



## Timor-Leste Population and Housing Census, 2010

# Analytical Report on Disability

Volume 10



Timor-Leste 2010 Population and Housing Census

**Series of Analytical Reports**

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# 2010 Timor-Leste Population and Housing Census

## Disability Monograph

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National Statistics Directorate (NSD)  
United Nations Population Fund (UNFPA)



# Foreword

The 2010 Timor-Leste Population and Housing Census with the theme “**Our Census, Our Future: Be part of it**” was conducted in July 2010 on a *de facto* basis by the National Statistics Directorate. The 2010 census is the second after the one conducted in 2004 (post independent Timor-Leste) and fourth after the 1980 and 1990, both taken under the Indonesian forced occupation. This census was undertaken within the provision of the Statistics Decree Law No. 17/2003 and the 2010 Population and Housing Census Law of April 2010.

The main objective of the census was to collect, analyze and effectively disseminate demographic and socio-economic information required for policy and programme formulation, decision making in planning and administrative processes, and research. The census preliminary results were published in Volume 1 and launched by His Excellency the President of the Republic of Timor-Leste in October 2010. The main results were published in Volumes 2, 3 and 4 and launched by the Vice-Prime Minister in July 2011. After that an ambitious “Sensus Fo Fila Fali” project was undertaken by the MDG Secretariat (Ministry of Finance) in partnership with the Census Project Office that culminated in a Census report for each of the 442 sucos in the country. These reports were launched by the Prime Minister in November 2011, followed by a series of nationwide dissemination workshops held at national, district level and in each of the 442 sucos.

This fourth phase comprises of twelve analytical reports covering census thematic topics: Fertility and Nuptiality, Mortality, Migration and Urbanization, Population Projections, Education, Labour Force, Housing, Disability, Agriculture, Gender, Youth and the Atlas. The preparation of these reports was a collaborative effort between the Government of Timor-Leste and United Nations Population Fund (UNFPA); it involved local and international experts. The reports were authored under the supervision and guidance of the Chief Technical Adviser from UNFPA. The authors were recruited on competitive basis, ensuring that they had adequate knowledge of the topic they were to analyse.

The Government of Timor-Leste wishes to extend its sincere gratitude and thanks to UNFPA for providing technical, financial and administrative support throughout the census process. Further gratitude is extended to the authors of the analytical reports, the Director of NSD and his team, the Chief Technical Adviser – Census Project, technical staff for their commitment and tireless efforts to successfully undertake the thematic analysis exercise.

Last but not least, all Timorese deserve special praise for their patience and willingness to provide the requisite information which forms the basis of these reports and hence benchmark information for development. We in the Ministry of Finance and Government as a whole hope that the data contained in these twelve monographs will be fully utilized in national development planning process by all stakeholders for the welfare of the Timorese people.



Ms. Emilia Pires,  
Minister of Finance

The Democratic Republic of Timor-Leste (RDTL)



# Executive Summary

Timor-Leste restored its independence in 2002 from forced occupation by Indonesia. Since then, Timor-Leste's social and economic policies have focused on alleviating poverty to address the immediate needs of its people; consolidating peace, security and stability and providing a foundation for nationhood through building institutions of the state. This on-going process of peace and state building has been necessary to create a base from which Timor-Leste can address people's health and education needs and work towards elimination of extreme poverty.

In the last three years, Timor-Leste has recorded a double digit economic growth and a general improvement in people's welfare. Sector reforms and significant investments in the economy have taken place and development in the oil and gas sector has begun. In 2011, Timor-Leste developed a 20 year Strategic Development Plan 2011-2030<sup>1</sup> that reflected the aspirations of the Timorese people to create a prosperous and strong nation. The strategies and actions set out in the Strategic Development Plan aim to transition Timor-Leste from a low income to upper middle income country, with a healthy, well educated and safe population by 2030.

In 2010, the Government conducted a Population and Housing census; the second census to be conducted in Timor-Leste. The findings of the 2010 Census, as contained in this Analytical Report on Disability, revealed that disability is prevalent among the population and more widespread among the elderly. Whereas the 2004 census revealed the prevalence of disability among the population, the methodology used was different from the one applied in 2010. In addition, the two national Demographic and Health surveys conducted in 2003 and 2009/2010 did not collect information on disability. This report therefore provides benchmark information on disability in Timor-Leste.

The 2010 TLS Census Analytical Report on Disability (Disability Monograph) has been prepared specifically to estimate prevalence of disability among the population, its causes, problems faced and remedial actions to be taken by government or stakeholders including the civil society to attain equalization of opportunities among persons with disabilities.

The 2010 census revealed that 48,243 (4.6 percent of the population) were persons with disabilities and of these, 1.3 percent had disabilities caused by intellectual or mental conditions. Major causes of disability identified included: Congenital (at birth), short term health condition, long term health conditions, conflict, accidents and occupational injury age. The study further examined the problems being faced; that persons with disabilities were more vulnerable, had limited access to education and employment; and above all were economically and socially marginalized.

Some of the significant findings were:

- Half the number of persons with disabilities are aged over 60 years. Thus while the country as a whole has many young people and fewer older people, the opposite is true for the disabled population.
- Persons with disabilities are distributed across the country with the majority in rural areas. Approximately 2 percent of the population living in the capital city Dili have a disability.

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<sup>1</sup> The Timor-Leste Strategic Development Plan, 2011-2030 is the official country plan of action, detailing all areas of intervention for the period.

- About 2,723 school students have a disability. This is less than 1 percent of the school student population. Around three quarters of disabled school students live in rural areas.
- Over half of persons with a disability aged between 5 and 60 years have never been to school. Ninety percent of these people live in rural areas.
- Literacy levels for those with a disability are significantly lower than for the whole population. This is true for each of the languages: Tetun, Bahasa Indonesian, Portuguese and English.
- The overall unemployment rate for people with a disability is slightly lower than the total population at 8.3 percent. The opposite is true for younger persons. For example, 39 percent of Timorese aged less than 20 years and with a disability were unemployed.
- Less than half of the disabled persons are likely to be looking for work compared to the total population; indicating that they most likely have become discouraged from the prospect of finding work.
- Disabled persons are much more likely to be an own account worker or a contributing family worker. They are also less likely to be employees or employers.
- Seeing and hearing problems are the most severe level of disability for 80 percent of older disabled Timorese.
- Less than 5 percent of women aged 60 years and above with a disability have ever been to school. For men the proportion is 13 percent.
- Nearly three quarters of disabled males above 60 years are currently married while one in five is widowed. For older females, 60 percent are currently married and over one third are widowed.
- Timor-Leste has less than 100 of its citizens with disabilities living in institutions. Virtually all persons with a disability live in private households.
- Approximately one in five of all households are living with a person with a disability. This implies that about 20 percent of households in Timor-Leste have a person with disability.
- Over 70 percent of persons with a mental disability also have a physical limitation. There is a steady increase in the rate of mental disability as age increases.

The 2010 Census Disability Monograph is in line with the Timor-Leste Strategic Development Plan 2011-2030 which acknowledged that the health needs of people with disabilities needed to be highly prioritized. According to the findings of the census, the districts of Viqueque, Aileu and Liquica reported the highest prevalence of disabled persons while the districts of Dili and Covalima have the lowest proportion.

This report also seeks to examine mitigation as measures recommended by the United Nations Mission in Timor-Leste (UNIMIT-2011<sup>2</sup>) report. According to the report, persons with disabilities were identified to have: limited access to education, employment, housing, transportation, health services and recreation, leading to their economic and social exclusion. The report further recommended action to be taken by government to set-up mitigation measures to address the problem of disability among which included: policy design and framework for people with

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<sup>2</sup> UNIMIT 2011 report : Public report launched in September 2011, recognizing the cultural rights of people with disabilities



disabilities, monitoring and evaluation of government policies towards people with disabilities, avail assistive devices, auxiliary aids, accommodation, medical therapies and supplies, equal education and employment opportunities for all.



# Table of Contents

FOREWORD.....	iii
EXECUTIVE SUMMARY.....	v
CHAPTER ONE: INTRODUCTION.....	1
1.1: Background.....	1
1.2: World and regional levels and trends on disability and prevalence.....	1
1.3: Disability in the context of Timor-Leste.....	2
1.4: Preview of levels and trends in Timor-Leste.....	3
1.5: Organization of the Monograph.....	4
CHAPTER TWO: CONCEPTS, DEFINITIONS AND METHODOLOGY.....	5
2.1: Assessment of data quality.....	5
2.2: Definitions.....	5
2.3: Concepts and methodology.....	6
CHAPTER THREE: DISABILITY LEVELS, TRENDS AND DIFERENTIALS.....	9
3.1: Overview.....	9
3.2: Disabled population by age.....	9
3.3: Disabled population by district.....	10
CHAPTER FOUR: TYPES OF DISABILITY.....	12
4.1: Disability by type.....	12
4.2: Disabled population by number of disabilities.....	14
CHAPTER FIVE: CAUSES OF DISABILITY.....	15
CHAPTER SIX: SEVERITY OF DISABILITY.....	17
CHAPTER SEVEN: DISABILITY AND GENDER.....	20
7.1: Disability by age and sex.....	20
7.2: Disabled by Marital status.....	21
CHAPTER EIGHT: DISABILITY AND EDUCATION.....	22
8.1: Overview.....	22
8.2: Currently studying.....	22
8.3: Those who have never been to school.....	23
8.4: Highest level of education attained.....	23
8.5: Proficiency in languages.....	24
8.6: Literacy.....	25

## Table of Contents (continued)

CHAPTER NINE: DISABILITY AND EMPLOYMENT.....	27
9.1: Overview.....	27
9.1: Employed persons.....	27
9.2: Unemployed persons.....	28
9.3: Not working and not looking for work.....	29
9.4: Not employed and not looking for employment.....	29
CHAPTER TEN: DISABILITY AND THE AGE.....	31
10.1: Overview.....	31
10.2: Geographic distribution.....	32
10.3: Education levels of the age.....	33
10.4: Marital status of the aged.....	34
CHAPTER ELEVEN: DISABILITY AND FAMILY.....	35
11.1: Number of disability.....	35
11.2: Households by number of disabled persons.....	35
11.3: Size of households by number of disabled persons.....	36
CHAPTER TWELVE: DISABILITY AND MENTAL CONDITIONS.....	37
12.1: Size and distribution by age and sex.....	37
12.2: Cause of mental disability.....	38
12.3: Level of difficulty.....	39
12.4: Regional differences.....	39
CHAPTER THIRTEEN: CONCLUSIONS, RECOMMENDATIONS AND POLICY IMPLICATIONS...	41
13.1: Conclusions and Recommendations.....	41
13.2: Policy Implications of the findings.....	41
REFERENCES.....	43
<b>Annexes</b>	
GLOSSARY.....	44-47
CONTRIBUTORS OF THE PUBLICATIONS.....	48-50

## List of Tables

Table 1:	Disabled population by cause of disability, Timor-Leste 2010.....	8
Table 2:	Total and disabled population by district, Timor-Leste 2010.....	10
Table 3:	Total and disabled population by type of disability and district, Timor-Leste 2010.....	13
Table 4:	Disabled population by number of disabilities, Timor-Leste 2010.....	14
Table 5:	Total disabled people by cause and type, Timor-Leste 2010.....	15
Table 6:	Total and disabled population by sex, Timor-Leste 2010.....	20
Table 7:	Proportion of disabled population by age and sex, Timor-Leste 2010.....	21
Table 8:	Disabled school students by level of schooling, Timor-Leste 2010.....	23
Table 9:	Total and disabled population aged 5 and above by ability to speak, read and write by language, Timor-Leste 2010.....	24-25
Table 10:	Total and disabled population aged 10 years and above by employment status and sex, Timor-Leste 2010.....	28
Table 11:	Total and disabled unemployed population aged 10 years and above and sex, Timor-Leste 2010.....	29
Table 12:	Total and disabled economically inactive population by reason for economic inactivity by sex, Timor-Leste 2010.....	30
Table 13:	Proportion of People with a disability aged 60 and above, by type of most severe disability and urban/rural, Timor-Leste 2010.....	32
Table 14:	People with a disability aged 60 and above by sex and district, Timor-Leste 2010.....	33
Table 15:	Marital status of population aged 60 and above by existence of disability and sex in percent (%).....	34
Table 16:	Households by number of people with a disability Timor-Leste 2010.....	36
Table 17:	Number and proportion of people with mental disability by sex and age Timor-Leste, 2010.....	38
Table 18:	Mentally disabled population by district, Timor-Leste 2010.....	39
Table 19:	People with mental disability by urban / rural location, Timor-Leste 2010.....	40

## List of Figures

Figure 1:	Interactions between the parts and components of ICF.....	6
Figure 2:	Distribution of the total and disabled population by Age.....	9
Figure 3:	Number of persons with disabilities by district.....	11
Figure 4:	Disabled population by type of disability and urban/rural location.....	12
Figure 5:	Cause of most severe disability by sex, Timor-Leste.....	15
Figure 6:	Types of disabilities caused by conflict, Timor-Leste.....	16
Figure 7:	Disability type by level of severity, Timor-Leste.....	17
Figure 8:	Number of People who cannot do any activity at all.....	18
Figure 9:	Proportion of the population with Severe disability by district.....	18
Figure 10:	Number of people with a lot of difficulty by disability type.....	19
Figure 11:	Population with a lot of disability.....	19
Figure 12:	Population pyramid of the entire population and disabled people.....	20
Figure 13:	Disability by marital status.....	21
Figure 14:	Current student aged 5+ by type of most severe disability and sex, Timor-Leste 2010.....	22
Figure 15:	Highest level of education attained by people with disabilities.....	24
Figure 16:	Literacy level by language for total and disabled population.....	25
Figure 17:	Disabled youth literacy level.....	26
Figure 18:	Employment among Disabled population.....	27
Figure 19:	Disabled population seeking or not seeking employment.....	28
Figure 20:	Total and disabled population by reason for economic inactivity and sex.....	29
Figure 21:	Distribution of disabled older population by type of disability.....	32
Figure 22:	Distribution of disabled older by school attendance and sex.....	33
Figure 23:	Distribution of disabled older by marital status and sex.....	34
Figure 24:	Distribution of households by presence of disabled person.....	35
Figure 25:	Distribution of size of households with disabled people.....	36
Figure 26:	Mental disability by age.....	37
Figure 27:	The distribution of people with mental condition by cause of the condition.....	38
Figure 28:	Distribution of mental disability by level of difficulty.....	39

# CHAPTER 1

## INTRODUCTION

### 1.1 Background

The study on persons with disabilities is not a new phenomenon. Several studies have been conducted worldwide and recommendations made to governments to design policies that attain equalization of opportunities for persons with disabilities. The World Health Organization (WHO) defines a person with disability as someone who has or is thought to have a physical or mental impairment that substantially limits “a major life activity.” A major life activity is any major component of everyday life, including but not limited to walking, talking, and hearing, seeing and learning. If a person has impairment that substantially limits his or her ability to perform one or more of these activities, that person is considered disabled under the definition.

The United Nations General Assembly (1993) adopted standard rules on equalization of opportunities for persons with disabilities. Although not a legally binding instrument, the standard rules represent a strong moral and political commitment for governments to take action and design policies that address the needs of persons with disabilities. The rules also incorporate the human rights perspective which has developed over the decades. Similarly, the 2010 Population and Housing Census of Timor-Leste focused on disability as one of the thematic areas to be considered by the government when designing policies. The Disability Monograph is one of the thematic publications from the 2010 Census among other publications namely: housing conditions and household amenities, education, fertility and nuptiality, labour force, agriculture & livestock, mortality, migration and urbanization, population projections, youth, gender dimensions and census atlas.

### 1.2 World and regional levels and trends on disability and prevalence

Disability is a world wide phenomenon and many studies have been conducted in relation to persons with disabilities. The UN Convention on the Rights of Persons with Disabilities in the report “Global Context of Disability March 11, 2010” revealed that there are at least 650 million people with disabilities living in the world of whom approximately 400 million are in developing countries. The report further states that if all these people lived together in the same place, they would make up the third largest country in the world; a country around the size of the European Union. It would be the least educated country; with the highest rate of infant mortality, few employment opportunities and restricted access to democratic processes. Without doubt, it would be the poorest country in the world. In June 2011, the World Health Organization and the World Bank released a world report on disability. This report also indicated that more than 650 million people in the world in 2011 experience disability. The report proposes practical solutions to overcome barriers to health care, rehabilitation, education, employment, and support services and to create an environment that can enable people with disabilities to prosper.

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP 2009)<sup>3</sup> indicated that in many countries, disability data collection is at an early stage of development; being given low priority or often excluded from official statistics. Available data reveals that wide disparities exist in the proportion of persons with disabilities in the region-ranging from 0.7 percent in Cook Islands to 20 percent in Australia and New Zealand. The UN believes the variance is due to differences in definitions of disability, methods of data collection as well as capacity of data collecting professionals. Also, the lack of availability and the quality of demographic data and socio-economic indicators concerning disability continue to pose major challenges in service provision.

The International Labour Organization (ILO) report (2011)<sup>4</sup> estimates that some 650 million people – or one out of every 10 people in the world – have a disability and that of these, approximately 470 million are of working age. While many are successfully employed and fully integrated into society, people with disabilities as a group often face disproportionate levels of poverty and unemployment. The report further indicates that there is a strong link between disability and poverty; adding that an estimated 80 per cent of all people with disabilities in the world live in developing countries. Of these, it reports some 426 million live below the poverty line and often represent the 15-to-20 per cent most vulnerable and marginalized poor in such countries.

The ILO report further highlights many challenges faced by people with disabilities in the world of work, including: concentration in low-level, low-paid jobs, lack of adequate representation at higher levels, problems of access to workplace areas, transportation and housing; the risk of losing benefits on starting work; and prejudices among co-workers, employers and the general public. It also says people with disabilities in the world of work tend to experience higher unemployment and have lower earnings than persons without disabilities, or are often underemployed.

### **1.3 Disability in the context of Timor-Leste**

Disability is one of the areas that is often neglected by many governments and as a result people with disabilities are often marginalized socially, politically and economically. The 2010 covered the area of disability more compared to previous studies undertaken. The Timor-Leste Strategic Development Plan 2011-2030 is a significant document for all Timorese including those with disabilities. The plan acknowledges that the health needs of people with disabilities especially the elderly be better managed in Timor-Leste. This is particularly important as the number of people aged 60 years and over is expected to double between 2005 and 2030.

