



# **2022 POPULATION AND HOUSING CENSUS**

## PRELIMINARY REPORT ON FUNCTIONING





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# Functioning

## Introduction

The 2022 Population and Housing Census adopted the six main functional domains of difficulty of the Washington Group on Disability Statistics, namely; seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communication. These are functional abilities that are applicable to people of all societies and cultures, thereby restricting the concept to functional limitation(s). The Washington Group (WG) Questions are targeted questions on individual functioning intended to provide a quick and low-cost way to collect data, which allows disaggregation by disability status. The questions asked different levels of difficulties in performing activities, which were disaggregated by type of difficulty and varying degrees of severity. This chapter provides information for persons aged 5 years and above with difficulties in performing activities.

## Definition of Terms

- a) **Functional Domains** are categories of functionality with reference to:
  - i) Seeing;
  - ii) Hearing;
  - iii) walking or climbing stairs;
  - iv) remembering or concentrating (cognition);
  - v) self-care; and
  - vi) communication.
- b) **Difficulty in Seeing:** Refers to persons with challenges or problems in seeing, even when wearing glasses or contact lenses.
- c) **Difficulty in Hearing:** Refers to persons with challenges or problems in hearing, even when putting on a hearing aid.
- d) **Difficulty in walking or climbing stairs:** Refers to persons with challenges or problems in the use of the lower limbs (legs) in such a way as to propel oneself over the ground to get from one point to another.
- e) **Difficulty in remembering or concentrating (cognition):** Refers to challenges or problems faced by a person in the use of his/her memory to recall incidents/events or focus on tasks at hand or think again about something that has taken place in the past (either the recent past or further back).
- f) **Difficulty in self-care:** Refers to persons who have challenges or problems in taking care of themselves independently, including washing all over and dressing, attending to one's hygiene, dressing and eating.

g) **Difficulty in communicating:** Refers to persons who have challenges or problems with talking, listening, or understanding speech such that it contributes to difficulty in making themselves understood by others or understanding others using voice or signs (including sign language), or in writing.

h) **Severity of difficulty:** Refers to the degree of a person’s (in) ability to perform a specified function or activity and is categorised as follows:

- No difficulty – complete absence of any challenge or problem in performing a specified function or activity.
- Some difficulty – presence of a partial or mild challenge or problem in performing a specified function or activity.
- A lot of difficulty – acute challenge or problem in performing a specified function or activity.
- Cannot do at all – complete or total inability to perform a specified function or activity.

### Prevalence of Functional Difficulty

The prevalence of persons who had varying degrees of difficulty in performing activities was 9.2 percent using the cut-off point of at least “some difficulty”, “a lot of difficulty” or “cannot do at all” in all the six domains of functioning. The prevalence ranged from 5.2 percent in Harare to 11.4 percent in Matabeleland North (*Figure 1*).

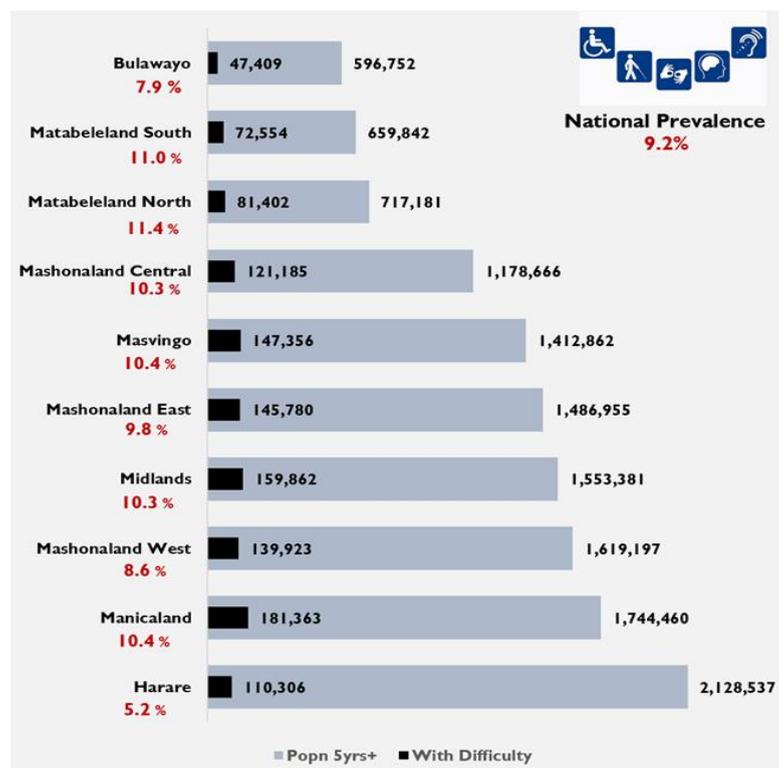


Figure 1: Prevalence of Functional Difficulty by Province

## Distribution of Population with Varying Degrees of Difficulty by Rural/Urban

The proportion of population with varying degrees of difficulty in performing activities in rural areas (74%) was higher than in urban areas (26%) (Figure 2).

