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No 6

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* PEOPLE REPORTING A LONGITUDINAL SICKNESS, *
* DISABILITY OR INFIRMITY *
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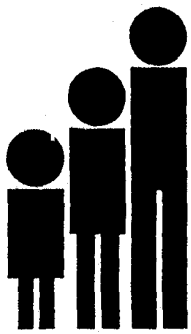
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NATIONAL CHILD DEVELOPMENT STUDY FOURTH FOLLOW-UP

Working Paper No 6
Preliminary Paper

PEOPLE REPORTING A LONGITUDINAL SICKNESS, DISABILITY
OR INFIRMITY

Prepared for: DHSS (Sara Graham)

Drafted by Ann Bowling (NB any immediate queries or
comments to Ken Fogelman)

May 1983

Disability

1. Disability and normality form a continuum. Where a person is placed on this depends on many factors. It may depend on social and demographic factors and on cultural concepts of normality. Even those identifying themselves as disabled are not a homogeneous group. They are as varied socially and demographically and in type of condition as the 'able-bodied' population.

2. Because of the subjectivity of the definition of disability even those registered as disabled are not a representative group of the total number of disabled people. Registration as a disabled worker is in addition, voluntary and therefore arbitrary. A number of researchers, including Blaxter (1976) have found more people eligible for registration, and not registered, than were registered. Some of those on the register have been found to have no problems and have been working successfully for many years. Registration can never represent all 'disabled' workers. This is partly due to the stigmatising nature of registration. Blaxter found that among the disabled:

'...a strong feeling existed that to be 'on a green card' was a practical disadvantage. The unanimous opinion - sometimes based on the worker's perception of his own experience, but more often general lore of the 'everybody knows that' kind - was that men on the register would find it MORE difficult to get employment, would have a very limited range of jobs available to them, and would be discriminated against with regard to pay and conditions of work.'

3. To the individual, the only reality is his or her own definition of the situation and the personal meaning and implications of their condition. The individual's behaviour will stem from this. It is bearing in mind the subjective nature of the concept of disability that the following data should be interpreted.

Disabilities among members of NCDS 4

4. Definitional problems presented themselves from the outset with the questions aiming to document disability among the cohort. In the health section of the questionnaire respondents were asked whether they had any longstanding illness, disability or infirmity which limited their activities in any way compared with people of their own age. Four per cent of females and five per cent of males said 'yes' to this. As the question was subjective the problems mentioned varied from the relatively minor to major medical conditions (from hayfever, for example, to multiple congenital handicaps). Also, people with the same conditions did not necessarily define themselves as disabled. Further analyses at a later stage may shed some light on factors affecting definitions and perceptions of disability. The conditions mentioned as disabling can be listed in tabular form once the open coded data are available.

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5. Definitional problems led to some discrepancies with the data. When respondents were asked the same question about disabilities at the beginning of the interview, as a lead in to the questions about sheltered workshops, fewer said 'yes' : two per cent of females and three per cent of the males (total : three per cent). It is possible that respondents interpreted this question in a more limited way as it was preceded by a question asking whether they were registered as disabled.

6. Additionally some minor discrepancies in the following tables may result from the fact that they were run before the completion of the full editing and correction of the data.

Characteristics of those defining themselves as 'disabled'

7. Twenty-four per cent of those saying they had a disability said that this had been present since birth; a further 38% reported the onset of handicap as before the age of 16, and 38% between the ages of 17 and 23. Age of onset was not related to sex or marital status.

8. Of the women with a disability, 47% were single, 46% were married and 7% were separated, divorced or widowed. Of the men with disabilities more, 71%, were single, 27% were married and 2% were separated or divorced. (In the cohort as a whole 41% of women were single, 54% married and 5% separated, widowed or divorced; the comparable figures for men were 68%, 35% and 2%).

Medical supervision of the disabled*

9. Among the five per cent defining themselves as disabled, females were more likely than males to be under medical supervision for their condition, as Table 1 shows. This finding is consistent with women's higher consultation rates generally. This may also suggest something about the nature of the conditions which men and women consider to be a 'disability'. Further analyses, when fuller information is available on the nature of the disability, should clarify this.

10. Married women were also more likely than other women to be under medical supervision for their condition, although the difference was slight. For example, 66% of married women said their condition was being medically supervised in comparison with 59% of single women and 56% of separated and divorced women. Among men with such conditions the figures were 48%, 46% and 33% (of a total of six people) respectively.

