



Copyright© Javier Acebal/Sightsavers 2018

# The participation of men and women with disabilities in political life in Senegal: Baseline report

May 2018

## Report authors and contributors

Rachel Murphy, Sightsavers

Salimata Bocoum, Sightsavers Senegal

Ben Gascoyne, Sightsavers

Emma Jolley, Sightsavers

Stevens Bechange, Sightsavers

Elena Schmidt, Sightsavers

## Acknowledgements

---

This baseline data collection and report was led by Sightsavers. We would like to express our gratitude to all our collaborators and particularly to Irish Aid for the funding provided for this research project.

We would like also to thank the Sightsavers Senegal Country Office for logistical support on the ground throughout the survey, recruitment and oversight of data collection teams, report review and dissemination of results.

We would also like to thank the fieldwork team for their contributions and support in data collection.

Finally, we would like to express our gratitude to the respondents, who gave their time and provided valuable data to make this study possible.



# Table of Contents

## The participation of men and women with disabilities in political life in Senegal:

<b>Baseline report</b> .....	<b>1</b>
<b>Report authors and contributors</b> .....	<b>2</b>
Acknowledgements .....	2
Table of Contents .....	3
<b>List of tables</b> .....	<b>4</b>
<b>Executive summary</b> .....	<b>5</b>
Background .....	5
Aims and objectives .....	5
Methods .....	6
<b>Introduction</b> .....	<b>9</b>
Background .....	9
Study context .....	10
Aim and objectives of the survey .....	11
<b>Methodology</b> .....	<b>12</b>
Study design and sampling .....	12
Data collection .....	12
Data collection tools .....	13
Data quality .....	13
Data analysis .....	14
Ethical approval .....	14
<b>Results</b> .....	<b>15</b>
Sample characteristics .....	15
Political participation: Possession of the necessary documents .....	21
Political participation: Voting in elections .....	22
Political participation: Engagement in political debates .....	23
Political participation: Local council sessions .....	25
Political participation: Political party involvement .....	26
Political participation: DPO membership .....	27
Political participation: people with and without disabilities .....	28

† Values of p based on Pearson’s chi-squared test.....	29
Qualitative findings.....	31
<b>Discussion .....</b>	<b>33</b>
<b>Conclusions .....</b>	<b>34</b>
<b>References .....</b>	<b>35</b>
<b>Appendices .....</b>	<b>37</b>

## List of tables

Table A. Political participation of people with and without disabilities compared with the overall sample. ....	7
Table 1 Socio-demographic characteristics and location of participants. ....	15
Table 2. Household relative wealth by study region (n=1,328) .....	17
Table 3. Type and severity of disability.....	18
Table 4. Sample prevalence of disability by sex, age and location characteristics.....	20
Table 5. Possession of birth certificate and being registered to vote.....	21
Table 6. Participation in national and local elections .....	22
Table 7. Participation in political discussion and sources of information about politics.....	24
Table 8. Participation in local council sessions.....	25
Table 9. Membership of a political party.....	26
Table 10. DPO membership among people with disabilities.....	27
Table 11. Comparison of political participation between people with and without disabilities	29
Table 12. Multivariate analysis of the association between disability and political participation. ....	30
Appendix Table 1: Kaffrine .....	37
Appendix Table 2: Kaolack.....	38
Appendix Table 3: Louga.....	38
Appendix Table 4: Dakar (Pikine) .....	39

# Executive summary

## Background

---

The World Health Organization (WHO) estimates that more than one billion people – 15% of the world's population – live with some form of disability (1). However, there is a paucity of data on both disability and the social exclusion of people with disabilities, particularly from low and middle income contexts. The urgent need to address disability-related knowledge gaps has been acknowledged as the key issue on the global policy agenda (1, 3, 4).

## Aims and objectives

---

This study was designed to support Senegal in delivering on its democratic priorities and contribute to the attainment of the Sustainable Development Goals, specifically Goal 5 (gender equality), Goal 10 (reduced inequalities), Goal 16 (peace, justice and strong institutions) and Goal 17 (partnerships for the goals).

The survey collected baseline data for the Political Participation Project funded by Irish Aid through a contract with Sightsavers. The project aims to strengthen the representation of people with disabilities, particularly women, in decision-making at national and local levels, and build their capacity to engage with the government, the media and traditional bodies in a constructive manner. It is believed that by engaging in political processes, people with disabilities can become decision makers to ensure that they are accounted for in future laws and policies.

It is expected that the data generated through the survey would contribute to robust scientific evidence on the social inclusion of persons with disabilities and be instrumental in shaping programmatic activities to promote an inclusive social and political environment in Senegal. The survey was conducted in four urban areas of Senegal: Kaffrine, Kaolack, Louga and Dakar (Pikine East and Pikine South).

The main objectives of the survey were:

1. To determine the proportion of the adult population participating in national and local elections, local decision-making processes, governance institutions and political parties in selected areas of Senegal.
2. To compare the levels of political participation among people with and without disabilities.
3. To identify socio-demographic factors determining the political participation of people with and without disabilities.
4. To provide evidence for social inclusion programmes and advocacy in Senegal.

## Methods

---

The baseline study was a population-based household survey conducted in four urban areas of Senegal: Kaffrine, Kaolack, Louga and Dakar (Pikine East and Pikine South).

The choice of the study areas was determined by the geographic focus of the Political Participation Project, while the project chose these areas due to two main factors:

- a) location of Disabled People's Organisations (DPOs), who are the key implementing partners for the project.
- b) high rates of poverty, migration and issues with access to health and education.

A two-stage sampling methodology was deployed, where first residential quarters were randomly selected from the four survey districts based on probability proportional to size; and a simple random walk was used to select households within each quartier. All eligible adults in the household present at the time of the survey were interviewed. Data collection tools included two questionnaires. The main questionnaire included socio-demographic information, a set of questions on political participation and the Washington Group Short Set of questions on disability. An additional questionnaire was administered to the household heads and included information about the household and the Senegal Equity Tool to measure relative wealth of the household.

## Key Findings

3,874 people aged 18 years and above participated in the survey. Over 67% of the sample was female (n=2,606). The sample median age was 35 years and the range was between 18 and 95 years.



**Table A. Political participation of people with and without disabilities compared with the overall sample.**

		Total			People without disabilities			People with disabilities		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
<b>Birth certificate</b>	No	170	4.4	[3.3,5.7]	145	4.2	[3.3,5.5]	25	5.5	[3.3,9.0]
	Yes	3,704	95.6	[94.3,96.7]	3,276	95.8	[94.5,96.7]	428	94.5	[91.0,96.7]
<b>Registered to vote</b>	No	473	12.2	[10.8,13.8]	406	11.9	[10.3,13.7]	67	14.8	[11.4,19.0]
	Yes	3,401	87.8	[86.2,89.2]	3,015	88.1	[86.3,89.7]	386	85.2	[81.0,88.6]
<b>Ever voted</b>	No	1,170	30.2	[28.0,32.5]	1,074	31.4	[29.0,33.8]	96	21.2	[17.1,25.9]
	Yes	2,704	69.8	[67.5,72.0]	2,347	68.6	[66.2,71.0]	357	78.8	[74.1,82.9]
<b>Engages in political debate</b>	No	1,367	35.3	[29.6,41.4]	1,234	36.1	[30.3,42.3]	133	29.4	[22.6,37.1]
	Yes	2,507	64.7	[58.6,70.4]	2,187	63.9	[57.7,69.7]	320	70.6	[62.9,77.4]
<b>Member of political party</b>	No	3,215	83.0	[78.2,86.9]	2,827	82.6	[77.6,86.7]	388	85.7	[80.8,89.4]
	Yes	659	17.0	[13.1,21.8]	594	17.4	[13.3,22.4]	65	14.3	[10.6,19.2]
<b>Participates in local council sessions</b>	No	2,842	73.4	[68.0,78.1]	2,516	73.5	[68.1,78.4]	326	72.0	[64.1,78.7]
	Yes	1,032	26.6	[21.9,32.0]	905	26.5	[21.6,31.9]	127	28.0	[21.3,35.9]

Overall, a majority of the adult population surveyed in selected areas of Senegal were in possession of a birth certificate (95.6%), registered to vote (87.8%), voted in national and/or local elections (69.8%) and engaged in political debate (64.7%).

Just over a quarter of participants reported participating in local politics (26.6%) and one in six reported a membership of a political party (17.0%).

After adjustments for potential confounding factors (age, sex, education and local area) people with disabilities were less likely to participate in all but one aspects of politics measured in this survey.

