

ENDISC – CIF

Chile 2004

FIRST NATIONAL STUDY ON DISABILITY

NATIONAL FUND FOR DISABILITY
FONDO NACIONAL DE LA DISCAPACIDAD



GOBIERNO DE CHILE
FONADIS



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Our special appreciation to the Pan American Health Organization PAHO / WHO and the Japan International Cooperation Agency –JICA– for their commitment and continuous support in bringing about this First National Study on Disability.

FIRST NATIONAL STUDY OF DISABILITY IN CHILE

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A study that will establish a difference in the history of disability in Chile

During the period that begins with the return to democracy, Chile has undergone significant changes in all areas, like our cities, economy, culture, and lifestyle. The democratic governments have managed to reduce significantly the number of fellow citizens that live in poverty and indigence. We Chileans, more forcefully every day, have begun to demand access to, and respect for our rights.

Among the sectors that have seen emerge more extensively and saliency their demands, are those of individuals with disabilities. Many valuable initiatives have come forth in recent years, to favor the progress of this sector in achieving full citizenship. Nevertheless, until now our Country did not have studies available regarding the true extent of Disability in Chile, on which to fundament public policies.

For these reasons, and because we believe in the efficacy of social policies responsibility planed, implemented and informed, as Fondo Nacional de la Discapacidad, our goal was to do the First National Study on Disability (Estudio Nacional de la Discapacidad- ENDISC 2004). The study would be based on the new approach of the “International Classification of Functioning, Disability and Health (ICF)”, proposed by the World Health Organization (WHO).

Over 190 countries have accepted ICF as the new international standard to describe and determine health and disability. It will allow us to know in depth the extent and complexity that this variable has in Chile. Using a biological, psychological, and social approach, it attempts to attain a coherent and synthesized view on the various aspects of health, physical, individual, and social.

The information gathered in this study, regarding the number, type of disability, barriers to social integration and full participation, together with many other socio-demographic variables yet to be studied are going to be

extremely useful to plan and center activities oriented to this sector of the Chilean society.

These data will also enable us to compare our country’s situation versus the international one. To sum up, the National Study on Disability will generate a tremendous impact on public and private institutions that have to make decisions on a daily basis as well as establish policies oriented to individuals with disabilities.

For the first time, Chile has an optimal study to know in depth and work for a radical and positive change in the living conditions and full integration of thousands of Chileans that have a lot to say and contribute to the development, and coexistence of our society.

As Fondo Nacional de la Discapacidad and as the Government of Chile, we are proud to provide this summary of the main results of the First National Study on Disability.



A handwritten signature in black ink that reads "Andrea Zondek" followed by a stylized flourish.

Andrea Zondek Darmstadter
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The Fondo Nacional de la Discapacidad, FONADIS, is grateful to all the organizations and individuals that worked in the various stages of development of the First National Study on Disability (ENDISC – Chile 2004).

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Introduction

This Report of Results gives a summary of the information gathered in the 13 regions of Chile, as the first part of the First National Study on Disability, developed by FONADIS in an agreement with the National Statistics Institute –INE- during the year 2004.

Statistical background of disability in Chile

CHILE HAS A NEW STATISTICAL DATA BASE ON DISABILITY

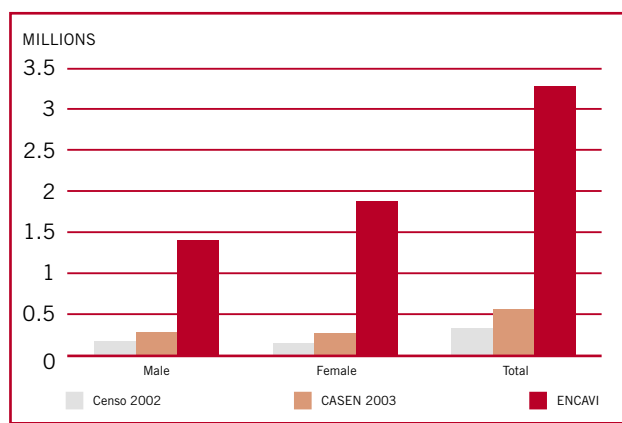
The statistics that existed prior to this study showed the important conceptual misconceptions that existed at their very root, and the huge quantitative differences in the data. The reason for this resides in the several ways disability is construed, and the kind of instruments used. Only severe deficiencies were registered, and most of the time only through a question included in the census every 10 years and another question in the Socio-Economic Survey - CASEN every 3 years.

The 2002 Census, through a question that inquired about complete and severe deficiencies¹, determines that 2,2% of the population has one or more - equivalent to 334.377 individuals or people with disabilities (PWD). That Census considered “disabled” individuals that reported total blindness, deafness, muteness, disability / paralysis, and mental retardation. The data of the Census is valuable insofar as it is a survey applied to the complete Universe of the Chilean population. Hence, the data gathered on disability, although limited regarding degree and type of disability, enables establishing as baseline in each commune of Chile the number and condition of individuals with severe disabilities.

Furthermore the CASEN 2003 survey of the Ministry of Planning, indicates that 3,6% of the population in Chile has at least one disability – 565.913 individuals. This number pertains to individuals that declared having a deficiency in the way disability is conceptualized. That is, to start with deficiencies in hearing, seeing, speaking, mental or physical disability, and deficiency due to

psychiatric problems². From the outset, we must indicate that, the data from CASEN 2000 allowed characterizing in more depth the socio-economic situation of individuals with disability, in spite that its data, 5,3% in 2000 and 3,6% in 2003, are limited to severe degrees and a portion of individuals with moderate disabilities.

Another instrument used to establish the prevalence of disability in Chile has been the Quality of Life and Health Survey from the Ministry of Health (ENCAVI), developed together with the National Statistics Institute in the year 2000. This Study, included 7 questions about problems in performing routine activities, results in completely different information than CENSO and CASEN, indicating that 21,7% of the population, 3.292.296 individuals, report at least one type of disability. The concepts used operationally in this case were, sensory and speech disability, problems in performing ADLs, and disabilities that required the use of orthosis³. This survey constituted a huge contribution to the knowledge on disability, given that it established a more dynamic concept linked to





the consequences that a negative state of health has in performing activities of daily living-ADLs. Furthermore, it stipulated its judgment about the degrees of severity, allowing recognition of the greatest number of individuals with moderate disabilities omitted in other statistics and to a huge number of mild disabilities permanent and transitory, invisibles statistically until this survey.

The First National Study of Disability in Chile -ENDISC Chile 2004, gathers new and relevant information about the disability conditions of the population, more concordant with current international statistical standards. ENDISC handles a concept of disability that considers the individual's capability of integration into a specific milieu. Its results constitute a new baseline that will serve as a pillar to formulate a modern and systematic statistical base in disability for Chile.

OBJECTIVES, STUDY VARIABLES, AND CONCEPTUAL FRAMEWORK

The **goal** of the First National Study of Disability in Chile is to “Know the Prevalence of disability in its different types and degrees; and the extent in which this condition affects individuals in various aspects of their lives”. The main **variables** considered in this study were: general description of disability, sociodemographic and socioeconomic characteristics, health state and deficiencies, difficulties in performing ADLs, limitations in social participation, access to health services and rehabilitation, and status of legal rights (leisure time, presence of abuse, social, family and technical support, and physical and attitudinal barriers).

The **conceptual definition** of the study, and the instrument to compile information are based on the “International Classification of Functioning, Disability and Health (ICF)” promulgated by the World Health Organization and the Pan American Health Organization (PAHO-WHO, 2001).

“**Disability** is a generic term, that includes functional and/or body structure deficiencies, limitations in activities, and restrictions in participation, denoting the negative aspects of interaction between an individual (with a “health condition”) and his/her context (“environmental and individual factors”).

¹ For the 2002 Census, deficiency is Disability in spite that both in the previous and current conceptual framework they have different, but complementary definitions.

² Complying with international recommendations, CASEN differentiates between mental (intellectual), versus psychiatric disability..

³ ENCAVI from the ministry of health considers disability as a problem in performance that stems from a negative health condition, dynamically associated with chronic health impairment. This comes closer to the conceptual framework currently proposed by the WHO.

Methodology

This study was based on a probabilistic three-stage sample design⁴, which enables representation of the Chilean population, stratified in the urban and rural areas of the country. It represent all the regions in a survey of 13.769 homes, with 95% level of confidence.

Construction of the disability prevalence index

Prior to this study, the prevalence of disability in Chile was calculated directly in surveys with just one question (CENSO and CASEN). The number of positive answers that individuals gave with regard to the presence of certain deficits in the inquiry was assigned as a national percentage. In the Quality of Life Survey of the year 2000, the prevalence of disability corresponded to the total number of individuals that referred at least one problem in any of the questions in the disability section. However, because the concept of disability used in this study is very dynamic, it was necessary to establish a Disability Index.

To determine the “Prevalence of Disability in Chile”, that is, to establish the number of people with disabilities that exist in Chile and the percentage of the general Chilean population they represent, the following steps were carried out:

Step 1

Definition of Disability:

“Disability is a generic term that includes deficiencies of body functions and/or structures, activity limitation and restrictions in participation, indicating the negative aspects of the interaction between an individual (with to “health condition”), and his context (environmental and individual factors).

In this sense to Person with a disability would be that individual with functional and/or structural body dysfunctions, activity limitation, and restricted participation, that result from the negative interaction of his or her health condition and the contextual factors in which he or she develops.