* Referred to throughout this paper as the 'disabled' although the previously mentioned definitional problems should be borne in mind throughout.

the past 4 weeks - 74% had not been in comparison with 66% of the non-disabled. On the other hand there were no differences between the disabled and others in their reports of the time spent reading, visiting friends and relatives, or gambling.

17. Table 6 shows that the disabled drank alcohol less frequently than the non-disabled and were also more likely to not drink at all.

18. Table 7 confirms that the disabled of both sexes were less heavy drinkers*, and more likely not to have drunk at all in the past week. This may be due to their particular medical condition. The open coded data may shed some light on this when they are available.

19. There were no differences between the disabled and non-disabled in smoking.

Registered as disabled

20. Just one per cent of the total sample said they were registered as a disabled person. As previously pointed out, this probably under-represents the number who are eligible. When the open-coded data are available, the characteristics, circumstances and conditions of these respondents can be compared with those of other sample members defining themselves as disabled.

21. Being registered as disabled was not related to sex or marital status.

Employment in sheltered workshops

22. Those who said they were registered or who reported having a longstanding illness or disability at the beginning of the interview, were asked whether they had ever been employed in a sheltered workshop. Eight per cent said they had (7% of women and 10% of men). Sixty-two percent of those who said they had ever been employed in a sheltered workshop said they were currently employed in a sheltered workshop: 71% of women and 56% of men. This sex difference should be

* Respondents were asked how much beer, stout, lager or cider, spirits, wine, Martini, vermouth or similar drinks they had had in the seven days preceding the interview. The amounts drunk were converted into units, according to the classifications used by OPCS, and drinkers divided into the appropriate categories accordingly. One unit equalled half a pint of beer, lager or cider; one measure of spirits; one glass of wine, Martini, vermouth etc. Women were classified as light drinkers if they drank weekly between one and five units; as medium drinkers if they drank between 6 and 35 units; and as heavy drinkers if they drank 36 or more units. Men were classified as light drinkers if they drank weekly between one and 10 units; as medium drinkers if they drank between 11 and 50 units; and as heavy drinkers if they drank 51 or more units.

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interpreted with caution as it was based on a total sample of just 39 (14 women and 25 men).

Employment and Unemployment

23. Sixty per cent of respondents who said they had a longstanding illness, disability or infirmity were currently in paid employment.

24. Table 8 shows that more of the men than the women were in paid employment. A small number of those in employment were in sheltered workshops as previously pointed out. Among those not in paid employment, 14 of the men and 11 of the women regularly attended a training centre (workshop or day centre) for the handicapped or disabled. Eighty-five people were identified in the employment section who were out of the labour force due to sickness and of these, 51% did not expect to go back to work, 35% did expect to do so. More men than women expected this (see Table 9). Of those who did not expect to do so, 25 were currently in training centres for the disabled etc.

25. As might be expected, married women with a disability were less likely than single women with a disability to be in employment. In contrast, married men were more likely than single men to be in paid employment. These distributions, shown in Table 10, reflect traditional sex role divisions.

26. Respondents in employment were asked whether their condition limited them in their work. Thirty-one per cent of these said they had such difficulties. There were no differences between men and women or between marital status groups.

27. A single serious accident or illness can cause a sudden change in life pattern and style, especially for those with little education, training or skill. If a person has only physical strength to offer on the labour market then personal devaluation may occur overnight. Both Blaxter and Townsend found a disproportionately large number of the disabled in employment were in unskilled and semi-skilled work. The connection between sickness and disability and unemployment, underemployment and downward mobility has been well documented. Every survey of the unemployed shows that health problems are prominent.

28. Blaxter found that those who said they had problems with work among her sample were more likely to be male, manual workers and to be already unemployed. In some cases physical impairment had led to a sudden discontinuity in the worker's career and in others to a slow downward drift into increasingly less well-paid or

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enjoyable jobs. Sex differences are considered in this paper, but further NCDS analyses relating to social class, type of work if working and dates of events are planned.

29. Respondents who said they had a disability were asked whether this condition limited their choice of work. Thirty-six per cent said 'yes' and 5% were uncertain about this. There were no differences between the sexes. Unmarried women, particularly in comparison with married women, were more likely to say that their condition limited their choice of work (Table 11).