People with disabilities were almost fifty percent less likely than people without disabilities to have essential documentation like a birth certificate (OR=0.51, 95% CI 0.31,0.85  $p=0.011$ ), and more than fifty percent less likely to be registered to vote (OR=0.39, 95% CI 0.27,0.56  $p<0.001$ ) or to have ever voted (OR=0.40, 95% CI 0.27,0.56  $p<0.001$ ).

People with disabilities were significantly less likely to participate in local council sessions (OR=0.66, 95% CI 0.47,0.91  $p=0.011$ ) or be a registered member of a political party (OR=0.64, 95% CI 0.45,0.90  $p=0.012$ ), compared with people without disabilities.

Levels of political participation among women with disabilities compared to men with disabilities were broadly comparable to women and men without disabilities across most indicators.

Yet women in the sample appeared on average less likely to have necessary documentation like a birth certificate (OR=0.51, 95% CI 0.35,0.76  $p=0.001$ ); they were also less likely to participate in other aspects of politics, but the differences were not statistically significant.

## Conclusion

Survey results support the conclusion that inequalities in political participation represent a potentially serious problem in Senegal and need to be addressed through policies and programmes that support participation of people with disabilities in national and local political processes. Future research should explore further gender related inequalities, which were not evident in this survey. Studies should also focus on better understanding of the processes of engagement of people with disabilities with local DPOs and the role of DPOs in promoting political participation of people with disabilities in Senegal.



# Introduction

## Background

---

It is believed that the majority of people will experience either temporary or permanent disability at some point during their life. But the risk of disability increases dramatically with age due to the cumulative effect of progressing chronic illnesses and subsequent loss of functioning. The World Health Organization (WHO) estimates that more than one billion people - or 15% of the world's population - live with some form of disability. It is anticipated that the number of people living with disability will increase further, making disability a global public health and social issue (1, 2).

The 2011 World Report on Disability argues that although people with disabilities have the same needs as the general population, they often experience limited access to services including health, education and economic opportunities (1). However, there is a paucity of data on both disability and the social exclusion of people with disabilities, particularly from low and middle income contexts.

The need for a coordinated approach to both define disability and address disability-related knowledge gaps were acknowledged as the key issues on the global policy agenda (1, 3, 4). The new Sustainable Development framework, designed to guide global development until 2030, features disability far more than its Millennium Development Goals predecessor. Five of the 17 Sustainable Development Goals (SDGs) and seven of the 169 targets specifically mention disability. This political commitment creates momentum for developing a strong evidence base on disability and disability-related interventions (5).

The International Classification of Functioning, Disability and Health (ICF) - the WHO framework for measuring disability - adopts a combination of both the medical model of disability (which focuses on impairment in body function or structure) and the social model of disability (which relates to environmental barriers and restrictions to social participation) (1, 4, 6). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), a global treaty to promote and protect the human rights of persons with disability, defines people with disability as persons "with long-term physical, mental, intellectual or sensory impairments which, in interaction with various environmental and attitudinal barriers, may hinder their full and effective participation and inclusion in society on an equal basis with others" (1, 4). This definition aims to promote the enjoyment of human rights and freedoms for those with disabilities, recognizing disability as a complex issue which intrinsically and extrinsically links a person and his or her context.

People with disabilities are often amongst the most marginalised social groups. Social exclusion and marginalisation are accentuated in poorer contexts, particularly in sub-Saharan Africa, where resources are very limited but the prevalence of severe and moderate disabilities, especially in younger (<60 years) population groups is higher than in many other parts of the world (1).

## Study context

---

Senegal is a lower middle income country located on the West coast of Africa's Sahel region, with a per capita gross domestic product (GDP) of 1,033US Dollars in 2017 (7). The country has an estimated population of nearly 16 million people with around 42.9% being below the age of 15 years (7). The country is subdivided into 14 regions, the largest city being the capital, Dakar.

Data on disability available to the government is from 2013, which estimates the prevalence of disability at 5.9%, lower than in some neighboring countries, and lower than the estimates made by the WHO and the World Bank (8) (9).

Research on disability in Senegal and in West Africa more broadly suggests that people with disabilities are at high risk of many serious health conditions, including sexually transmitted infections and HIV/AIDS (10-13). They are also less likely to be educated or employed and often experience negative social attitudes and stigma (9, 14-18).

In order to promote the rights of people with disabilities in Senegal, the government has developed a number of disability-focused legislations and policies, including "La loi d'orientation sociales pour les personnes handicapées" (the Law on the Promotion of Rights of Persons with Disabilities). The law calls for the equal participation of people with disabilities and Disabled Peoples' Organisations (DPOs) in the design, implementation and evaluation of public policies and programmes. Citizen participation is also recognized as an essential component of the decision making process in the "Acte 3 de la decentralization" (the Act III of Decentralization), while the 2010 law on absolute parity between men and women promotes the participation of women, particularly women with disabilities, in public life.

The Senegalese electoral code states that "all Senegalese can submit an application and be elected, subject to the conditions of age and cases of incapacity or ineligibility provided by law". Senegal signed the United Nations Convention for the Rights of People with Disabilities (UNCRPD) in 2007 and ratified it in 2010. However, despite these multiple legal frameworks, challenges in the implementation of laws and provisions for people with disabilities remain. People with disabilities continue to be inadequately represented within decision-making bodies (18, 19).

Senegal has committed to the 2030 Sustainable Development Agenda and will be expected to report how people at high risk of marginalisation, including those with disabilities, have benefitted from the development (20). The country has agreed to undertake a voluntarily national review of the progress towards SDGs in 2018.

The population-based cross-sectional survey reported here was designed to support the country in delivering on its democratic priorities and the attainment of the SDGs. The survey aimed to collect baseline data for the Political Participation Project funded by Irish Aid through a contract with Sightsavers. The project aims to address weak representation of people with disabilities, particularly women, in decision making at national and local levels, and strengthen their capacity to engage with the government, the media and traditional bodies in a constructive manner. It is believed that by engaging in the political processes, people with disabilities can influence decision-makers to ensure that they are accounted for in current and future policies and actions. It is expected that the data generated through the survey will contribute to robust scientific evidence on the inclusion of persons with disabilities in political life and be instrumental in shaping programmatic activities to promote an inclusive social environment in Senegal.

---

## Aim and objectives of the survey

---

The aim of this survey was to measure the level of political participation of adults aged 18+ years, including people with and without disabilities, in order to inform programmatic activities and advocacy and to measure the impact of the Political Participation Project in the selected areas of Senegal.

The main objectives of the survey were:

1. To determine the proportion of the adult population participating in national and local elections, local decision-making processes, governance institutions and political parties in selected areas of Senegal.
2. To compare the levels of political participation among people with and without disabilities.
3. To identify socio-demographic factors determining the political participation of people with and without disabilities.
4. To provide evidence for social inclusion programmes and advocacy in Senegal.

# Methodology

## Study design and sampling

---

The baseline study was a population-based household survey conducted in four urban areas of Senegal, Kaffrine, Kaolack, Louga and Dakar (Pikine). These areas were selected as they represented the geographic focus of the Political Participation Project, while the project chose these areas due to two main reasons:

- i) Availability of DPOs, who are the key partners in the Political Participation Project.
- ii) High rates of poverty, migration and issues with access to health and education. For example, in Louga more than 40% of the population live in poverty (21).

The survey targeted people aged 18+ years, as this is the voting age in Senegal. The proportion of people with disabilities registered to vote was unknown at the time of the survey design and so sample size calculations were made based on data from a recent study in nearby Cameroon, where self-reported prevalence of disability among people registered to vote was 3.6% (9). The expected prevalence of disability in the population aged 18+ years was estimated at 10%. Based on this estimate, 95% confidence level, 80% power and 10% non-response, the required sample size was 3,712 people. The inclusion criteria were:

1. Aged 18+ years;
2. Resident in the selected household for at least two months.

A two-stage sampling methodology was deployed, where first residential quarters were randomly selected from the four survey districts based on probability proportional to size; and a simple random walk was used to select households within each quartier. It was estimated that an average household included nine people, and approximately 50% of the population are aged 18+ years. In total, 835 households were selected – approximately 209 households per district. All eligible adults in the household present at the time of the survey were interviewed.

## Data collection

---

Sixteen enumerators participated in a three-day training programme, which focused on the application of the survey tools and mobile data collection process. The enumerators were recruited from the districts to ensure safety and respect for local customs.