The National Disability Policy with the slogan “Towards disability inclusive Timor-Leste” was launched by the Ministry of Social Solidarity on the World Disability day, December 03, 2011. The policy is in line with the UNMIT 2011 report. It made recommendations in the following areas:

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<sup>3</sup> ESCAP (2009) publication “Disability at a glance 2009”: gave an overview of 36 countries and areas in Asia and the Pacific.

<sup>4</sup> The ILO report was released on the International Day for Disabled Persons, December 03, 2011



- i. Health and rehabilitation services
- ii. Education for children with disabilities
- iii. Vocational training and employment
- iv. Special assistance and social security
- v. Access and infrastructure
- vi. Empowerment of disabled persons

The Community Based Rehabilitation (CBR)<sup>5</sup> strategy fills a number of gaps in the existing legal framework. In particular, it establishes a national concept of disability in accordance with the principles contained in the CRPD<sup>6</sup>. It recognizes for the first time the duties of the government to mainstream gender in disability rights programming and to provide access to all persons to public buildings, transportation, information, political participation and justice. As a strategy, it expresses a preferred approach, a host of possible future actions and a public commitment to the rights of persons with disabilities. However, it does not create institutions or provide protection. More concrete and binding measures would improve access to these rights for persons with disabilities.

In September 2011, the United Nations Integrated Mission in Timor-Leste (UNMIT) launched the first public report by a peace-keeping mission on the rights of persons with disabilities. The report covers Timor-Leste's achievements in fulfilling cultural rights and its efforts to create policies that respect the rights of persons with disabilities to education, healthcare and community-based rehabilitation. The report raises some key concerns on disability and advocates further research to be undertaken.

It is upon this background that the 2010 Census Disability Monograph is conducted to examine the prevalence of disability, causes, problems faced by people with disabilities and remedial action to be taken to address the problem of disability in Timor-Leste.

#### **1.4 Preview of levels and trends of disability in Timor-Leste**

The Timor-Leste 2010 Census asked questions about difficulties in the areas of walking, seeing, hearing and intellectual /mental condition. Persons with difficulties were graded on a three point scale: some difficulty, a lot of difficulty and cannot do at all. Information was collected on the cause of the difficulty for those who were identified as having a difficulty. Only the main cause of difficulty was coded even if the person had more than one difficulty. From these questions it was possible to determine whether a person had a disability or not.

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<sup>5</sup> CBR Ministry of Social Solidarity's establishment in 2010 of the "National Strategy for Community Based Rehabilitation"

<sup>6</sup> The law on the support allowance for the aged and disabled (Decree law 19/2008) defines "disabled," but only in terms of persons who will qualify for specific services under the provisions of that particular law.

## **1.5 Organization of the monograph**

This monograph consists of thirteen chapters. The background of the in-depth analysis of disability world wide and in Timor-Leste is presented in Chapter One. In Chapter Two the definitions and concepts as well as the methodology used for the in-depth analysis of disability are discussed. Chapter Three covers the analysis on levels, trends and differentials. The proceeding chapters present findings of the study. The monograph is closed with the conclusions, recommendations, policy implications references and appendices.

## CHAPTER 2

### CONCEPTS, DEFINITIONS AND METHODOLOGY

#### 2.1 Assessment of data quality

The ESCAP 2009 publication released a profile of 36 countries and areas in Asia and the Pacific on persons with disabilities. Timor-Leste was included in the publication using the 2004 population census results. According to the Timor-Leste 2004 census, 12.8 percent of households visited had at least one disabled person and 3.3 percent had a mentally ill household member. These findings were based on the questions directly asked about disability and were structured at household level. It was as a result of the definition of disability at household level, that the 2010 population census methodology was changed to bring it in line with the current UN recommendations for measuring disability prevalence<sup>7</sup>. The methodology used was tailored towards individuals and the questions required each individual to give their responses about their ability to operate in the areas of walking, seeing, hearing and cognition/mental. This methodology identified significantly fewer disabled people in Timor-Leste is compared with the 2004 Census.

In the 2010 Timor Leste 2010 Census, 4.6 percent of the population was identified as having a disability and 1.3 percent had disability caused by an intellectual or mental condition. The significant changes in disability levels from 2004 is unlikely to have been caused by real changes in society, but are more likely to be a function of changes in methodology. It is from this background that, this study made no comparisons with the 2004 Census and recommends further studies or references to use 2010 Census and particularly the Disability Monograph as baseline for future references and comparisons.

#### 2.2 Definitions

Disability in the 2010 Census is defined as a physical, mental, or psychological condition or impairment that substantially affects a person's daily activities or limits a person to perform one or more major life activities (referred to herein as activities of daily life) such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working and interacting with other persons. In this context, activities refer to a wide range of deliberate actions performed by an individual as opposed to particular body functions or structures. These are basic deliberate actions undertaken in order to accomplish a task such as dressing, toileting, feeding oneself or moving around the house. In the context of the 2010 Census, life activities considered were walking, seeing, hearing and interlectual/mental condition. The other aspects of disabilities were therefore not addressed.

This Disability Monograph, is therefore a detailed publication on persons with disabilities based on the findings from the 2010 Census data.

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<sup>7</sup> Principles and Recommendations for Population and Housing Census Revision 2, United Nations, 2008.

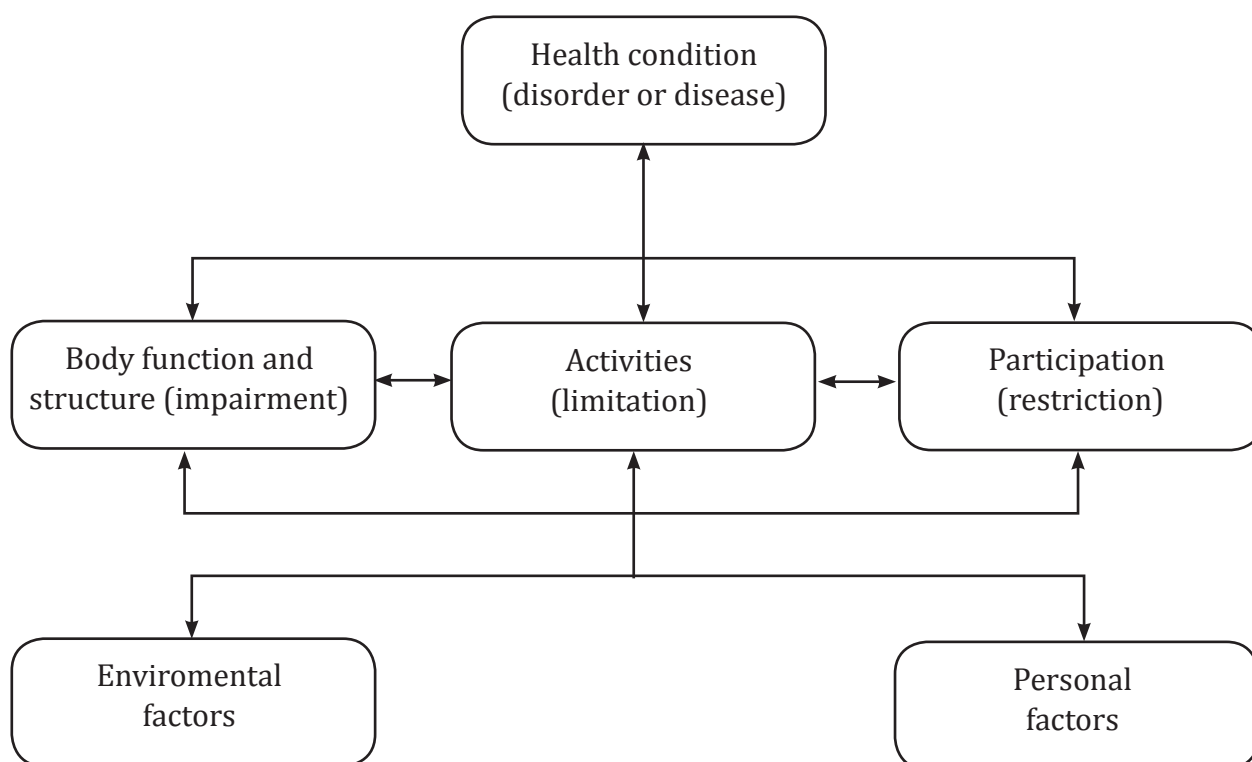
### 2.3 Concepts and methodology

Disability is a complex topic and therefore provides many challenges when its data are collected in a population census. The population census in Timor-Leste counted everyone who was in the country on the night of 11<sup>th</sup> July 2010 with information being obtained by trained interviewers. Information was also obtained about the characteristics of households in which people lived.

The 2010 Timor-Leste census, like censuses in many countries attempted the difficult task of measuring disability. Because of sensitive cultural issues about the subject of disability, the questions were carefully chosen to reflect those recommended by the United Nations and interviewers were given special training on how to administer them.

The census methodology on capturing disability issues is based on the International Classification of Functioning, Disability and Health (ICF) which was issued by the World Health Organization (WHO) in 2001. The ICF distinguishes multiple dimensions that can be used to monitor the situation of individuals with disability. The findings in this Monograph are based on the ICF methodology.

The interactions between the parts and components of ICF are shown in the Figure 1.



**Figure1:** Interactions between the parts and components of ICF

The United Nations recognized the difficulties of applying the WHO definitions in a population census and made detailed recommendations on how to measure disability status in the 2010 round of Population Censuses. Timor-Leste census carefully followed these recommendations. According to the UN definitions, disability status characterizes the population into those with and without a disability. The ICF defines disability as “an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).”

For the purpose of determining disability status using census data, persons with disabilities are defined as those persons who are at greater risk than the general population for experiencing restrictions in performing specific tasks or participating in role activities. This group would include persons who experience limitations in basic activity functioning, such as walking or hearing, even if such limitations were ameliorated by the use of assistive devices, a supportive environment or plentiful resources. Such persons may not experience limitations in the specifically measured tasks, such as bathing or dressing, or participation activities, such as working or going to church, because the necessary adaptations have been made at the person or environmental levels. These persons would still be considered to be at greater risk for restrictions in activities and/or participation than the general population because of the presence of limitations in basic activity functioning and because the absence of the current level of accommodation would jeopardize their current levels of participation.

For the purpose of determining disability status using census data, the UN recommendations suggests that persons with disabilities are defined as those persons who are at greater risk than the general population for experiencing restrictions in performing specific tasks or participating in role activities. Because of the sensitivity and the complexity of measuring disability the UN recommended that, rather than enquire about a general disability status, several activity “domains” be identified where people can be asked about their ability to perform in such “domains”. The UN considered the following four domains essential for inclusion in a Population census: the areas of walking, seeing, hearing and cognition. The Timor-Leste census included questions on each of these domains with cognition being expressed in terms of intellectual/mental condition. It is recognized that the measurement of cognition is the most difficult to cover in a population census and it is likely that the numbers in this domain were understated.

For each of the domains, persons with difficulties were graded on a three point scale: some difficulty, a lot of difficulty and cannot do at all. Such coding is of course subjective. Census interviewers were specially trained and completed the census form by asking the census questions. Often the information for all household members was obtained from one person (usually the household head). This methodology, while essential for a census does cause difficulties in complex topics such as disability and may lead to some disabled persons not being identified or some non-disabled persons being identified as disabled. The magnitude of any problems in identification is not known for Timor- Leste. However, the census did adopt the best international methodology, a methodology that has been extensively tested before being recommended. Information was collected on the cause of the difficulty for those who were identified as having difficulty with only the main cause of the difficulty being coded. Age was the largest cause of disability with over a third of disabled persons giving this as their main cause of disability. Almost one quarter of persons with disability gave the reason as “other” and there is no information as to what these causes may be.

**Table 1: Disabled population by cause of disability, Timor-Leste 2010**

<b>Cause of disability</b>	<b>Number of persons</b>	<b>Percent of persons</b>
Congenital/at birth	5,949	12.3
Short term health condition	4,457	9.2
Long term health condition	5304	11
Conflict	932	1.9
Transport accident	508	1.1
Occupational injury	1,429	3
Age	17,950	37.2
Other	11,714	24.3
<b>Total</b>	<b>48,243</b>	<b>100</b>

These statistics demonstrate that persons with disabilities are a significant part of Timor-Leste's population. However, because persons with disabilities face obstacles in accessing public services and registration mechanisms, they are likely to be under-represented by these statistics.

## CHAPTER 3

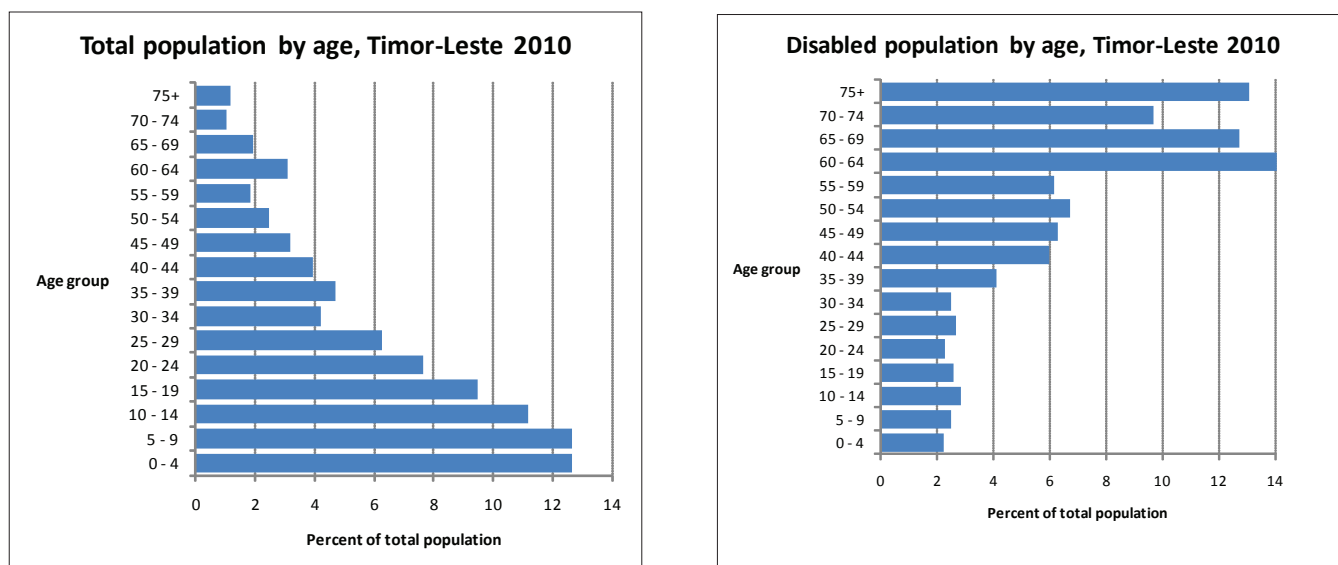
### DISABILITY LEVELS, TRENDS AND DIFFERENTIALS

#### 3.1 Overview

According to the Timor-Leste 2010 Census, 4.6 percent of the population had difficulty or could not at all do one of the following activities: walking, seeing, hearing, intellectual/mental. The total number of people in the country in this circumstance was 48,243 and for the remainder of this publication, these people are referred to as people with a disability or the disabled population. The age profile of people with a disability differs markedly to that of the whole population. For the total population, the age profile matches closely that often found in developing countries; a preponderance of young people and relatively few older people and for the disabled, the opposite occurs. This is not unexpected, as health problems some leading to disability often emerge as persons grow older.

#### 3.2 Disabled population by age

There are relatively few disabled young people and for persons over age 60 years the numbers are high as depicted in Figure 2. Half of all disabled people are aged over 60 years and not surprisingly, the proportion of persons with disabilities increases from one in five for the 60 to 64 year age group to 45 percent or nearly half for the over 75's. Based on these findings the emphasis the government is giving to older disabled people is crucial as expressed in its Strategic Development Plan, Chapter 9 (disability and the aged). More effort is required to increase the capacity of civil society and other actors to monitor and report on service provision to the persons with disabilities in line with the convention on the rights of persons with disabilities and other relevant laws and policies.



**Figure 2:** Distribution of the total and disabled population by age

People with disabilities were either living on their own, or with others in private households or in an institution such as a hospital, school/college, prison or orphanage. Only 61 disabled Timorese were living in institutions at the time of the census which means the vast majority were in private households.

### 3.3 Disabled population by district

The distribution of the disabled population across the country is important information for service delivery. This is particularly so in Timor-Leste because rural areas are quite difficult to traverse and health and basic services are often inadequate for disabled persons. Timor-Leste has a large rural population of around three quarters of a million people. The urban population is 361,000. With the exception of the capital Dili (population around 188,000) all of the remaining urban areas have populations of less than 15,000. The city of Dili also has proportionally more men than women – 53 percent are men. Dili district has a significantly lower disability rate, around 2 percent compared to all other districts. The rest of the districts have disability rates between 3.2 percent (Covalima) and 7.1 percent (Viqueque). The fact that most of the elderly people live in rural areas may be the reason to explain these findings.