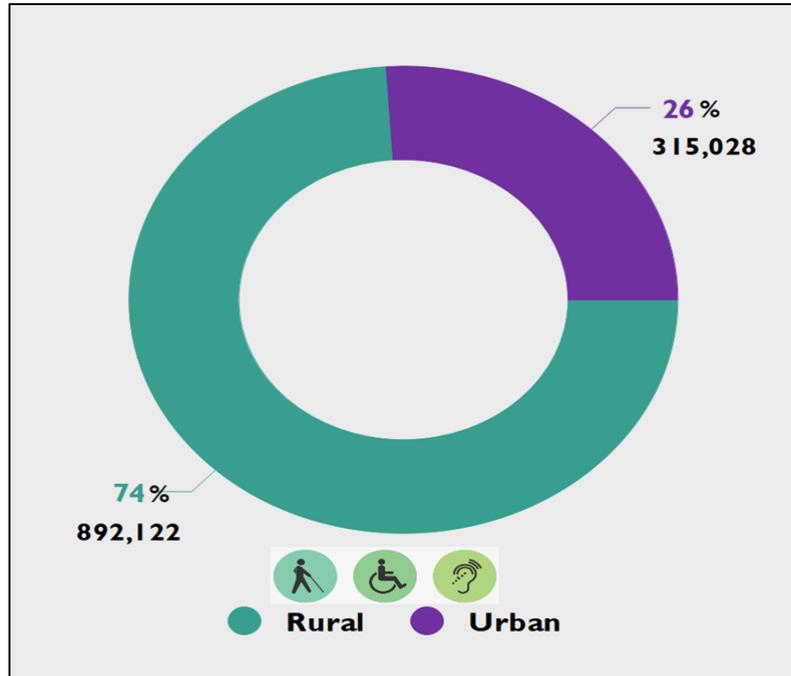


Figure 2: Distribution of Population with Varying Degrees of Difficulty by Rural/Urban

## Distribution of Persons with Varying Degrees of Difficulty by Rural/Urban and Sex

The proportion of females among persons with varying degrees of difficulty in performing activities was higher in both rural (12.8% vs 9.4%) and urban areas (6.9% vs 5.3%) (Figure 3).

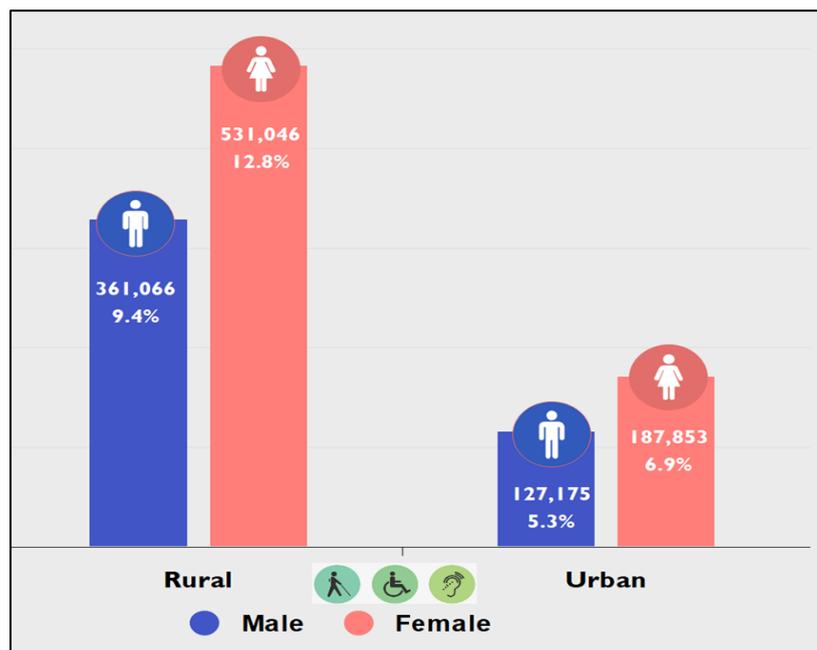


Figure 3: Distribution of Persons with Varying Degrees of Difficulty by Rural/Urban and Sex

## Severity of Functional Difficulty in Population

To assess the severity of each functioning domain, respondents were asked to state if they had “some difficulty”, “a lot of difficulty” or “cannot do at all” in all the six domains of functioning. Of the total population aged 5 years and above, 9.2 percent had some form of functional difficulty of one form or another. The prevalence was at 1.6 percent for those with “a lot of difficulty” in at least 1 domain, while 0.3 percent were in the “cannot do at all” category (Figure 4).