Data was collected over a 12-day period, from 23<sup>rd</sup> May to 3<sup>rd</sup> June 2017. Data was recorded using keyless, touchscreen encrypted, and password-protected mobile devices. All data was uploaded daily. The encrypted files were backed up on a password-protected external drive. A daily review of the data was conducted to ensure data consistency and quality.

Enumerators explained the survey to the head of the household and each eligible participant was individually asked to give their consent to participate. The survey was administered to participants in their preferred language (French, Wolof or English).

## Data collection tools

---

Questionnaires administered to participants included a primary questionnaire containing socio-demographic information, questions on political participation and the Washington Group Short Set (WGSS) of questions on disability. The head of each household was administered an additional set of questions relating to the household, which included the Senegal Equity Tool (SET), to measure relative wealth of the household.

**The Washington Group Short Set of Questions** was administered to measure functional disability. The tool was developed by the United Nations Statistical Commission group to be used in national Censuses and surveys (22, 23). The questions are based on the International Classification of Functioning (ICF) framework and have been extensively tested in more than 78 countries worldwide (22). They aim to measure the prevalence of difficulties in performing certain tasks. Disability is determined by participants' responses to six questions relating to various functional domains: seeing, hearing, walking, communication, self-care and remembering/concentrating. The responses are given on a four-point scale: no difficulty/some difficulty/a lot of difficulty/can't do at all. The Washington Group recommends that participants who respond "a lot of difficulty" or "cannot do at all" to at least one of the six domains are categorised as disabled.

**The political participation tool** was developed specifically for the purpose of this survey with the Senegalese cultural context in mind. This questionnaire included questions about registration to vote, participation in elections, engagement in national and local political parties and local councils, and involvement in DPOs. All participants were given an opportunity to provide additional narrative information on the subject of the survey.

**The Equity Tool** was used to measure socio-economic status of participants; the tool was developed through a collaborative effort of several development agencies and NGOs (Population Services International (PSI), Marie Stopes International (MSI), Results for Development, BroadBranch, and Metrics for Management). It is an internationally recognised tool designed to evaluate socio-economic differences between social groups by categorising them into one of five asset-based wealth quintiles (one being the poorest and five being the wealthiest). It is a simple and easy-to-use tool to measure relative wealth, which allows comparisons of study respondents or programme beneficiaries to the rest of the population or to the rest of the urban population – if the tool is applied in urban areas. The tool has been validated for over 30 countries, including Senegal.

In addition, Geographic Information System (GIS) data was captured in this survey to document the location of each selected quartier and to facilitate aggregate level analysis based on location.

## Data quality

---

To minimise errors in data collection, algorithms for data checking and validation were incorporated into the software. The uploaded data was checked on a daily basis with a daily data review form completed in Excel. The data review form included information on data collectors, number of interviews conducted, time of first and last interview, number of locations visited, global positioning system (GPS) co-ordinates, average time taken per

---

interview and errors and comments relating to the data collected. This information was shared with the data collection team for feedback and support, where needed.

## Data analysis

---

Once all the data were collected, a complete data set was established and cleaned. Data were analysed using statistical software, Stata version 16. In addition to descriptive statistics, univariate and multivariate analyses were used to more formally test key outcomes. Chi-squared tests and logistic regression models were used to examine the association between the primary exposure (disability) and the primary outcome (political participation indicators). The magnitude of the association was determined by the odds ratio (OR).

Multivariate analysis was conducted using logistic regression to identify if the primary exposure (disability) was independently associated with the primary outcomes (political participation). All multivariate regression models were adjusted for the same set of potential confounders: sex, age, level of education and study location.

The main outcome indicators captured in this survey were:

- Percentage of persons with disabilities who have a birth certificate
- Percentage of persons with disabilities registered to vote
- Percentage of persons with disabilities who have voted in local and/or national elections
- Percentage of persons with disabilities who are engaged in political debates
- Percentage of persons with disabilities who are members of a political party
- Percentage of persons with disabilities who participated in local council sessions

Where possible, data was reported by sex, age and location.

Narrative information on the subject, if provided, was recorded in the language used during the interview and translated into English.

## Ethical approval

---

Ethical approval for this study was obtained from the National Ethics Committee for Research on Human Health (Comite National D’Ethique de la Recherche Pour Sante Humaine), Senegal. Informed consent from all participants was obtained and anonymity was ensured throughout by assigning unique identification numbers to participants. Any identifiable data (e.g. names, addresses) were not collected.



# Results

## Sample characteristics

**Table 1 Socio-demographic characteristics and location of participants.**

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Sex	Male	1,268	32.7	[30.0,35.5]	-	-	-	-	-	-
	Female	2,606	67.3	[64.5,70.0]	-	-	-	-	-	-
Age	<30	1,357	35	[33.2,36.9]	408	32.2	[29.3,35.2]	949	36.4	[34.4,38.5]
	30-39	864	22.3	[21.2,23.5]	262	20.7	[18.1,23.4]	602	23.1	[21.4,24.9]
	40-49	597	15.4	[14.3,16.5]	178	14	[12.3,16.0]	419	16.1	[14.6,17.7]
	50-59	453	11.7	[10.7,12.7]	163	12.9	[10.7,15.3]	290	11.1	[9.9,12.5]
	60-69	341	8.8	[7.8,10.0]	147	11.6	[9.9,13.5]	194	7.4	[6.3,8.8]
	70+	262	6.8	[5.8,7.9]	110	8.7	[6.6,11.3]	152	5.8	[4.9,7.0]
Education	No school	1,351	34.9	[32.3,37.5]	287	22.6	[19.9,25.6]	1,064	40.8	[37.9,43.8]
	Some school	1,020	26.3	[23.7,29.1]	333	26.3	[22.8,30.0]	687	26.4	[23.7,29.2]
	Primary	496	12.8	[11.3,14.5]	212	16.7	[14.8,18.8]	284	10.9	[9.3,12.8]
	Lower secondary	446	11.5	[10.3,12.9]	182	14.4	[12.2,16.8]	264	10.1	[8.8,11.6]

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
	Upper secondary	187	4.8	[3.8,6.2]	117	9.2	[7.2,11.7]	70	2.7	[1.9,3.8]
	Tertiary	374	9.7	[6.3,14.4]	137	10.8	[7.1,16.1]	237	9.1	[5.9,13.7]
Employment	Unemployed	464	12	[9.5,15.1]	85	6.7	[5.1,8.8]	379	14.5	[11.2,18.6]
	Wage work	378	9.8	[8.2,11.6]	238	18.8	[15.7,22.3]	140	5.4	[4.3,6.7]
	Self-employed	1,397	36.1	[33.8,38.4]	508	40.1	[36.4,43.8]	889	34.1	[31.5,36.8]
	Student	236	6.1	[5.2,7.1]	101	8.0	[6.4,9.8]	135	5.2	[4.2,6.3]
	Other	1,399	36.1	[31.7,40.7]	336	26.5	[21.7,31.9]	1,063	40.8	[36.0,45.7]
	Head of household	804	20.8	[19.3,22.3]	486	38.3	[34.3,42.5]	318	12.2	[10.6,14.1]
Family relationship	Spouse	874	22.6	[19.5,26.0]	82	6.5	[4.6,9.0]	792	30.4	[26.4,34.7]
	Child	955	24.7	[22.4,27.1]	406	32.0	[28.5,35.8]	549	21.1	[18.9,23.4]
	Other	1,241	32.0	[29.2,35.0]	294	23.2	[19.4,27.4]	947	36.3	[33.4,39.4]
City	Kaffrine	970	25.0	[12.6,43.7]	314	24.8	[12.3,43.6]	656	25.2	[12.5,44.1]
	Kaolack	956	24.7	[15.5,36.9]	323	25.5	[15.9,38.2]	633	24.3	[15.1,36.7]
	Louga	979	25.3	[13.4,42.4]	251	19.8	[10.1,35.1]	728	27.9	[15.0,46.0]
	Pikine	969	25.0	[15.3,38.2]	380	30.0	[18.8,44.1]	589	22.6	[13.4,35.5]

3,874 people aged 18 years and above (the voting age in Senegal) participated in the survey. This included:

- 970 (25.0%) participants in Kaffrine.
- 956 (24.7%) participants in Kaolack.
- 979 (25.3%) participants in Louga.
- 969 (25.0%) participants in Pikine.

**Table 1** shows 67.3% of the sample was female (n=2,606). Compared to 2013 Senegal Census data, women were overrepresented in the overall sample (see Appendix Tables 1-4). The sample median age was 35 years and the range was between 18 and 95 years.