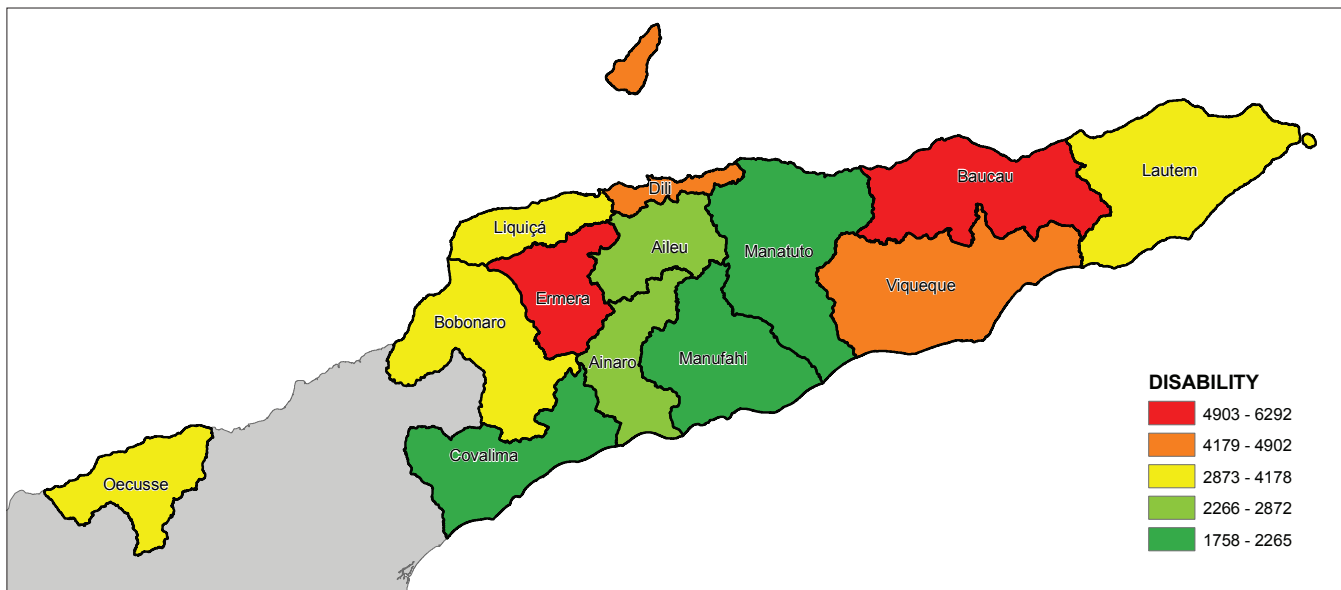
**Tabel 2 : Total and disabled population by district, Timor-Leste 2010**

District Name	Capital	District Population	Number of Disabled Persons	Percent disabled
Aileu	Aileu	43,665	2,872	6.6
Ainaro	Ainaro	58,148	2,455	4.2
Baucau	Baucau	110,160	5,623	5.1
Bobonaro	Maliana	91,200	4,178	4.6
Covalima	Suai	59,047	1,855	3.1
Dili	Dili	228,546	4,762	2.1
Ermera	Ermera	116,937	6,292	5.3
Lautém	Lospalos	59,776	3,643	6.1
Liquiçá	Liquiçá	63,172	3,960	6.3
Manatuto	Manatuto	41,709	1,758	4.2
Manufahi	Same	48,614	2,265	4.7
Oecusse	Pante Macassar	63,514	3,678	5.8
Viqueque	Viqueque	69,476	4,902	7.1
<b>Timor Leste</b>	<b>Dili</b>	<b>1,053,982</b>	<b>48,243</b>	<b>4.6</b>

+: The district population are those enumerated in private and institutional households, those enumerated using short questionnaires are not included in this table



The map (Figures 3) below shows the distribution of disabled persons across Timor-Leste, by numbers and prevalence. As expected, disabled persons are found across the whole country but in varying numbers and proportions.



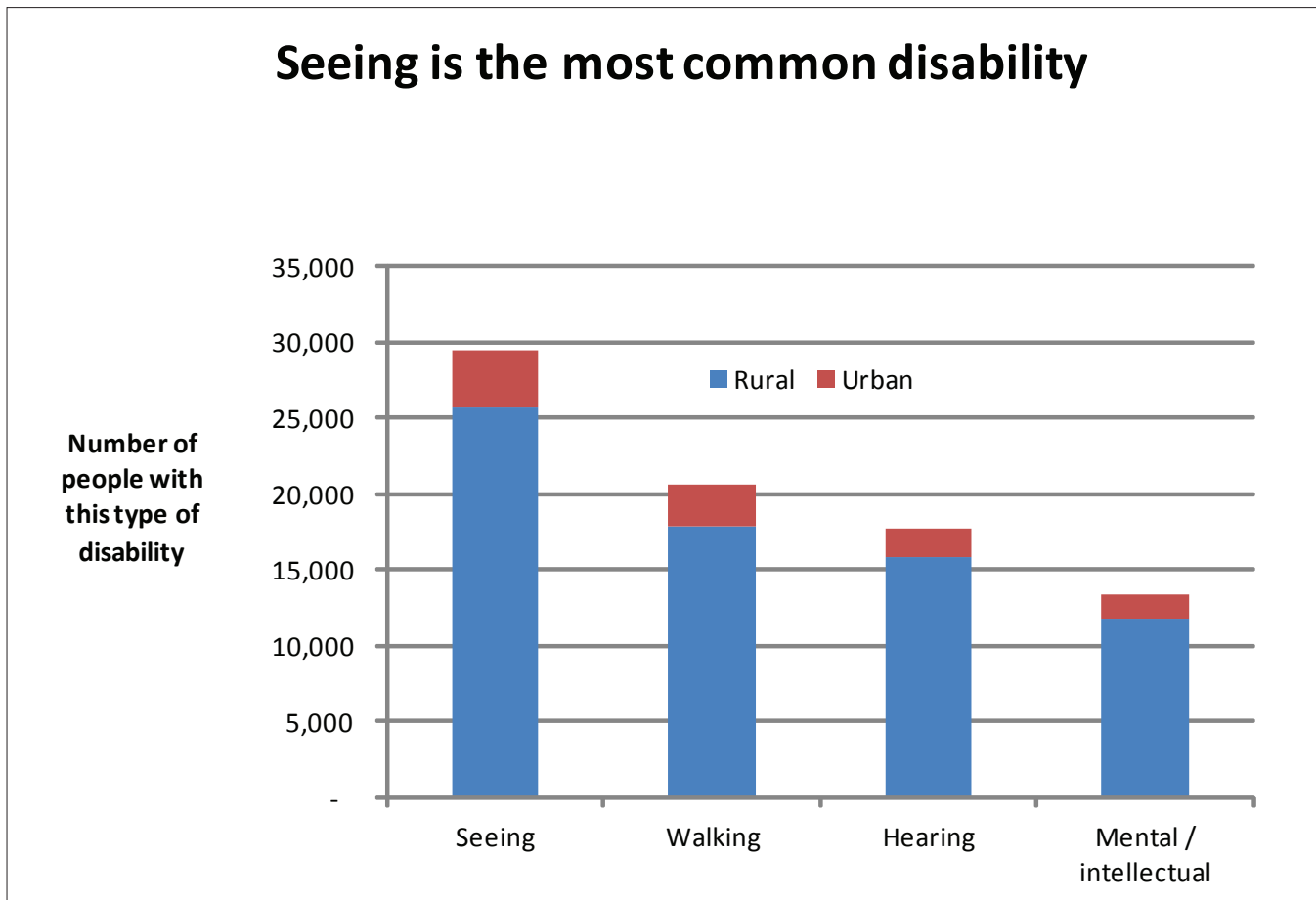
**Figure 3:** Number of persons with disabilities by district

# CHAPTER 4

## TYPES OF DISABILITY

### 4.1 Disability by type

Difficulty in seeing is the most common type of disability with almost 30,000 Timorese having trouble with their sight (sight problems that are corrected with glasses are not included). The least reported disability was a mental/intellectual problem with around 13,000 reporting these problems. For all disability types, the vast majority of people live in rural areas.



**Figure 4:** Disabled population by type of disability and urban/rural location

People could report difficulties in more than one category and the average number of disabilities per person was 1.6. The district of Ermera has the second largest population but with the highest number of disabled persons (6,292). Dili on the other hand with the highest total population concentration has relatively fewer disabled persons. Another district with a high population concentration is Baucau and it also has a high number of disabled persons (5,623). Manatuto, the district with the smallest population, has the least number of disabled persons. The districts of Aileu and Viqueque have the highest concentration of disabled persons compared to their respective total population.

**Table 3 : Total and disabled population by type of disability and district, Timor-Leste 2010**

District Name	Capital	District population	Some difficulty or cannot do at all				Number of disabled persons	Prevalence of disability
			Walking	Seeing	Hearing	Mental / intellectual		
Aileu	Aileu	43,665	1,172	1,673	943	687	2,872	6.6
Ainaro	Ainaro	58,148	1,161	1,318	984	904	2,455	4.2
Baucau	Baucau	110,160	2,839	3,456	2,279	1,918	5,623	5.1
Bobonaro	Maliana	91,200	1,475	2,501	1,527	922	4,178	4.6
Covalima	Suai	59,047	631	968	724	429	1,855	3.1
Dili	Dili	228,564	1,812	2,758	1,280	1,002	4,762	2.1
Ermera	Ermera	116,937	3,084	3,466	2,479	2,289	6,292	5.3
Lautém	Lospalos	59,776	1,838	2,739	1,281	998	3,643	6.1
Liquiçá	Liquiçá	63,172	1,514	2,521	1,433	958	3,960	6.3
Manatuto	Manatuto	41,709	733	983	687	429	1,758	4.2
Manufáhi	Same	48,614	736	1,191	767	679	2,265	4.7
Oecusse	Pante Macassar	63,514	1,377	2,399	1,340	818	3,678	5.8
Viqueque	Viqueque	69,476	2,221	3,515	1,948	1,275	4,902	7.1
Timor Leste	Dili	1,053,982	20,593	29,488	17,672	13,308	48,243	4.6

## 4.2 Disabled population by number of disabilities

Table 4 shows the number of disabled persons having difficulties in one or more areas. At one end of the scale nearly 60 percent reported only one disability, whereas almost 9 percent were disabled in all four disability areas. Almost one third of disabled people had difficulties in two or three areas. Those with more than one disability are likely to be more severely disabled than those persons with only one area of difficulty.

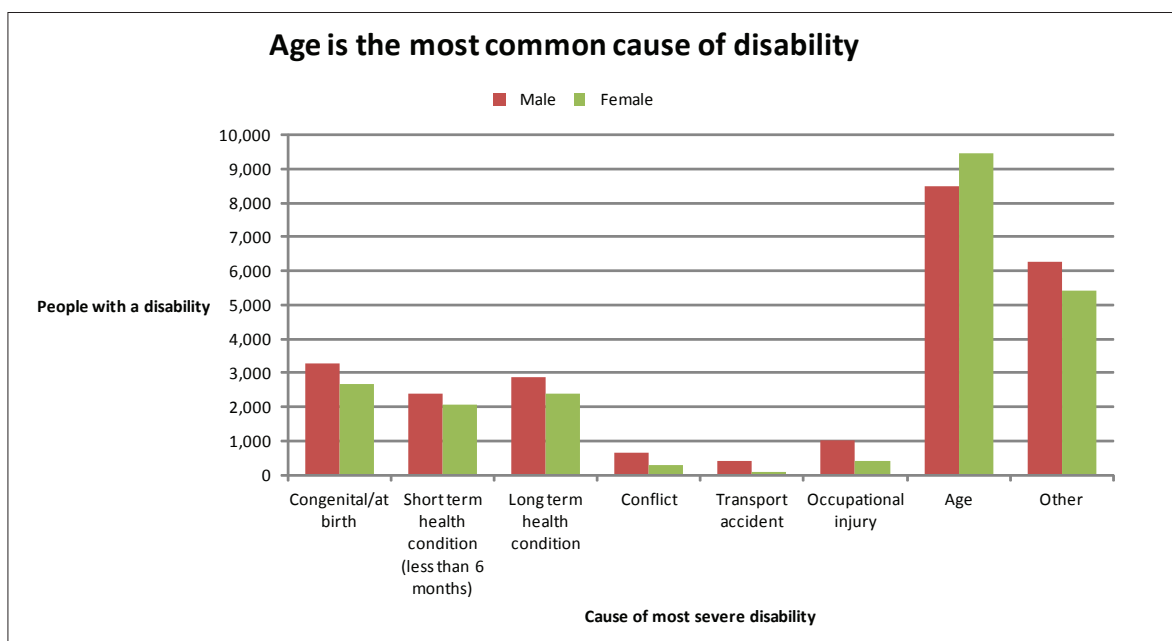
**Table 4 : Disabled population by number of disabilities, Timor-Leste 2010**

Number of disabilities	Number of persons	Percent
One	28,524	59.1
Two	10,706	22.2
Three	4,927	10.2
Four	4,086	8.5
Total	48,243	100

## CHAPTER 5

### CAUSES OF DISABILITY

People with a disability reported the cause for only their most severe type of disability (i.e. those with multiple disabilities could only specify one cause). The most often cited causes were age Congenital/ at birth and long term health conditions.



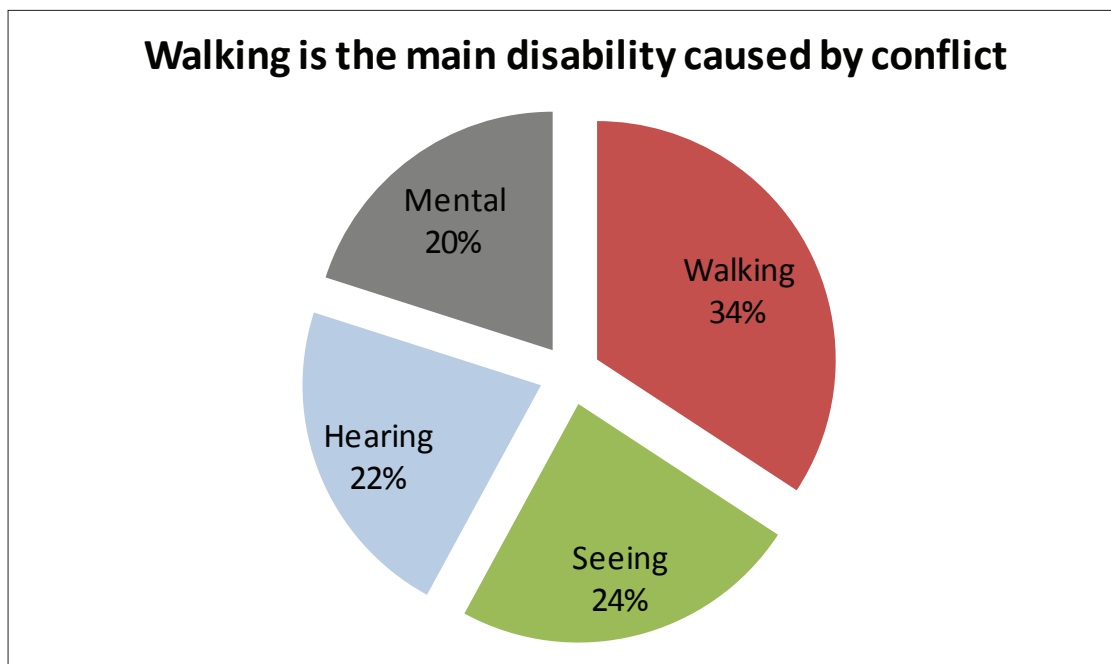
**Figure 5:** Cause of most severe disability by sex, Timor-Leste, 2010

Relatively few disabilities were caused by occupational injury or transport accident. The 4,457 persons who recorded short term health conditions (i.e. expected to last for less than six months) are likely to be disabled in the short term. For over 11,000 people the main cause of their most severe disability was recorded as “other”. Because of the size of the “other” category, it is recommended that the categories need to be further expanded when collecting data on census of disability for future censuses.

**Table 5 :** Total disabled people by cause and type, Timor-Leste 2010

Cause of disability	Total	Percent	Walking	Seeing	Hearing	Mental
Congenital/at birth	5,949	12	1,436	1,237	2,390	886
Short term health condition	4,457	10	968	1,481	1,389	619
Long term health condition	5,304	11	1,282	1,351	1,589	1,082
Conflict	932	2	319	221	205	187
Transport accident	508	1	325	82	59	42
Occupational injury	1,429	3	661	412	206	150
Age	17,950	37	1,874	8,599	6,883	594
Other	11,714	24	3,165	4,930	2,753	866
<b>Total</b>	<b>48,243</b>	<b>100</b>	<b>10,030</b>	<b>18,313</b>	<b>15,474</b>	<b>4,426</b>

Less than 1,000 (932) disabled people reported that conflict was the major cause of their most severe disability. For these people, walking difficulties was the main problem. This is portrayed in Figure 6.

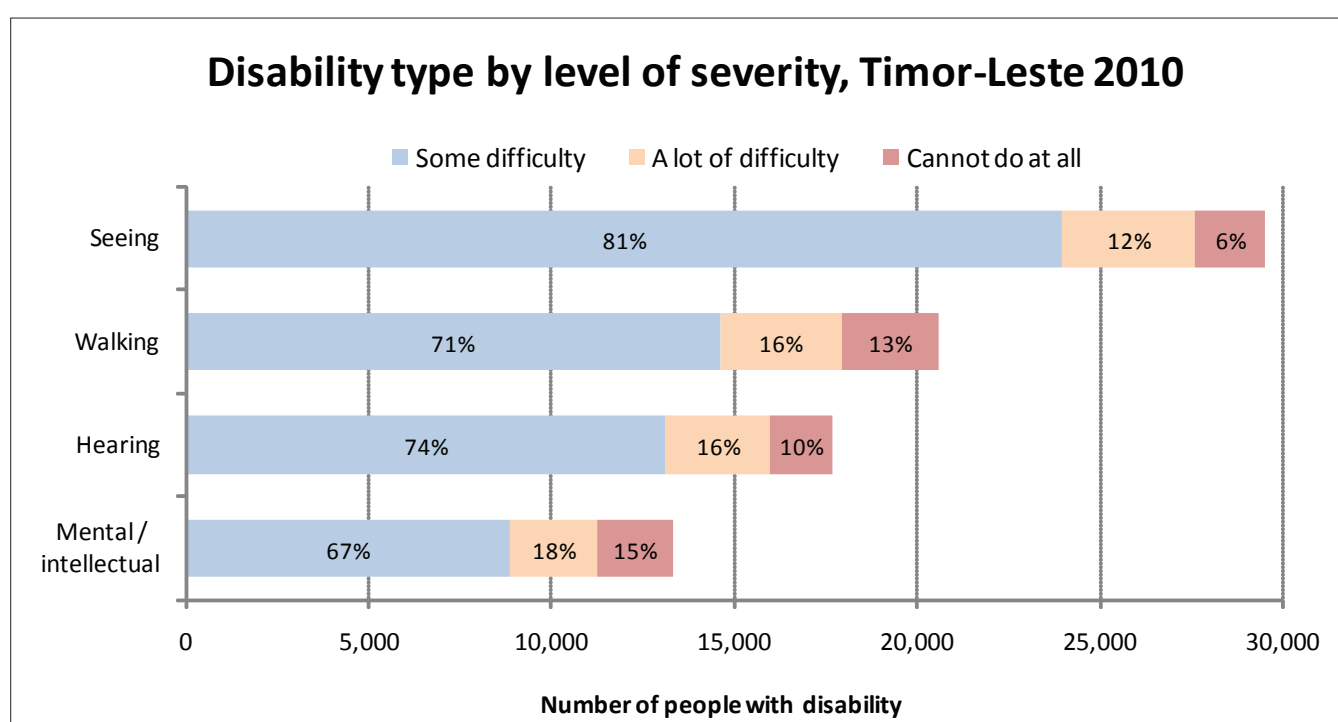


**Figure 6:** Types of disabilities caused by conflict, Timor-Leste 2010

## CHAPTER 6

### SEVERITY OF DISABILITY

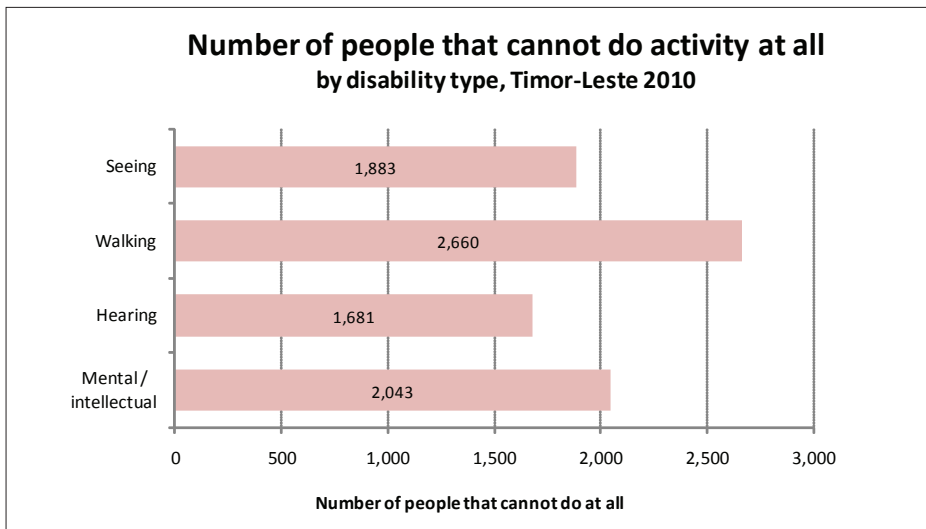
The severity of disability is a significant issue. It is usually the most severely disabled people who are the priority group for any government programs and assistance. Persons answering the census questionnaire assessed the level of severity for each of disability type on a three point scale: some difficulty, a lot of difficulty or cannot do at all. Because this scale is self-assessed, people would not always report on a uniform basis. Even so, those people who cannot do an activity at all clearly have a severe disability.