Step 2

The central concepts that define disability were established:

- 1 Negative health state
- 2 Limitations or Difficulties in performing activities
- 3 Restrictions in Participation
- 4 Environmental Barriers (physical and attitudinal)

Step 3

Among the questions of Module 1 applied to all household members regardless of age, all those questions pertaining to the following concepts were chosen:

1 Negative health state:

Questions 1, 2, 3, 5, and 26.

| Question | Question |
|----------|--|
| 1 | General health state both physical and mental |
| 2 | Presence of pain |
| 3 | Health problem that caused difficulty in performing daily activities, including work related |
| 5 | Presence of to diagnosis made by to specialist regarding to negative health condition |
| 26 | Severe problems in vital body systems or les (respiratory, cardiovascular, endocrine genitourinary among others) |

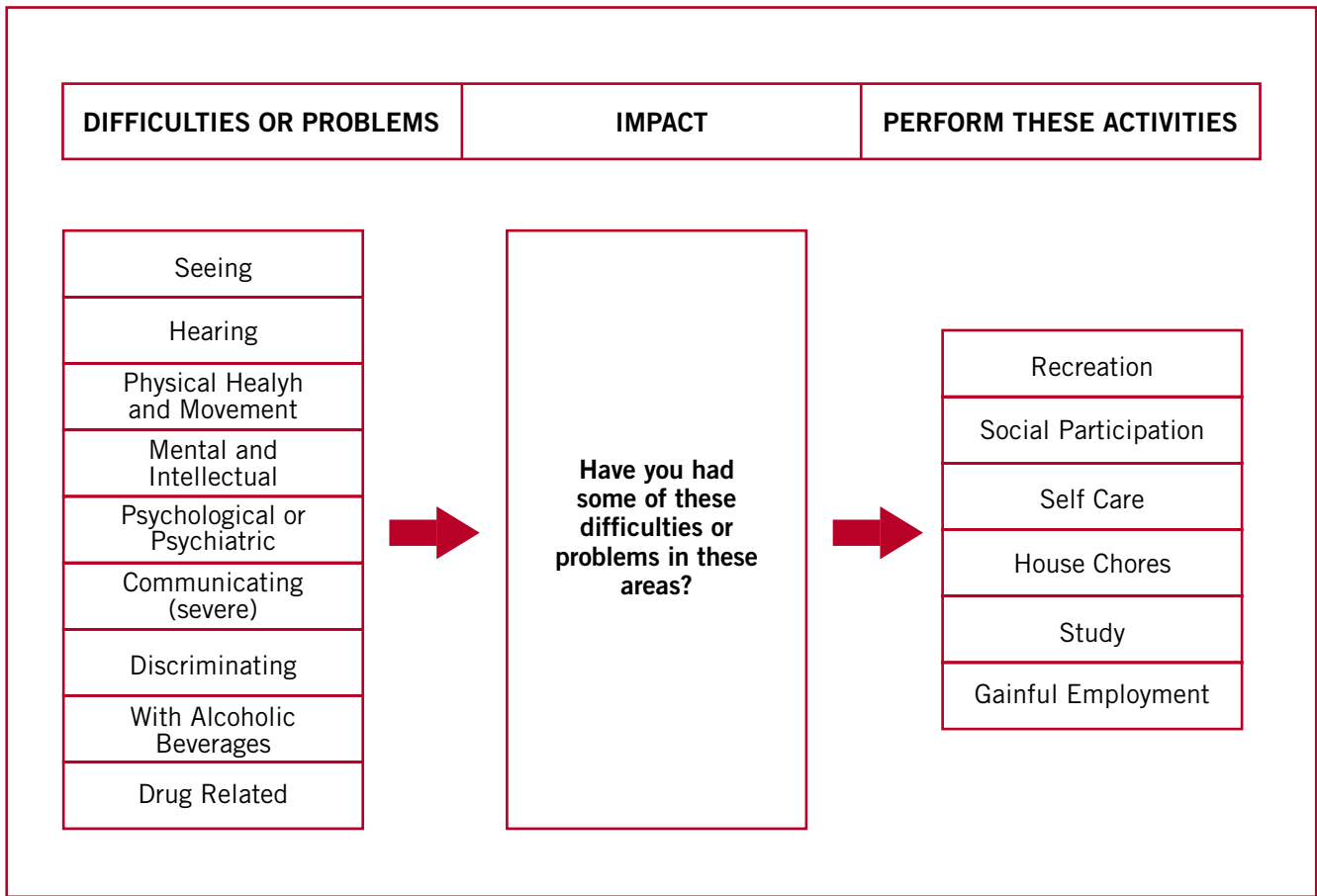
2 Limitations or Difficulties in performing activities:

- seeing : 6 and 8;
- hearing: 9, 11,
- individual care: 12, 13, 14,
- moving about: 15, 16, 17 and 18;
- understanding and communicating: 19, 20, 21, 22, 23.

| Question | Question |
|----------|---|
| 6 | Visual problems |
| 8 | Impact produced by this difficulty |
| 9 | Hearing difficulty |
| 11 | Impact of this problem |
| 12 | Cannot bathe without assistance |
| 13 | Cannot dress or put on shoes without assistance |
| 14 | Cannot eat without assistance |
| 15 | Cannot stand for 30 minutes or more |
| 16 | Cannot walk long distances |
| 17 | Difficulty in standing from a sitting position |
| 18 | Difficulty moving about in the home |
| 19 | Difficulty in learning new things |
| 20 | Difficulty concentrating |
| 21 | Difficulty remembering important things |
| 22 | Difficulty solving the unforeseen |
| 23 | Difficulty understanding in general what people say |

3 Restrictions in Participation: 25

This question has 54 possible answers, because it intends to establish how different difficulties or problems have affected the individual's ability to engage in recreational and social activities, self care, house chores, study, gainful employment (the table that follows).



Step 4

Each answer was scored in a 0 -3-range according to degree of difficulty:

- 0 None
- 1 Slight or Mild
- 2 Much
- 3 Extreme

And in other cases, it was 0 or 2, depending if there was a dichotomy in the answer.

Step 5

The scores were added and divided. These results were included in a table divided into 4 homogeneous intervals (considering the mean value and standard deviation).

Step 6

Thus, 4 ranges or intervals represent the presence or absence of disability, in mild, moderate or severe degree.

- 0 None disability
- 1 Mild
- 2 Moderate
- 3 Severe

Step 7

Finally, the addition of the results of the 1, 2, and 3 ranges, represents individuals with mild, moderate, and severe disability, which permitted to determine the number and percentage of individuals with disability in Chile. In this case, the result was 12.93%, representing 2.068.072 individuals. Section "0" (cero) corresponds to individuals without disabilities. In this range, there are many individuals with some activity limitation, or certain restrictions in participation, yet they do not qualify in terms of the combinations and requirements set in the Disability Index to unequivocally classify them as individuals with disabilities. There are certain requirements to classify someone as a person with disabilities that is more than just the presence of a difficulty or poor health.

⁴ The baseline sample corresponds to the framework of areas defined by the Integrated Program of Home Surveys of the National Statistics Institute (Programa Integrado de Encuestas de Hogares del INE).

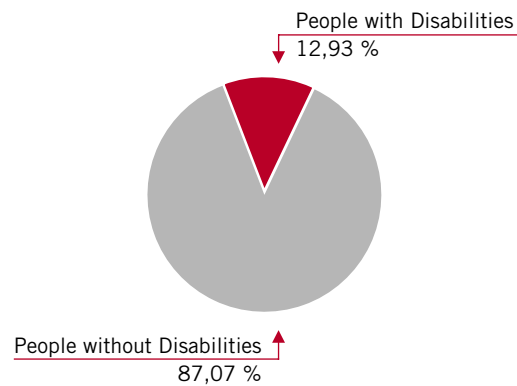
Results

GENERAL DESCRIPTION

National prevalence of Disability

How many individuals with disability are there in Chile?

CHART N° 1
Prevalence of disability in Chile. 2004



12,9% of the Chileans live with a disability; this means that **2.068.072 individuals** - **13** out of **100** or 1 out of 8 - have this condition

Degrees of Disability

CHART N° 2
Prevalence according to degree of disability. Chile 2004

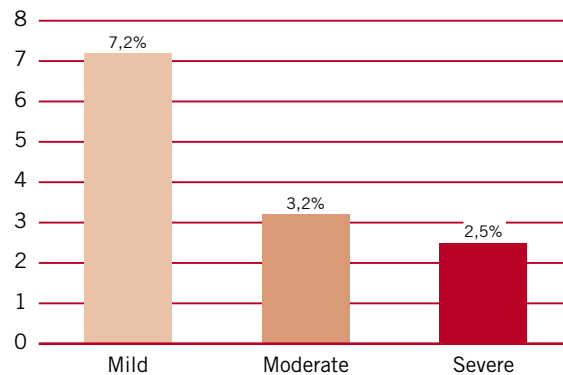


Chart N°2 shows that the total number of individuals with disability, 7,2% has a mild degree of disability; 3,2% moderate and 2,5% severe.

- 1.150.133 individuals have some difficulty to carry out activities of daily living⁵, but are independent and do not require the assistance of others, and can overcome the barriers in the environment (mild disability).
- 513.997 individuals have a decreased capability or

a considerable inability to perform most of the ADLs, to the point of requiring assistance in basic self-care activities and overcome with difficulty only some environmental barriers (moderate disability).

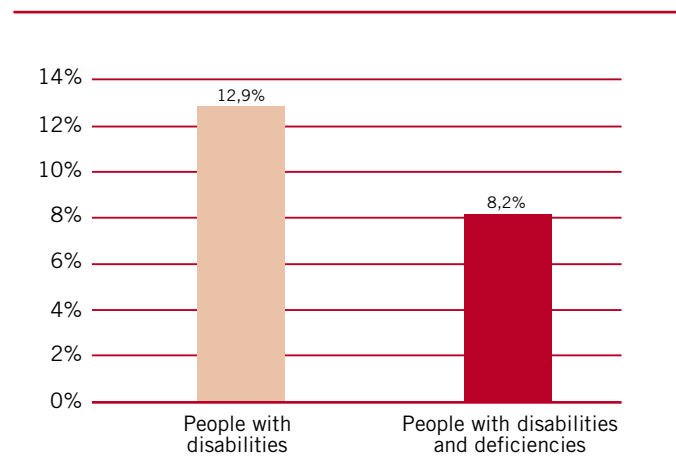
- 403.942 individuals, due to severe disability encounter extreme difficulty or are unable to perform ADLs, requiring assistance from or care by others and cannot overcome environmental barriers, or manage to do it with great difficulty.

Disability and deficiency

When analyzing the presence of deficiencies in the overall number of individuals with disability, 1.316.102 individuals have one or more types of deficiencies, representing 63,6% of the individuals with disability, it is possible to consider that 36,4% of the disabilities in Chile are socially determined and have a significant influence on activity limitation and restricted participation, thus generating disability. This percentage of individuals (63,6%) with disability that refer having a deficiency represents 8,2% of the national population that has a disability with an associated deficiency.

Therefore a 4,7% of disabilities can be justified by environmental, psychological and social factors. ICF uses a biological, psychological, and social approach that considers disability as a problem of the individual, caused by the interaction of the person with an illness and his/her environment. As a socially based problem, the physical and/or social barriers of the milieu contribute to the generation of disabilities by preventing the full integration of the individual to society.

CHART N° 3
Disability and Deficiency in the Chilean Population. Chile 2004



8,2% of the national population with a disability, has an associated deficiency

Households and people with disability

In Chile out of a total of 4.481.91 households, in 1.549.342 homes lives, at least one person with a disability, that is **one out of every three households**, has at least a member with disability, representing 34,6% of the Chilean households - Chart N° 4.