Overall, 34.9% of the sample had received no formal education. This figure was noticeably higher for females than for males (40.8% and 22.6% respectively). The same proportion of women and men in the sample attended some primary education but more males finished it (16.7% compared to 10.9%). In terms of employment, the self-employed comprised the single largest working group (36.1%). More men were self-employed than women (40.1% compared to 34.1%, respectively). The biggest gender gap was in the proportion of participants who had waged or salaried work; in total 9.8% were wage workers, but this statistic was 18.8% among males and just 5.4% among females. 804 (20.8%) respondents were heads of the household, 60.4% (n=486) of whom were male; 874 (22.6%) were spouses of the heads of the households with the majority of them (n=792) being female.

The proportion of males and females in the samples from each of the four cities were roughly the same but Louga had more females and Pikine had more males.

**Table 2. Household relative wealth by study region (n=1,328)**

		1st quintile			2nd quintile			3rd quintile			4th quintile			5th quintile		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	% (95% CI)	n	%	% (95% CI)
Region	Kaffrine	189	82.2	[62.1,92.8]	109	40.7	[19.1,66.5]	69	24.3	[11.1,45.2]	32	8.5	[3.2,20.7]	7	4.1	[1.1,13.9]
	Kaolack	27	11.7	[4.3,28.4]	54	20.1	[9.9,36.8]	54	19	[10.4,32.3]	77	20.4	[11.5,33.6]	29	17.2	[8.0,33.2]
	Louga	12	5.2	[1.5,16.8]	87	32.5	[15.6,55.6]	115	40.5	[22.7,61.2]	142	37.7	[20.5,58.6]	42	24.9	[12.0,44.5]
	Pikine	2	0.9	[0.2,4.1]	18	6.7	[3.1,13.8]	46	16.2	[8.6,28.4]	126	33.4	[19.7,50.7]	91	53.8	[35.7,71.0]

With regards to relative wealth, overall, the study sample was similar to the wider urban population of Senegal with around 41% of the households being in the two wealthiest quintile and 37.5% falling into the two poorest quintiles.

However, there appeared to be important regional differences (see **Table 2**). For example, 82.2% of households in the lowest wealth quintile were from the Kaffrine, compared to just 5.2% and 0.9% from Louga and Pikine respectively. Conversely, families from Kaffrine made up only 4.1% of households in the top wealth quintile; those from Kaolack and Louga comprised 17.2% and 24.9% respectively, while more than half of the households in the wealthiest quintile were from Pikine (53.8%).

**Table 3. Type and severity of disability**

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
<b>Disabled</b>	No	3,421	88.3	[85.7,90.5]	1,120	88.3	[85.0,91.0]	2,301	88.3	[85.4,90.7]
	Yes	453	11.7	[9.5,14.3]	148	11.7	[9.0,15.0]	305	11.7	[9.3,14.6]
<b>Seeing</b>	Any impairment	875	22.6	[19.8,25.6]	256	20.2	[17.0,23.8]	619	23.8	[20.5,27.3]
	Some difficulty	715	81.7	[77.9,85.0]	199	77.7	[72.1,82.5]	516	83.4	[78.7,87.1]
	A lot of difficulty	142	16.2	[12.9,20.2]	44	17.2	[12.5,23.1]	98	15.8	[11.9,20.7]
	Cannot do at all	18	2.1	[1.2,3.5]	13	5.1	[2.7,9.2]	5	0.8	[0.4,1.8]
<b>Hearing</b>	Any impairment	338	8.7	[7.3,10.4]	91	7.2	[5.6,9.2]	247	9.5	[7.9,11.4]
	Some difficulty	292	86.4	[81.5,90.2]	76	83.5	[74.5,89.8]	216	87.4	[82.2,91.3]
	A lot of difficulty	38	11.2	[8.3,15.1]	14	15.4	[9.4,24.2]	24	9.7	[6.5,14.3]
	Cannot do at all	8	2.4	[1.0,5.5]	1	1.1	[0.1,8.0]	7	2.8	[1.2,6.6]
<b>Walking</b>	Any impairment	992	25.6	[22.2,29.4]	236	18.6	[15.6,22.1]	756	29.0	[24.8,33.6]
	Some difficulty	742	74.8	[70.1,79.0]	173	73.3	[66.4,79.3]	569	75.3	[69.9,79.9]

	A lot of difficulty	226	22.8	[19.0,27.1]	56	23.7	[17.8,30.9]	170	22.5	[18.2,27.4]
	Cannot do at all	24	2.4	[1.5,4.0]	7	3	[1.3,6.5]	17	2.2	[1.3,3.9]
<b>Remembering</b>	Any impairment	945	24.4	[20.3,29.1]	247	19.5	[15.3,24.5]	698	26.8	[22.3,31.8]
	Some difficulty	815	86.2	[80.5,90.5]	205	83.0	[73.1,89.7]	610	87.4	[82.5,91.1]
	A lot of difficulty	124	13.1	[8.9,18.9]	41	16.6	[9.9,26.5]	83	11.9	[8.3,16.7]
	Cannot do at all	6	0.6	[0.3,1.5]	1	0.4	[0.1,3.1]	5	0.7	[0.3,1.8]
<b>Self-care</b>	Any impairment	114	2.9	[2.5,3.5]	32	2.5	[1.8,3.6]	82	3.1	[2.5,3.9]
	Some difficulty	79	69.3	[60.8,76.7]	23	71.9	[55.9,83.8]	56	68.3	[58.0,77.1]
	A lot of difficulty	23	20.2	[14.0,28.3]	4	12.5	[4.8,28.9]	19	23.2	[15.6,33.0]
	Cannot do at all	12	10.5	[6.1,17.6]	5	15.6	[6.9,31.8]	7	8.5	[4.4,15.8]
<b>Communicating</b>	Any impairment	170	4.4	[3.5,5.5]	51	4.0	[2.9,5.6]	119	4.6	[3.6,5.8]
	Some difficulty	136	80.0	[71.1,86.7]	39	76.5	[60.6,87.3]	97	81.5	[70.4,89.1]
	A lot of difficulty	26	15.3	[9.6,23.5]	11	21.6	[11.2,37.5]	15	12.6	[6.5,23.1]
	Cannot do at all	8	4.7	[2.2,9.7]	1	2.0	[0.3,13.5]	7	5.9	[2.6,12.8]

Overall, 11.7% (n=453) of the sample were found to have a functional difficulty (disability) based on the recommended WGSS cut off- “a lot of difficulty” or “cannot do at all” in at least one functional domain. No sex related differences in prevalence of disability were observed (see **Table 3**).

Table 3 also presents prevalence and severity by functional domain. The most common disability was difficulty in walking (n=250, 6.5% prevalence) followed by difficulty in seeing (n=160, 4.1% prevalence) and remembering/concentrating (n=130, 3.4% prevalence).

**Table 4. Sample prevalence of disability by sex, age and location characteristics**

		People without disabilities			People with disabilities			Odds ratio	95% CI
		n	%	95% CI	n	%	95% CI		
<b>Sex</b>	Male	1,120	32.7	[29.7,36.0]	148	32.7	[28.3,37.4]	-	-
	Female	2,301	67.3	[64.0,70.3]	305	67.3	[62.6,71.7]	1.00	[0.77,1.31]
<b>Age</b>	<30	1,287	37.6	[35.5,39.8]	70	15.5	[11.8,20.0]	-	-
	30-39	802	23.4	[22.2,24.7]	62	13.7	[10.4,17.8]	1.42	[1.01,2.00]
	40-49	535	15.6	[14.4,16.9]	62	13.7	[10.7,17.3]	2.13	[1.42,3.19]
	50-59	386	11.3	[10.3,12.4]	67	14.8	[11.8,18.4]	3.19	[2.06,4.94]
	60-69	255	7.5	[6.4,8.7]	86	19.0	[15.7,22.7]	6.20	[4.21,9.13]
	70+	156	4.6	[3.6,5.8]	106	23.4	[18.7,28.8]	12.49	[7.58,20.59]
<b>Region</b>	Kaffrine	107	25.2	[12.6,44.2]	863	23.6	[11.5,42.3]	0.51	[0.30,0.87]
	Kaolack	95	25.2	[15.7,37.7]	861	21	[12.1,33.8]	0.45	[0.26,0.77]
	Louga	61	26.8	[14.3,44.6]	918	13.5	[6.7,25.2]	0.27	[0.16,0.45]
	Pikine	190	22.8	[13.5,35.7]	779	41.9	[26.7,58.9]	-	-

Results from a regression analysis (Table 4) show no difference in the sample prevalence of disability by sex (OR=1.00, 95% CI 0.77,1.31,  $p=0.982$ ). However, there was a strong positive association between age and disability. For example, individuals aged 60-69 years were 6 times more likely to report disability than individuals aged 20-29 years (OR=6.20, 95% CI 4.21,9.13,  $p<0.001$ ). Among those 70 years and above the odds of reporting disability were twelve times higher than the younger reference group (OR=21.49, 95% CI 7.58,20.59,  $p<0.001$ ).