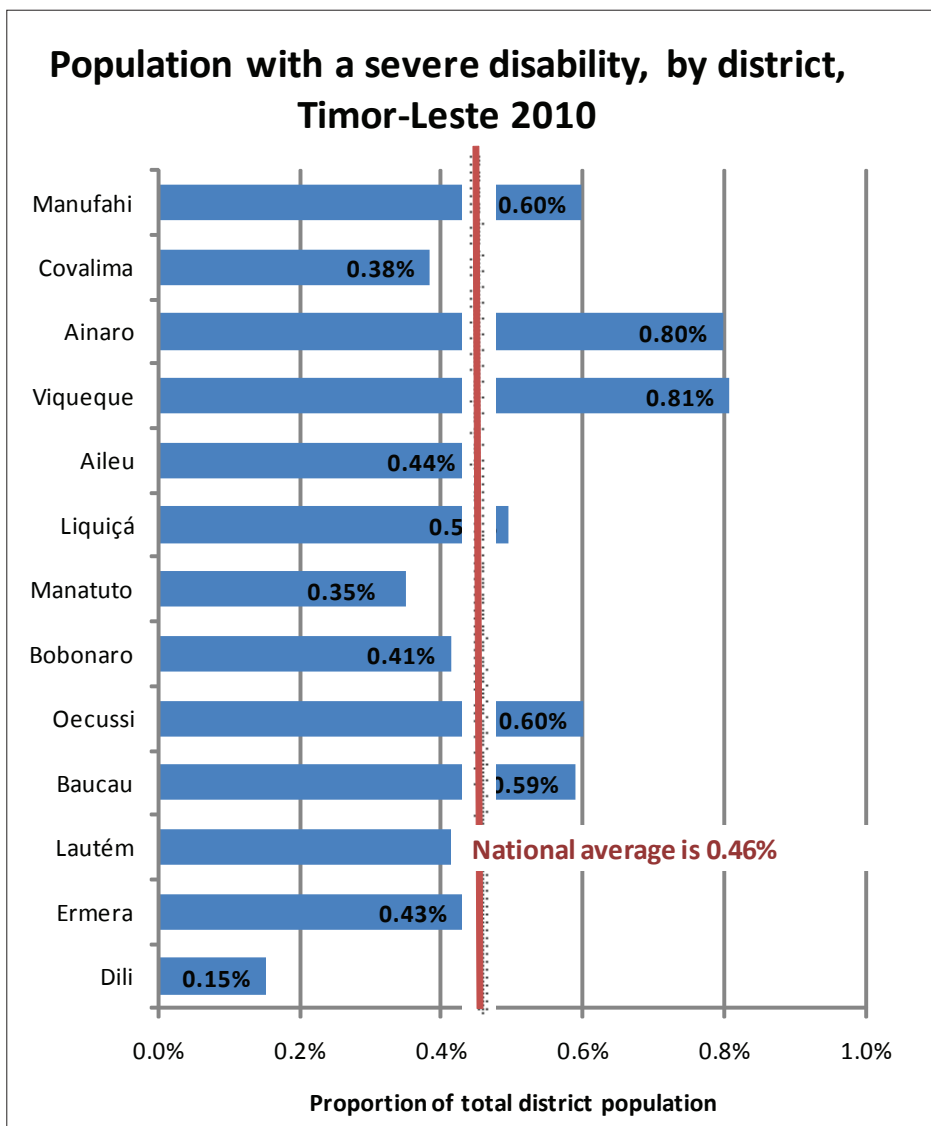
**Figure 7:** Disability type by level of severity, Timor-Leste 2010

Walking is the activity with the largest number of people who cannot do at all. For these people mobility is a serious issue. Those who are blind or deaf (i.e. cannot see or hear at all) need some level of assistance to interact with society. For those disabled people with an intellectual/mental condition, the numbers are more difficult to interpret than for the physical difficulties. It is expected that those with the most serious mental problems appear in the category “cannot do at all”. There were about 2,050 people who reported that they “cannot do at all” with regards to intellectual/mental issues.

Figure 8 presents the number of people who cannot do an activity by type of disability. Again the majority (about 2,700 people) cannot walk while the least recorded disability type is hearing.



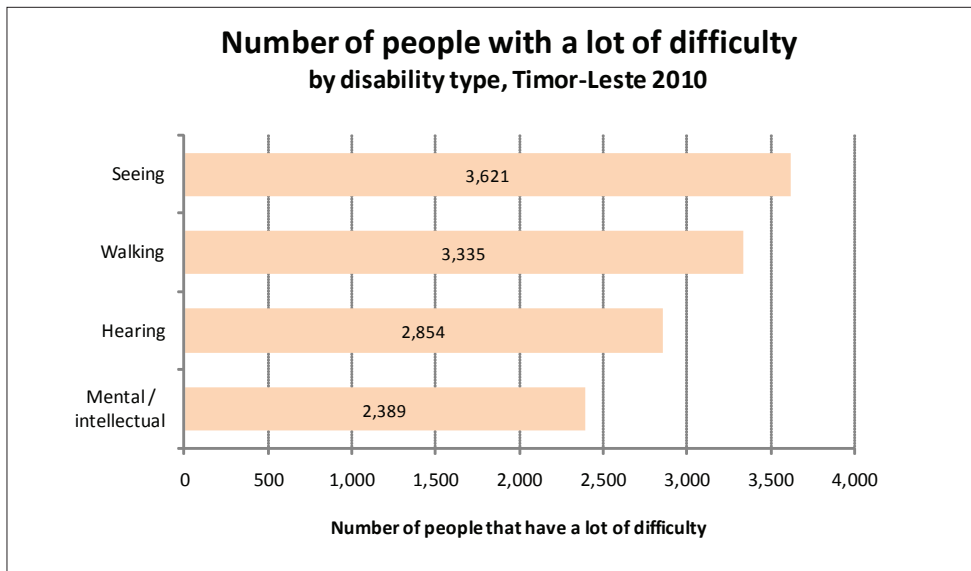
**Figure 8:** Number of People who cannot do any activity at all



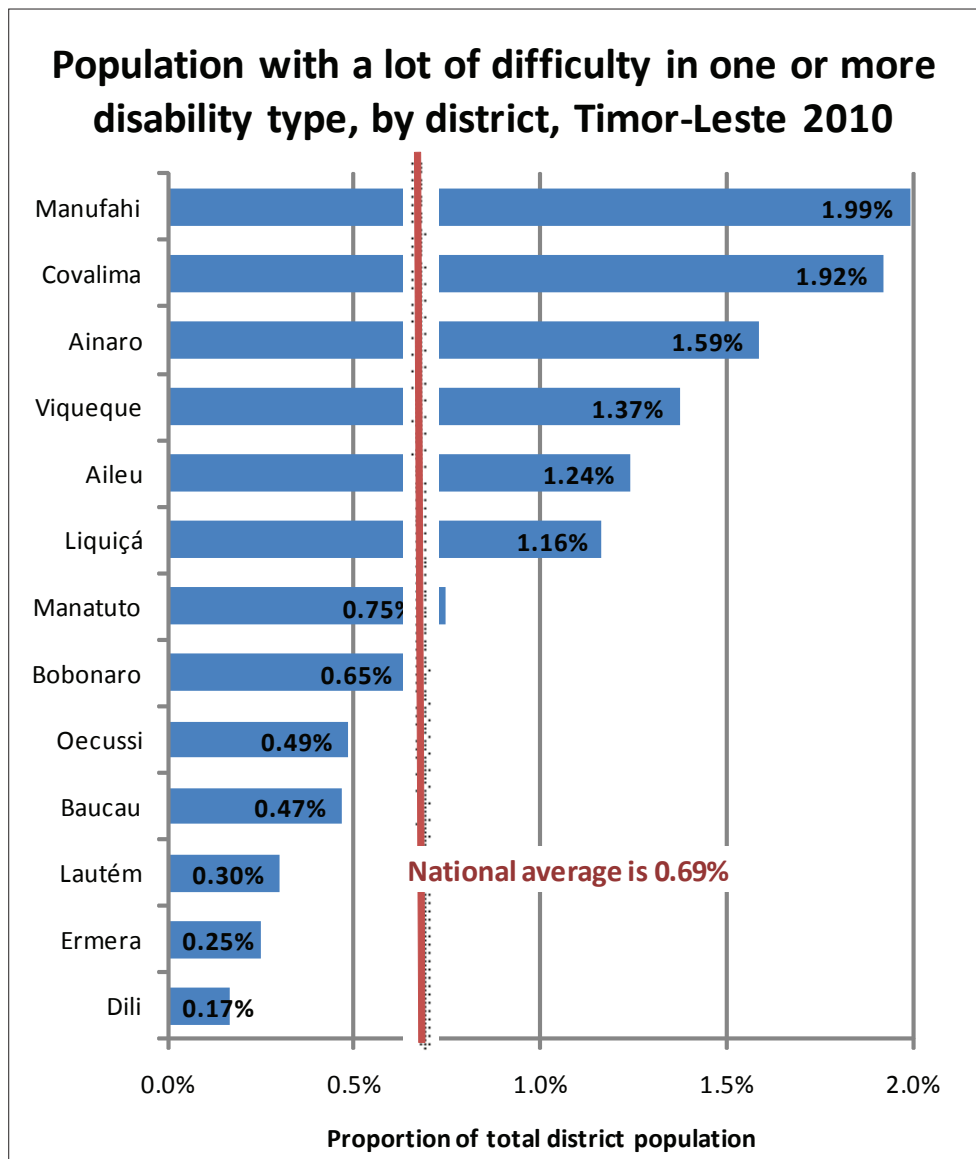
**Figure 9:** Proportion of the population with severe disability by district

If the group who can do the activity but with a lot of difficulty is added, then walking drops behind seeing as the largest group as shown in Figure 10.





**Figure 10:** Number of people with a lot of difficulty by disability type



**Figure 11:** Population with A lot of Disability

# CHAPTER 7

## DISABILITY AND GENDER

### 7.1 Disability by age and sex

There are more disabled males (25,443) than females (22,800). When a comparison is made between males and females for both the disabled and total population, the age profile of the disabled is similar for both sexes.

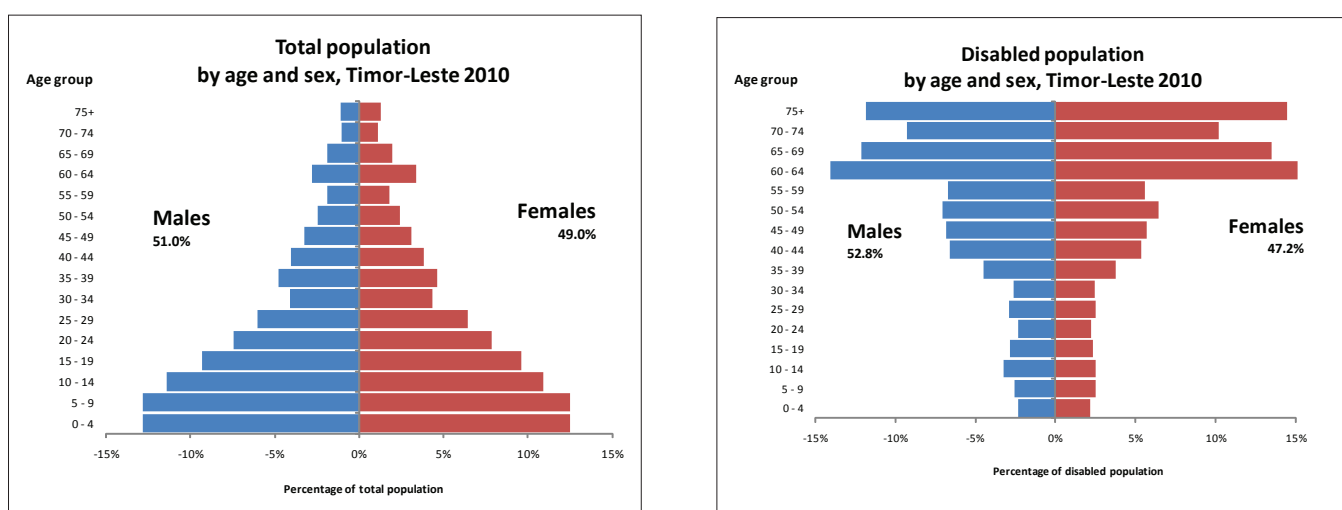


Figure 12: Population pyramid of the entire population and disabled people

Table 6 : Total and disabled population by sex, Timor-Leste 2010

	Not disabled		Disabled	
	Number	Percent	Number	Percent
Male	510,954	95.3	25,443	4.7
Female	494,784	95.6	22,800	4.4
<b>Total</b>	<b>1,005,739</b>	<b>95.5</b>	<b>48,243</b>	<b>4.5</b>

The proportion of males and females who are disabled is very similar at 4.7 percent and 4.1 percent respectively, although there are over 2,500 more disabled males than females.

**Table 7 : Proportion of disabled population by age and sex, Timor-Leste 2010**

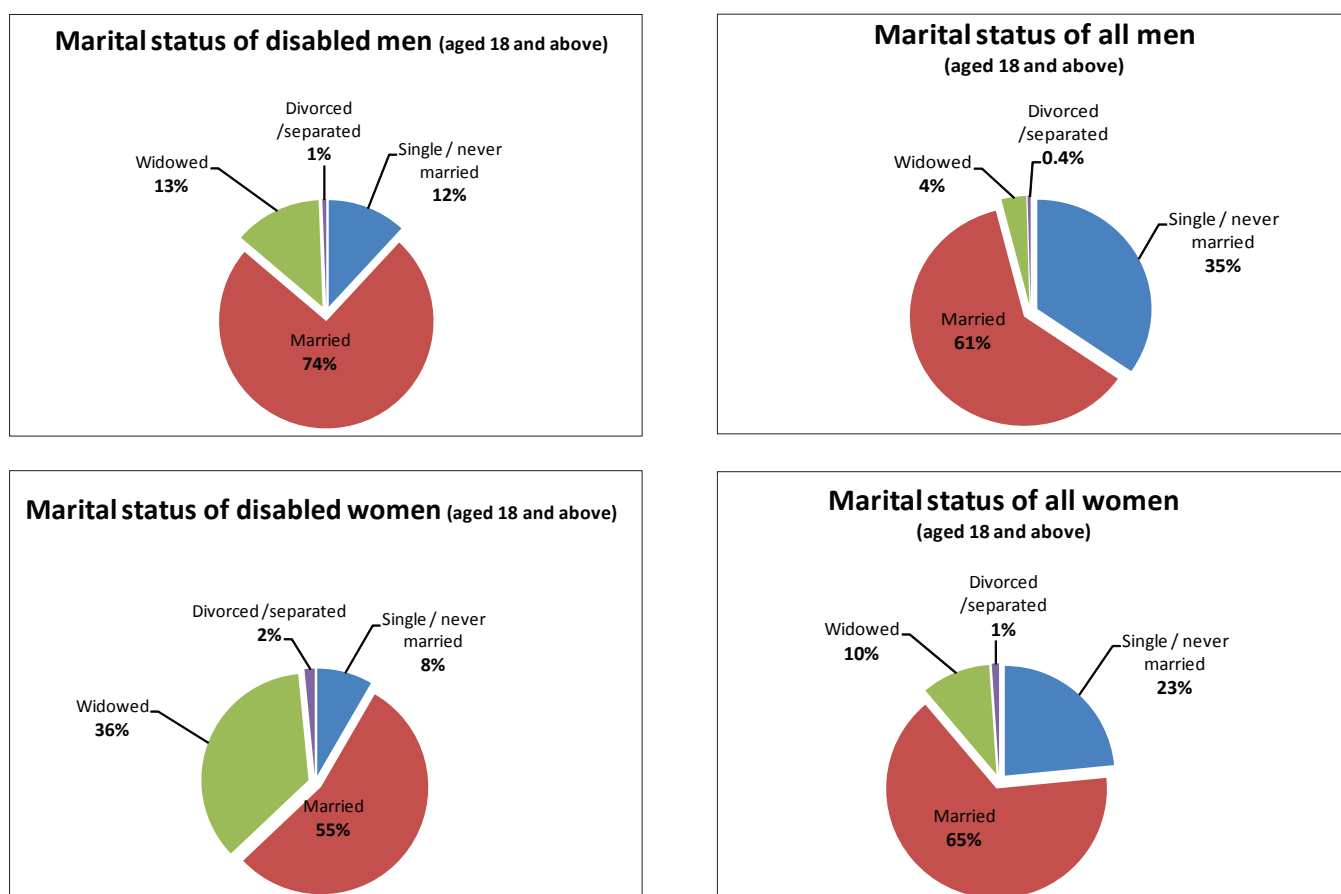
Age group	Percent of disabled population	
	Female	Male
Under 15	0.8	0.9
15 - 24	1	1.3
25 - 34	1.8	2.3
35 - 44	4.4	5.6
45 - 54	9.5	11.4
55 - 64	20.2	22.9
65 and over	53.8	53.8

When the data is examined by broad ten-year age categories, it can be seen that the proportion of disabled men is higher than that for women, except for the over 65 years, where the proportion is the same.