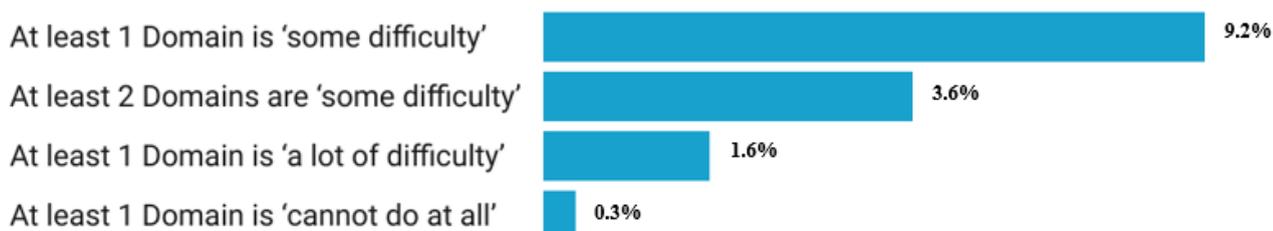


Figure 4: Severity of Functional Difficulties

## Prevalence of Disability

Persons in the ‘a lot of difficulty’ and ‘cannot do at all’ categories were classified as persons with disability. The national disability prevalence was 1.6 percent as presented in Figure 5. At provincial level the prevalence ranged from 0.8 percent in Harare province to 2.2 percent in Matabeleland South province.

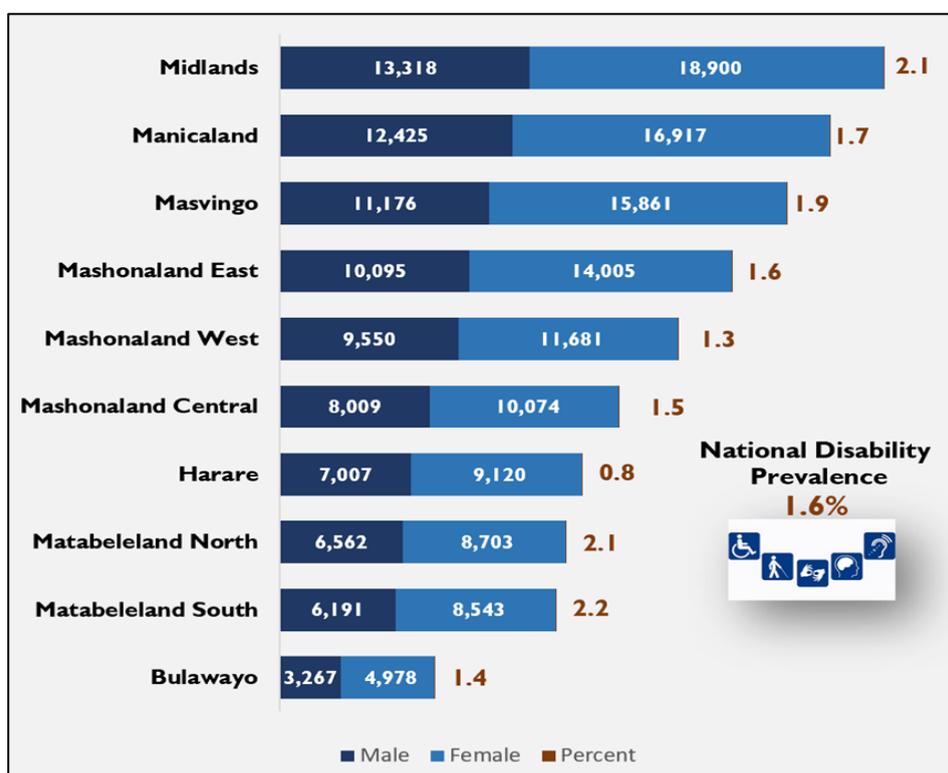


Figure 5: Prevalence of Disability by Province and Sex

## Disability Prevalence by Rural-Urban and Sex

Females constituted the majority of persons with disabilities in both rural and urban areas, (2.2%) and (1.0%) respectively (Figure 6).