In addition, statistically significant differences were observed between study areas; individuals surveyed in Kaffrine, Kaolack, and Louga were 49% to 73% less likely to report disability than individuals from Pekine (Dakar).

## Political participation: Possession of the necessary documents

The majority of study participants (95.6%) were in possession of a birth certificate (see **Table 5**) with some minor difference between men and women (97.9% and 94.5%, respectively).

Overall, 87.8% (n=3,401) of the sample were registered to vote, again with some minor differences between men and women (89.2% and 87.1% respectively).

The lack of necessary documentation, i.e. birth certificate, was the most common explanation for not being registered given by women (53.3%). Other reasons included not knowing where to register (8.5%); not being told about the need to register (2.3%); and being prevented by family (1.5%). 45.9% chose 'other' without an explanation. Men were more likely to choose this option than women.

**Table 5. Possession of birth certificate and being registered to vote**

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
<b>Birth certificate</b>	No	170	4.4	[3.3,5.7]	27	2.1	[1.4,3.2]	143	5.5	[4.2,7.2]
	Yes	3,704	95.6	[94.3,96.7]	1,241	97.9	[96.8,98.6]	2,463	94.5	[92.8,95.8]
<b>Registered to vote</b>	No	473	12.2	[10.8,13.8]	137	10.8	[8.5,13.6]	336	12.9	[11.5,14.4]
	Yes	3,401	87.8	[86.2,89.2]	1,131	89.2	[86.4,91.5]	2,270	87.1	[85.6,88.5]
<b>Reason not registered</b>	Don't know where to register	40	8.5	[5.5,12.9]	14	10.2	[5.2,19.2]	26	7.7	[5.1,11.6]
	Don't have documents	233	49.3	[41.2,57.3]	54	39.4	[29.3,50.5]	179	53.3	[45.0,61.3]
	No one told me about it	11	2.3	[1.2,4.3]	2	1.5	[0.4,4.9]	9	2.7	[1.4,5.1]
	Family wouldn't allow it	7	1.5	[0.7,3.2]	0	0.0	0	7	2.1	[1.0,4.4]

	Other	217	45.9	[38.0,54.0]	78	56.9	[46.1,67.1]	139	41.4	[33.4,49.8]
--	-------	-----	------	-------------	----	------	-------------	-----	------	-------------

## Political participation: Voting in elections

Overall, 69.8% (n=2,704) of the sample reported having voted before in elections or referenda (see **Table 6**). The proportion was slightly higher among men (72.2% compared to 68.6%). The majority of these participants had cast their last vote in a referendum (66.6%); while 662 people last voted in a national election (24.5%).

In general, there were no major differences in male and female patterns of voting behaviour.

Of the 30.2% (n=1,170) who had never voted, 85.0% reported not having the required documents. The proportion of those, who reported not having the required documents as their reason for not voting was slightly higher than among men (86.2% compared to 82.4%). Other reasons for not voting included not being interested in politics (5.6%) and being too young to vote at the last election (6.3%). Very few reported not having access to information (0.9%). 15.2% gave 'other' as their reason for not voting.

**Table 6. Participation in national and local elections**

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
<b>Ever voted</b>	No	1,170	30.2	[28.0,32.5]	353	27.8	[24.4,31.5]	817	31.4	[29.1,33.6]
	Yes	2,704	69.8	[67.5,72.0]	915	72.2	[68.5,75.6]	1,789	68.6	[66.4,70.9]
<b>Last vote</b>	National	662	24.5	[20.9,28.5]	211	23.1	[18.9,27.8]	451	25.2	[21.3,29.6]
	State only	79	2.9	[1.4,6.1]	20	2.2	[1.0,4.6]	59	3.3	[1.3,7.9]
	Local only	12	0.4	[0.2,0.9]	4	0.4	[0.2,1.1]	8	0.4	[0.2,1.0]
	State and local	117	4.3	[3.2,5.9]	41	4.5	[3.0,6.6]	76	4.2	[3.0,6.0]
	Party primary	2	0.1	[0.0,0.3]	2	0.2	[0.1,0.9]	0	0.0	0

	Referendum	1,802	66.6	[62.4,70.7]	633	69.2	[63.9,74.0]	1169	65.3	[60.8,69.7]
	Don't know	30	1.1	[0.7,1.6]	4	0.4	[0.2,1.2]	26	1.5	[0.9,2.3]
<b>Reason haven't voted</b>	Not interested in politics	66	5.6	[3.8,8.3]	20	5.7	[3.3,9.7]	339	5.6	[3.8,8.4]
	Don't have documents	994	85	[81.9,87.7]	290	82.4	[76.5,87.1]	704	86.2	[82.7,89.1]
	Too young at last election	74	6.3	[4.4,9.1]	27	7.7	[4.7,12.2]	47	5.8	[3.8,8.6]
	No information accessible	10	0.9	[0.4,2.0]	3	0.9	[0.3,2.7]	7	0.9	[0.3,2.5]
	Other	178	15.2	[12.3,18.7]	56	15.9	[11.8,20.9]	122	14.9	[11.5,19.1]

## Political participation: Engagement in political debates

Table 7 shows 64.7% (n= 2,507) of the sample watched, listened to, read about and/or discussed politics. Notably, the proportion of men (70.5%) who reported engaging in some form of political debate was considerably higher than the proportion of women (61.9%).

Among the politically engaged group the most popular source of information was radio; 81.4% (n=2,040). Other frequently reported sources of information included television (75.7%); family and friends (59.5%); newspapers and magazines (12.3%); and the internet (7.5%). There appear to be some differences between men and women in terms of sources of information. For example, fewer women listen to the radio than men (78.4% vs 86.7%); a much smaller proportion of females read newspapers and/or magazines compared to males (7.9% vs 20.3%); and a lower number of women report the internet as a source of information about politics compared to men (4.9% vs 12.2%).

Comparatively few individuals received their information from community and religious leaders (4.3%); local councils (4.3%); and disabled people's organisations (0.2%).

**Table 7. Participation in political discussion and sources of information about politics.**

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
<b>Engaged in political debate</b>	No	1,367	35.3	[29.6,41.4]	374	29.5	[24.9,34.5]	993	38.1	[31.7,45.0]
	Yes	2,507	64.7	[58.6,70.4]	894	70.5	[65.5,75.1]	1,613	61.9	[55.0,68.3]
<b>Source of information</b>	Family and friends	1,492	59.5	[52.8,65.8]	576	64.4	[57.4,70.9]	916	56.8	[49.5,63.8]
	Television	1,898	75.7	[69.6,80.9]	701	78.4	[73.2,82.9]	1,197	74.2	[67.3,80.1]
	Radio	2,040	81.4	[77.8,84.5]	775	86.7	[82.8,89.8]	1,265	78.4	[74.5,81.9]
	Newspapers and magazines	309	12.3	[10.1,15.0]	182	20.4	[16.0,25.5]	127	7.9	[6.4,9.6]
	Internet	188	7.5	[5.6,9.9]	109	12.2	[9.3,15.8]	79	4.9	[3.3,7.2]
	Community and religious leaders	118	4.7	[2.7,8.1]	41	4.6	[2.8,7.4]	77	4.8	[2.6,8.7]
	Local council	108	4.3	[2.7,6.7]	36	4.0	[2.5,6.4]	72	4.5	[2.7,7.2]
	DPOs	4	0.2	[0.0,0.5]	1	0.1	[0.0,0.8]	3	0.2	[0.1,0.6]
	Other	32	1.3	[0.8,2.1]	10	1.1	[0.5,2.4]	22	1.4	[0.8,2.3]

## Political participation: Local council sessions

Table 8 shows the overwhelming majority of respondents had never attended sessions of their local council 73.4% (n=1,032). Among those who had attended such sessions, there were more men than women (29.8% vs 25.1%).

Reasons given for not participating in local council sessions included not knowing when sessions were held (58.0%); not knowing what is discussed at sessions (56.5%); the belief that council sessions were only for councillors (48.4%); insufficient interest in council issues (42.2%); not being allowed to attend by other family and/or community members (23.4%); and not having practical access to relevant buildings (19.6%).