The break down by Regions in Table N°1 surpasses 42% of the households having at least a member with disability (I, VII and IX). Regions XII and V are under 24%.

CHART N°4
Percentage of households with at least one person with disability. Chile 2004

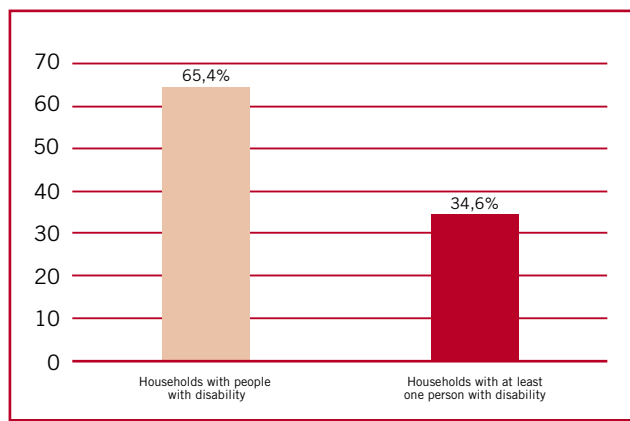


TABLE N° 1
Households with at least one person with disability per region. Frequency and regional rate. Chile 20044

| | Total households | Households with PwD discapacidad | Rate of households with at least a person with disability |
|--------------|------------------|----------------------------------|---|
| I | 113.560 | 47.920 | 42,20 |
| II | 126.969 | 42.436 | 33,42 |
| III | 77.361 | 29.429 | 38,04 |
| IV | 171.677 | 61.819 | 36,01 |
| V | 464.632 | 110.676 | 23,82 |
| VI | 230.315 | 91.392 | 39,68 |
| VII | 270.937 | 123.119 | 45,44 |
| VIII | 590.018 | 218.769 | 37,08 |
| IX | 257.871 | 116.925 | 45,34 |
| X | 330.595 | 120.210 | 36,36 |
| XI | 32.834 | 11.401 | 34,72 |
| XII | 50.163 | 10.054 | 20,04 |
| M.R. | 1.764.459 | 565.192 | 32,03 |
| Total | 4.481.391 | 1.549.342 | 34,57 |

Territorial distribution

ACCORDING TO AREA

83,8% of the individuals with disability concentrate in urban areas and 16,2% in rural areas. In the break down by degrees, one observes that in urban areas the percentage of individuals that have a disability decreases as the degree of severity increases.

Conversely, in rural areas the percentage of individuals

that have a disability increases as the degree of severity increases disability as in Chart N°5. In rural areas, the tendency of disability severity is to increase, whereas in the urban areas it tends to decrease.

Disability prevalence more in rural areas than in cities so, favoring disability policies in rural sectors is a matter of equanimity.

The VIII and Metropolitan Region concentrate the 50% of the population with disability

DISTRIBUTION ACCORDING TO REGION

Table N°2 and Chart N° 6 indicate the number of individuals with disability in each region of Chile and the rate of regional prevalence, that is, the percentage of individuals that have a disability versus the total regional population. Thus, the VII and IX regions have a greater percentage versus its population, with a rate of 17,8% and 17,6% respectively- 1 out of every 6 individuals. In the XII Region, on the contrary, only 6,9% of its population has disability -one out of every 15 individuals- are below the national average as well as the XII the II, V and the Metropolitan Region-M.R. All the other Regions are over the National average.

CHART N°5
Percentual distribucion per degree. Chile 2004

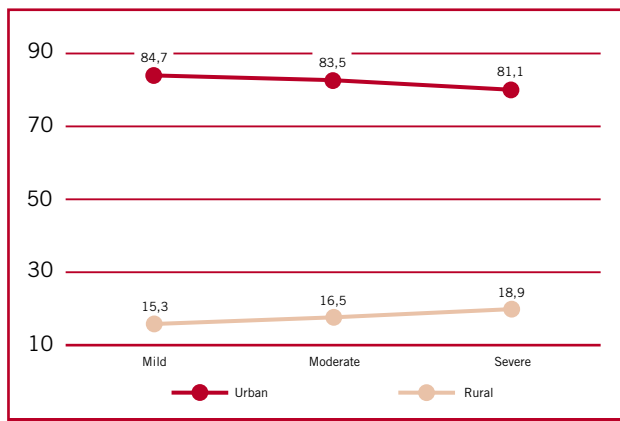
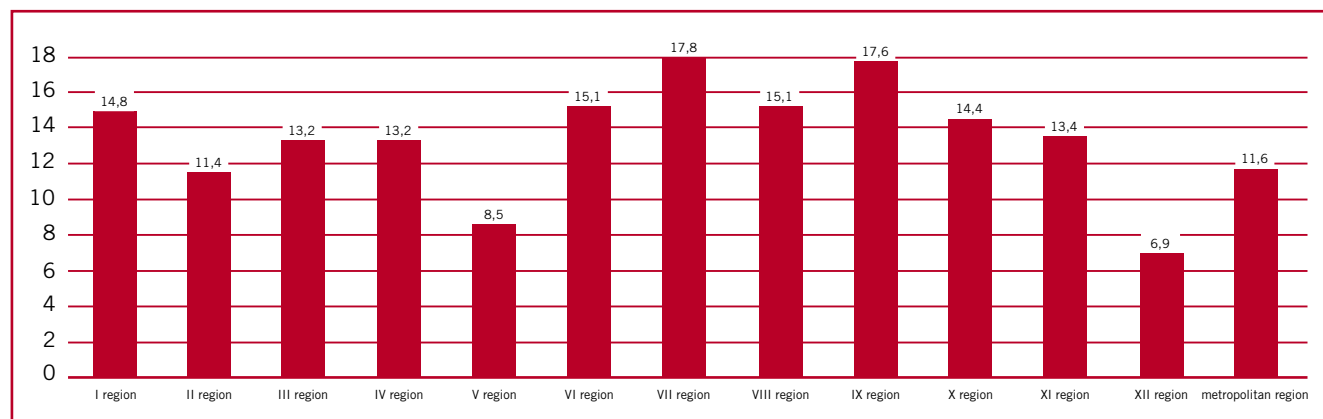


TABLE N° 2
Regional prevalence of people with disability. Rate per 100 inhabitants. Chile 2004

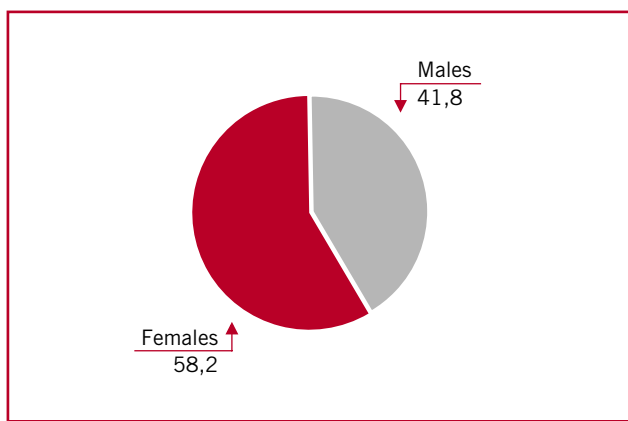
| Región | Individuals without disability | | Individuals with disability | | Total |
|--------------|--------------------------------|--------------------------|-----------------------------|--------------------------|-------------------|
| | N | Rate per 100 inhabitants | N | Rate per 100 inhabitants | |
| I | 361.817 | 85,18 | 62.937 | 14,82 | 424.754 |
| II | 437.321 | 88,61 | 56.217 | 11,39 | 493.538 |
| III | 253.545 | 86,76 | 38.693 | 13,24 | 292.238 |
| IV | 531.034 | 86,81 | 80.683 | 13,19 | 611.717 |
| V | 1.494.040 | 91,47 | 139.399 | 8,53 | 1.633.439 |
| VI | 704.915 | 84,88 | 125.533 | 15,12 | 830.448 |
| VII | 778.471 | 82,23 | 168.251 | 17,77 | 946.722 |
| VIII | 1.714.510 | 84,89 | 305.132 | 15,11 | 2.019.642 |
| IX | 751.267 | 82,43 | 160.163 | 17,57 | 911.430 |
| X | 948.172 | 85,61 | 159.354 | 14,39 | 1.107.526 |
| XI | 87.310 | 86,60 | 13.507 | 13,40 | 100.817 |
| XII | 151.350 | 93,12 | 11.186 | 6,88 | 162.536 |
| M.R. | 5.717.049 | 88,44 | 747.017 | 11,56 | 6.464.066 |
| Total | 13.930.801 | 87,07 | 2.068.072 | 12,93 | 15.998.873 |

CHART N°6
Regional prevalence of people with disability. Rate per 100 inhabitants. Chile 2004



Break down by gender

CHART N°7
Disability by gender. Percentual distribution. Chile 2004



The distribution of Disability by gender differs significantly from the national distribution. While among the Chilean population women constitute 50,5%, those with disability are 58,2; only 41,8% are males with disability (Chart N°7). This is equivalent to 1.204.576 women and 863.496 men.

Disability per age range

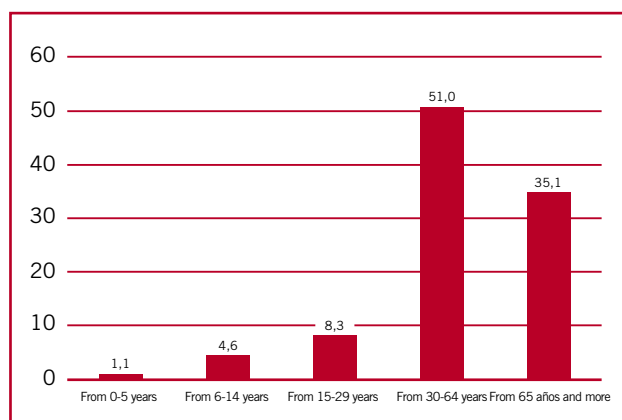
DISTRIBUTION

The distribution of individuals with disability according to age range⁶ in Chart N°8 and Table N°3, allows us to notice that 51% of individuals with disability are adults (between 30 and 64 years), and that 86,1% of the population with disability in Chile is over 29.

