



Belun
Empowering Communities Together



LEAVING NO YOUTH BEHIND IN TIMOR-LESTE

POLICY BRIEF # 5
YOUNG PEOPLE WITH A DISABILITY



for more information or to request another copy please contact Belun NGO at 331 0353

APRIL 2018

Introduction

Young people are key to achieving sustainable development. It is essential that all young people receive equal access to quality education, justice, health services, employment opportunities, chances to participate in society, and to be protected from violence. Through the adoption of the Sustainable Development Goals in 2015 and the approval of the new National Youth Policy in 2016 by the VI Government, Timor-Leste has committed to leave no youth behind.

In support of this national effort, the United Nations (UN) in Timor-Leste and the NGO Belun are, in a collaborative effort, launching a new policy series titled 'Leaving no Youth Behind in Timor-Leste'. The objective of this series is to increase understanding of the situation and vulnerability of some specific youth groups and the particular challenges they face to benefit from the 2030 Sustainable Development Goals. Each policy brief presents a situation analysis based on quantitative data from an independent analysis of the 2015 Timor-Leste Census and qualitative data from focus groups discussions, as well as supporting evidence from studies and reports conducted in Timor-Leste. Findings are presented following the National Youth Policy pillars of youth healthy lifestyle, youth and education, youth employment and employability, youth civic participation and youth and violence and crime. The briefs also offer recommendations to Government, civil society, the private sector and development partners as to how to ensure equal opportunities for these groups in context of the development of Timor-Leste.

Background

Many persons with disabilities worldwide, including youth with disabilities, face more barriers to exercise their rights compared to their peers who do not have a disability. Many face discrimination, stigma, and exclusion on the basis of their disability, from their family, the community, and the society at large. Persons with disabilities have higher rates of poverty, while women with disabilities are especially vulnerable to gender-based violence. Persons with disabilities experience challenges in accessing services, including as these are not physically accessible, due to poor attitudes of service providers, or as the services are not adapted to the needs of persons with disabilities.

Timor-Leste is committed to ensuring the equal rights of persons with disabilities. The Constitution prohibits discrimination based on physical or mental condition. A National Policy on the Inclusion and Promotion of the Rights of Persons with Disabilities was adopted in 2012. A National Action Plan (NAP) on the Rights of Persons with Disabilities (2014-2018) exists to implement the aforementioned policy, and in 2017, the Council of Ministers adopted an Inclusive Education Policy. The 2016 National Youth Policy specifically identifies young people with disabilities as a priority target group for support.

Despite these commitments, gaps remain. As of March 2018, Timor-Leste had not yet ratified the UN Convention of the Rights of Persons with Disabilities (CRPD). Implementation of the NAP - according to a mid-term evaluation by Organizations of Persons with Disabilities (DPOs) - was limited. The establishment of a national disability council by Government, planned for several years, remained pending by March 2018. Notwithstanding progress, many services are not yet accessible for persons with disabilities.

This policy brief combines analysis of the 2015 Census data, information gathered from two Focus Group Discussions (FGDs) in Dili and evidence from relevant studies and reports published by organizations of people with disabilities and other relevant institutions.

Findings and analysis

It is difficult to know how many young people in Timor-Leste live with a disability. While no global data appears to be available on the average percentage of youth who have a disability, WHO and the World Bank in 2011 estimated that around 5% of youth in low- or middle-income countries in South East Asia have a disability. The Timor-Leste Census only identifies 0.1% of youth living with disabilities, with a person with a disability being defined as someone who reported as having 'a lot of difficulty' or 'cannot do at all' to one of the following four: walking, seeing, hearing, or intellectual or mental condition. This suggests that many youth/people with disability have not been captured in the Census. These low numbers may be caused by under-reporting by Census participants (i.e. unwillingness to identify people in the household with difficulties because of stigma), under-counting (i.e. the Census survey questions did not include all forms of disability), and could also be due to insufficient understanding of participants and enumerators of disability.

Left behind in education

Despite the positive step by Government to adopt the Inclusive Education Policy in 2017, many youth with disabilities continue to be out-of-school. Less than half (44%) of youth aged 15-24 years with disabilities have ever attended school, which is half the rate (87%) of their peers without disabilities. The recent Education Monograph shows that the percentage of disabled youth aged 5-24 years who have never attended schools is more or less the same between boys and girls (54% and 55% respectively).