## 7.2 Disability by Marital status

As shown in the pie chart in Figure 13, disabled men over the age of 18 years are much more likely to be widowed (13%) than all men over 18 years (4%). Overall, women over 18 years of age are twice as likely to be widowed compared to men (10% compared with 4%).

Disabled women are much more likely to be widowed with over one third being widowed.



**Figure 13: Disability by Marital status**

# CHAPTER 8

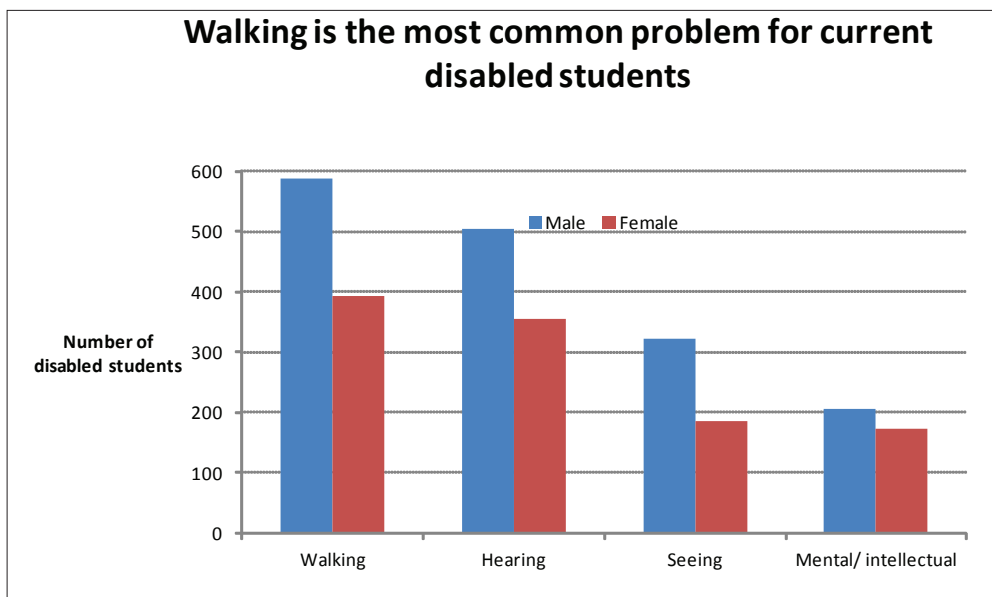
## DISABILITY AND EDUCATION

### 8.1 Overview

Half of the Timorese population with a disability is over 60 years of age. As education policies and programs are generally targeted at younger people, this chapter mostly restricts itself to the disabled persons who are less than 60 years old. Disability and the aged are discussed in chapter ten of this report. The National Education Policy 2007-2012 of Timor-Leste (Ministry of Education, Democratic Republic of Timor-Leste) recognizes the rights and access to education for all Timorese citizens. This obviously includes all citizens including those who have a disability. The policy also recognizes that the education system is in the process of significant change and that it will take time. As the data that follow indicates, there is still a long way to go before all Timorese children (both disabled and the total) reach the goal of universal primary education for all. The total number of disabled persons under 60 years is 23,271 - 48 percent of the total disabled. There are more disabled men under 60 years (13,140) than women (10,131).

### 8.2 Currently studying

There are 342,870 students in Timor-Leste at the time of the census at all levels of education (pre-school through university and post-graduate). Less than one percent of these students are disabled, with the total number of disabled students being 2,723: 1,618 males and 1,105 females. For students, problems with walking and hearing were the most common severe disability type. For less than 400 disabled students, mental disability was their most severe disability type. Among civil society actors and persons with disabilities in Timor-Leste, the denial of access to education is widely perceived as the greatest violation of human rights for children with disabilities. Increased enrollment for children with disabilities in primary and secondary schools should be the major focus of many non-governmental organizations (NGOs) and government advocacy efforts.



**Figure 14:** Current students aged 5+ by type of most severe disability and sex, Timor-Leste 2010

For both males and females, around one quarter of disabled students live in urban areas, meaning about three quarters live in rural areas. Almost 60 percent of disabled students are currently enrolled in primary schools. The number of disabled students in different levels of the education system are shown in Table 8. It is encouraging to see that 150 disabled students are attending post secondary education at either university or polytechnic/diploma levels. This represents 5.5 percent of the disabled student population and while it is lower than the total student population (6.2 percent), the difference is not significant.

**Table 8: Disabled school students by level of schooling, Timor-Leste 2010**

Level of schooling	Number of disabled students	Percent of total disabled students
Pre-primary	110	4
Primary	1,614	59.3
Pre-secondary	394	14.5
Secondary	279	10.2
Polytechnic/ diploma	22	0.8
University	128	4.7
Non-formal	176	6.5
Total	2,723	100

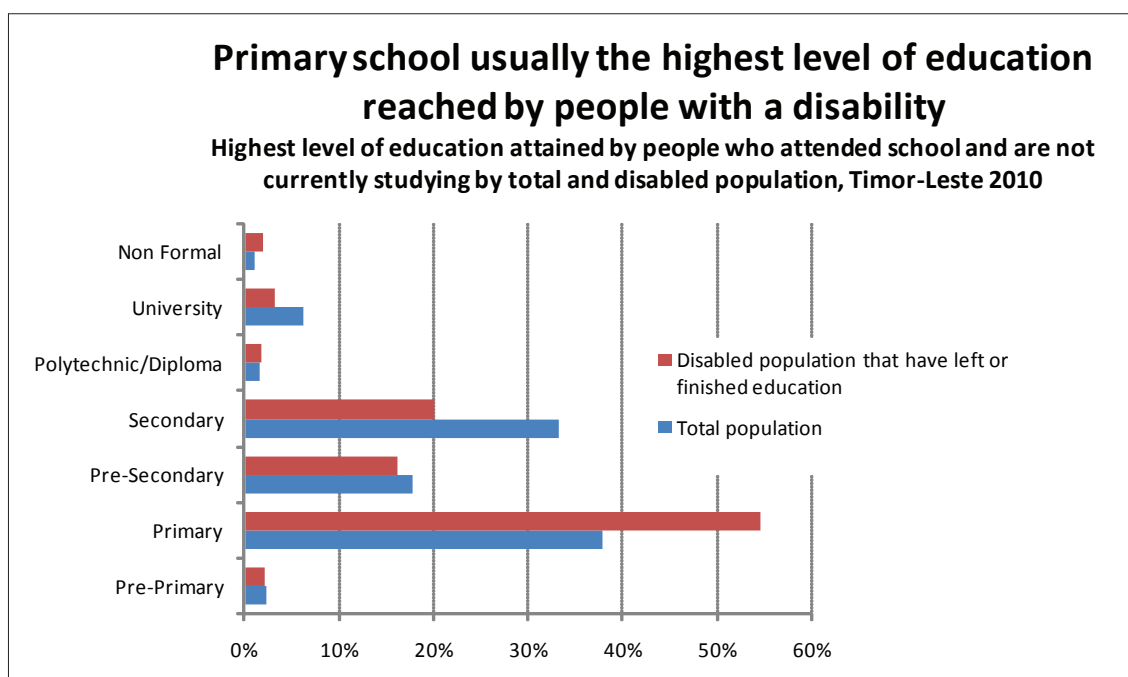
A survey of disability in Timor-Leste's primary schools conducted in 2008, estimated that about 2,000 primary school students had a disability (Plan Timor-Leste, 2008). The survey was based on face-to-face interviews with School Directors and teachers. Based on interviews, the census results show that there were 1,614 disabled primary school students within all households in Timor-Leste.

### **8.3 Those who have never been to school**

There are 13,196 disabled persons between the ages of 5 and 60 years who have never been to school - 57 percent of the disabled population in this age group. The number of men (6,300) who have not been to school is smaller than the number of women (6,900). As indicated in Chapter 10, many Timorese aged over 60 years have not been to school. Around 90 percent of those disabled people between 5 and 60 years who have never been to school live in rural areas. Similar percentages apply to both males and females.

### **8.4 Highest level of education attained**

To explore the differences in the highest level of education attained, this section restricts itself to the population that is not currently studying (i.e. have left or finished school). When comparing the disabled and total population who have attained some level of education, those with a disability were less likely to go beyond primary school.



**Figure 15:** Highest level of education attained by people with disabilities

### 8.5 Proficiency in languages

Timor-Leste is a multi-lingual country. The ability to speak, read and write was self assessed for four languages: Tetun, Portuguese, Bahasa Indonesian and English. People with a disability have a significantly lower proficiency in languages than that of the total population. This applies to all four languages assessed in the census.

**Table 9 : Total and disabled population aged 5 and above by ability to speak, read and write by language, Timor-Leste 2010**

Language proficiency	Total population (%)	Disabled population (%)
<b>Tetun</b>		
Do not speak, read or write	11	19.5
Speak only	28.1	42.6
Read only	2.5	1.7
Speak and read only	1	0.7
Speak read and write	57.4	35.5
<b>Total</b>	<b>100</b>	<b>100</b>
<b>Portuguese</b>		
Do not speak, read or write	46.1	66.4
Speak only	3.9	4.5
Read only	22.7	11.7
Speak and read only	2	1.2
Speak read and write	25.2	16.3
<b>Total</b>	<b>100</b>	<b>100</b>

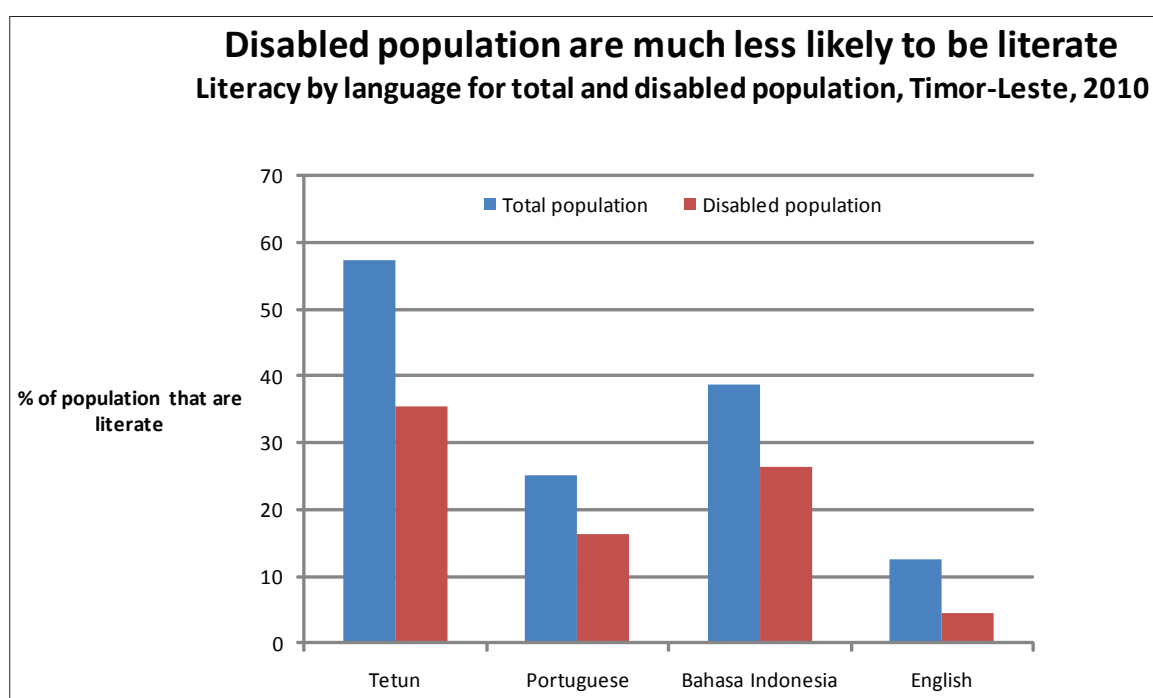
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**Table 9 : Total and disabled population aged 5 and above by ability to speak, read and write by language, Timor-Leste 2010 (cont)**

Language proficiency	Total population (%)	Disabled population (%)
<b>Bahasa Indonesia</b>		
Do not speak, read or write	41	57.9
Speak only	7.1	9.3
Read only	12.1	5.8
Speak and read only	1	0.7
Speak read and write	38.7	26.3
<b>Total</b>	<b>100</b>	<b>100</b>
<b>English</b>		
Do not speak, read or write	66.1	83.8
Speak only	2.6	1.6
Read only	17.4	9.3
Speak and read only	1.4	0.7
Speak read and write	12.5	4.5
<b>Total</b>	<b>100</b>	<b>100</b>

## 8.6 Literacy

Literacy defined as the ability to speak, read and write in any language, is a useful indicator for developing education policies. As expected, the literacy levels of the population with a disability are significantly lower than those for the total population. For the population aged five years and above, literacy is highest in the Tetun language with 57.4 percent being able to speak, read and write. The disabled population is also most literate in Tetun, but the rate is much lower at 35.5 percent. For every one of the four languages, the proportion of the total population who are literate is significantly higher than for people with a disability as shown in Table 9 and Figure 16.



**Figure 16:** Literacy levels by language for total and disabled population

Although data on literacy was gathered on everyone aged five years and above, the standard measures of literacy are usually expressed for adults (aged 15 and above) and youth (aged 15-24). The literacy rate of adults (aged 15 and above) in Timor-Leste is very low at 36 percent for men and 31 percent for women. The literacy gap exists for both disabled men and women. However, the literacy rate of women with a disability (14.1%) is less than half that of women overall (30.9%). Literacy levels improve dramatically when examining the youth population, but are still well below the ideal of 100 percent. The literacy gap for the disabled youth population exists for both men and women as depicted in Figure 17.