TABLE N° 3
People with disability according to age. Percentual distribution. Chile 2004

| | N | % |
|-------------------|------------------|-------------|
| 0 to 5 year | 22.730 | 1,1% |
| 6 to 14 year | 94.723 | 4,6% |
| 15 to 29 year | 171.294 | 8,3% |
| 30 to 64 year | 1.054.014 | 51,0% |
| 65 years and more | 725.311 | 35,1% |
| Total | 2.068.072 | 100% |

CHART N°8
Disability by age range. Percentual distribution. Chile 2004



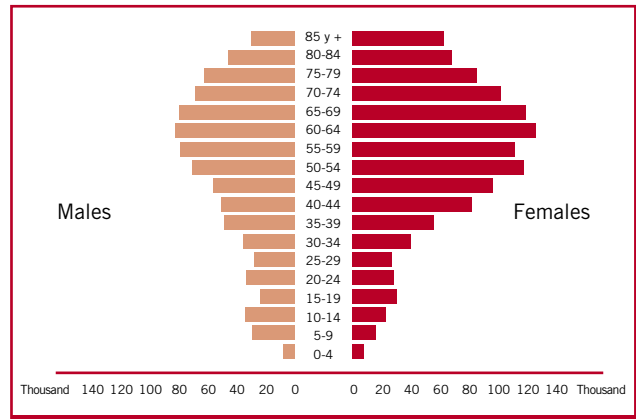
Disability is 4 times more frequent in adults than in children and 14 times more frequent in older adults than in children.

One out of every 2 individuals with disability is between **30 and 64 years old**

DISABILITY ACCORDING TO AGE AND GENDER

From the Pyramid on Chart N°9, one may infer that although the prevalence of disability in women is greater than in men, when it is included the age variable the behavior changes, especially in the first 14 years of life. In this range the prevalence of disability is greater in boys and adolescents, that in girls and adolescents, although not as obvious. From that age until 40, the prevalence of disability in both genders becomes almost equivalent. From age 40 on, the prevalence of disability in women, is clearly greater than in men.

CHART N° 9
PwD, population pyramid per age and gender. Chile 2004



Until age 15, disability is more predominant in males than in females. In the 15 to 40 age group, they level off, and from 40 on, it becomes inverted, there are more women with disability than there are men with disability.

Socioeconomic status / impact of disability on the family

In Chile, 39,5% of the people with disability have poor socioeconomic conditions, that is, 817.158 people. More than half of them are in an average socioeconomic condition, 1.145.836 individuals. In the high socioeconomic strata one finds, 105.078 people, equivalent to 5,1% of the individuals with disability, as indicated in Chart N°10.

Table N°4 shows that disability has a very significant impact on the economic stability of the family group. Of the individuals with disability, 81% declares that disability has somehow affected the family economically, 50% states that it has affected it very much, and almost 6% mentions that it has had an extreme impact.

CHART N°10
Disability per socioeconomic status. Percentual distribution. Chile 2004

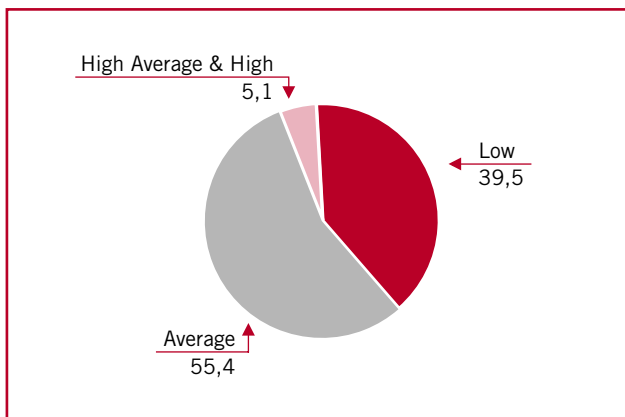


TABLE N°4
Economic impact of disability on the family. Percentual distribution. Chile 2004

| | N PwD | % PwD |
|--------------|------------------|-------------|
| None | 380.491 | 18,4% |
| Slight | 523.019 | 25,3% |
| Much | 1.048.281 | 50,7% |
| Extreme | 116.281 | 5,6% |
| Total | 2.068.072 | 100% |

Disability and work

PERCENTUAL DISTRIBUTION

In Chile, 29,2% of the people with disability, over 15 is engaged in gainful employment.

While the percentage of all the population that is gainfully employed reaches 48,1%, and the percentage of people with disability that do so is 29,2% (569.745 individuals). 70,8% of people with disability are not gainfully employed, and of these 1.380.874 are more than 15 years old (Chart N°11).

The study shows that there is a difference of more than 20 percentual points between individuals over 15 without disability, and those with disability older than 15 in Chile, in regard to being gainfully employed

WORK ACCORDING TO GENDER

Men comprise more than 60% of the population with disability over 15 that is gainfully employed (349.348), while only 38,7% (220.397) of women with disability in productive age are gainfully employed (Chart N°12).

WORK ACCORDING TO AGE

The age range 30 to 64 (457.546 PwD), concentrates 80% of individuals with disability that are gainfully employed - Table N° 5.

CHART N°11

Disability according to gainful employment distribution percentual. Chile 2004

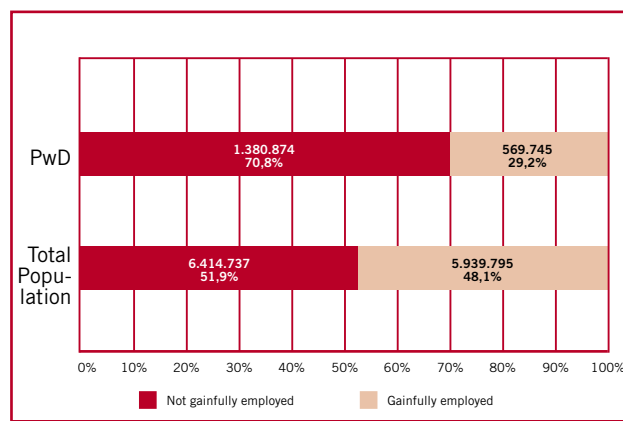


CHART N° 12

People with disabilities that work, according to gender. Percentual distribution. Chile 2004

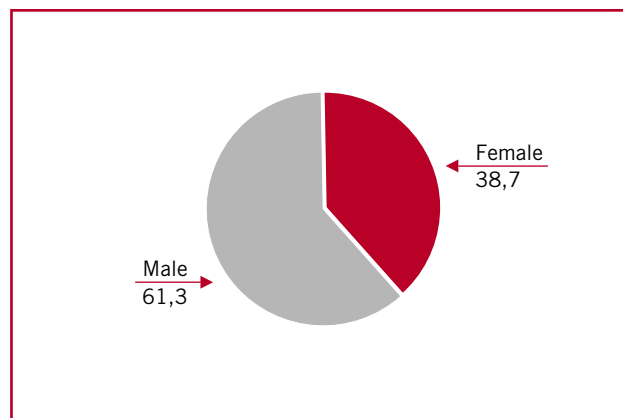


TABLE N°5

PwD according to gainful employment. Distribution by age. Chile 2004

| | Not gainfully employed | | Gainfully employed | | Total | |
|-------------------|------------------------|-------------|--------------------|-------------|------------------|-------------|
| | Count | Percentage | Count | Percentage | Count | Percentage |
| 15 to 29 years | 128.346 | 9,29% | 42.948 | 7,54% | 171.294 | 8,78% |
| 30 to 64 years | 596.468 | 43,19% | 457.546 | 80,31% | 1.054.014 | 54,03% |
| 65 years and more | 656.060 | 47,51% | 69.251 | 12,15% | 725.311 | 37,18% |
| Total | 1.380.874 | 100% | 569.745 | 100% | 1.950.619 | 100% |

INDIVIDUALS THAT WORK ACCORDING TO TYPE OF DEFICIENCY

Table N°6 indicates that 30,3% of the individuals that have visual impairment declare being gainfully employed.

Very similar percentages have auditory, physical, organic (visceral), and psychiatric impairments. The individuals with intellectual deficiencies and multiple deficits have a much lower percentage of gainful employment.

TABLE N°6
Individuals with disability that are gainfully employed according to type of deficiency. Percentual distribution. Chile 2004

| | Not gainfully employed | | Gainfully employed | | Total |
|--------------|------------------------|--------|--------------------|--------|-----------|
| | N° | % | N° | % | |
| Physical | 745.752 | 71,14% | 302.595 | 28,86% | 1.048.347 |
| Intellectual | 263.286 | 87,30% | 38.305 | 12,70% | 301.591 |
| Visual | 442.463 | 69,69% | 192.443 | 30,31% | 634.906 |
| Auditory | 205.937 | 70,35% | 86.783 | 29,65% | 292.720 |
| Psychiatric | 192.272 | 73,34% | 69.879 | 26,66% | 262.151 |
| Visceral | 339.589 | 72,78% | 126.995 | 27,22% | 466.584 |
| Multiple | 299.499 | 87,12% | 44.298 | 12,88% | 343.797 |

Disability and education

PERCENTUAL DISTRIBUTION

In Chile 8,5% of the individuals with disability are currently studying (175.282 individuals), a difference of 27,5% of the country's total population that currently studies (Table N°7).

finished high school and a scarce 5,7% has had access to college or to an institute of professional technical education. Less than 1% has finished a career in a center of technical education.

TABLE N°7
Disability and current situation of studies. Percentual distribution. Chile 2004

| | Total Population | | PwD | |
|--------------|-------------------|-------------|------------------|-------------|
| Do not study | 11.604.697 | 72,53% | 1.892.790 | 91,52% |
| Study | 4.394.176 | 27,46% | 175.282 | 8,48% |
| Total | 15.998.873 | 100% | 2.068.072 | 100% |

TABLE N°8
Disability according to educational level completed. Percentual distribution. Chile 2004

| | N | % |
|-----------------------------------|------------------|-------------|
| Without approved studies | 203.150 | 9,82% |
| Elementary school incomplete | 883.709 | 42,73% |
| Elementary school complete | 201.407 | 9,74% |
| High school incomplete | 287.698 | 13,91% |
| High school complete | 272.625 | 13,18% |
| Technical education incomplete | 11.696 | 0,57% |
| Technical education complete | 5.928 | 0,29% |
| Professional Institute incomplete | 21.114 | 1,02% |
| Professional Institute complete | 6.180 | 0,30% |
| University incomplete | 49.378 | 2,39% |
| University complete | 42.809 | 2,07% |
| Special Education | 49.778 | 2,41% |
| Level of studies - unknown | 32.600 | 1,58% |
| Total | 2.068.072 | 100% |

LEVEL OF STUDY REACHED

ENDISC shows us the educational gap that we still need to close in order to guarantee the rights of people with disabilities. Table N°8, indicates that 10% does not have even one year of education approved; 42% has not been able to finish elementary school; only 13% has

EDUCATION PER AGE

There is a high percentage of people with disability (94%) between 6 and 14 years that are currently studying. However, the percentual decreases significantly

when entering high school or college, only 37% of the people with disability between 15 and 29 years of age are currently studying. See Table N°9.