Youth with disabilities who entered school have a higher dropout rate than their peers: two thirds (66%) did not make it to secondary school; while only half (51%) of youth with disabilities who not have a disability drop out that early.

Given the low levels of schooling, it is unsurprising that literacy rates in this group are low. In 2015, only 32% of youth with disabilities were literate in at least one of the four main languages used in Timor-Leste (Tetun, Indonesian, Portuguese, or English) versus 84% of youth without disabilities. Young women with disabilities had lower literacy rates (27%) than young men with disabilities (36%).

Participants in the FGDs gave a variety of reasons for reduced school enrollment and attendance. Some mentioned difficulties in reaching schools, challenging infrastructure that made schools inaccessible to them, lack of skills of teachers to adapt lessons to their particular challenges, especially if the student was blind or deaf. Two participants who had difficulty seeing but were not fully blind said that they were able to attend some primary schooling but dropped out after 1-2 years as their eyesight worsened. In addition, the Association for Disability in Timor-Leste (ADTL) reported that there are no materials in braille available in schools, and no sign language interpretation. This leads to exclusion of those who have significant visual and sensory disabilities.

Other FGD participants reported that family attitudes and/or bullying by other students prevented them from attending school. One participant reported that family did not think it was important for a person with a disability to go to school. Family members had noted that 'It does not make any difference whether you go to school' and 'The school will not accept you because of your condition.' Another participant reported being called names by other students: 'I am reluctant to go to school because my fellow students make me afraid: they mock me so I feel ashamed'. As a result, young people with disabilities often are isolated and confined to their homes.

There are some adult learning opportunities for older youth, made available by NGOs with some support from Government. This includes adult education so that persons with a visual disability can obtain a primary school diploma under the so-called Special Class for Re-entry Education established the Ministry of Education and the ADTL, and youth and young adults being taught braille by DPOs. However, the opportunities are largely offered in Dili only.

Left behind in health

Many health facilities are not easily accessible for people with disabilities. Participants in the FGDs said that in rural areas, it can be difficult to get to the clinics because the facilities are far and transportation can be difficult, especially for people using wheelchairs. Long waiting times are discouraging and facilities do not always have ramps, benches, or appropriate toilet facilities for people with physical disabilities.

Some disability rights awareness programmes are being conducted for health workers in Timor-Leste. Many participants in the FGDs said that health staff treat them well, however, some mentioned poor experiences. One man tried to donate blood to a family member who was in a traffic accident but was told at the hospital that he could not donate because he had a disability. He said 'This does not make sense to me. I have a disability, but my insides are the same as everyone else.'

While information is scarce, globally it is believed that attitudes of health staff present barriers for women to access sexual and reproductive health care. This is echoed by the Association for Disability in Timor-Leste and its members, who report that health care providers often assume that persons with a disability are not sexually active and thus, do not require information about reproductive health services.

Challenges in joining the workforce

In 2015, the unemployment rate was high (30%) among youth with disabilities compared to -youth with no disabilities (12%), though it decreased from 2010 (38%).

Youth with disabilities are doubly challenged to find work. Because often they have not completed schooling, they are not qualified for positions. Some reported having faced additional discrimination when they apply. One participant mentioned he had applied for many jobs but did not get any, hypothesizing it was because of his physical condition.

The professional training centres in Tibar and Becora have only recently started to accept a limited number of persons with disabilities in their programmes. Government has not yet implemented a recommendation by the ADTL to Government to have a 1% quota for persons with disabilities to be employed in the public sector.

Some youth are able to find work. A young woman who has difficulty seeing reported that she was able to help her family sell vegetables and to help her uncle clean houses to earn money. Others have found work with DPOs and other NGOs that work in the area of disability.

Higher exposure to discrimination and violence

Many FGD participants shared stories of being mocked by members of the community, such as being called ‘aleijado’ (handicapped), ‘beikten’ (stupid), ‘aat hela deit’ (unfortunate). One woman shared a story that her extended family and neighbors used to come around her house and tell her parents to discard her (‘atu soe hau’), but her mother replied that ‘this is my child and I accept what God has given to me even though my child was born with this condition.’