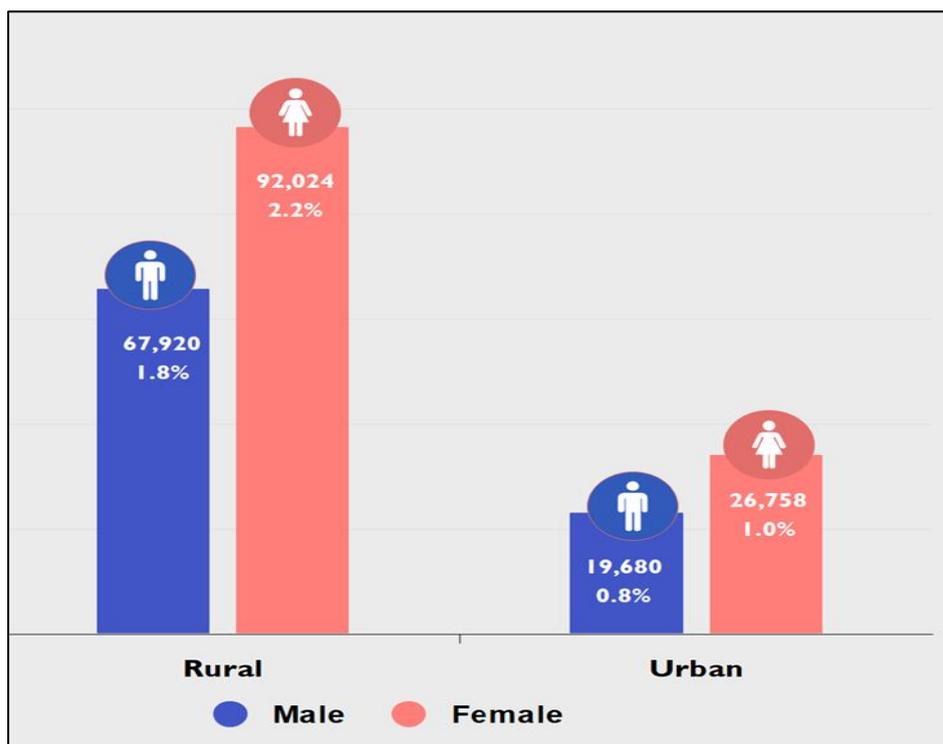


Figure 6: Disability Prevalence by Rural-Urban and Sex

## Functional Difficulties in both Seeing and Hearing<sup>1</sup>

Out of the 13,066,443 persons aged 5 years and above, a total of 10,752 (0.08%), (i.e. 1 person in 1,200) indicated *a lot of difficulty* or *cannot do at all* on **BOTH** seeing and hearing (*red colour*). A total of 14,817 (0.11%), (i.e. 1 person in 900) indicated *some difficulty* in either hearing or seeing together with *a lot of difficulty* and *cannot do at all* in the other domain (*blue colour*) (Figure 7).

		Difficulty Hearing 				Total
		None	Some	A lot	Unable	
Difficulty Seeing 	None	12,277,999	136,098	15,404	5,349	12,434,850
	Some	479,095	78,406	5,584	310	563,395
	A lot	40,770	7,923	8,768	221	57,682
	Unable	7,753	1,000	841	922	10,516
Total		12,805,617	223,427	30,597	6,802	13,066,443

Figure 7: Functional Difficulties in both Seeing and Hearing

<sup>1</sup> Various cross tabulations of functional domains can be produced upon request

## Prevalence of Functional Difficulty in Population Aged 5 Years and Above

Of the six functional domains, difficulty seeing and difficulty walking had higher prevalence, with 4.8 percent and 4.1 percent respectively. Difficulty hearing and difficulty cognition each accounted for two (2) percent of the population (*Figure 8*).

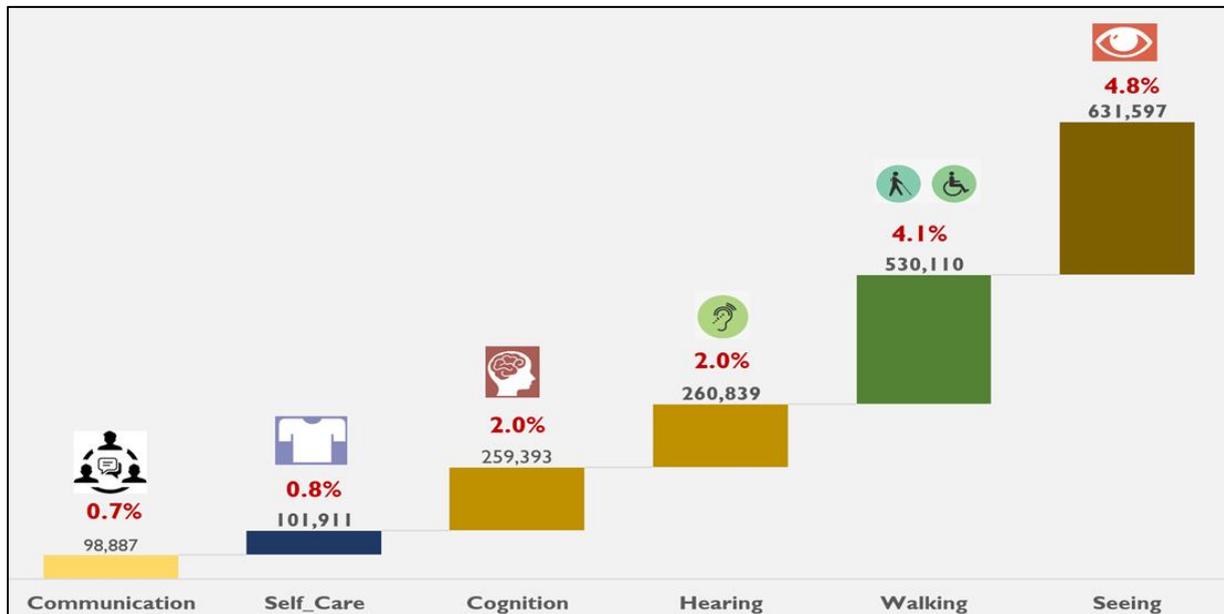


Figure 8: Difficulty Prevalence in Population Aged 5 Years and Above by Domain

## Causes of Functional Difficulty

*Illness* and *ageing* were the largest underlying causes of functional difficulty in both seeing and hearing, jointly accounting for over 58 percent in each of the domains. *Born with difficulty* accounted for 20.2 percent in difficulty hearing and 14.6 percent in difficulty seeing (*Figure 9*).