TABLE N°9

Individuals with disability according to educational status by age range. Percentual distribution. Chile 2004

| | Not studying | | Studying | | Total |
|-------------------|------------------|---------------|----------------|--------------|------------------|
| | N° | % | N° | % | |
| 0 to 5 years | 16.189 | 71,22% | 6.541 | 28,78% | 22.730 |
| 6 to 14 years | 5.301 | 5,60% | 89.422 | 94,40% | 94.723 |
| 15 to 29 year | 106.556 | 62,21% | 64.738 | 37,79% | 171.294 |
| 30 to 64 years | 1.041.719 | 98,83% | 12.295 | 1,17% | 1.054.014 |
| 65 years and more | 723.025 | 99,68% | 2.286 | 0,32% | 725.311 |
| Total | 1.892.790 | 91,52% | 175.282 | 8,48% | 2.068.072 |

HEALTH STATE AND DEFICIENCIES

Disability and general health condition

The individuals with disability that consider having a poor health state represent 42,8% and only 3,4% perceive themselves as having good health, that is 1 out of 5 (Table N°10).

The 39% difference in disability prevalence attributed to poor health is evidence that reinforces the notion that policies for people with disabilities must continue having programs and activities with strong emphasis on prevention such as early diagnosis and stimulation, nutritional reinforcement, vaccination programs, accident

prevention promotion of healthy lifestyles and health care and rehabilitation, that respond to this component of disability

TABLE N°10

Disability according to perceived health status. Rate per 100 inhabitants. Chile 2004

| Health state | PwD | Rate X 100 (PwD) | Total |
|--------------|------------------|------------------|-------------------|
| Poor health | 1.649.234 | 42,8 | 3.848.525 |
| Good health | 418.838 | 3,4 | 12.150.348 |
| Total | 2.068.072 | 12,9 | 15.998.873 |

Health problems and difficulties with activities of daily living

If we understand disability as the negative consequence of the interaction between the health condition of the individual and his/her contextual factors, it is possible to understand better what Table N°11 depicts. That is, due to a health problem 12,6% of Chileans, with and without disability, have difficulties performing their routine activities or working. This percentual in the general population, so similar to the prevalence of disability, once again ratifies the importance of “health problems” as generators of functional difficulties in the

daily activities of individuals and hence its intimate relationship with disability

TABLE N°11
Difficulties in performing daily activities due to poor health state. Chile 2004

| | N | % |
|----------------------|-------------------|-------------|
| With difficulties | 2.010.225 | 12,57% |
| Without Difficulties | 13.988.648 | 87,43% |
| Total | 15.998.873 | 100% |

Medical diagnosis consistent with ICD-10

Establishing clinically a diagnosis of general morbidity or pathologies associated with disability is not the goal of this study, the diagnosis referred by the people with

disability grouped according to the categories of the tenth version of the International Classification of Diseases – ICD-10, is presented.

TABLE N°12
Diagnosis of diseases according to ICD-10. Chile 2004

| | N | % |
|---|------------------|-------------|
| Infectious and parasitic | 7.713 | 0,37% |
| Tumors, neoplasias | 46.843 | 2,27% |
| Of the blood, hematopoyetic organs, and immunity | 9.179 | 0,44% |
| Endocrine, nutritional and metabolic | 111.185 | 5,38% |
| Mental and behavioral | 121.487 | 5,87% |
| Of the nervous system | 121.124 | 5,86% |
| Of the eye and annexes | 69.662 | 3,37% |
| Of the ear and mastoid process | 40.328 | 1,95% |
| Of the circulatory system | 283.106 | 13,69% |
| Of the respiratory system | 102.593 | 4,96% |
| Of the digestive system | 75.917 | 3,67% |
| Of the skin and subcutaneous system | 7.563 | 0,37% |
| Of the musculoskeletal and connective tissue | 331.997 | 16,05% |
| Of the genitourinary system | 31.677 | 1,53% |
| Pregnancy, childbirth, and post partum | 6.187 | 0,30% |
| Congenital malformations, deformities and chromosomal abnormalities | 20.066 | 0,97% |
| Trauma, poisoning and other consequences from external causes | 284 | 0,01% |
| Other type of non classifiable diagnosis | 9.143 | 0,44% |
| Individuals without diagnosis | 672.018 | 32,49% |
| Total | 2.068.072 | 100% |

Table N°12, indicates the frequency distribution of the declared pathologies, grouped according to the categories of ICD-10. The largest group of declared pathologies concentrates in Diseases of the Musculoskeletal System and Connective tissue (arthritis, osteoarthritis, deforming dorsopathies, muscle disorders, synovitis and tenosynovitis, among others) with 16,0%; followed by those that affect the Cardiovascular System (ischemic and hypertensive cardiopathies, among others) with 13,7%.

An important group of diseases are compiled under Mental and Behavioral Disorders (depression schizophrenia, bipolar disorder, mental retardation, autism, alcoholism, anxiety neurosis, panic disorders, among others), and the Diseases of the Nervous System (epilepsy, Parkinson's disease, cerebral palsy, paraplegias, hemiplegias, tetraplegias, meningitis, central and peripheral nerve disorders, migraine, and head aches among others) with 5,8% for each one. Endocrinological, Nutritional, and Metabolic diseases (mainly thyroid problems, diabetes mellitus, obesity, and metabolic problems, among others) comprise 5,3%.

Then appear Diseases of the Respiratory System (acute and chronic upper and lower airway infections, influenza,

pneumonia, bronchitis, and rhinitis, among others) with 4,9%. Diseases of the Gastrointestinal Tract (diseases of the esophagus, stomach, and duodenum, cirrhosis of the liver, appendicitis, irritable bowel syndrome, peritonitis, and of the oral cavity, among others) represent 3,6%. Diseases of the Eye and its Annexes (blindness and decreased visual acuity, glaucoma, disorders of the cornea, retina, and the lens, problems of accommodation and refraction), 3,37%.

Tumors (brain tumors, cancer of the gallbladder, uterus, thyroid, lung, testicles, prostate, breasts, lymph nodes and stomach, among others) comprise 2,2% of the

declared diagnoses, followed by Ear pathologies, and Hearing impairments (deafness, hearing loss, otitis) with 1,9% and diseases of the Genitourinary System-1,5%.

Among those with the lowest frequencies are Blood Dyscrasias, Pathologies of the Hematopoietic Organs, Immunological Diseases (anemias, HIV/AIDS, lupus) with 0,44%, and Diseases of the Skin and Subcutaneous Tissue, 0,3%.

32,49% of the people interviewed do not declare a diagnosis when interviewed.

Deficiencies

To present the data about Deficiency it is divided into physical, visual auditory, intellectual, psychiatric, visual, visceral and multiple.

The following table enables seeing these categories in the context proposed by ICF and its correlate from ICD-10.

| Categories of deficiencies in ENDISC Chile 2004 | Components of the ICF | | Categories in ICD-10 |
|---|--|---|---|
| | Body Functions | Body Structures | |
| Physical | Neuro-musculoskeletal and related to movement functions | Movement related structures | Diseases of the musculoskeletal system and connective tissue Congenital malformations, deformities and chromosomal abnormalities Trauma, poisoning and others Diseases of the nervous system |
| Auditory | Sensory functions | The eyes, ear and related structures | Diseases of the ear Diseases of the eye and its annexes |
| Visual | | | |
| Intellectual ⁷ | Mental functions | Structures of the nervous system (structures) | Disorders mental of behavior and Diseases of the nervous system |
| Psychiatric | | | |
| Visceral ⁸ | Functions of the cardiovascular, hematologic, immunologic and respiratory system | Structures of the cardiovascular, hematologic, immunologic and respiratory system | Diseases of the circulatory system Diseases of the blood and of the hematopoietic organs and disorders of immunity Diseases of the respiratory system |
| | Functions of the digestive, metabolic and endocrine system | Structures of the digestive metabolic and endocrine system | Diseases of the digestive system Endocrinological, nutritional and metabolic diseases |
| | Genitourinary and reproductive functions | Genitourinary structures and reproductives | Diseases of the genitourinary system |
| | Functions of the skin and related structures | Structures of the skin and related structures | Diseases of the skin and of the subcutaneous tissue |
| Multiple | Other Functions and Structures not classified | | Other Diseases not classified |

Deficiencies in the Chilean population and the distribution in people with disability

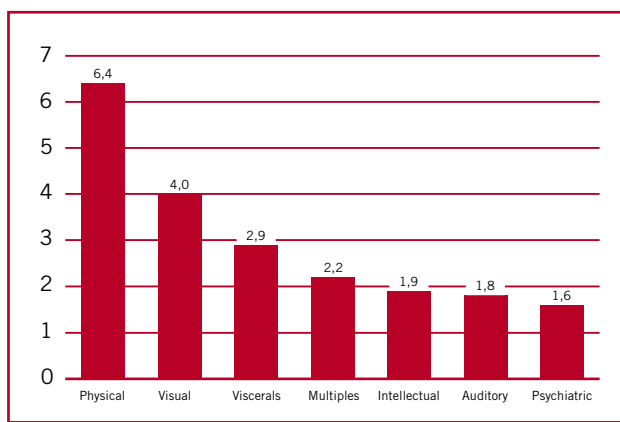
The information presented in this section corresponds to the number of deficiencies declared and not to the number of individuals, because many of them have more than two deficiencies. Those people that had 3 or more

deficiencies are grouped under multiple deficiencies. First it shown the percentage of each type of deficiency in Chile and then the way it is distributed in all individuals with disability.

Deficiencies in the national population

Chart N°13 shows the percentual of the population that declares having various types of deficiencies that are included. 6,5% of the Chileans has a physical deficiency, notwithstanding, a greater number may have difficulties in moving about.

CHART N°13
Deficiencies. National percentual distribution. Chile 2004



Distribution in individuals with disabilities

The information that follows, corresponds to the number of deficiencies acknowledged by the individuals with disability and not to the number of individuals, therefore total number of deficiencies are 3.350.096; given that many individuals have two deficiencies. Individuals that exhibited 3 or more of them are grouped in Multiple Deficiencies.

Chart N° 14 and Table N°13; indicate that the most prevalent deficiencies in individuals with disability

correspond to the physical area, representing 31,3% of the deficiencies in people with disability. Visual deficiencies are 19,0 % of the total deficiencies of individuals with disability. Visceral deficiencies (pertaining to severe involvement of the respiratory, cardiac, digestive, genitourinary, hematopoyetic and endocrine system) are 13,9%. It is important to underline the high percentual of individuals with disability that refer having Multiple Deficits -10.3%, followed by the Intelctual deficiencies- 9,0%, Auditory⁹, 8,7% and Psychiatric -7,8 %¹⁰.