While recognizing the steps taken by the Government to promote equality of persons with disabilities, FGD participants were concerned that Government itself is still using stigmatizing language when addressing people with disabilities. For example, the pension for people with disability is called ‘subsidiu ba invalidu’, or the ‘subsidy for invalids’, which has a negative connotation.

Global evidence shows that women with a disability are at increased risk of gender-based violence. Internationally, women with a disability are twice as likely to have experienced domestic violence. In Timor-Leste, the Nabilan program on Ending Violence Against Women's 2016 baseline survey found that women who reported a disability were 2.5 times more likely to have experienced domestic violence. While the Nabilan study could not differentiate whether domestic violence led to disability or women with disabilities were more likely to experience violence, both cases are probable. A small-scale study by the Association of Persons with Disabilities in Timor-Leste (ADTL) from 2017 regarding 60 persons with disabilities, 78% of whom, and 75% of whom had psycho-social disabilities, showed high levels of sexual violence: 45% of the persons the subject of the study had reportedly been the victim of such violence.

Women with disabilities also face additional challenges in reporting violence. In the FGDs, some women noted they were unaware of how to report cases of GBV, and others told stories of being treated with a lack of credibility or trust by the police or court actors. An FGD participant shared that that a blind survivor of rape lost her case in court because the evidence she gave was not considered strong enough as she could not identify her assailant by sight. The 2017 ADTL study also showed that few incidents of violence against persons with disabilities are reported to the authorities. In two-thirds of the cases, no complaint had been filed. In 20% of the cases had been brought before the police or the court, while over 13% had been resolved at the family or community level.

Limited public participation

Some persons with disabilities, including young persons with disabilities, participate in public life, and advocate for their rights. However, many youth with disabilities are restricted to their homes, whether due to family or community attitudes and behaviours, physical, logistical or other barriers. As a result, youth with disabilities have fewer opportunities to benefit from peer support and engage in their community.

Public participation by persons with disabilities is also challenged as many public services, roads, public transportation systems, and churches are inaccessible.

Some FGD participants said they often make friends with other people who are also disabled because people who do not have a disability can be uncomfortable or shy with them. Others struggle in isolation. One blind woman said that when she was growing up, she thought she was the only one in the world who could not see.

Recommendations

To increase opportunities of youth with disabilities to participate in and benefit from the new Development Agenda and to exercise their rights equally to their peers without disabilities, the following global and specific recommendations are made:

Global recommendations

- The Council of Ministers takes the necessary steps for the ratification of and the Parliament adopts a resolution to ratify the Convention on the Rights of Persons with Disabilities.
- The Government, through the Ministry of Public Works, adopts a policy to ensure accessibility of any new buildings or of existing infrastructure, when rehabilitated, for all persons with disabilities.
- The Government adopts the internationally agreed Washington Group Short Set of Six questions related to disability in all future Census and Demographic and Health Surveys. It improves systems and capacity to collect adequate data on the number of all persons with disabilities in Timor-Leste, and ensures the inclusion of DPOs in the entire process. This will allow more accurately planning and budgeting for programs on disability based on the diverse needs of the population

Specific recommendations

1. Improve access to and quality of education for youth with disabilities in line with the 2017 Inclusive Education Policy

- The Ministry of Education and Culture (MOE) conducts an evaluation of the level of integration of disability in education and recommits to ensuring schools are increasingly accessible for youth with different types of disabilities.
- MOE ensures disability awareness is part of the core teacher training curricula and in-service trainings and is also conducted for students.
- MOE considers new and existing technologies, assistive devices, equipment, and materials that are available, like assisted reading technologies or braille machines, allocate sufficient budget for such devices, as well as adequate support in classrooms to children with disabilities.
- MOE establishes a national sign language.
- In addition to actively promoting diversity in schools as outlined in the Inclusive Education Policy, MoE adopts a zero-tolerance policy on discrimination against students with a disability.
- MOE allocates sufficient resources to ensure children and youth with disabilities can truly access education in Timor-Leste.

2. Equalize access to training and employment opportunities

- The Government, through the Secretariat of State for Youth and Labour, develops vocational and employment programs and training for young persons with disabilities to boost their opportunities for entry and advancement in the workforce in line with the 2017 Inclusive Education Policy.
- The Government ensures access for persons with disabilities to existing, mainstream vocational training opportunities.

