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Uganda: Census-based Analysis of Disability Gaps in Educational Outcomes

Part 4 – Seeing difficulties

Chata Malé and Quentin Wodon

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Children with disabilities are at a disadvantage for schooling and learning. Ensuring that these children have better educational opportunities is a challenge, but also an opportunity as inclusive education brings benefits to all children, not only those with disabilities. The analysis in this brief is based on census data. These data have limitations, including the fact that they are somewhat dated, but they are still useful because larger samples allow for a more detailed analysis by type of disability than is feasible with other data (household surveys are also used for analysis in this series; on data sources on disability in Uganda, see Brief 2023-30).

Using a 10 percent sample of the 2014 census, Figure 1 provides district-level estimates of the prevalence of seeing difficulties among children ages 7 to 13, showing that it is much higher in some parts of the country than others. Nationally, the data suggest that 1.1 percent of children of primary school age suffer from seeing difficulties (with 6.4 percent of children of that age suffering from any type of disability, which is high). Note that children having some seeing difficulties are included (results only for children with a lot of difficulties or who cannot see at all are available from the authors). The question considered in this brief is to what extent seeing difficulties may affect educational outcomes. The focus is on primary school completion, perceived literacy, and the risk of never enrolling in



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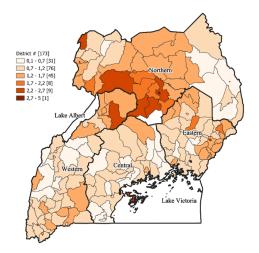
Key findings: Using data from the latest available census (10 percent sample), this brief provides an analysis of educational outcomes for children with seeing difficulties.

- Nationally, census data suggest that 1.1 percent of children of primary school age suffer from seeing difficulties, with 6.4 percent of children of that age suffering from any type of disability, which is high. The prevalence of seeing difficulties is much higher in some parts of the country than others.
- Over time, disability gaps in primary completion rates, perceived literacy, and the likelihood of ever enrolling in school between children with seeing difficulties and children without any disability have decreased, and surprisingly children with seeing difficulties seem to be doing slightly better than those without any disability.
- Regression analysis confirms the fact that in the census data, seeing difficulties is not associated with statistically significant losses in the likelihood of primary school completion, perceived literacy, and ever enrolling in school. However, other datasets suggest that disability gaps persist. Furthermore, if the analysis with the census data had considered only children with a lot of difficulties or who cannot see at all, gaps would remain as well.
- Considering other datasets apart from the census data used in this brief, it appears that exclusion related to disabilities remains an issue.



school. Basic statistics are provided on disability gaps in educational outcomes by age. As older individuals may have suffered from a disability after the normal years of schooling, trends may not precisely reflect disability gaps that existed in childhood. Still, they help in suggesting changes over time. Regression analysis is conducted next to assess the potential impact of exclusion related to seeing difficulties on outcomes. The analysis broadly follows the approach used in Malé and Wodon (2017) and Wodon et al. (2018). Briefs are also available for other types of disability.

Figure 1: Prevalence of Seeing Difficulties, Children Ages 7-13

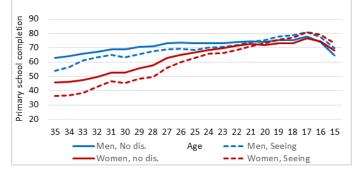


Source: Authors based on data from the Uganda 2014 census.

Disability gaps in primary school completion have been bridged (although other datasets suggest gaps main remain)

Figure 2 provides primary completion rates for individuals aged 15 to 35. Completion rates for younger children are not shown because they tend to be too low versus the likelihood of completing primary education at some point. This is because some children enter primary school late or repeat grades. Since the last census was implemented in 2014, estimates do not account for recent gains in educational attainment, but they are suggestive of changes over time in disability gaps. Four groups are considered: boys/men with no disability, girls/women with no disability, boys/men with seeing difficulties, and girls/women with seeing difficulties. Statistics are three-year moving averages to reduce jumps in the data when few observations are available for children with seeing difficulties. Completion rates at the primary level have increased over time since they are much higher for younger than older individuals. Over the period in review, gender gaps in completion rates were essentially closed (such gaps however remain at higher levels of education). As to disability gaps in completion rates, they were closed as well, with the surprising result that children with seeing difficulties have slightly completion higher rates.

Figure 2: Primary School Completion by Age (%)

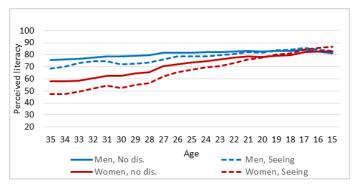


Source: Authors based on data from the Uganda 2014 census.

Similarly, disability gaps in literacy rate have been bridged (although other datasets suggest gaps main remain)

Figure 3 provides a similar analysis for perceived literacy. Perceptions of literacy are likely to lead to higher literacy rates than an actual reading and comprehension test, but the data are still useful to suggest changes over time in disability gaps for literacy. Findings are similar to those observed for primary school completion, namely there have been gains over time, gender gaps have been closed, and 15-year old children with seeing difficulties do slightly better.

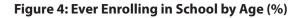
Figure 3: Perceived Literacy by Age (%)

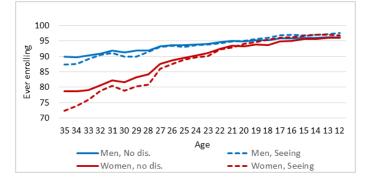


Source: Authors based on data from the Uganda 2014 census.