CHART N°14

Type of deficiency. Percentual distribution. Chile 2004

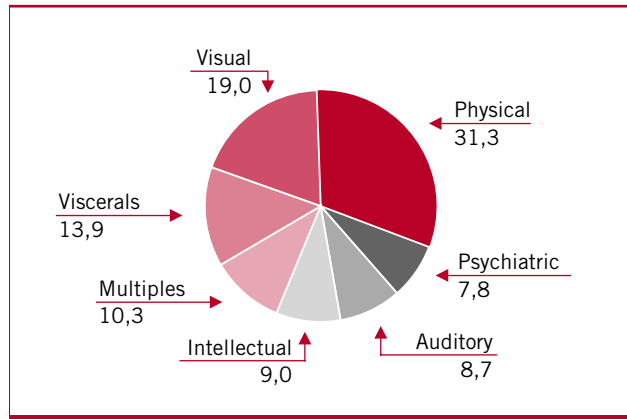


TABLE N°13

Deficiencies. Percentual distribution in PwD. Chile 2004

| Type | N | % in PwD |
|---------------------------|------------------|-------------|
| Physical | 1.048.347 | 31,29% |
| Visual | 634.906 | 18,95% |
| Visceral | 466.584 | 13,93% |
| Multiple | 343.797 | 10,26% |
| Intellectual | 301.591 | 9,00% |
| Auditory | 292.720 | 8,74% |
| Psychiatric | 262.151 | 7,83% |
| Total deficiencies | 3.350.096 | 100% |

Type of deficiencies by gender

In the distribution of deficiencies according to gender on Table N°14, one notices that in all types of deficiencies women with disability have more than the men. Of the total number of deficiencies, practically 60% correspond to women. Hence, one may assume that women tend to have more than one deficiency than men. After multiple deficiencies, visual and physical deficiencies demonstrate the largest difference by gender. Auditory deficiency has the most evenly distributed difference among individuals of both genders.

TABLE N°14

Type of deficiency by gender. Frequency and percentual distribution. Chile 2004

| | Men | % | Women | % | Total |
|--------------|------------------|---------------|------------------|---------------|------------------|
| Physical | 408.640 | 38,98% | 639.707 | 61,02% | 1.048.347 |
| Intellectual | 137.115 | 45,46% | 164.476 | 54,54% | 301.591 |
| Visual | 244.535 | 38,52% | 390.371 | 61,48% | 634.906 |
| Auditory | 142.474 | 48,67% | 150.246 | 51,33% | 292.720 |
| Psychiatric | 109.168 | 41,64% | 152.983 | 58,36% | 262.151 |
| Viscerals | 190.444 | 40,82% | 276.140 | 59,18% | 466.584 |
| Multiple | 129.553 | 37,68% | 214.244 | 62,32% | 343.797 |
| Total | 1.361.929 | 40,65% | 1.988.167 | 59,35% | 3.350.096 |

Type of deficiency by age range

Table N°15 shows how the different types of deficiencies behave according to age range, demonstrating an increase in percentages with increasing age. On the other hand, intellectual, auditory and multiple deficiencies have a

continuous growth. In the age range of 30 to 64, physical, visual, psychiatric, and visceral deficiencies increase and in the category of 65 years and more the percentages decrease.

TABLE N°15
Type of deficiency by age range. Frequency and distribution percentual. Chile 2004

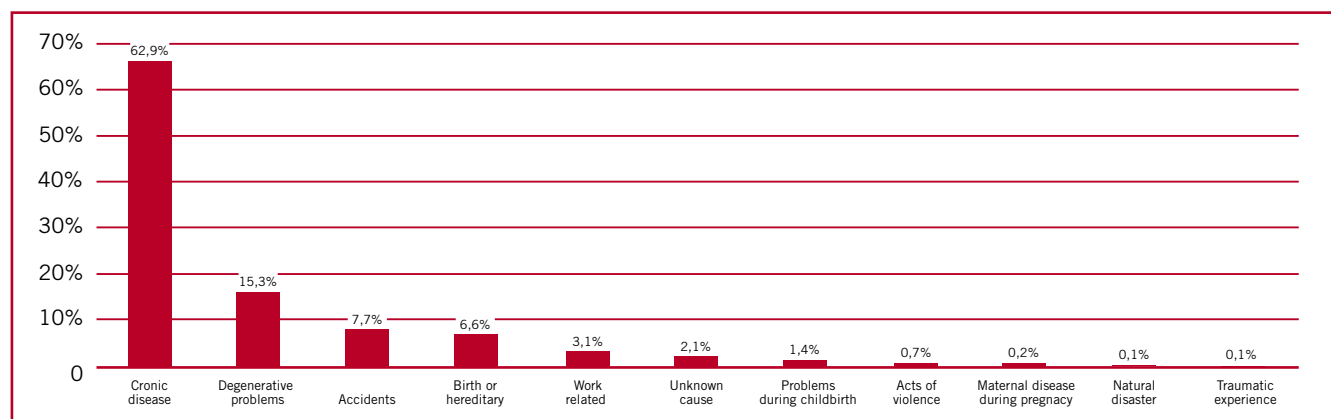
| | 0 to 5 years | | 6 to 14 years | | 15 to 29 year | | 30 to 64 years | | 65 and more year | | Total |
|--------------|---------------|--------------|----------------|--------------|----------------|--------------|------------------|---------------|------------------|---------------|------------------|
| | N | % | N | % | N | % | N | % | N | % | |
| Physical | 3.953 | 0,38% | 22.490 | 2,15% | 56.099 | 5,35% | 540.142 | 51,52% | 425.663 | 40,60% | 1.048.347 |
| Intellectual | 5.089 | 1,69% | 38.121 | 12,64% | 48.856 | 16,20% | 101.639 | 33,70% | 107.886 | 35,77% | 301.591 |
| Visual | 1.175 | 0,19% | 19.753 | 3,11% | 60.593 | 9,54% | 327.735 | 51,62% | 225.650 | 35,54% | 634.906 |
| Auditory | 2.871 | 0,98% | 7.490 | 2,56% | 17.836 | 6,09% | 123.401 | 42,16% | 141.122 | 48,21% | 292.720 |
| Psychiatric | 1.503 | 0,57% | 19.318 | 7,37% | 39.567 | 15,09% | 149.845 | 57,16% | 51.918 | 19,80% | 262.151 |
| Visceral | 10.890 | 2,33% | 21.021 | 4,51% | 32.629 | 6,99% | 228.889 | 49,06% | 173.155 | 37,11% | 466.584 |
| Multiple | 2.942 | 0,86% | 8.114 | 2,36% | 14.133 | 4,11% | 112.484 | 32,72% | 206.124 | 59,96% | 343.797 |
| Total | 28.423 | 0,85% | 136.307 | 4,07% | 269.713 | 8,05% | 1.584.135 | 47,29% | 1.331.518 | 39,75% | 3.350.096 |

Causes of deficiencies

As Chart N°15 shows, the most common cause of deficiency in individuals with disability is Chronic Disease. 62,9% of individuals with deficiencies among individuals with disability mentioned that this cause was what originated their deficiency, followed by age related

Degenerative problems (15,3%) and Congenital Diseases with 6,6%. The total number of accidents (work and sport related, domestic, traffic, and others) represents 7,7% of the overall causes of deficiencies.

CHART N°15
Cause of deficiency. Percentual distribution. Chile 2004



ACTIVITIES AND PARTICIPATION

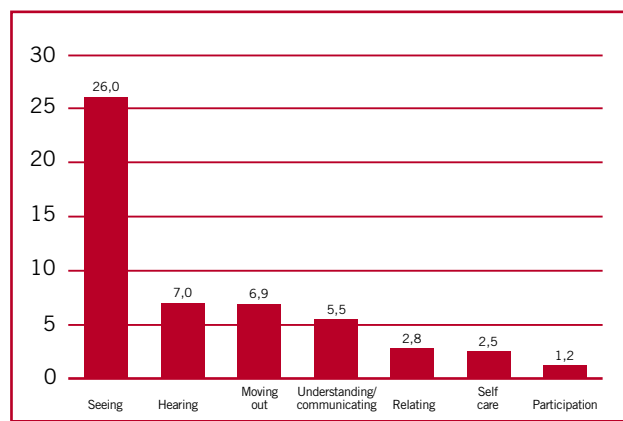
Difficulties in the general population

The difficulties studied were difficulties to: see, hear, self-care, move about, study and communicate, relate to others, and participate

Among the **self-care** difficulties are problems with bathing, dressing, and eating without assistance. At the same time, difficulties to **move about** are subdivided into difficulty to remain standing, walking long distances, standing from a sitting position, and to move about in the home. **Difficulties in understanding and communicating** include difficulty in learning new things, concentrating in something for 10 minutes, remembering important things, solving unexpected situations, and comprehending what is said.

Amongst people in general, sensory difficulties –Seeing and Hearing– concentrate (both) the greatest percentage of difficulties with 33%. That is, 1 out of each 3 Chileans has difficulty to see or hear. The more frequent difficulty among Chileans is difficulty in seeing; 26% of the national population has this problem (4.158.157 individuals). See Chart N°16 and Table N°16.