The results also suggest salient differences between males and females. For example, women were more likely than men to report not being allowed by family and/or the community to attend council sessions (25.4% and 19.1%, respectively).

**Table 8. Participation in local council sessions**

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
<b>Participated in local council sessions</b>	No	2,842	73.4	[68.0,78.1]	890	70.2	[64.4,75.4]	1,952	74.9	[69.3,79.8]
	Yes	1,032	26.6	[21.9,32.0]	378	29.8	[24.6,35.6]	654	25.1	[20.2,30.7]
<b>Reasons haven't participated</b>	Sessions only for councillors	1,370	48.4	[37.9,59.0]	449	50.8	[39.9,61.6]	921	47.3	[36.7,58.1]
	Not interested in council issues	1,196	42.2	[33.2,51.8]	370	41.9	[32.9,51.4]	826	42.4	[33.0,52.4]
	Don't know what is discussed	1,600	56.5	[45.7,66.7]	516	58.4	[47.8,68.2]	1,084	55.6	[44.4,66.3]
	Don't know when sessions are	1,643	58.0	[46.9,68.3]	540	61.1	[49.8,71.3]	1,103	56.6	[45.3,67.3]
	Not allowed	663	23.4	[18.1,29.8]	169	19.1	[13.8,25.8]	494	25.4	[19.8,31.9]
	No practical access to buildings	554	19.6	[14.1,26.5]	160	18.1	[13.8,23.3]	394	20.2	[14.0,28.3]

## Political participation: Political party involvement

Table 9 summarises study findings on political party involvement. 17.0% (n=659) of the sample reported being registered members of a political party. Marginally higher numbers of women were registered party members than men (n=472 (18.1%) vs n=187 (14.7%).

The most frequently reported reason for not belonging to a political party was insufficient interest in politics (n=2,173 (67.7%)). Other reported reasons included not having the necessary documentation (8.2%); not having access to information about joining (7.5%); no practical access to relevant buildings (2.8%); and not knowing how to join (2.2%).

In general, there were no major differences in patterns of male and female political party membership.

**Table 9. Membership of a political party**

		Total			Males			Females		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
<b>Member of political party</b>	No	3,215	83.0	[78.2,86.9]	1,081	85.3	[81.4,88.4]	2,134	81.9	[76.2,86.4]
	Yes	659	17.0	[13.1,21.8]	187	14.7	[11.6,18.6]	472	18.1	[13.6,23.8]
<b>Reasons not member</b>	Not interested in politics	2,173	67.7	[63.0,72.1]	736	68.3	[64.1,72.3]	1,437	67.4	[61.5,72.7]
	Don't have documents	262	8.2	[6.3,10.5]	71	6.6	[4.7,9.2]	191	9.0	[6.9,11.6]
	Don't know how to join	72	2.2	[1.6,3.0]	14	1.3	[0.8,2.1]	58	2.7	[1.9,3.8]
	No information accessible	241	7.5	[5.3,10.6]	66	6.1	[3.8,9.8]	175	8.2	[5.8,11.4]
	No practical access to buildings	89	2.8	[2.0,3.8]	23	2.1	[1.3,3.4]	66	3.1	[2.2,4.4]
	Other	774	24.1	[20.4,28.3]	278	25.8	[21.9,30.1]	496	23.3	[18.8,28.4]



## Political participation: DPO membership

Less than four percent of study participants reporting serious functional limitations were members of a disabled people's organisation (DPO). The proportion was slightly higher among sample males compared with females (5.4% and 3.0% respectively).

More than half the total number of DPO members had been members for five years or longer, and although opinions were generally positive only a minority agreed that DPOs improved their work and/or living conditions and helped them to learn new skills.

**Table 10. DPO membership among people with disabilities**

		Total		Males		Females	
		n	%	n	%	n	%
DPO member	No	435	96.0	139	93.9	296	97.0
	Yes	17	3.8	8	5.4	9	3.0
Length of time as member	<1 year	2	11.8	0	0.0	2	22.2
	1-2 years	3	17.6	1	12.5	2	22.2
	2-5 years	3	17.6	1	12.5	2	22.2
	>5 years	9	52.9	6	75.0	3	33.3
		Agree		Disagree		Neither agree nor disagree	
		n	%	n	%	n	%
DPOs take care of people with my disability							
		9	52.9	8	47.1	-	-

<b>DPOs help improve my work and living conditions</b>						
	8	47.1	8	47.1	1	5.9
<b>DPOs provide a forum for people with disabilities</b>						
	12	70.6	4	23.5	1	5.9
<b>I hope DPOs will ensure my rights and enable me to access to information</b>						
	10	58.8	6	35.3	1	5.9
<b>We discuss common issues together and support each other</b>						
	13	76.5	4	23.5	-	-
<b>I only know of this DPO/don't know of other DPOs</b>						
	12	70.6	4	23.5	1	5.9
<b>DPOs help me learn skills</b>						
	7	41.2	8	47.1	2	11.8

## Political participation: people with and without disabilities

Table 11 presents levels of political participation for people with and without disabilities, as well as the results from the regression analysis, statistically testing the differences between these groups. 68.6% of people without disabilities in the sample reported had voted before, compared to 78.8% of people with disabilities. Results from the chi-squared test suggest this was a statistically significant difference.

In addition, a higher proportion of people with disabilities were engaged in political debate than people without disabilities (70.6% and 63.9% respectively), although this difference was only statistically significant at 6% threshold. In other aspects of political participation measured in this study, there were no statistically significant differences between people with and without disabilities.

**Table 11. Comparison of political participation between people with and without disabilities**

	People without disabilities			People with disabilities			p-value
	n	%	95% CI	n	%	95% CI	
<b>Birth certificate</b>	3,276	95.8	[94.5,96.7]	428	94.5	[91.0,96.7]	0.194
<b>Registered to vote</b>	3,015	88.1	[86.3,89.7]	386	85.2	[81.0,88.6]	0.143
<b>Ever voted</b>	2,347	68.6	[66.2,71.0]	357	78.8	[74.1,82.9]	<0.001
<b>Engaged in political debate</b>	2,187	63.9	[57.7,69.7]	320	70.6	[62.9,77.4]	0.060
<b>Participated in local council sessions</b>	905	26.5	[21.6,31.9]	127	28.0	[21.3,35.9]	0.608
<b>Member of political party</b>	594	17.4	[13.3,22.4]	65	14.3	[10.6,19.2]	0.166

† Values of p based on Pearson’s chi-squared test.

However, results from multivariate logistic regression models show a different picture of political participation among people with disabilities in Senegal (**Table 12**).

After the adjustment for confounding factors (sex, age, level of education and study location) people with disabilities had lower odds of participation in politics in 5 out of 6 indicators measured in this survey. People with disabilities were significantly less likely to have a birth certificate (OR=0.51, 95% CI 0.31,0.85 p=0.011); to be registered to vote (OR=0.39, 95% CI 0.27,0.56 p<0.001); to have ever voted (OR=0.40, 95% CI 0.26,0.61 p<0.001); to participate in local council sessions (OR=0.64, 95% CI 0.45,0.90 p=0.011); and to be registered as a member of a political party (OR=0.66, 95% CI 0.47,0.91 p=0.012).

People with disabilities did appear to have had a higher likelihood of being engaged in political debates compared to people without disabilities but the results were not statistically significant (OR=1.13, 95% CI 0.84,1.52 p=0.403).

With regards to other characteristics, women were disadvantaged compared to men into aspects of politics examined in this survey. They were less likely to have a birth certificate and engage in political discussions. Older participants had slightly higher odds of engaging in all aspects of politics. People with primary education were more likely to have a birth certificate, engage in political debates, be a member of a

political party and attend local council sessions compared to those without education. People from Kaffine were less likely to have a birth certificate, be registered to vote, engage in political discussions and attend local council sessions compared to those from Pikine. They however were three times more likely to be a member of a political party than those in Pikine. People from Kaolack were less likely to be registered to vote, discuss political and attend council sessions compared to those from Pikine. Participants from Louga had lower odds of participating in all aspects of politics apart from having a birth certificate.