There have also been gains in the share of children ever enrolling in school

Disability gaps in primary school completion rates and perceived literacy may come from the fact that some children never enroll in school. Figure 4 provides estimates of the share of individuals who ever enrolled in school by age. The story is similar: there have been gains over time and gender gaps have been closed, with children with seeing difficulties doing slightly better. Recall that individuals considered as having mild seeing difficulties are included in the groups with a disability. If the analysis had been restricted to individuals with a lot of difficulties or who cannot see at all, larger disability gaps in ever enrolling in schools would remain.





Source: Authors based on data from the Uganda 2014 census.

Regression analysis confirms that disability gaps have been closed, albeit this may not hold with other data sets and may depend on the severity of the disability

Table 1 summarizes key statistics for the youngest appropriate age groups. Recall that estimates are for the 2014 census, and therefore do not factor in recent gains in educational outcomes. The Table shows, for example, that the perceived literacy rate is (surprisingly) 1.8 percentage points lower for boys without a disability than those with seeing difficulties.

Table 1: Disability Gaps for the Most Recent Age Group (%)

	Boys			Girls		
	No diff.	Difficulties	Gap	No diff.	Difficulties	Gap
Perceived literacy	81.2	83.0	-1.8	82.7	86.7	-4.0
Primary completion	64.5	69.6	-5.1	68.0	73.1	-5.1
Ever enrolling	96.2	97.7	-1.4	96.0	96.9	-0.9

Source: Authors based on data from the Uganda 2014 census.

Th results for children with seeing disabilities are surprising. To check whether they hold when controlling for other factors affecting educational outcomes, regression analysis is used. The aim is to assess the potential impact of exclusion related to various types of disabilities on educational outcomes after controlling for other factors. The term "impact" is used for simplicity (see Box 1). The analysis considers slightly larger age groups for sample size reasons. Regressions are estimated for (1) whether a child completed primary education (children ages 15 to 18 to allow time for completion); (2) whether a child is considered literate by parents (children ages 15 to 18); and (3) whether a child ever enrolled in school (children ages 6 to 11). While censuses have limits in terms of the variables that can be used as controls, many controls are still available (the list of controls is available from the authors).

Box 1: What Is Meant by "Impacts" of Exclusion Related to Disabilities?

The term "impact" is used for simplicity, but the analysis is based on correlations, and therefore need not imply causality. What is measured are statistical associations, and not necessarily impacts as could be observed with randomized control trials. Since a disability cannot be randomized, we rely on regression analysis to estimate likely impacts, but there is always a risk of bias. At the same time, the fact that we observe strong effects that are robust to various specifications does suggest, as expected, that exclusion related to disability persists.

Table 2 provides key results from the analysis for seeing difficulties and other disabilities for comparison purposes. When a coefficient is not statistically significant, this is indicated by NS in the Table. The interpretation of marginal impacts is in percentage points. Th surprising results for seeing difficulties hold. For example, after controlling for other factors affecting outcomes, a child with seeing difficulties is apparently 5.6 percentage point (coefficient of 0.056) more likely to complete primary school than a child with no disability. For literacy the effect is lower and for ever enrolling in school the effect is not statistically significant. Box 2 provides a brief discussion of these surprising effects taking into account other data sources.

Table 2: Marginal Impacts of Exclusion Related to Disabilities on Educational Outcomes

Difficulties	Primary Completion	Perceived Literacy	Ever Enrolling
Seeing	0.056	0.015	NS
Hearing	-0.056	-0.057	-0.007
Mobility	-0.030	-0.048	-0.031
Mental	-0.071	-0.106	-0.018
Multiple	-0.150	-0.193	-0.113

Source: Authors based on data from the Uganda 2014 census. Note: All coefficients are statistically significant at the one percent level except the coefficient for seeing difficulties noted NS for Not Statistically Significant at the ten percent level.

Box 2: Seeing Difficulties, Educational Outcomes and School Eye Health Programs

Findings based on the census on educational outcomes for children with seeing difficulties suggest that those children are doing relatively well in comparison to other children. Similar findings are observed using data from the 2019/20 Uganda National Household Survey. This does not mean that children with seeing difficulties do not require interventions. As discussed in separate briefs in this series, school eye health programs have proven effective globally and in Ethiopia. Th programs are affordable and can have large benefits as providing a pair of eyeglasses and (when needed) referral for additional care to a health facility for children (and teachers) who need them can prevent drop-out and improving learning performance.

Takeaways

Using data from the latest census, this brief considered gaps in educational outcomes for children with seeing difficulties in comparison to children without any disability. Nationally, 1.1 percent of children of primary school age appear to suffer from seeing difficulties, but that prevalence is much higher in some parts of the country than others. Disability gaps in primary completion rates, perceived literacy, and the likelihood of ever enrolling in school between children with seeing difficulties and children without any disability have decreased over time, with the surprising result that children with seeing difficulties seem to be doing slightly better. However, triangulation with other data suggests that disability gaps may persist.

References

- Malé, C., and Q. Wodon. 2017. *Disability Gaps in Educational Attainment and Literacy*. Washington, DC: The World Bank.
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Disclaimer & Acknowledgment

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