CHART N° 16
Percentage of difficulties in the overall population. Chile 2004



7% of the population has difficulties in hearing, 1.114.911 individuals. Very similar number of individuals refer difficulties in moving about - 1.104.704, almost equivalent to the national data

TABLE N° 16
Difficulties to perform daily activities in the national population and in individuals with disability. Percentages. Chile 2004

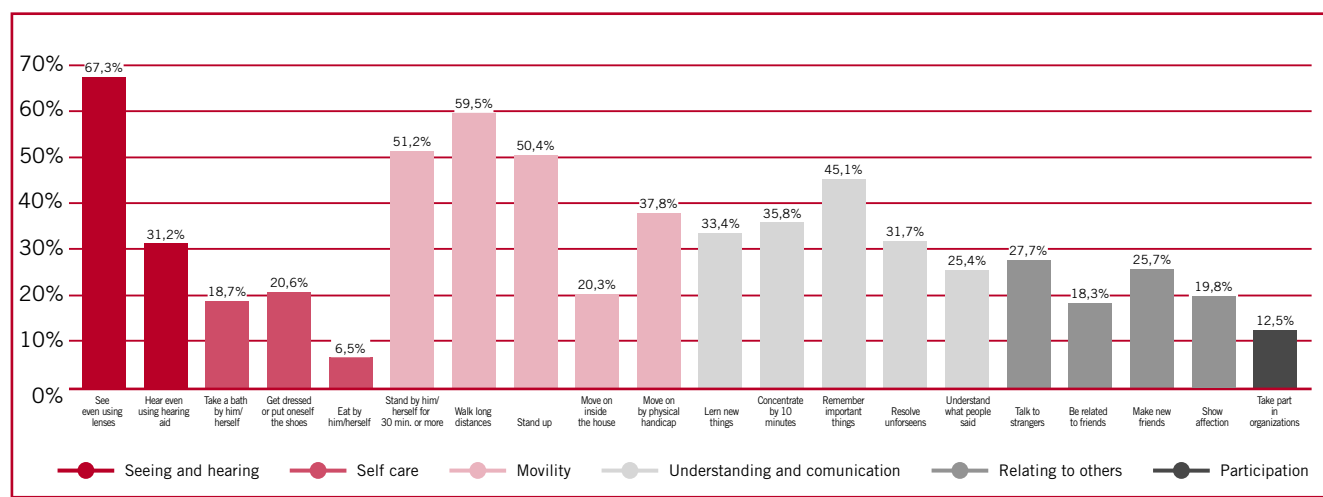
| Difficulty to: | | N National population | % National population | N in PwD | % in PwD |
|---------------------------------|---|-----------------------|-----------------------|-----------|----------|
| See | See, even wearing glasses | 4.158.157 | 26% | 1.391.268 | 67% |
| Hear | Hear, even wearing hearing aids | 1.114.911 | 7% | 646.013 | 31% |
| Self care | Bathing without assistance | 422.718 | 3% | 386.262 | 19% |
| | Dressing/or putting on shoes without assistance | 459.008 | 3% | 426.542 | 21% |
| | Eating without assistance | 147.353 | 1% | 134.241 | 6% |
| Move about | Standing for 30 min. or more | 1.335.951 | 8% | 1.059.296 | 51% |
| | Walking long distances | 1.626.690 | 10% | 1.229.678 | 59% |
| | Standing from a sitting position | 1.321.701 | 8% | 1.042.202 | 50% |
| | Moving about the house | 449.655 | 3% | 419.390 | 20% |
| Understanding and communication | Learning new things | 976.613 | 6% | 690.068 | 33% |
| | Concentrating in something for 10 minutes | 1.189.981 | 7% | 740.364 | 36% |
| | Remembering important things | 1.529.200 | 10% | 933.187 | 45% |
| | Solving unforeseen situations | 866.251 | 5% | 655.896 | 32% |
| | Comprehend what others say | 658.382 | 4% | 525.332 | 25% |

Difficulties of people with disabilities

ICF states that activities may be limited in some people in their ADLs and in other Universal Self Care requirements. Chart N°17 shows the percentual distribution of various types of disabilities; sensory, movement, self care, understanding and communication, relating to others, and difficulties in participation.

Difficulties in seeing and moving about concentrate the highest percentages, while participating and self-feeding have the lowest. Regarding self-care activities, dressing has the greatest (20,6%). With respect to Understanding, 45% refer having problems recalling important things.

CHART N°17
Difficulties in PwD by differents ADLs. Percentual distribution. Chile 2004



Difficulties in relating to others

Table N°17; show the difficulty that individuals with disability have in relating with others.

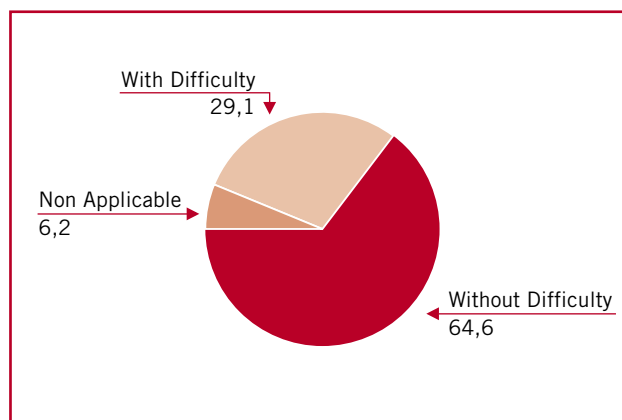
TABLE N°17
PwD according to difficulties in the ability to relate to others. Percentual distribution by degrees. Chile 2004

| | Not much or slight | | Very much or severe | | Extreme | | Total | |
|-------------------------|--------------------|--------|---------------------|--------|---------|-------|---------|--------|
| | N | % | N | % | N | % | N | % |
| Addressing stranger | 291.002 | 14.07% | 233.212 | 11.28% | 48.736 | 2.36% | 572.950 | 27.72% |
| Relating to close ones | 231.109 | 11.18% | 115.996 | 5.61% | 31.799 | 1.54% | 378.904 | 18.33% |
| Making new friends | 274.478 | 13.27% | 201.778 | 9.76% | 54.572 | 2,64% | 530.828 | 25.67% |
| Demonstrating affection | 234.963 | 11.36% | 143.204 | 6.92% | 32.257 | 1.56% | 410.424 | 19.84% |

DIFFICULTIES IN HAVING SEXUAL INTERCOURSE

The Chart N°18 shows that almost 30% of the individuals with disability affirm having difficulties in maintaining sexual intercourse due to their disability. This represents 602.597 individuals with disability, which is 1 out of every 3 individuals with disability.

CHART N° 18
PwD according difficulties in having sexual relations. Chile 2004



Social and family participation

PARTICIPATION IN SOCIAL ORGANIZATIONS

Of the 2.068.072 individuals with disability that live in Chile, 29%, that is, 599.051 individuals participate in any kind of social organization (Table N°18).

TABLE N°18
PwD according to participation in social organization. Percentual distribution. Chile 2004

| | N | % |
|--------------|------------------|-------------|
| Yes | 599.051 | 28,97% |
| No | 1.469.021 | 71,03% |
| Total | 2.068.072 | 100% |

Table N°19 shows that religious organizations are among the ones in which individuals with disability participate most (48% of the individuals with disability that participate in some organization). Then come, organizations for senior citizens, as well as neighborhood and sport organizations (close to 10%). participation in disability organizations reaches 3,75% of the individuals with disability that participate in some social organization.

PARTICIPATION IN FAMILY ACTIVITIES AND DECISIONS

Individuals with disability actively participate in family decisions and activities. In family activities, participate 79% of the individuals with disability (1.693.285) and

in family decisions 67%, that is, 1.390.351 individuals with disability. Table N°20.

TABLE N°19
PwD according to type of organization to which they belong. percentual distribution. Chile 2004

| Type of organization | N | % of PwD |
|----------------------|----------------|-------------|
| Religious | 249.901 | 48,42% |
| Senior citizen | 62.634 | 12,14% |
| Community | 60.622 | 11,75% |
| Sport | 47.871 | 9,28% |
| Disability | 19.348 | 3,75% |
| Women's | 17.246 | 3,34% |
| Solidary | 13.312 | 2,58% |
| Syndicate | 12.904 | 2,50% |
| Cultural | 12.030 | 2,33% |
| Union / Political | 6.175 | 1,20% |
| Training | 5.006 | 0,97% |
| Social | 4.639 | 0,90% |
| School / college | 4.431 | 0,86% |
| Total | 516.119 | 100% |

TABLE N°20
PwD according to participation in activities and family decisions. Percentual distribution. Chile 2004

| | | | |
|------------------------------------|--------------|------------------|-------------|
| Participation in family activities | Si | 1.639.825 | 79,29% |
| | No | 428.247 | 20,71% |
| | Total | 2.068.072 | 100% |
| Participation in family decisions | Si | 1.390.351 | 67,23% |
| | No | 677.721 | 32,77% |
| | Total | 2.068.072 | 100% |

ENVIRONMENTAL FACTORS

Access to health, social and rehabilitation services

Three out of four individuals with disability has had access to some health, social and rehabilitation services in the last year, 76% of the PwD. Chart N°19 and Table N°21 show that 67% has received basic health care and 40% has received some type of diagnostic service. That is only two of every three individuals with disability have received health care and less than half diagnostic services. Only 6,5% of the individuals with disability

have received rehabilitation services in the last year. A 24% (499.549 PwD) have not received any service in the last 12 months.

CHART N° 19
How much care have you received during the last year? Chile 2004

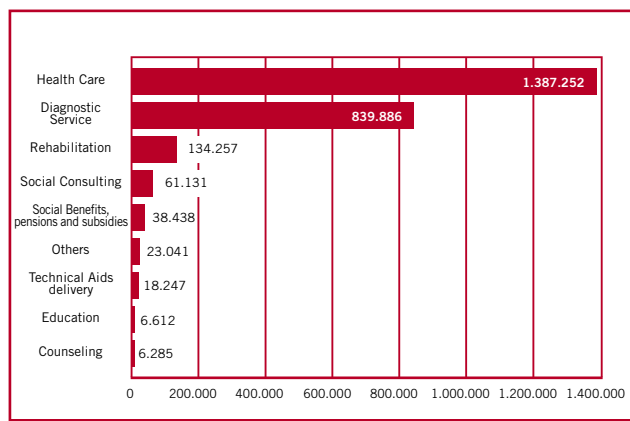


TABLE N°21
Access to health, social and rehabilitation services. Frequency and percentual distribution. Chile 2004

| Received services? | N° de PwD | % de PwD |
|---|------------------|---------------|
| Yes | 1.568.523 | 75,84% |
| Basic health care | 1.387.252 | 67,08% |
| Diagnostic care | 839.886 | 40,61% |
| Rehabilitation | 134.257 | 6,49% |
| Technical assistance | 18.247 | 0,88% |
| Social services | 61.131 | 2,96% |
| Counseling | 6.285 | 0,30% |
| Education | 6.612 | 0,32% |
| Social benefits, pensions and subsidies | 38.438 | 1,86% |
| Others | 23.041 | 1,11% |
| No | 499.549 | 24,16% |
| Total | 2.068.072 | 100% |

Physical and attitudinal barriers

DIFFICULTIES TO MOVE ABOUT DUE TO PHYSICAL BARRIERS OF THE ENVIRONMENT

Table N°22, shows that one out of three individuals with disability has problems moving about on the street due to physical barriers in the environment; this is manifested in different degrees of severity. The individuals with disability that declared having few difficulties moving about due to physical barriers in the

TABLE N°22
Individuals with disability according to difficulty moving about due to environmental barriers. Percentual distribution by degrees. Chile 2004

| Degree of Difficulty | N | % |
|----------------------|------------------|-------------|
| None | 1.286.200 | 62,19% |
| Little or mild | 372.159 | 18,00% |
| Much or severe | 331.612 | 16,03% |
| Extreme | 78.101 | 3,78% |
| Total | 2.068.072 | 100% |

38% of PwD have difficulties moving out due to physical barriers in the environment

environment are 372.159, equivalent to 18%. Nineteen percent of the individuals with disability declared having much or extreme difficulties moving about due to physical barriers in the environment.