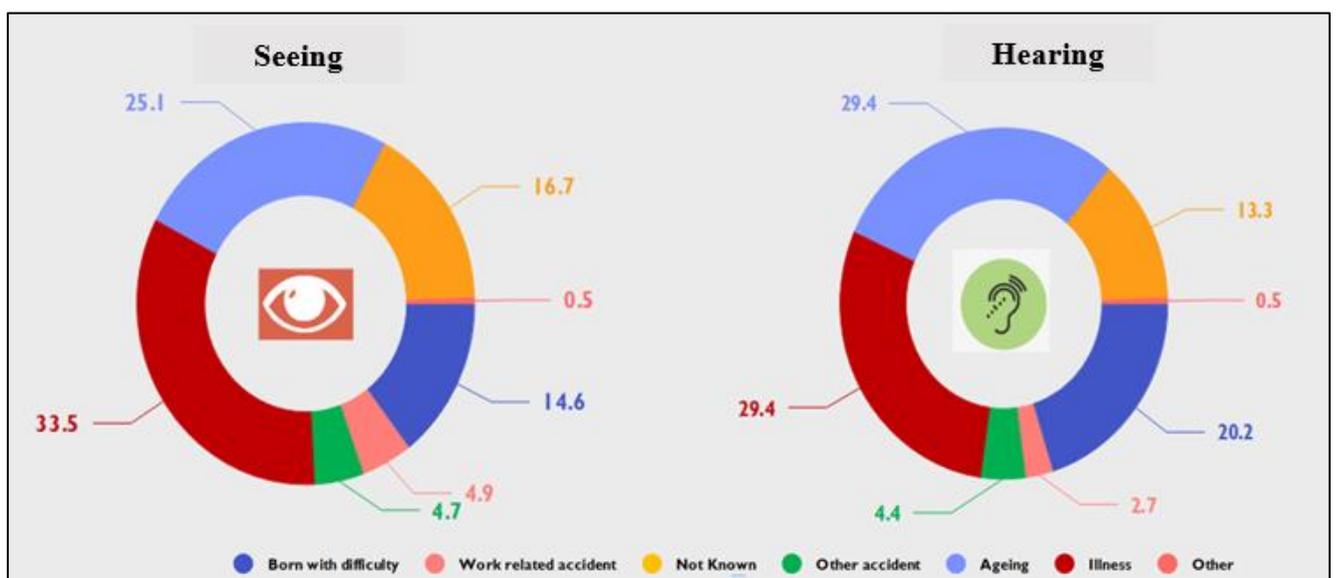


Figure 9: Causes of Difficulty in Seeing and Hearing Domains

Figure 10 shows that *ageing* followed by *illness* were the dominant underlying causes of difficulty for both walking and cognition. *Ageing* accounted for 42 percent for difficulty walking and 34 percent for difficulty cognition, while *illness* accounted for 36 percent and 26 percent for difficulty walking and cognition respectively.

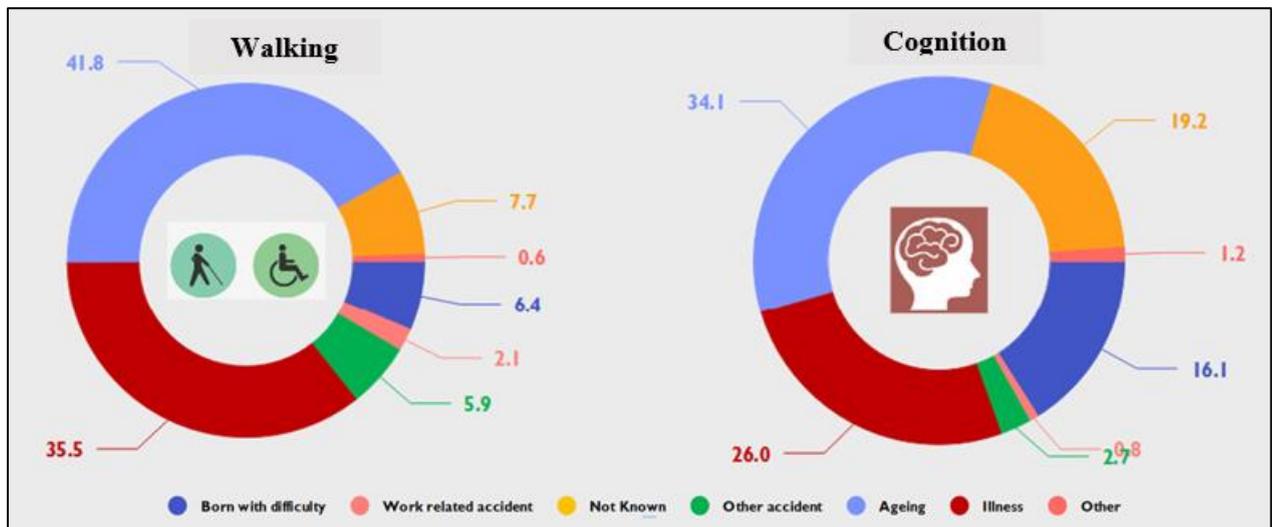


Figure 10: Causes of Difficulty in Walking and Cognition Domains

*Illness* was the major underlying cause of difficulty in self-care, accounting for 35 percent, whilst *born with difficulty* was the main cause for difficulty in communication, accounting for 43 percent. (Figure 11).