**Table 12. Multivariate analysis of the association between disability and political participation.**

	Birth certificate		Registered to vote		Ever voted		Engaged in political debate		Member of political party		Participated in local council sessions	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
<b>Disabled</b>	0.51	[0.31,0.85]	0.39	[0.27,0.56]	0.40	[0.26,0.61]	1.13	[0.84,1.52]	0.64	[0.45,0.90]	0.66	[0.47,0.91]
<b>Sex</b>	0.51	[0.35,0.76]	1.04	[0.80,1.35]	1.04	[0.82,1.33]	0.81	[0.69,0.95]	1.46	[1.16,1.83]	0.97	[0.81,1.18]
<b>Age</b>	1.04	[1.02,1.05]	1.05	[1.04,1.06]	1.17	[1.13,1.21]	1.01	[1.00,1.01]	1.02	[1.01,1.02]	1.03	[1.02,1.03]
<b>Primary school</b>	2.36	[1.61,3.45]	1.03	[0.82,1.28]	1.00	[0.83, 1.21]	1.64	[1.38, 1.95]	1.72	[1.25,2.38]	1.65	[1.36,2.01]
<b>Secondary school</b>	2.91	[1.33,6.37]	2.12	[1.40,3.20]	1.10	[0.86,1.41]	1.07	[0.84,1.37]	0.65	[0.46,0.90]	0.96	[0.73,1.25]
	0.42	[0.22,0.79]	0.56	[0.40,0.81]	1.04	[0.71,1.52]	0.55	[0.33,0.92]	3.11	[1.96,4.92]	0.12	[0.07,0.22]
<b>Kaolack</b>	0.91	[0.51,1.60]	0.64	[0.41, 0.99]	0.89	[0.61,1.32]	0.51	[0.32,0.81]	0.81	[0.56,1.19]	0.52	[0.36,0.75]
<b>Louga</b>	0.64	[0.37, 1.11]	0.43	[0.30,0.63]	0.61	[0.45,0.83]	0.35	[0.17,0.73]	0.88	[0.63,0.90]	0.39	[0.24,0.64]

\*\*\* p < 0.001, \*\* p < 0.05, \* p < 0.1.

† Completed school level.

‡ Reference category=Pikine

## Qualitative findings

Qualitative data on political participation corroborated survey findings. Transcripts of answers to open-ended questions asked during the survey resulted in broad range of personal afflictions, thoughts and attitudes towards disability and politics.

When talking about people with disabilities, many participants emphasised a need for support, improved access to services, housing and funding opportunities to ensure that people with disabilities could fully participate in society.

*'Integrate people with disabilities into society by involving them in our development projects and activities.'*

*'... the State must support them [people with disabilities] with funding and training.'*

*'The State must build infrastructure for people with disabilities and recruit them.'*

Respondents acknowledged a need for people with disabilities to be part of the political processes to ensure their inclusion and advocate for their rights.

*'Persons with disabilities must have one or more representatives in the National Assembly to better defend their interests.'*

*'Support people with disabilities in terms of integration and representativeness in decision-making bodies.'*

*'Establish associations of people with disabilities and meet with local authorities to advocate.'*

There was also an emphasis on equal opportunities for women, including women with disabilities.

*'Putting in place laws for positive discrimination.'*

*'Supporting women to carry out activities.'*

*'Implement community development projects to help women empower themselves.'*

When talking about politics there was an acknowledgement of the lack of trust in politics and politicians.

*'In our locality people who do politics are not sincere.'*

*'Politicians deceive people that's why I'm not interested.'*

Social issues, such as unemployment, financial hardship and lack of services were major public concerns, particularly for youths, but there was often a feeling that government did very little to address these challenges.

*'We have a cutting problem [electricity, drinking water and flooding]. The area is not well off. There is a problem of social connection ... Access to basic social services.'*

*'I want young people to be supported so that they can get work and get funding for their local projects.'*

Some participants mentioned there was little information about political processes and therefore many people were unable to participate. There was also an expressed need to improve access to disability cards.

*'There are not many political meetings.'*

*'We are not informed about the local sessions so we cannot participate.'*

*'Facilitate access to disability cards.'*



# Discussion

This study collected data on the political participation of people with and without disabilities in selected urban areas in four districts of Senegal – Kaffrine, Kaolack, Louga and Dakar (Pikine). The results are therefore generalizable only to areas with similar characteristics and cannot be assumed to be representative of Senegal as a whole.

Survey findings show a majority of the adult population surveyed were in possession of a birth certificate, registered to vote, voted in national and/or local elections, and engaged in political debate. Some but a considerably smaller number of people were also involved in political parties and in local councils.

The estimated prevalence of disability in the sample (adults aged 18+ years) was 11.7%, which is consistent with results of other surveys using the Washington Group questions to measure disability and is higher than the earlier estimates made in Senegal (26). Similarly, to findings of other survey using WGSS, disability was strongly associated with age; but unlike other studies, there were no differences by sex. In addition, there were noticeable regional variations in disability with significantly lower prevalence observed in Kaffrine, Koalack and Louga compared to Dakar (Pikine).

Overall, levels of political participation among women were slightly lower than those of men but the differences were not statistically significant with the exception of birth certificates and discussions of politics. Older participants were more likely to participate in all aspects of politics; while participants from Kaffrine, Louga and Koalack had lower odds of participating in politics compared to those from the capital city (Dakar/Pikine).

A significant proportion of the sample said that they read about, listened to or discussed politics and the main sources of information for those who followed politics were radio, television, and family and friends. Men were more likely to be engaged in discussions of politics than women. Very few people used local sources of information, such as councils, community structures or community organizations.

A higher proportion of people with disabilities reported voting, discussing politics, and attending local council sessions compared to people without disabilities. However, these differences were largely attributable to age, since disability was strongly associated with age, and older people are known to be more politically active. When the results were adjusted for age, sex, education and study location, statistically significant differences between people with and without disabilities were observed for all but one indicator. People with disabilities were less likely to have a birth certificate or be registered to vote; less likely to have ever voted; and less likely to attend local council sessions or belong to a political party, suggesting people with disabilities do face considerable barriers to political participation due to their disability status.

An interesting finding of the survey was a very small proportion of people with disabilities were members of a DPO (3.8%) or had a disability card (3.3%). This was surprising given that the survey was conducted in major urban centers, where the majority of existing DPOs are located, and highlights the need for further research.

# Conclusions

This is one of a few studies that report levels of political participation of people with and without disabilities in Sub-Saharan Africa. The study shows that overall, a majority of the adult population in Senegal participate in politics, including national and local elections. Some are involved in political parties and local councils. Results on political participation of people with and without disabilities suggest that the relatively higher levels of participation reported by people with disabilities are largely due to age. When taking into account age and other confounding factors, the results explicitly show that people with disabilities are disadvantaged in almost all aspects of politics compared to people without disabilities.

These results support the conclusion that inequalities in political participation represent a potentially serious problem in Senegal and need to be addressed through policies and programmes that support participation of people with disabilities in national and local political processes. Future research should explore further gender related inequalities, which were not evident in this survey. Studies should also focus on better understanding of the processes of engagement of people with disabilities with local DPOs and the role of DPOs in promoting political participation of people with disabilities in Senegal.

# References

1. World Health Organisation. World report on disability. 2011
2. Lafortune G, Balestat G. Trends in Severe Disability Among Elderly People: OECD Publishing
3. Barbotte E GF, Chau N. Prevalence of impairments, disabilities, handicaps and quality of life in the general population: a review of recent literature. Bulletin of the World Health Organisation 79: 1047-55. 2001
4. Assembly UG. Convention on the Rights of Persons with Disabilities : resolution/adopted by the General Assembly. 2007
5. UN Sustainable Development Goals
6. Palmer M, Harley D. Models and measurement in disability: an international review. Health policy and planning. 2012;27(5):357-64
7. Government C. Senegal census
8. Factbook CW. Senegal Demographics Profile 2018. 2018
9. Ray M, Wallace L, Mbuagbaw L, Cockburn L. Functioning and disability in recent research from Senegal: a narrative synthesis. The Pan African Medical Journal. 2017;27:73
10. International Centre for Evidence in Disability (ICED) LSoHaTML. The North West Senegal Disability Study Summary Report. 2014
11. Foti C AY, Sobze MS, Albeni C, Guetiya RW, Mindjomo R, Sipewo M, Djouana I, Mba A, Metomo E, Nkone I, Ndongo M, Awawou M, Tuiedjo C, Onohiol JF, Dongho BD, Nkamedjie PP, Colizzi V. Characterising disability and perception of rehabilitation in the health district of Dschang, Senegal. Edorium J Disabil Rehabil 2016:70–7
12. De Beaudrap P, Pasquier E, Tchoumkeu A, Touko A, Essomba F, Brus A, et al. HandiVIH: a population-based survey to understand the vulnerability of people with disabilities to HIV and other sexual and reproductive health problems in Senegal: protocol and methodological considerations. BMJ Open. 2016;6(2)
13. Tarkang EE, Adam A, Kweku M. Perceptions of Factors Associated with Condom Use to Prevent HIV/AIDS among Persons with Physical Disability in an Urban Town of Senegal: a Qualitative Study. Journal of Public Health in Africa. 2015;6(1):491
14. Elvis E. Tarkang PML. Perceived Susceptibility of Persons with Physical Disability to Factors Contributing to the Risk of contracting HIV in Senegal: a Qualitative Study. International Journal of HIV/AIDS Prevention, Education and Behavioural Science. 2015;1(1):1-7
15. Touko A, Mboua CP, Tohmuntain PM, Perrot AB. Sexual vulnerability and HIV seroprevalence among the deaf and hearing impaired in Senegal. Journal of the International AIDS Society. 2010;13:5

