population 18 years and over, Burkina Faso, 2021



Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disabilities.

Data source: RGPH-V of Burkina Faso, 2019.

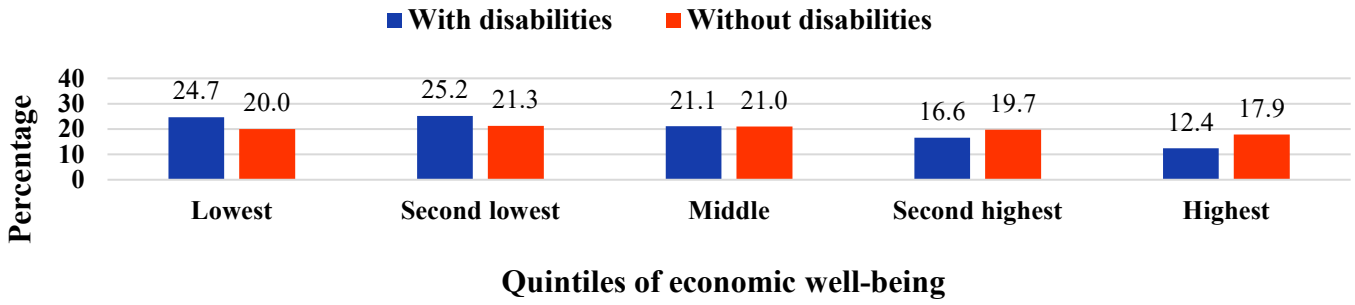
Economic Well-Being

- Among people with disabilities, 24.7% are in the lowest quintile of economic well-being, compared to 20.0% of people without disabilities.

- Among the population without disabilities, 17.9% belong to the highest quintile of economic well-being, while only 12.4% of people with disabilities belong to this quintile.

- The percentage of the population in the middle economic well-being quintile does not appear to vary by disability status: 21.1% of people with disabilities were in the middle economic well-being quintile, compared to 21.0% of people without disabilities.

Figure 6. Economic well-being quintiles by disability status: percentage of the population 18 years and over, Burkina Faso, 2021



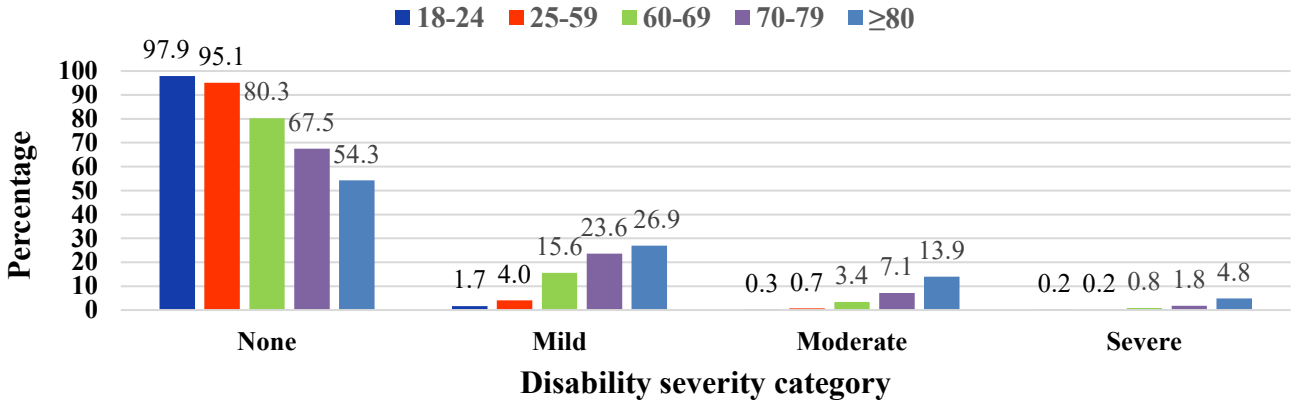
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disabilities. Economic well-being is measured using a consumption-based indicator derived from total household consumption, including food and non-food expenditures, adjusted for household size and differences in the cost of living. Households are classified into five categories based on their relative position in the distribution of this measure, ranging from 1 ("Lowest") to 5 ("Highest").

Data source: RGPH-V of Burkina Faso, 2019.

Severity of Disability

- People aged 80 or over are the most likely to experience disability, whatever the severity category (mild, moderate, severe).
- Older people (aged 70-79 and 80 or over) are more likely to have severe disabilities than other age groups. In fact, 4.8% of people aged 80 or over and 1.8% of people aged 70-79 reported more severe difficulties.
- The percentage of people aged 70-79 and 80 or over with moderate difficulties was 7.1% and 13.9%, respectively.

Figure 7. Severity of disability, by age: percentage of the population 18 years and over, Burkina Faso, 2021



Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. The disability severity indicator expands the two disability indicator categories ("with disabilities" and "without disabilities") into four categories based on the highest level of difficulty reported in all six domains. The measure better reflects the full range of functioning in the population. A continuous disability severity score (SS-Sco) is calculated by assigning values to the responses to each of the six domain questions, then summing the values across the domains. The values assigned to the responses to each domain are: No difficulty = 0; Some difficulty = 1; A lot of difficulty = 6 and Cannot do at all = 36. After summing across all domains, thresholds are set at different levels of the disability spectrum to create severity categories. The resulting disability severity indicator is based on the following categories: SS-Sco = 0 corresponds to "No difficulties"; SS-Sco = 1 - 4 corresponds to "Mild difficulties"; SS-Sco = 5 - 23 corresponds to "Moderate difficulties" and SS-Sco = 24 - 216 corresponds to "More severe difficulties".

Data source: RGPH-V of Burkina Faso, 2019.

References

1. Altman, B. (2001). "Definitions of Disability and their Operationalization, and Measurement in Survey Data: An Update." In Barnartt, S. and Altman, B. (Eds.) *Exploring Theories and Expanding Methodologies: Where We Are and Where We Need To Go* (Research in Social Science and Disability, Vol. 2, pp. 77-100). Emerald Group Publishing Limited.

2. World Health Organization. (2001). *The International Classification of Functioning, Disability and Health (ICF).* WHO.

3. National Institute of Statistics and Demography (INSD). 2022. Results of the 5th General Census of Population and Housing: Characteristics of Households and Population, Volume 2, Burkina Faso.

4. United Nations. *2019 Revision of World Population Prospects.* Available at: https://population.un.org/wpp/).

5. United Nations General Assembly. (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*, 21 October 2015, A/RES/70/1. Available at: https://www.refworld.org/docid/57b6e3e44.html.

Appendix 1: Processing and analysis team

No.	First and last names	Institution
01	Boureima OUEDRAOGO	INSD
02	Hamado TONDE	INSD
03	Sény BELLA	INSD
04	Konéré Djouma Félicité HEMA	INSD
05	Harouna KOANDA	INSD
06	Abdou Karim SAM	INSD
07	Issouf HEBIE	INSD
08	Cesinio Nze OLONG TANGMAN	INS Guinée Equatoriale / Groupe de Brazzaville
09	Soumaïla SAWADOGO	INSD
10	Djabar Dine ADECHIAN	AFRISTAT
11	Steve Bertrand MBOKO IBARA	IFORD/Brazzaville Group