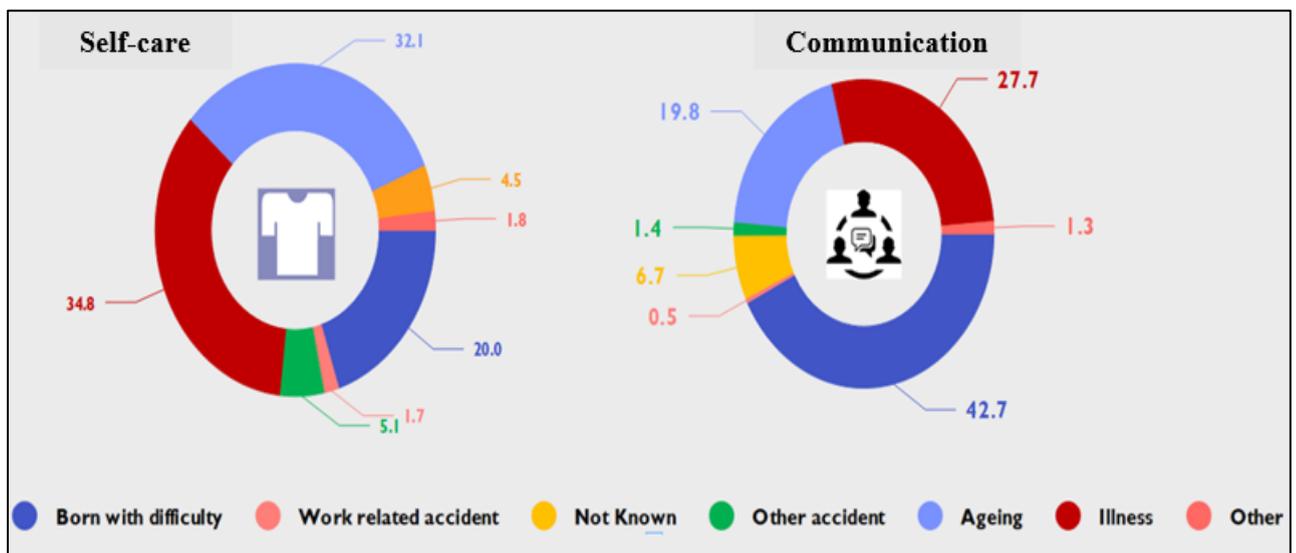


Figure 11: Causes of Difficulty in Self Care and Communication Domains

Except for the communication domain, *illness* and *ageing* were the largest underlying causes of difficulty across the six domains in both urban and rural areas (Figures 12 and 13).