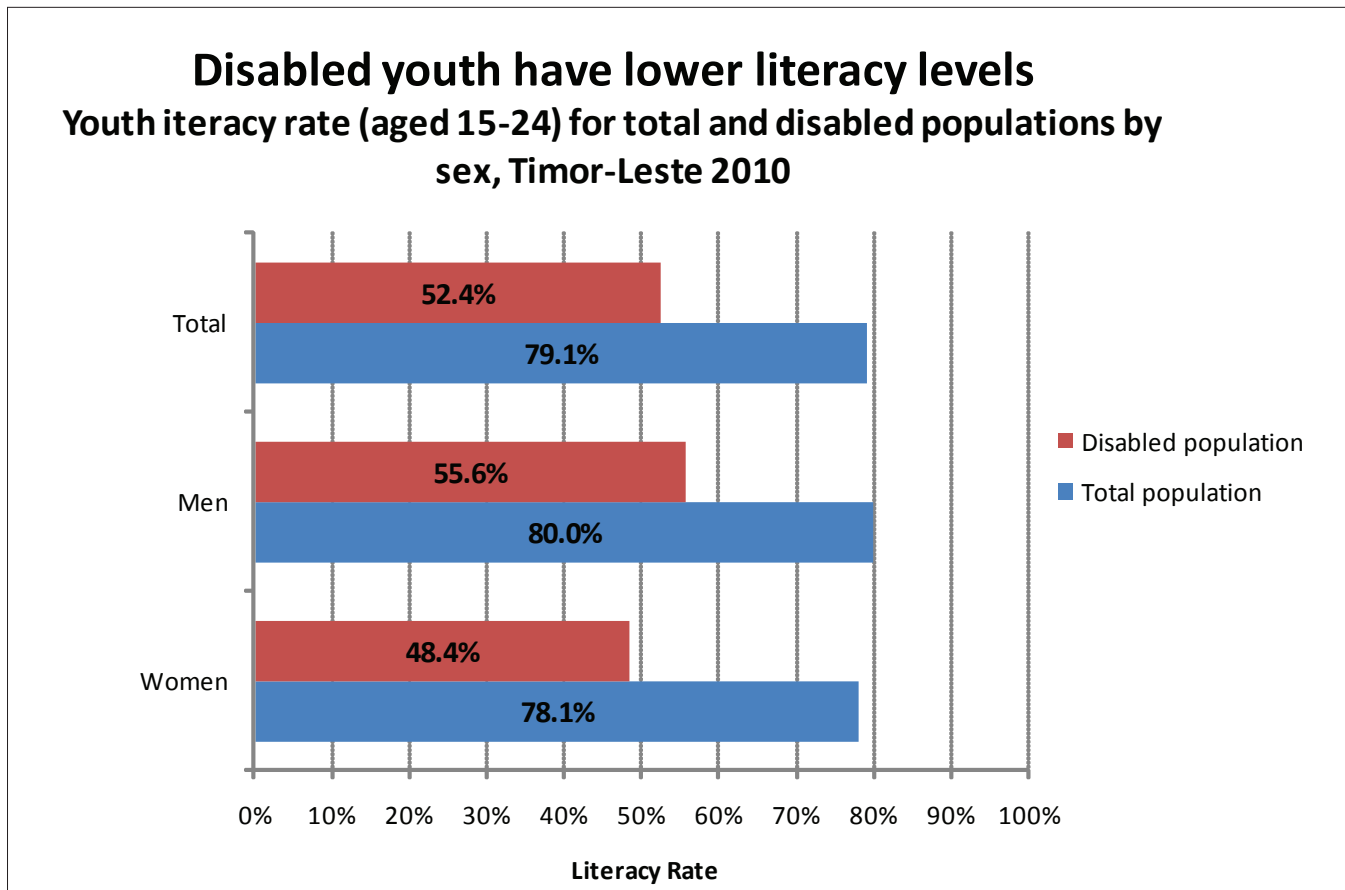


Figure 17: Disabled youth literacy level



# CHAPTER 9

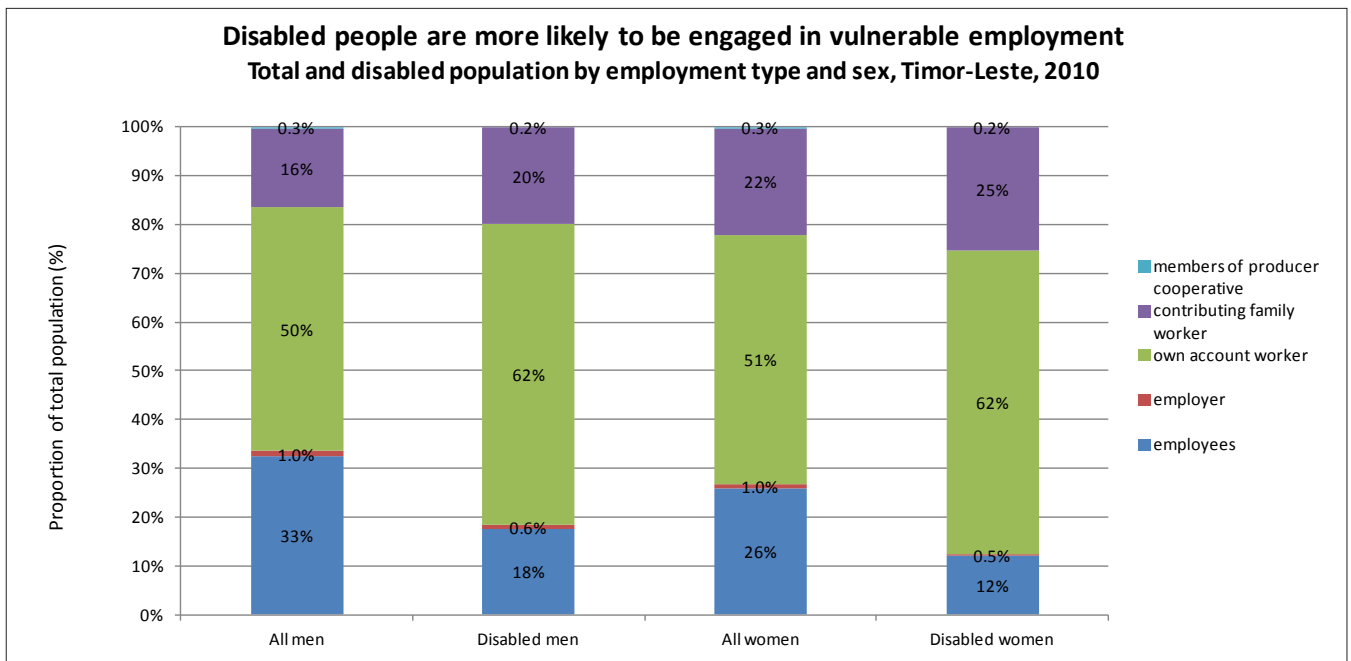
## DISABILITY AND EMPLOYMENT

### 9.1 Overview

Information about main economic activity was collected for all Timorese aged 10 years and above. This chapter examines the labour force and economic activity characteristics of people with a disability.

### 9.2 Employed persons

On the surface, it appears disabled people are better off employment wise. There are a higher proportion of people with a disability who are employed, compared with the total population. However, when the data is examined it can be seen that people with a disability are much less likely to be an employee as those without. The number of employers is small overall and people with a disability are less likely to be an employer than for the total population. People with a disability are more often own account workers or contributing family workers than the total population. This suggests they are more likely to be under employed, have a less stable income and low or non-existent wages. The disabled people are mostly in vulnerable employment.



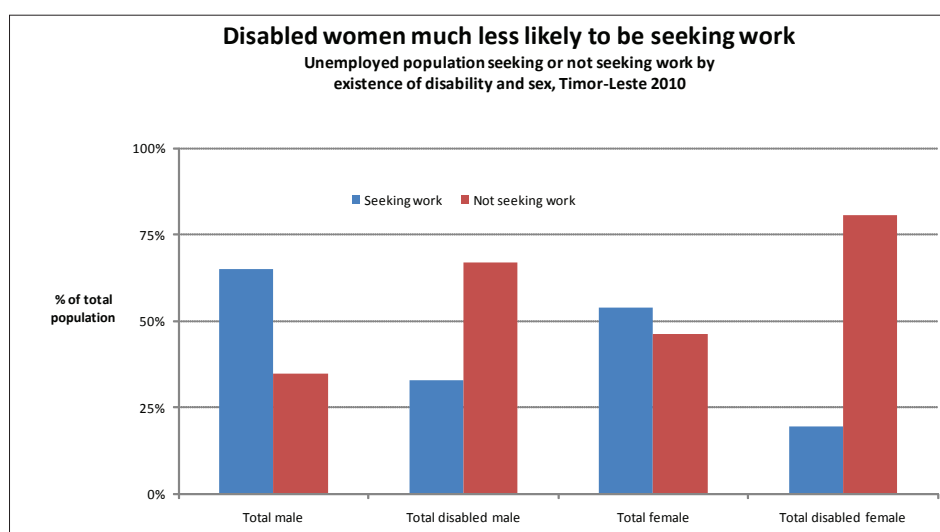
**Figure 18:** Employment among disabled population

**Table 10: Total and disabled population aged 10 years and above by employment status and sex, Timor-Leste 2010**

	Total Persons	Total Disabled Persons	Total Male	Total Disabled Male	Total Female	Total Disabled Female
Total Population	748,590	45,881	378,797	24,161	369,793	21,720
<b>Employed</b>	<b>311,316</b>	<b>23,205</b>	<b>209,415</b>	<b>16,305</b>	<b>101,901</b>	<b>6,900</b>
<i>Percent employed to total population</i>	<i>41.6</i>	<i>50.6</i>	<i>55.3</i>	<i>67.5</i>	<i>27.6</i>	<i>31.8</i>
<b>Employee</b>	<b>94,490</b>	<b>3,715</b>	<b>68,119</b>	<b>2,889</b>	<b>26,371</b>	<b>826</b>
<i>Percent of employed</i>	<i>30.4</i>	<i>16.0</i>	<i>32.5</i>	<i>17.7</i>	<i>25.9</i>	<i>12.0</i>
<b>Employer</b>	<b>3,040</b>	<b>132</b>	<b>2,045</b>	<b>95</b>	<b>995</b>	<b>37</b>
<i>Percent of employed</i>	<i>1.0</i>	<i>0.6</i>	<i>1.0</i>	<i>0.6</i>	<i>1.0</i>	<i>0.5</i>
<b>Own account worker</b>	<b>156,686</b>	<b>14,369</b>	<b>104,664</b>	<b>10,080</b>	<b>52,022</b>	<b>4,289</b>
<i>Percent of employed</i>	<i>50.3</i>	<i>61.9</i>	<i>50.0</i>	<i>61.8</i>	<i>51.1</i>	<i>62.2</i>
<b>Contributing family worker</b>	<b>56,200</b>	<b>4,939</b>	<b>33,993</b>	<b>3,206</b>	<b>22,207</b>	<b>1,733</b>
<i>Percent of employed</i>	<i>18.1</i>	<i>21.3</i>	<i>16.2</i>	<i>19.7</i>	<i>21.8</i>	<i>25.1</i>
<b>Member of producers cooperative</b>	<b>900</b>	<b>50</b>	<b>594</b>	<b>35</b>	<b>306</b>	<b>15</b>
<i>Percent of employed</i>	<i>0.3</i>	<i>0.2</i>	<i>0.3</i>	<i>0.2</i>	<i>0.3</i>	<i>0.2</i>

### 9.3 Unemployed persons

The unemployment rate in Timor-Leste according to 2010 Census is 10.4 percent for people aged 10 years and above. For the disabled population, it is lower, at 8.3 percent an unexpected result. If the age group of 60 year and above is excluded from the unemployment rate for disabled persons, the rate increases, but only slightly, to 9.1 percent. The total population is twice as likely to be looking for employment compared to those with disability. This may reflect that people with a disability are discouraged from seeking employment due to lack of opportunity. Proportionally, disabled women are far less likely to be looking for employment than all women. The same is true for disabled men. In numerical terms, there are more than twice as many disabled men seeking employment than disabled women (403 men compared with 171 women).



**Figure 19: Disabled population seeking or not seeking employment**

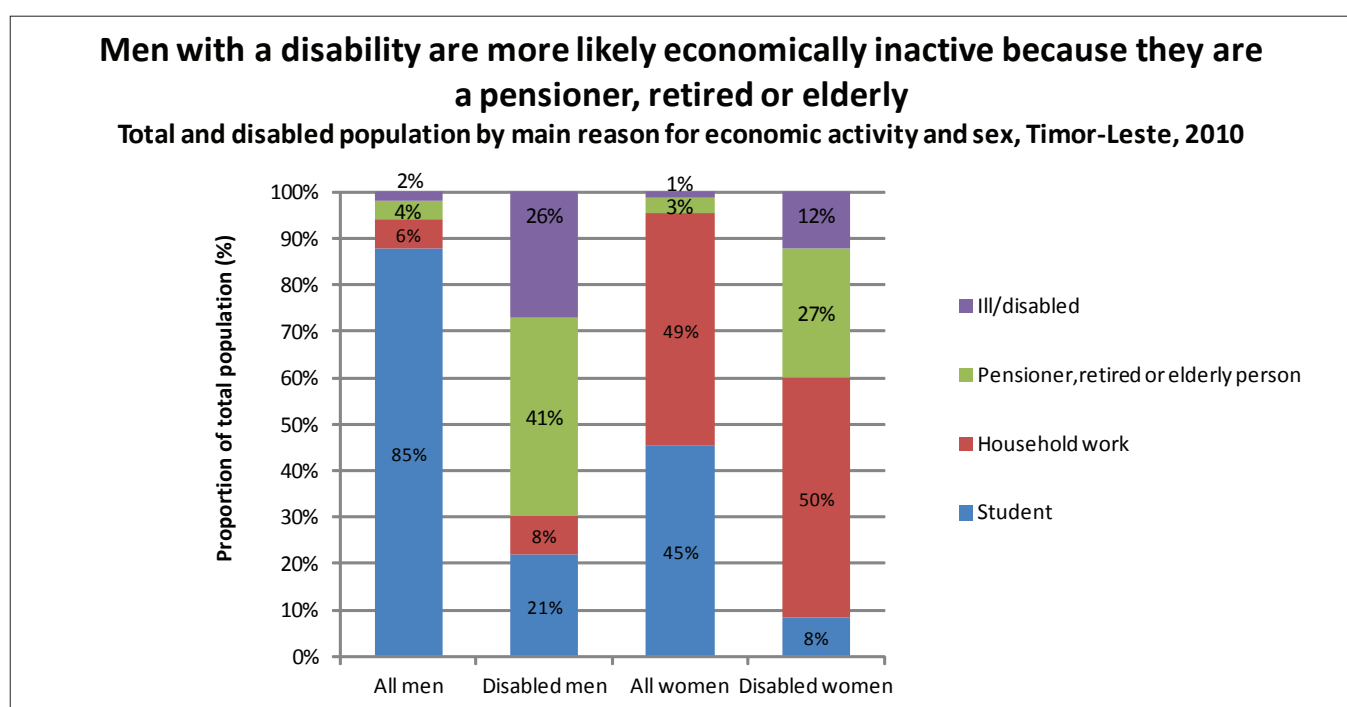
**Table 11: Total and disabled unemployed population aged 10 years and above by employment status and sex, Timor-Leste 2010**

	Total Persons	Total Disabled Persons	Total Male	Total Disabled Male	Total Female	Total Disabled Female
Total unemployed	36,065	2,101	22,133	1,220	13,932	881
Seeking work	21,919	574	14,418	403	7,501	171
<i>Percent seeking work</i>	<i>60.8</i>	<i>27.3</i>	<i>65.1</i>	<i>33.0</i>	<i>53.8</i>	<i>19.4</i>
Did not seek work	14,146	1,527	7,715	817	6,431	710
<i>Percent not seeking work</i>	<i>39.2</i>	<i>72.7</i>	<i>34.9</i>	<i>67.0</i>	<i>46.2</i>	<i>80.6</i>

Although the unemployment rate for all disabled people (8.3%) is slightly lower than for the total population (10.4%), the reverse is true for young people. The youth unemployment rate (age 15-24 years) for the disabled population is 29.2 percent compared to 23.9 percent for the total youth population.

#### 9.4 Not employed and not looking for employment

Those people who are not employed and not available for employment are referred to as the “economically inactive” When examining the characteristics of the economically inactive in Timor-Leste, very different results between the total and disabled population are revealed. Almost five times as many of the economically inactive were students compared with the disabled inactive. This reflects the young age profile of the Timorese population which contrasts with the much older age profile of the disabled.



**Figure 20: Total and disabled population by reason for economic inactivity and sex**

Around one third of the economically inactive population were engaged in housework as their main activity for both the total and the disabled population. The majority of these were women. This represented half of the economically inactive for both disabled and total women population; that is, disability does not appear to be a factor in whether women are engaged in housework as their main activity.

Only 8 percent of disabled men gave housework as the main reason for being economically inactive compared with 6 percent of men without a disability. Some people were able to report "ill/disabled" as their reason for economic inactivity. Interestingly, almost 3,400 people did this and they represented 16 percent of the disabled and economically inactive population. Disabled men were much more likely to give this as the main reason than women. This probably reflects the fact that women tend to do most of the household work and continue to do this regardless of their disability.

**Table 12 : Total and disabled economically inactive population by reason for economic inactivity and sex, Timor-Leste 2010**

	Total Persons	Total Disabled Persons	Total Male	Total Disabled Male	Total Female	Total Disabled Female
<b>Total persons not looking for work</b>	<b>401,209</b>	<b>20,575</b>	<b>147,249</b>	<b>6,636</b>	<b>253,960</b>	<b>13,939</b>
<b>Student</b>	<b>238,566</b>	<b>2,537</b>	<b>125,414</b>	<b>1,399</b>	<b>113,152</b>	<b>1,138</b>
<i>Percent students</i>	<i>59.5</i>	<i>12.3</i>	<i>85.2</i>	<i>21.1</i>	<i>44.6</i>	<i>8.2</i>
<b>Household work</b>	<b>133,937</b>	<b>7,523</b>	<b>8,922</b>	<b>521</b>	<b>125,015</b>	<b>7,002</b>
<i>Percent household work</i>	<i>33.4</i>	<i>36.6</i>	<i>6.1</i>	<i>7.9</i>	<i>49.2</i>	<i>50.2</i>
<b>Pensioner, retired elderly person</b>	<b>13,999</b>	<b>6,466</b>	<b>5,476</b>	<b>2,698</b>	<b>8,523</b>	<b>3,768</b>
<i>Percent pensioners retired or elderly</i>	<i>3.5</i>	<i>31.4</i>	<i>3.7</i>	<i>40.7</i>	<i>3.4</i>	<i>27.0</i>
<b>Ill/disabled</b>	<b>5,927</b>	<b>3,367</b>	<b>3,015</b>	<b>1,726</b>	<b>2,912</b>	<b>1,641</b>
<i>Percent ill/disabled</i>	<i>1.5</i>	<i>16.4</i>	<i>2.0</i>	<i>26.0</i>	<i>1.1</i>	<i>11.8</i>
<b>Other</b>	<b>8,780</b>	<b>682</b>	<b>4,422</b>	<b>292</b>	<b>4,358</b>	<b>390</b>
<i>Percent other</i>	<i>2.1</i>	<i>3.3</i>	<i>3.0</i>	<i>4.3</i>	<i>1.7</i>	<i>2.8</i>

# CHAPTER 10

## DISABILITY AND THE AGED

### 10.1 Overview

Half of Timorese people with a disability are aged 60 years and above. This affects provision of services, particularly as older people are more likely to live in rural areas where access to services is more difficult. This problem has been recognized in the country and reflected in the National Strategic Development Plan 2011-2030. The plan specifically acknowledges that the health needs of the elderly with disabilities needs to be better managed. The plan acknowledges that this is particularly important as the number of people aged 60 years and above is expected to more than double between 2005 and 2030.

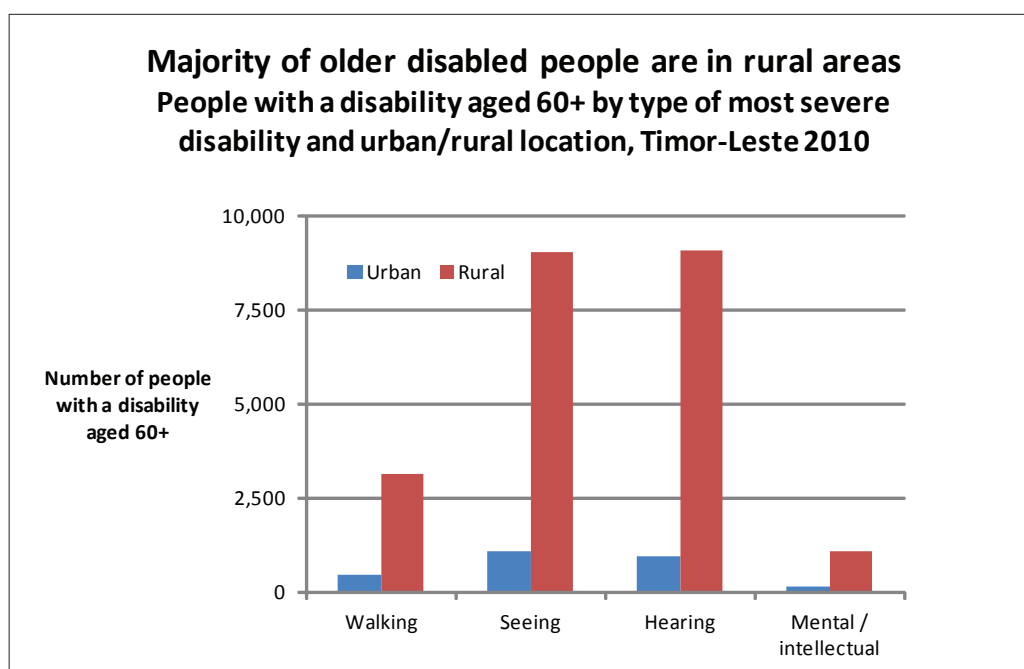
The plan further acknowledges that the majority of the ageing population live in rural areas and have difficulty accessing primary health care due to limited transport options, geographical distance, poor roads, poverty or physical disability. Chronic illness and disability impose high ongoing costs on individuals, families and societies. It recognises that poor health reduces the ability of older people to actively participate and contribute to their families, increasing their isolation and dependence.