3. Improve accessibility and quality of health services

- The Ministry of Health (MOH) ensures training of all health care workers, including nurses, doctors and midwives, on the rights of persons with disabilities, including adequate and respectful ways of communicating with persons with disabilities.
- MOH assesses its professional education and employment criteria to ensure young people with disabilities have equal opportunities to pursue a career in the health sector.

4. Reduce violence and discrimination and improve access to the justice system

- The Government, in particular the Ministries of Social Solidarity (MSS) and Justice (MOJ), and the Secretaries of State for Gender Equality and Social Inclusion as well as for Social Communication, funds and provides other support for a nationwide campaign led by DPOs to promote the rights and respectful treatment of people with disabilities. This should include use and socialization on the use of respectful and inclusive terminology.
- MOJ and partners conduct sensitivity training for pre-service and in-service court actors and police personnel on the rights of persons with disabilities and how to integrate disability in their work.
- MOJ ensures adequate support and resources, such as provision of interpretation services, assistive devices and accessible transport, to people with disabilities to access victim assistance support, and support from police and the justice system.

5. Improve public participation

- The Ministry of State Administration trains local leaders, including Chefe de Aldeia and Chefe de Suco, on disability awareness and the role they can play in supporting people with disabilities to participate in public life and decision-making processes, including community meetings and suco elections, and to support community members access the government subsidies for individuals over 18 with a disability and for families with children with disabilities (Bolsa da Mae).
- DPOs create peer support networks for youth with disabilities to strengthen social networks and engagement with broader youth programming and receive necessary funding to do so from Government and/or donors.

References

1. Asosiasaun Defisiénsia Timor-Leste (ADTL). 2016. Submission by Member Organisations of the Association for Disability Timor-Leste to the 26th Session of the Human Rights Council Universal Periodic Review Working Group: Recommendations for Timor-Leste. Dili, Timor-Leste.
2. The Asia Foundation (TAF). 2016. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study – Main Report. The Asia Foundation: Dili.
3. United Nations Special Rapporteur. 2012. Report of the UN Special Rapporteur on Violence Against Women, Its Causes and Consequences: Report on Violence Against Women with Disabilities. Available at http://wwda.org.au/wp-content/uploads/2013/12/UN_SR_Report_2012.pdf
4. WHO and the World Bank. 2011. World Report on Disability.
5. National Statistics Directorate (NSD) and UNFPA. 2011. Timor-Leste Population and Housing Census 2010. Dili, Timor-Leste.
6. National Statistics Directorate (NSD) and UNFPA. 2016. Timor-Leste Population and Housing Census 2015. Dili, Timor-Leste.
7. National Statistics Directorate (NSD) and UNFPA. 2012. Timor-Leste Population and Housing Census 2010 Volume 10: Analytical Report on Disability. Dili, Timor-Leste.
- National Policy on the Inclusion and the Promotion of the Rights of Persons with Disabilities, 2012
8. Government of Timor-Leste, National Action Plan for People with Disabilities (2014-2018)
9. United Nations Mission in Timor-Leste (UNMIT)/Office of the High Commissioner for Human Rights, Of course We Can, Report on the Rights of Persons with Disabilities in Timor-Leste, 2011.
10. EkipaAvaliasaun, HarébaKotuk, Planu ba Oin, RelatóriuhosiAvaliasaun Media-PrazaubaPlanuAsaun Nasional baEma ho Defisiensia (2014-2018), Outobru 2016.
11. Submission of Ra'es Hadomi Timor Oan (RHTO), the national Disabled Person's Organisation in Timor-Leste to the 62nd Session of the CEDAW Committee, 2015
12. Submission of Ra'es Hadomi Timor Oan (RHTO), the national Disabled Person's Organisation in Timor-Leste, to the 70th Session of the Committee on the Rights of the Child, 2015.
13. Associação de Deficiente de Timor-Leste (ADTL), Estudu kona-ba Situasaun Ema ho Defisiensia Mental/Intelektural: Entre Institusionalizasaun ho Husik Abandonadu, 2017
14. General Directorate of Statistics (GDS), UNICEF, and UNFPA. 2018. Timor-Leste Population and HousingCensus 2015: EducationMonograph 2015. Dili, Timor-Leste.
15. Ministry of Education, NationalPolicyfor Inclusive Education. 2017.