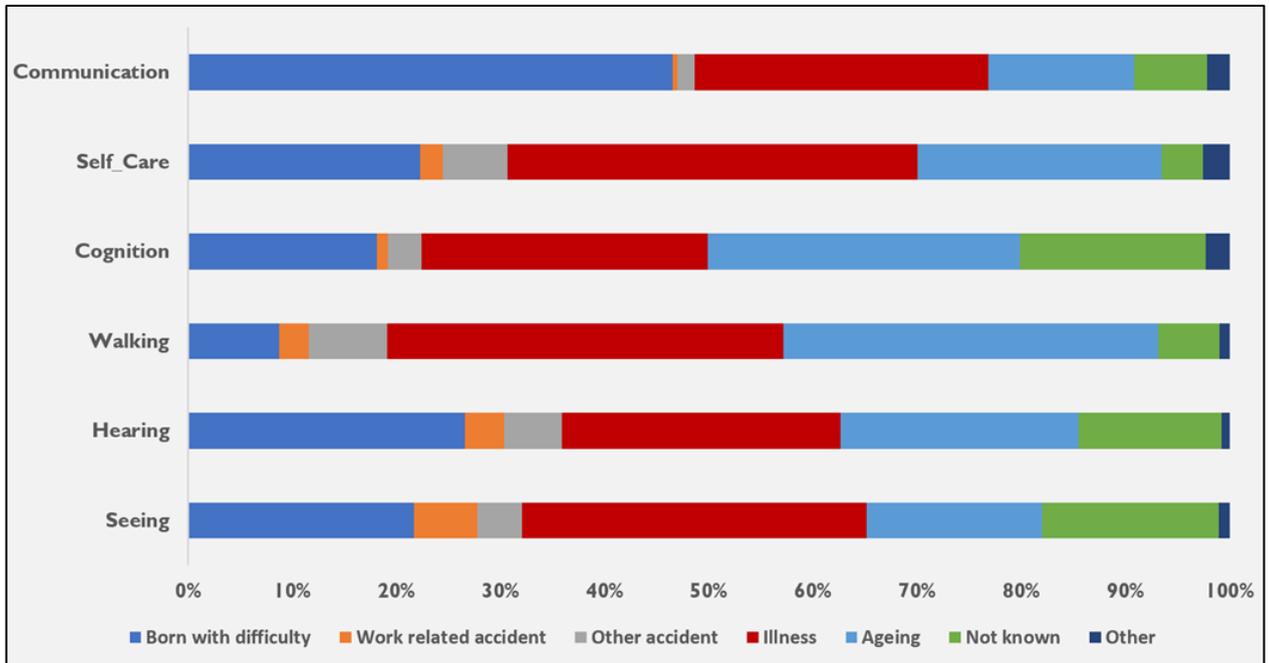


Figure 12: Cause of Difficulty by Domain in Urban Areas

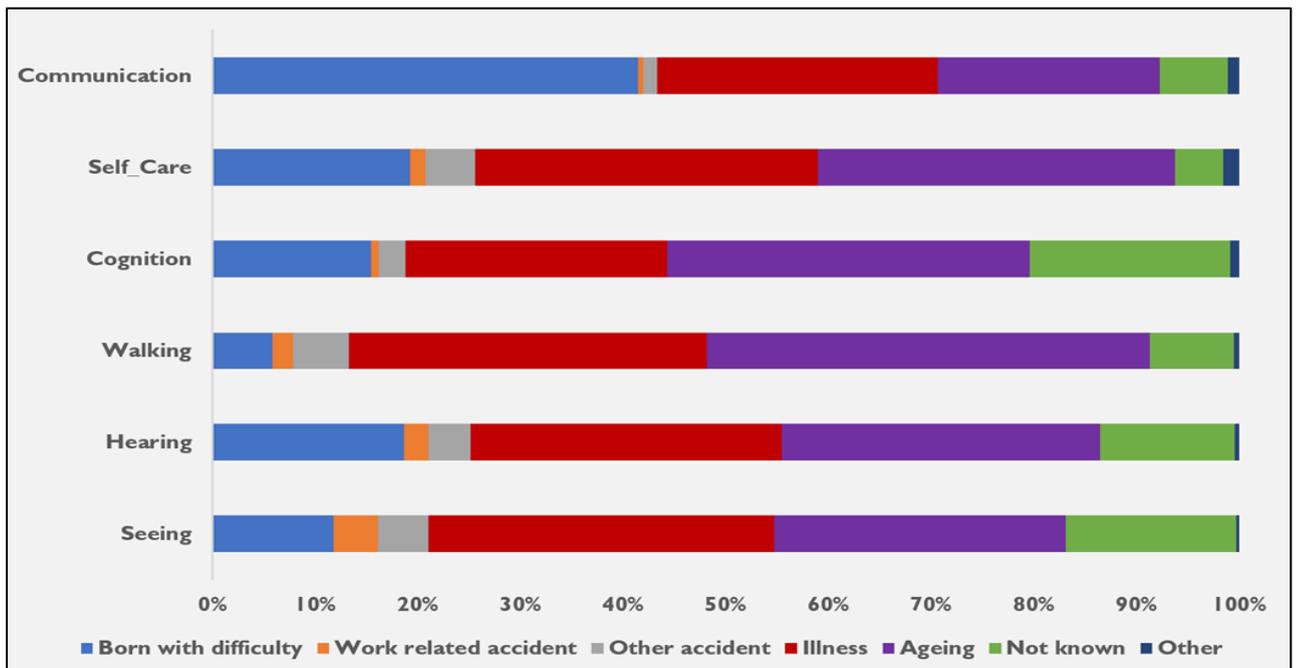


Figure 12: Cause of Difficulty by Domain in Rural Areas

### Disability Prevalence in Population Aged 5-17 Years

Disability prevalence in children aged 5-17 years, was higher in males than females. Prevalence in males was 3.8 percent while that for females was 3.3 percent (Figure 14).