ATTITUDES OF OTHERS THAT AFFECT DIGNITY

Most individuals with disability have not perceived attitudes on the part of others that affect their dignity (1.641.771 individuals, equivalent to 79%). 11% affirm having been the object of attitudes that affect their dignity on few occasions and 8% felt many attitudes against their dignity. Less than 1% states that the attitudes that affect their dignity reached an extreme level. (Table N°23)

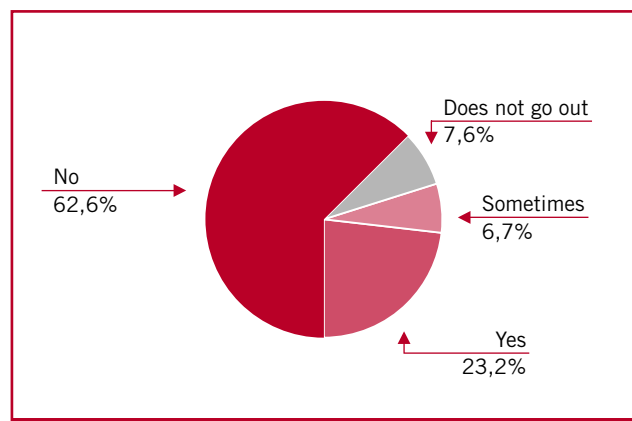
TABLE N°23
PwD according to feeling that other people's attitudes affect their dignity. Percentual distribution by degree. Chile 2004

| Degree in which has felt that vattitude | N | % |
|---|------------------|-------------|
| None | 1.641.771 | 79,39% |
| Little or mild | 241.401 | 11,67% |
| Much or severe | 175.773 | 8,50% |
| Extreme | 9.127 | 0,44% |
| Total | 2.068.072 | 100% |

OFFERED ASSISTANCE ON THE STREET OR PUBLIC TRANSPORTATION

Chart N°20 shows that 30% of individuals with disability mention receiving assistance while on the street

CHART N° 20
PwD according offered assistance on the street or public transportation. Percentual distribution. Chile 2004.



or public transportation. Most individuals with disability, 1.294.167 do not receive this type of help. This number includes individuals that do not require it as well as those that do not feel supported in this aspect. A concerning fact gathered in this section is that 7,5% of the people with disability do not go out on the street.

PHYSICAL OR VERBAL VIOLENCE

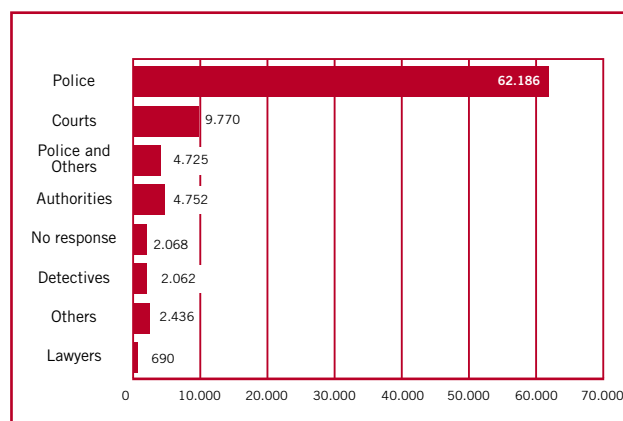
During the last year, 1 out of 8 individuals with disability (13,3%) has suffered some type of physical or verbal violence, that is, 274.599 individuals (Table N°24). Of them, only 32,5% reported attacks.

TABLE N°24
Individuals with disability victims of violent acts during the last 12 months. Percentual distribution. Chile 2004

| | N | % |
|--------------|------------------|-------------|
| Yes | 274.599 | 13,28% |
| No | 1.793.473 | 86,72% |
| Total | 2.068.072 | 100% |

Chart N°21, indicates that victims mainly report attacks at police stations - 75%. This emphasizes the importance of adequately orienting the police force in how to serve individuals with disability, especially when they seek help and protection from acts of violence.

CHART N° 21
PwD according to the institution that reported the act of physical or psychological violence. Chile 2004



⁵ Activities of Daily Living-ADLs are those common to all individuals. Basic self-care activities (dressing, eating, personal hygiene, etc.) and other ADLs, like studying, working, communicating, engaging in physical and recreational activity performing house chores, and other vital tasks of daily living

⁶ Age ranges were defined concordant with international standards for the Life Cycle

⁷ In Chile Law # 9.284 of Social Integration of people with Disabilities -1994, indicates only three types of deficiencies: physical, sensory and mental. One of the limitations of this definition of the kinds of deficiencies is that it groups the intellectual and psychiatric in one category of mental deficiency, thus generating debate and demands especially from civilians and technical groups in terms of needing a differentiation. Hence, we opted to include both

⁸ Although CIF breaks down into four different groups what we consider Visceral in our study, it was considered pertinent to have this category in order to position this type of increasingly prevalent deficiency closely linked to our current epidemiological profile

⁹ Sensory deficiencies (visual and auditory) represent 27,7%

¹⁰ Mental deficiencies (intellectual y psychiatric) add up to 16,5% of this distribution

Conclusions

The First National Study of Disability in Chile has enormous worth from the standpoint of statistics on disability, as well as for social policies. A governmental effort should be made, to include in the plans of national statistics, a permanent, standardized system with an updated design to follow up individuals with disabilities, and the status of this variable in the general population

This study was based on the conceptual framework of the International Classification of Functioning, Disability and Health –ICF- of the WHO/PAHO. This enables us to work with a new multidimensional and dynamic concept of disability (biological, psychological, and social) that offers the possibility of giving a factual account about the complexity of disability not only as a personal event, but also especially as a social reality.

The data in this publication are of great relevance in planning and developing more effective programs and activities. Hence, it represents a significantly important step for all the Chilean individuals with disability, their families, and the organizations of and for disability.

From this study result tremendous challenges; first to acknowledge that In Chile more than 2 million people live with different degrees of disability. How to intervene in order to decrease the impact of disability on the individual and the family?. How to contribute to a better quality of life for these individuals?. Is the abovementioned the sole responsibility of the government or is it shared with the whole of society?. How can the civilian organizations participate, or how can they strengthen their role in this process?

Much is unknown; nevertheless, it is possible to concur that **cultural change** must progress to a stage where individuals with disability become agents of their own lives, with personal autonomy, real educational, and work opportunities, physical and technological accessibility, namely, that they may have access to, and partake of the opportunities that society offers. For this to happen, mentality has to change. In every activity that is designed we must consider the how to overcome obstacles in daily and vital activities and the barriers



to engage in participation that people with disabilities confront, whatever their disability may be. Therefore, it is imperative to have a framework that promotes full respect for the rights of individuals with disabilities. This will materialize in a substantial improvement in their quality of life.

The data of this study clarify the national statistical scenario in this matter, reinforcing and contributing to the information available on a reality that the Chilean society has to acknowledge with responsibility.

ENDISC provides national and regional information. This data shows that half of the population with disability concentrates in the Metropolitan, and Bio Bio region. The highest regional rates belong to Maule and Araucanía regions. With this information, each region will be able to prioritize its activities and programs, to reduce in the mid and long term the incidence of disability. Moreover, it becomes necessary to plan regional progress in matters of disability that consider full implementation of the Plan of Action for the period 2005-2010¹¹, the commitments of which were subscribed during 2004 by public and private organizations.

The study points out that disability is four times more prevalent in adults than in children, and fourteen times more frequent in senior citizens than in children. Hence, Chile urgently needs to start full social, family, educational and work integration programs for a primarily adult population with disabilities. It will be a challenge to formulate once again programs of early detection and

prevention of disability in the pediatric age group but, more so in the young adults.

Only 6 out of every 100 individuals with disability refers having access to rehabilitation, so in order to increase rehabilitation coverage in our country, it is essential to foster community based rehabilitation programs (CBR), effectively linked to the National rehabilitation network. The Ministry of Health and FONADIS, with the support of Japan-JICA, have started this project in various regions of Chile as pilot projects that already have started to show positive results.

On the other hand, if one analyzes the educational level reached by people with disabilities, the data reflect the gap that exists. One out of 2 individuals with disabilities has not finished elementary school. It is also surprising that only 1 out of 10 individuals with disability has finished high school and 1 out of 20 has managed to reach college level. Chile must significantly increase **integration of children and youth to education**. To this effect the Ministry of Education in coordinated with other national and international public and private institutions, has endeavored to extend and improve the training of educators in matters linked to quality, and inclusive education, and other areas of educational activity

Data regarding **employment** are also challenging. Only 1 out of 3 individuals with disability in working age, is engaged in gainful employment. Given that practical experience indicated that the issue of rights was not being covered by the state, FONADIS implemented Offices of employment mediation throughout Chile, with a methodology that has been successful for those individuals that have possibilities of integration to the formal market. However, the government is still indebted to those that have been unable to do so due to the severity of their disability. For them we must create other instances that use these manual labor, e.g. protected workshops, occupational centers, social enterprises, and others.



International¹² studies ratify that developing nations cannot escape this condition unless they incorporate the manual labor of the individuals with disabilities to the productive development of Chile. This is a tremendous challenge for the coming years. Disability is twice as frequent in the population with low socioeconomic status versus the population with average or high socioeconomic condition. Overcoming poverty through programs such as “Chile Solidario” (Official Program for Solidarity), that improves living conditions, will decrease the impact poverty has on individuals with disability and their families. But it also points out that more work is needed in activities that tend to integrate individuals with disabilities to society.

Accessibility in its broadest aspect is also a challenge for Chile today. Aspects that must be considered when planning governmental, and private programs and actions, are physical, social, and technological barriers.

To sum up, we can all contribute to cultural change by building this society based on the rights of individuals and providing the opportunities that all Chilean citizens deserve. That is the logic of providing these results. Now they belong to all who work day to day for the dignity of those who are less fortunate, among them individuals with disabilities, their families, and their organizations.

¹¹ National Plan of Action for the Social Integration of people with disabilities 2004-2010: National Report and Matrix of Regional Commitments. Mideplan-Fonadis, 2004

¹² Goals for the Millennium, World Bank

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