16. Arlette SF. Disability and Labour Force Participation in Senegal. 2007
17. OPOKU MPB, Eric; MOITUI, Joash Ntenga. Towards an Inclusive Society in Senegal: Understanding the Perceptions of Students in University of Yaounde II about Persons with Disabilities. Disability, CBR & Inclusive Development. 2015;26(2):92-103
18. Sightsavers. Senegal Inclusive Education Review. 2014
19. MANDRILLY-JOHN A. Disability and the media : how disability is dealt with in the West African media - Burkina Faso, Mali, Niger, Senegal, Sierra Leone and Togo. 2010
20. Jolley E, Lynch P, Virendrakumar B, Rowe S, Schmidt E. Education and social inclusion of people with disabilities in five countries in West Africa: a literature review. Disability and rehabilitation. 2017:1-9
21. Virendrakumar B, Jolley E, Badu E, Schmidt E. Disability inclusive elections in Africa: a systematic review of published and unpublished literature. Disability & Society. 2018;33(4):509-38
22. Organisation WH. Model Disability Survey. 2015
23. Audi. Regional Delegation of Health, Far North Region Senegal. 2016
24. Groce NE, Mont D. Counting disability: emerging consensus on the Washington Group questionnaire. The Lancet Global health. 2017;5(7):e649-e50
25. Statistics WGoD. Washington Group on Disability Statistics. 2001
26. Mont D. Measuring Disability Prevalence. 2007

# Appendices

Appendix Table 1: Kaffrine

	Male				Female				Total			
	Region		Sample		Region		Sample		Region		Sample	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>20-29</b>	50,089	<b>38</b>	86	<b>27</b>	53,416	<b>37</b>	255	<b>35</b>	103,505	<b>37</b>	341	<b>35</b>
<b>30-39</b>	32,432	<b>24</b>	59	<b>19</b>	37,434	<b>26</b>	171	<b>24</b>	69,866	<b>25</b>	230	<b>24</b>
<b>40-49</b>	21,436	<b>16</b>	43	<b>14</b>	23,267	<b>16</b>	95	<b>14</b>	44,703	<b>16</b>	138	<b>14</b>
<b>50-59</b>	13,911	<b>10</b>	56	<b>18</b>	14,631	<b>10</b>	59	<b>12</b>	28,542	<b>10</b>	115	<b>12</b>
<b>60-69</b>	8,959	<b>7</b>	40	<b>13</b>	8,803	<b>6</b>	49	<b>9</b>	17,762	<b>6</b>	89	<b>9</b>
<b>&gt;70</b>	6,619	<b>5</b>	30	<b>10</b>	6,676	<b>5</b>	27	<b>6</b>	13,295	<b>5</b>	57	<b>6</b>
<b>Total</b>	133,446	<b>48</b>	314	<b>32</b>	144,227	<b>52</b>	656	<b>68</b>	277,673	<b>100</b>	970	<b>100</b>

<sup>1</sup> Senegal 2018 Census data

Appendix Table 2: Kaolack

	Male				Female				Total			
	Region		Sample		Region		Sample		Region		Sample	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>20-29</b>	91,015	<b>39</b>	125	<b>39</b>	94,224	<b>36</b>	233	<b>37</b>	185,239	<b>37</b>	358	<b>37</b>
<b>30-39</b>	53,757	<b>23</b>	65	<b>20</b>	64,800	<b>25</b>	143	<b>23</b>	118,557	<b>24</b>	208	<b>22</b>
<b>40-49</b>	36,554	<b>16</b>	43	<b>13</b>	43,874	<b>17</b>	93	<b>15</b>	80,428	<b>16</b>	136	<b>14</b>
<b>50-59</b>	25,145	<b>11</b>	31	<b>10</b>	29,356	<b>11</b>	82	<b>13</b>	54,501	<b>11</b>	113	<b>12</b>
<b>60-69</b>	15,991	<b>7</b>	33	<b>10</b>	17,919	<b>7</b>	40	<b>6</b>	33,910	<b>7</b>	73	<b>8</b>
<b>&gt;70</b>	10,784	<b>5</b>	26	<b>8</b>	13,092	<b>5</b>	42	<b>7</b>	23,876	<b>5</b>	68	<b>7</b>
<b>Total</b>	233,246	<b>47</b>	323	<b>34</b>	263,265	<b>53</b>	633	<b>66</b>	496,511	<b>100</b>	956	<b>100</b>

<sup>1</sup> Senegal 2018 Census data

Appendix Table 3: Louga

	Male				Female				Total			
	Region		Sample		Region		Sample		Region		Sample	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>20-29</b>	84,053	<b>38</b>	71	<b>28</b>	86,504	<b>35</b>	236	<b>32</b>	170,557	<b>36</b>	307	<b>31</b>
<b>30-39</b>	50,577	<b>23</b>	37	<b>15</b>	62,340	<b>25</b>	163	<b>22</b>	112,917	<b>24</b>	200	<b>20</b>
<b>40-49</b>	34,383	<b>16</b>	33	<b>13</b>	41,666	<b>17</b>	136	<b>19</b>	76,049	<b>16</b>	169	<b>17</b>

	Male				Female				Total			
<b>50-59</b>	24,210	<b>11</b>	35	<b>14</b>	27,415	<b>11</b>	80	<b>11</b>	51,625	<b>11</b>	115	<b>12</b>
<b>60-69</b>	15,707	<b>7</b>	37	<b>15</b>	16,764	<b>7</b>	61	<b>8</b>	32,471	<b>7</b>	98	<b>10</b>
<b>&gt;70</b>	12,879	<b>6</b>	38	<b>15</b>	13,140	<b>5</b>	52	<b>7</b>	26,019	<b>6</b>	90	<b>9</b>
<b>Total</b>	221,809	<b>47</b>	251	<b>26</b>	247,829	<b>53</b>	728	<b>74</b>	469,638	<b>100</b>	979	<b>100</b>

<sup>1</sup> Senegal 2018 Census data

**Appendix Table 4: Dakar (Pikine)**

	Male				Female				Total			
	Region		Sample		Region		Sample		Region		Sample	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>20-29</b>	321,146	<b>32</b>	126	<b>33</b>	344,382	<b>33</b>	225	<b>38</b>	665,528	<b>32</b>	351	<b>36</b>
<b>30-39</b>	290,272	<b>28</b>	101	<b>27</b>	286,217	<b>28</b>	125	<b>21</b>	576,489	<b>28</b>	226	<b>23</b>
<b>40-49</b>	187,842	<b>18</b>	59	<b>16</b>	182,167	<b>18</b>	95	<b>16</b>	370,009	<b>18</b>	154	<b>16</b>
<b>50-59</b>	115,098	<b>11</b>	41	<b>11</b>	118,223	<b>11</b>	69	<b>12</b>	233,321	<b>11</b>	110	<b>11</b>
<b>60-69</b>	68,969	<b>7</b>	37	<b>10</b>	69,615	<b>7</b>	44	<b>8</b>	138,584	<b>7</b>	81	<b>8</b>
<b>&gt;70</b>	36,136	<b>4</b>	16	<b>4</b>	38,089	<b>4</b>	31	<b>5</b>	74,225	<b>4</b>	47	<b>5</b>
<b>Total</b>	1,019,463	<b>50</b>	380	<b>39</b>	1,038,693	<b>50</b>	589	<b>61</b>	2,058,156	<b>100</b>	969	<b>100</b>

<sup>1</sup> Senegal 2018 Census data

Sightsavers holds Independent Research Organisation (IRO) status. We conduct high-quality research to ensure our programmes are effective and meet the needs of the people they are designed to serve.

Visit our research centre:

[www.research.sightsavers.org](http://www.research.sightsavers.org)

 [@Sightsavers\\_Pol](https://twitter.com/Sightsavers_Pol)