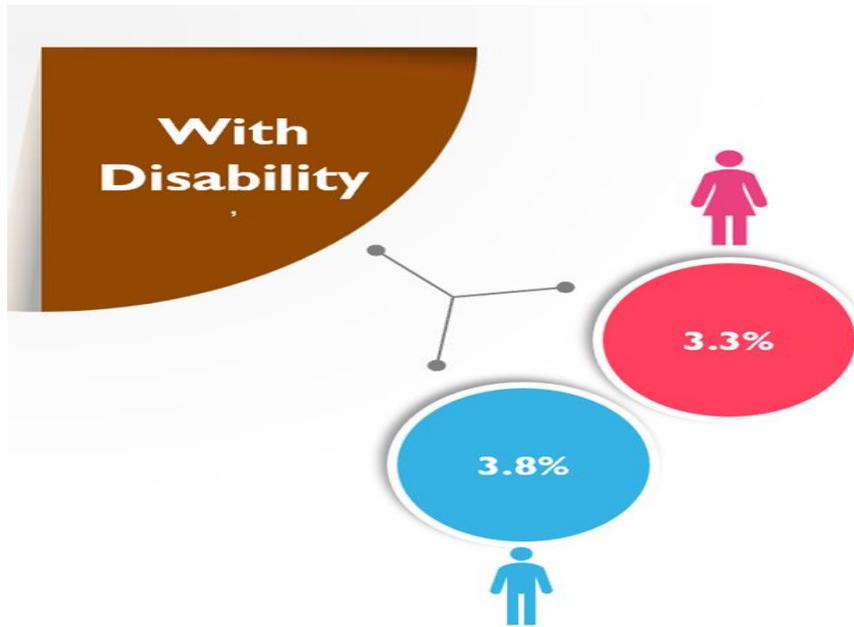


Figure 14: Prevalence of Disability in Children Aged 5-17 Years

### Prevalence of Disability in Children by Rural/Urban

Disability in children was more prevalent in rural areas than in urban areas, with 3.9 percent and 2.8 percent respectively (Figure 15).

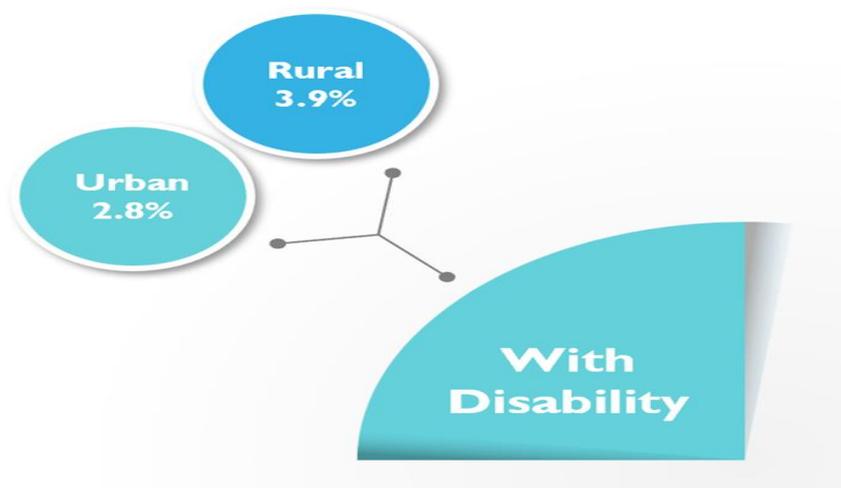


Figure 15: Prevalence of Disability in Children by Rural/Urban

### Persons with Albinism

The number of persons with albinism was 9,753. In all provinces, females with albinism were more than males except for Mashonaland Central, Mashonaland West and Masvingo Provinces (Figure 16).

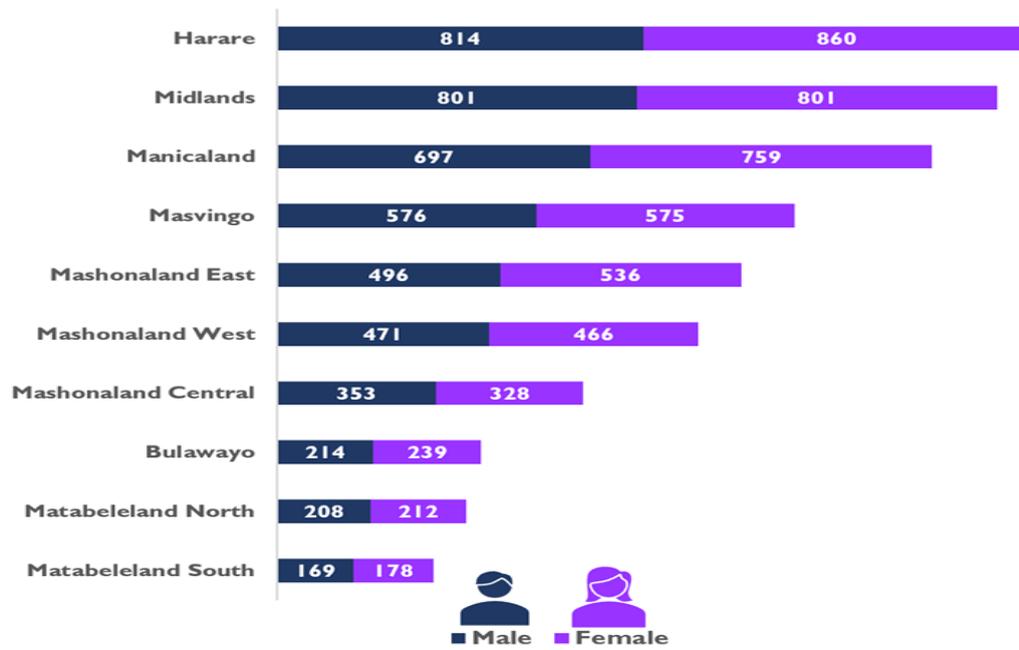


Figure 16: Distribution of Persons with Albinism by Province and Sex