The plan intends to adopt strategies to deal with the increasing burden of chronic illnesses such as heart disease, by introducing innovative approaches to disease management, health promotion and disease prevention in the community. Better access to quality age-friendly and old age-specific health services will be provided, with a focus on improving the skills of primary health care providers and introducing community service models, such as home care programs.

The Integrated Community Health Services programme, known as SISCa<sup>8</sup> do provide mobile medical services to rural areas on a monthly basis. It is also meant to provide better quality and more accessible healthcare for persons with mental or physical disabilities who cannot easily access regional or national health care centers. However, the effectiveness of this programme is hampered with its lack of specific promotion activities and specialist doctors who are well trained to handle disability cases.

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<sup>8</sup> SISCa refers to Integrated Services of Community Health.



**Figure 21:** Distribution of disabled older population by type of disability

## 10.2 Geographic distribution

Approximately 11 percent of Timorese with a disability aged 60 and above live in urban areas. Although the vast majority lives in rural areas (89%); the prevalence of different types of disability is similar between urban and rural areas. Difficulties with seeing and hearing are the most severe level of disability for 80 percent of older disabled Timorese. Mental disabilities account for around 5 percent of the older disabled population.

**Table 13 : Proportion of people with a disability aged 60 and above by type of most severe disability and urban/rural, Timor-Leste 2010**

	Walking	Seeing	Hearing	Mental / Intellectual	Total
	<b>Percent of total disabled</b>				
Urban	2	4	4	1	11
Rural	13	36	36	4	89
<b>Total</b>	<b>14</b>	<b>41</b>	<b>40</b>	<b>5</b>	<b>100</b>

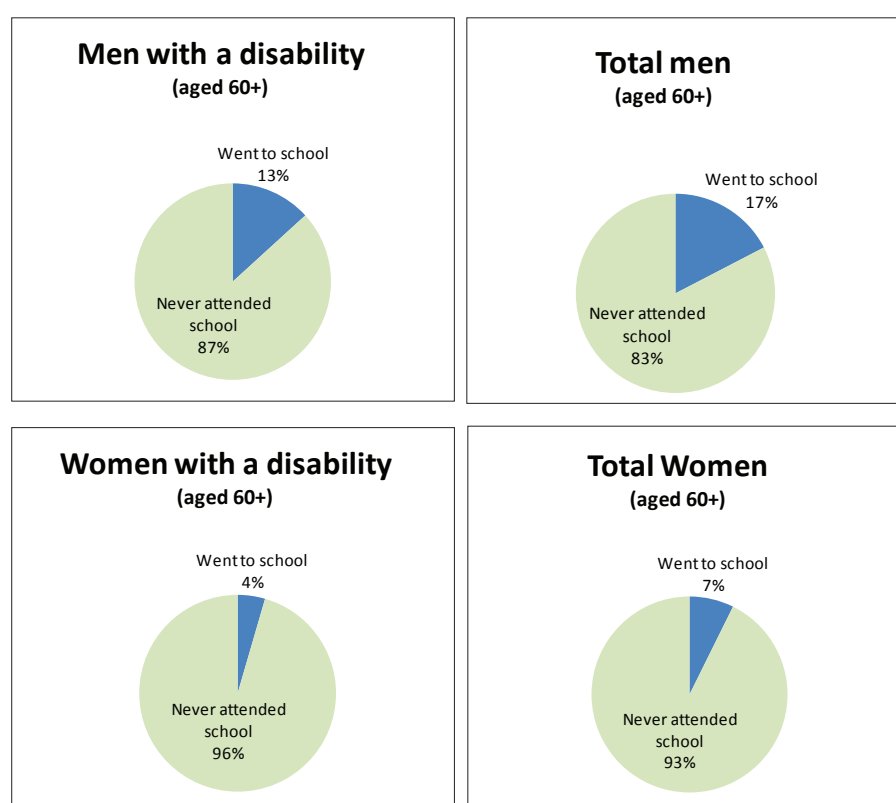
The number of disabled older men and women for each of the districts is shown below. Baucau is the only district with over 3,000 older disabled persons. Bobonaro, Ermera, Lautem and Viqueque all have a relatively high concentration of older disabled. The relative proportion of older disabled who are men or women varies either side of 50:50 from district to district. The largest difference is in Lautem, where 57 percent of older disabled are men. In Aileu and Covalima districts, the majority (54%) of the older disabled are women.

**Table 14 : People with a disability aged 60 and above by sex and district, Timor-Leste 2010**

District	Male	Female	Total	Percent who are women
Ainaro	692	720	1,412	51
Aileu	613	725	1,338	54
Baucau	1,802	1,679	3,481	48
Bobonaro	1,133	1,168	2,301	51
Covalima	416	485	901	54
Dili	910	871	1,781	49
Ermera	1,356	1,442	2,798	52
Liquiça	969	1,030	1,999	52
Lautem	1,205	899	2,104	43
Manufahi	487	543	1,030	53
Manatuto	525	484	1,009	48
Oecusse	960	886	1,846	48
Viqueque	1,601	1,371	2,972	46
Total	12,669	12,303	24,972	49

### 10.3 Education levels of the aged

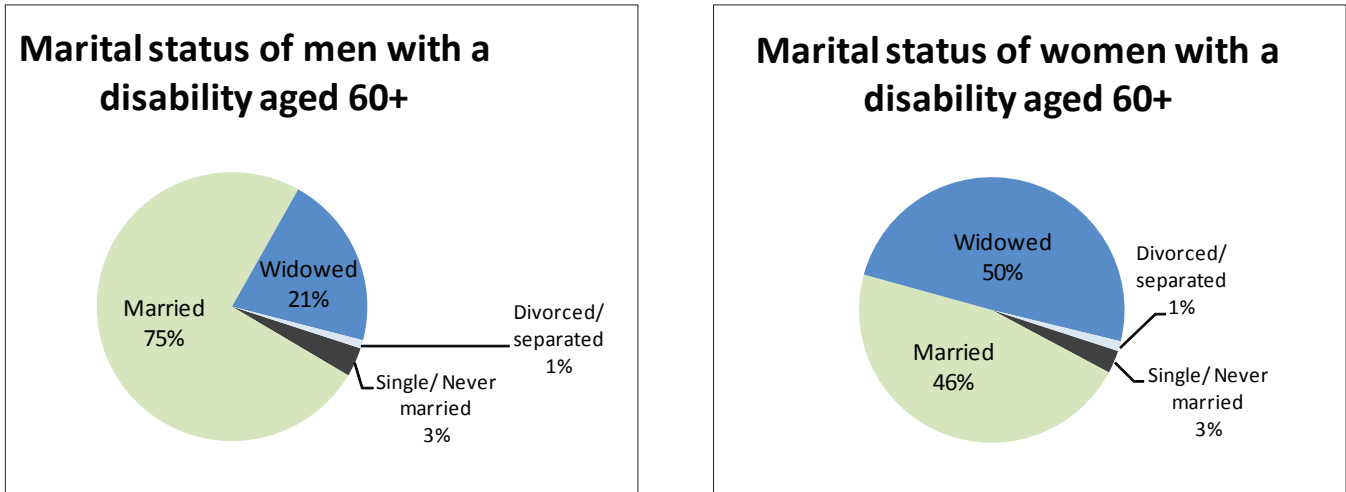
For the population aged 60 years and above, few have attended school. This is particularly so for women, with only 7 percent getting a formal education compared to 17 percent of men. Those with a disability were even less likely to have attended school, with 4 percent of women and 13 percent of men who went to school. While disabled persons over 60 years are less likely to have attended school than the total population, a number of them became disabled after school age and the differences are likely to have been greater if it was possible to take this into account.



**Figure 22:** Distribution of disabled older by school attendance and sex

### 10.4 Marital status of the aged

A relatively small proportion of older disabled persons have never married; 4 percent for men and 3 percent for women. Dramatic differences arise when looking at those who are currently married and widowed. Nearly three quarters of older disabled men are married while one in five is widowed. For women only 60 percent are currently married and over one third are widowed. These findings are consistent with the fact that men are generally older than women at time of marriage and women live longer than men.



**Figure 23:** Distribution of disabled older by marital status and sex

**Table 15 :** Marital status of population aged 60 and above by existence of disability and sex in percent

	People with a disability aged 60+			Total people aged 60+		
	Male	Female	Total	Male	Female	Total
Single/Never married	3.5	2.8	3.1	4.5	4.1	4.3
Married	74.6	46.5	60.4	79.8	56.4	67.7
Widowed	20.8	49.5	35.4	15	38.4	27.1
Divorced/separated	1	1.2	1.1	0.7	1.1	0.8
Total	100	100	100	100	100	100

Given that married couples tend to support one another, this implies that there may be a greater need for services for older disabled women compared with older disabled men.



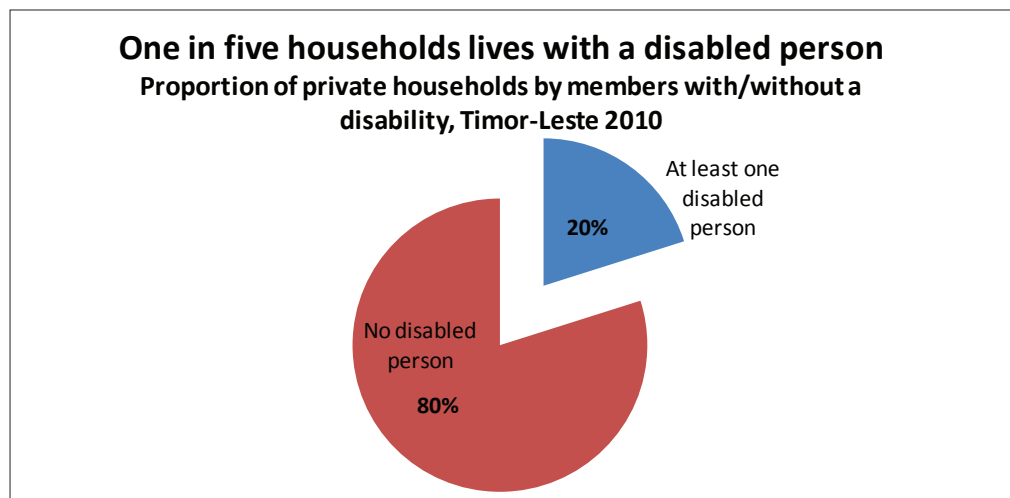
# CHAPTER 11

## DISABILITY AND THE FAMILY

About 61 people with a disability in Timor-Leste were living in an institution at the time of the census. There is a strong culture of families looking after their own members within the home. This chapter examines the family and household structure in which people with a disability live. Household size in Timor-Leste is one of the highest in South East Asia. Usually, in developing countries, rural households tend to be larger than urban households. However, the reverse is true in Timor-Leste. The average household in Timor-Leste contains 5.8 people. Households in urban areas tend to be larger (average of 6.6 people) than in rural areas (average of 5.6 people). One reason for this is that when people move from rural to urban areas in Timor-Leste they often live with relatives or friends. This is mainly due to high unemployment rates in the country forcing most people to live with relatives or friends.

### 11.1 Number of disabled people per household

Over 37,000 households in Timor-Leste contain one or more people with a disability (37,146). Although the proportion of people with a disability in the country is 4.6 percent, about one in five households (20 %) has a person with a disability.



**Figure 24:** Distribution of households by presence of disabled person

Over 7,000 households - 4.8 percent of all households in Timor-Leste - have only one person living with a disabled person. Nearly 30 percent of these contain a person living alone with a disability (27.9%), many of whom are aged. This group is likely to require significant support services.

### 11.2 Households by number of disabled persons

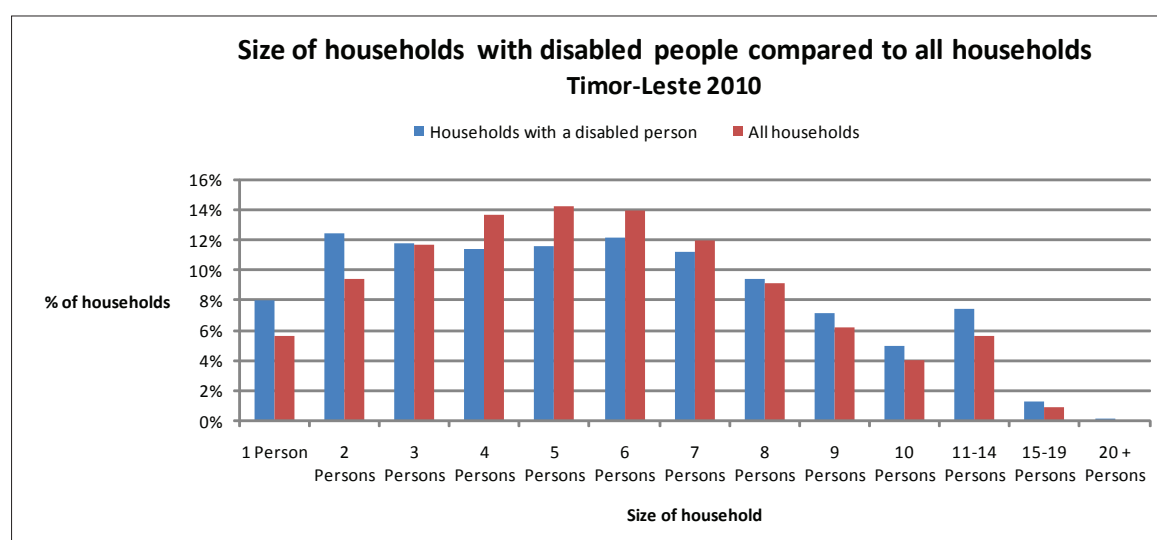
Approximately 15 percent of Timorese households have one disabled person living among them. A further 4 percent have two disabled people and less than 1 percent of households have 3 or more disabled people. More than a third of households in Timor-Leste have seven or more people living among them. Over 20 percent of these larger households have at least one disabled person living within them.

**Table 16 : Households by number of people with a disability, Timor-Leste 2010**

Total household size	No disabled people	1 disabled person	2 disabled people	3+ disabled people	Total
1 Person	7,023	2,721	0	0	9,744
2 Persons	12,158	2,918	1,314	0	16,390
3 Persons	16,191	2,857	1,012	140	20,200
4 Persons	19,707	2,834	929	134	23,604
5 Persons	20,685	3,027	791	133	24,636
6 Persons	20,034	3,177	843	141	24,195
7 Persons	16,966	2,889	811	134	20,800
8 Persons	12,669	2,424	651	139	15,883
9 Persons	8,327	1,751	522	152	10,752
10+persons	13,745	3,214	1,137	351	18,447
Total	147,505	27,812	8,010	1,324	184,651
Percent of total	80	15	4	1	100

### 11.3 Size of households by number of disabled persons

Households that contain one or more person(s) with a disability are generally of similar size when compared with all households. These findings reveal that there are many households with many disabled persons living amongst them. This number is big and requires further action to be taken to support such families.



**Figure 25:** Distribution of size of households with disabled people

# CHAPTER 12

## DISABILITY AND MENTAL CONDITIONS

The needs of people with mental disabilities are generally different to those with physical disabilities. However, over 70 percent of Timorese who have a mental disability also have a physical limitation. These people are likely to have difficulty functioning in society and need special assistance. The proportions are similar for males and females at 72 percent and 74 percent, respectively. Three of the types of disability collected by the population census are related to physical conditions (walking, seeing and hearing) and one is on mental/intellectual condition.

### 12.1 Size and distribution by age and sex

A total of 13,300 Timorese - 1.3 percent of the population - reported that they experience difficulty due to intellectual/mental conditions. The number of males (6,652) and females (6,656) with a mental disability are almost identical. Relatively few people with a mental disability are under the age of 60 years. The relationship between age and the prevalence of mental disability is clearly illustrated in Figure 26 and Table 17. A similar proportion of males and females are affected by mental disability in each age group.

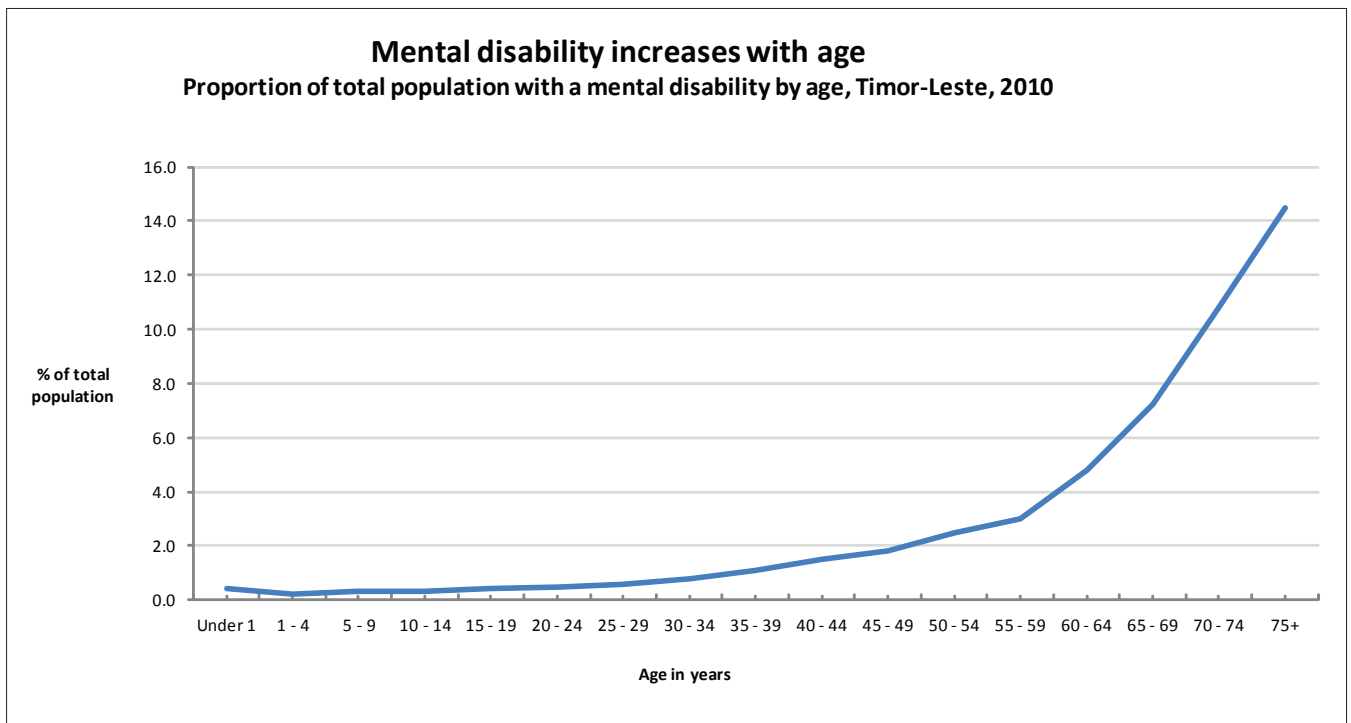


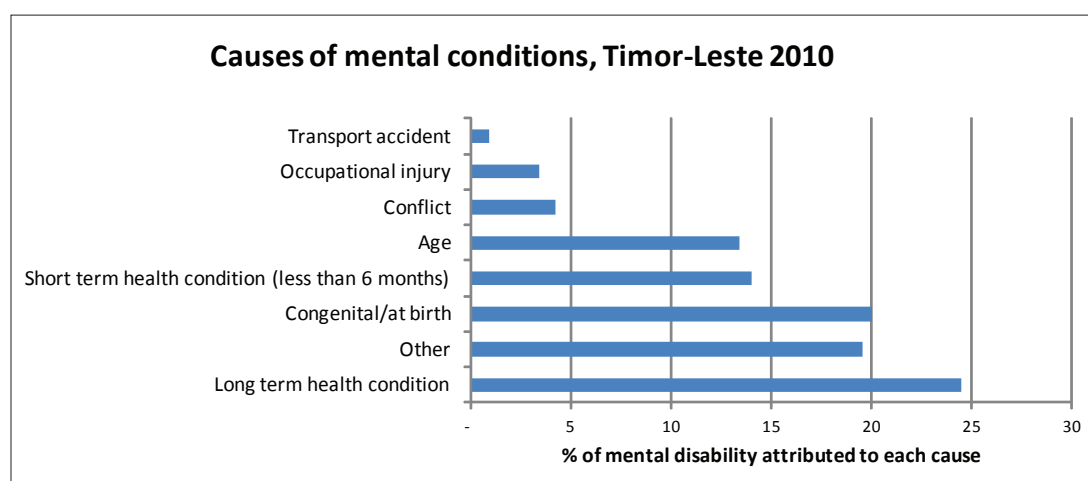
Figure 26: Mental disability by age

**Table 17: Number and proportion of people with mental disability by sex and age, Timor-Leste 2010**

Age group	Total		Males		Females	
	Number	Percent of population	Number	Percent of population	Number	Percent of population
<b>Under 1</b>	<b>136</b>	<b>0.4</b>	<b>69</b>	<b>0.4</b>	<b>67</b>	<b>0.4</b>
1 – 4	277	0.2	148	0.2	129	0.2
5 – 9	415	0.3	221	0.3	194	0.3
10 – 14	415	0.3	242	0.3	173	0.3
15 – 19	464	0.4	248	0.4	216	0.4
20 – 24	434	0.5	235	0.5	199	0.4
25 – 29	474	0.6	264	0.7	210	0.6
30 – 34	414	0.8	220	0.9	194	0.8
35 – 39	597	1.1	319	1.1	278	1
40 – 44	718	1.5	381	1.5	337	1.5
45 – 49	688	1.8	363	1.8	325	1.8
50 – 54	734	2.5	371	2.4	363	2.5
55 – 59	658	3	350	3	308	2.9
60 – 64	1,779	4.8	814	4.7	965	4.9
65 – 69	1,650	7.2	792	6.9	858	7.5
70 – 74	1,374	10.8	651	10.4	723	11.3
75+	2,081	14.5	964	13.9	1,117	15
<b>Total</b>	<b>13,308</b>	<b>1.3</b>	<b>6,652</b>	<b>1.2</b>	<b>6,656</b>	<b>1.3</b>

## 12.2 Cause of mental disability

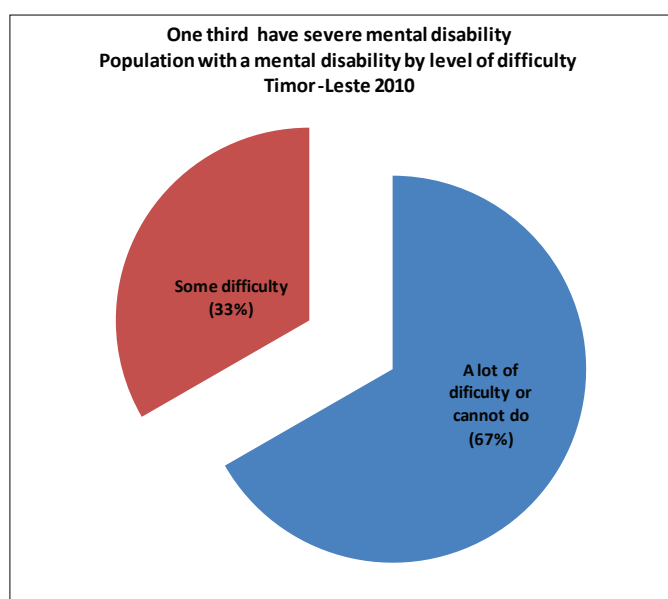
About a quarter of the people (24%) with mental conditions as their most severe disability gave the cause as “long term health condition”. This was followed by “congenital / at birth” (20%).” Persons with mental disabilities are always targets for other forms of verbal or physical abuse, ill treatment and any other form of exploitation. More efforts are required to safeguard the rights of this vulnerable group.



**Figure 27:** The distribution of people with mental condition by cause

### 12.3 Level of difficulty

Two-thirds of Timorese with a mental disability (8,876 people) reported the severity as causing “some difficulties”. The remaining third (4,432) had “a lot of difficulty” or “cannot do at all”. This latter group are likely to be severely mentally disabled.



**Figure 28:** Distribution of mental disability by level of difficulty

### 12.4 Regional differences

Ermera is the district with the highest number of people with a mental disability (2,289). Although Dili has almost double the population of Ermera, it has less than half as many people with mental disability condition (1,002). Ermera has a large rural population whereas Dili has a large urban population. If the proportion of those with a mental disability is examined to the total disabled population then Dili (21.0%) and Bobonaro (22.1%) have the lowest proportion with Ainaro having the highest (47.1%).

**Table 18: Mentally disabled population by district, Timor-Leste 2010**

District name	Total district population	Number of disabled persons	Number of people with mental disability	Proportion of people with mental disability ( percent)
Aileu	43,665	2,872	687	23.9
Ainaro	58,148	1,918	904	47.1
Baucau	110,160	5,623	1,918	34.1
Bobonaro	91,200	4,178	922	22.1
Covalima	59,047	1,885	429	22.8
Dili	228,564	4,762	1,002	21
Ermera	116,937	6,292	2,289	36.4
Lautém	59,776	3,643	998	27.4
Liquiçá	63,172	3,960	958	24.2
Manatuto	41,709	1,758	429	24.4
Manufahi	48,614	2,265	679	30
Oecusse	63,514	3,678	818	22.2
Viqueque	69,476	4,902	1,275	35.6
<b>Timor-Leste</b>	<b>1,053,982</b>	<b>48,243</b>	<b>13,308</b>	<b>27.6</b>

**Table 19 : People with mental disability by urban / rural location, Timor-Leste 2010**

	Urban		Rural		Total	
	Number	Percent	Number	Percent	Number	Percent
Male	833	6.2	5,819	43.7	6,652	50
Female	764	5.7	5,892	44.3	6,656	50
Total	1,597	12	11,711	88	13,308	100

# CHAPTER 13

## CONCLUSIONS, RECOMMENDATIONS AND POLICY IMPLICATIONS

### 13.1 Conclusions and Recommendations

The 2010 Census provided basic information about people with disabilities in Timor-Leste. It gave key data on the distribution of the disabled population, showing that the majority reside in rural areas. These findings should assist when planning service delivery.

A population census is not a perfect way of collecting information about disability. Disability is a complex topic and due to its national scale, the population census was only able to include a small number of questions on this topic. In the absence of a dedicated disability survey, the census is a vital source of information for policy makers. The experience in collecting data on disability in the 2010 Census provides a good basis for future censuses.

Training of census interviewers is an important aspect in getting good quality results, particularly for complex topics such as disability. It is recommended that in the next population censuses, disability service providers and advocacy groups should be involved in interviewer training.

Timor-Leste would benefit from a dedicated disability survey. The country has conducted two Demographic and Health surveys, but these did not incorporate the topic on disability. A disability survey would provide in-depth information and would complement the population census. It is recommended that Timor-Leste conduct a disability survey as an adjunct to health survey or as a survey in its own right as soon as funds permit.

The fact that very few of Timor's disabled population live in institutions raises questions about the quality of care for the most severely disabled. If the severely disabled are being adequately cared for in private households, then this is a good outcome. However, this might not be the case for all disabled population and it may be possible that more institutional options are required.

The 2010 Census is particularly timely in terms of the recently released National Strategic Development Plan and the proposed National Disability Policy. The census provides valuable benchmark data at both the sub-national and national level. Progress on the implementation of strategies should be closely monitored as disability will be measured and evaluated in future censuses or surveys.

### 13.2 Policy implications of the findings

The majority of people with a mental disability live in rural areas. The numbers of men and women are similar in both urban and rural locations. However, the proportions are dramatically different. While almost 30 percent of Timorese live in urban areas, only 12 percent of those with a mental disability reside in urban areas.

These numbers have implications for service delivery. Most of the services are concentrated in urban areas, particularly around Dili, and yet most of the clients are in rural areas. The National Strategic Development Plan recognizes this issue. The plan indicates that primary health care will be reconfigured and reformed over the next ten years.

It is proposed that by 2015, sucos with populations between 1,500 and 2,000 located in very remote areas; will be serviced by Health Posts delivering a comprehensive package of services and by 2020, all Health Posts will be staffed by at least one doctor, two nurses and two midwives. With regard to mental health, the following strategies are proposed:

- Improve access to health facilities and treatment for all people with mental illness or epilepsy
- Provide acute care facilities at referral hospitals for mental health patients
- Introduce a comprehensive multi-disciplinary team of psychiatrists, psychiatric nurses, psychologists and mental health technical professionals who are appropriately skilled and have reached specific standards of training
- Increase community awareness and understanding of any mental illness epilepsy and other disabilities through advocacy, education and promotion.



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# Annex 1

## GLOSSARY

### Population census

The United Nations defines a population census as “*the total process of collecting, compiling, evaluating, analysing and publishing or otherwise disseminating demographic, economic and social data pertaining, at a specified time, to all persons in a country or in a well delineated part of a country*”. A population census is a complete enumeration of all persons in a country at a specified time. It is the primary source of benchmark statistics on the size, distribution, composition and other social and economic characteristics of the population.

### Urban/Rural

In Timor-Leste, 2010 Census classified all areas as either urban or rural.

The criteria for urban classifications were:

- 1) All district headquarters were considered urban with the built up areas used as the boundaries for the urban area.
- 2) Areas not covered under condition (1) above were classified as urban if they met one of the following conditions:
  - i) Have a population of 2,000 or more
  - ii) Have less than 50 percent of people employed in agriculture/fisheries activities and the remaining people employed in modern sector
  - iii) Have electricity and piped water, and access to schools, medical care and recreational facilities

### Household

A household consists of one or more persons who usually share their living quarters and principal meals. Residence in the same quarters and sharing of principal meals are two necessary conditions for persons to be members of the same household.

### Private Household

A private household consists of a person or a group of persons who live together in the same compound but not necessarily in the same dwelling unit and have common housekeeping/cooking arrangements. Members of a household are not necessarily related by blood or marriage.

All persons who spent census night with the household, whether visitors, servants, etc were included as part of the household.

### Non-Conventional Household (institutions)

Groups of people who live together but do not belong to an “ordinary” household were considered as non-conventional households. Examples of these households are hospitals, boarding schools, prisons, orphanages, military barracks, Guest Houses, etc.

## **Disability**

Disability is defined as: physical, sensory, mental or other impairment, including a visual, hearing or physical disability, which has a substantial long term adverse effect on a person's ability to carry out usual (day to day) activities.

Disability is, therefore, viewed as a physical, mental, or psychological condition or impairment that substantially affects a person's daily activities or limits a person to perform one or more major life activities (referred to herein as activities of daily life) such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working and interacting with other persons.

In this context, activities refer to a wide range of deliberate actions performed by an individual as opposed to particular body functions or structures. These are basic deliberate actions undertaken in order to accomplish a task such as dressing, toileting, feeding oneself or moving around the house.

## **Whether Person has Disability**

For each household member the following question was asked "How much difficulty does (NAME) have in ....? The types of disability were walking, seeing/reading, hearing, and mental/intellectual. The word disability was not used but the notion was persons had difficulties because of a health problem.

- Walking difficulty (wheel chairs, crutches, limping, climbing steps);
- Seeing difficulty (low vision, blind, if the person used glasses and don't have problem when wearing glasses and have glasses then he does not have a problem);
- Hearing difficulty (partially or deaf)
- Mental/Intellectual difficulty (slow learning development hence can't compete with age mates in school, mental condition, mad,)

## **Answers were classified into 4 categories:-**

- no difficulty- this is a case where a person does not experience any problem with regards to the activity
- some difficulty- the person experiences mild difficulty not a big problem to carry on with activity
- a lot of difficulty- is a case where the difficulty is felt and affects carrying out an activity,
- Cannot do at all – it is serious like for example can't walk, is blind or deaf or mad walks in shopping centers naked.

## **Cause of Disability/Difficulty**

The cause of the difficulty was only coded for the most severe disability and only the main cause was selected from the following list.

- Not Disabled
- Congenital/at birth – it started at birth
- Short term health condition – resulted from health condition of less than six months
- long term health condition – resulted from health condition of more than six months
- Conflict – resulted from war or fighting amongst groups
- Transport accident - it was caused by transport means of communication vehicles, motor cycle,
- Occupational inquiry – caused by work related incident
- Age – as result of aging process,
- Other – other cause not mentioned in any of the above categories.

## **Employed**

Currently employed can either be actually working in the reference week, or have an attachment to a job or business but did not work during the reference week. Those with a job attachment but not at work are defined as those who have a job to return to. These include those who do seasonal work for wages, provided they are sure to return within six months and continue to receive a wage or salary during the offseason. Those who were absent from work last week for technical or economic reasons (due to machinery breakdown, energy cuts, lack of orders, etc.) provided they are sure to return to work within three months and those who gave any other reason (often of a social nature) for their absence from work last week. In the 2010 census, the employed are those who worked for at least 1 hour for pay, profit or family gain or were absent from work but had a job, farm or business.

## **Unemployed**

The 'strict' definition of unemployment is based on three criteria which must be satisfied simultaneously, namely, 'without work', 'currently available for work' and 'seeking work'. The 'seeking work' criteria is usually considered too restrictive and is often 'relaxed' for developing countries in which the labour market is not well developed. One particular group of workers who might possibly be considered as unemployed under a relaxed definition are the 'discouraged workers'. This term generally refers to persons who want a job and are currently available for work but who have given up any active search for work because they believe that they cannot find it. The reasons may include those who believe that no suitable job is presently available in the area and personal factors such as the belief that they lack qualifications or that employers think they are too young or too old to work.

## **Economically Active/Labor Force**

The economically active population (also known as the labour force) comprises all those who are currently employed or currently unemployed.

## **Economically Inactive (not in the labour force)**

Persons who were neither working nor available/looking for employment are classified as "not in the labour force". This includes people who did household work, fulltime students, pensioners, retired or elderly persons, incapacitated or persons with disability who could not work, and people who were not economically active for any other reason.

## **Labour force participation rate**

The ratio of the economically active (employed and unemployed) in a certain age group divided by the total population in the same age group multiplied by 100.

## **Unemployment rate**

The proportion of the unemployed to the labour force multiplied by 100.

## **Employee (working for someone else for pay in cash or in kind)**

Comprises persons who during the week preceding the census night worked for wages, salaries, commissions, tips, contracts and payment in-kind (especially in the rural areas where people who have rendered services may be paid using food or clothing).

**Employer (employing one or more employees)**

Comprise persons who during the week preceding the census night worked in their own business which also employs other persons. The person must have also been spending much of his/her time at the place. The people employed can either be paid in cash or in kind.

**Own-account worker (with no employee)**

Comprises self-employed persons who worked on own business or worked on own/ family business for family gain. It includes artisans, mechanics, traders in farm produce and family workers offering services in own or family business.

**Contributing family worker**

Persons who were working without pay in the business or farm of another household/family member.

**Member of a producers' cooperative**

This category includes members of cooperative societies and therefore works in the one of the various farms.

**Student**

A person who spent most of his/her time in a regular educational institution (primary, secondary, college, university etc.) and hence not available for work. If, for instance, a student was on holiday during the week preceding the census and may have been engaged in gainful employment, he/she was coded as employed.

**Household work (homemaker, housewife)**

A person of either sex involved in household chores in his/her own home e.g. cooking, babysitting, etc, who did not work for pay or profit or look for work. This category excluded houseboys and house girls.



## Annex 2

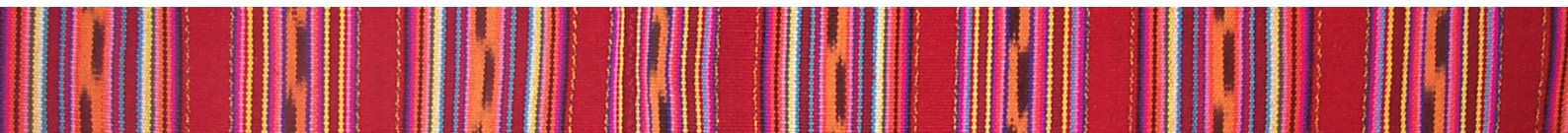
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