30. The lack of significant sex difference in the question on whether the condition limited choice of work (Table 11) is surprising as Blaxter found that a smaller proportion of women than men had problems with work. She suggested that this partly reflected the less strenuous nature of women's work - and so it is less affected by physical disability - and also the lower saliency women attach to jobs, many of whom are married and accept the alternative role of housewife. In fact Blaxter also found that women were less likely to lose their jobs, less likely to have problems finding a new job if they wished to change, and were treated with more flexibility by employers. However, given the different selection procedures of the two samples (Blaxter's is based on recent hospital discharges) the lack of comparability is not altogether unexpected. On the other hand, Table 11 does show that married women were least likely to feel that their condition limited their choice of work, so perhaps these had willingly accepted the housewife role and did not feel their choice was affected. Among NCDS members, women with a disability were more likely not to be in employment than men with a disability (Table 8), but looking at marital status groupings (Table 10) married women with a disability were most likely to be out of work - perhaps again they accept this housewife role and tend not to report problems.

31. There were no differences between the disabled and non-disabled (who were in employment) in their ratings of job security: 49% of both groups rated their jobs as 'very secure', 38% of both rating it 'fairly secure' and 12% of both rating it as 'not very secure' (1% did not know).

32. The disabled were slightly more likely than the non-disabled to say they worked less than 35 hours per week (Table 12).

33. Further analysis will be necessary to establish the proportion who have done any training course. However it is possible to identify those who have done more than one course, and this applies equally to the disabled and the non-disabled (about one third in each case).

34. More of the disabled had been unemployed at some stage than the non-disabled: 50% : 44%. They were also more likely to have been unemployed more than twice (see Table 13), and they were slightly more likely to be currently unemployed : - 25% : 20%.

35. The disabled were also more likely to be unemployed for longer in relation to their first 4 periods of unemployment (Table 14). Analyses have yet to be carried out with further unemployment spells (5th and further spells).

36. The disabled were less likely to have a partner in full time work than the others - the partners of the disabled being more likely to be in part time work or unemployed or in housework (Table 15).

Educational qualifications

37. The disabled were rather less likely to report that they had obtained an educational qualification since leaving school than the non-disabled : 21% : 29%.

38. Among those reporting a qualification, the disabled were slightly more likely to say that 'O' levels were their highest qualification. There was little difference between the two groups in the proportions with other, higher-level, qualifications (Table 16).

39. When all 'O' levels are considered, whether taken at school or subsequently, slightly fewer of the disabled reported at least one pass - 47% as against 52% of the non-disabled. Among those with 'O' levels, a slightly smaller proportion of the disabled had gone on to pass at least one 'A' level - 32% compared with 35% of the non-disabled.

Health status and disability

40. Understandably, respondents reporting a longstanding illness, disability or infirmity which limited their activities were more likely than those not reporting such a condition to rate their health as fair or poor rather than good or excellent. Nevertheless Table 17 shows that a majority of this disabled group still rated their health as good or excellent.

41. It might be expected that perceived health status would partly relate to type of disability and the open coded data when available should throw light on this.

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42. A number of other factors affected perceived health status among the disabled. Those disabled members who were under medical supervision for their condition rated their health lower (Table 18). Presumably, this in part reflects degree of severity, but it could also be that perceived health status would also affect the tendency to seek medical help independent of the condition.

43. In addition, the extent to which the condition interfered with tasks of daily living, social and work life affected disabled respondents' perception of their health status.

44. Tables 19 and 20 show that the disabled group who had difficulties with washing or dressing and with getting about the house were more likely to rate their health as fair or poor rather than good or excellent.

45. Table 21 shows that where the disability caused limitations on getting housework done then health status was rated lower, as it was when the disability limited getting out alone (Table 22).

46. Tables 23, 24 & 25 show that those whose disability affected their social life and who perceived it as limiting their choice of work or the work that they could do, also tended to rate their health lower than those whose social life and work were not felt to be affected.

47. The disabled currently out of paid employment were more likely than the disabled in paid employment to perceive their health as worse (Table 26).

Malaise scores and disability

48. Those reporting a disabling condition were more likely than others to score seven or more on the Malaise Inventory* (indicating a tendency towards depression), 28% in comparison with 11% of those not reporting a disability. Those who were under medical supervision for their disabling condition were also more likely to score 7 or more than the disabled group not under medical supervision - 31% : 23%. Further analysis should indicate the extent, if any, to which this relates to the recent onset of disability and therefore lack of adjustment, which may in time disappear.

* The Malaise Inventory is a 24 item inventory developed by the Institute of Psychiatry from the Cornell Medical Index. It may be used to indicate a tendency towards depression. Each positive item (the 'yes' replies) on the Malaise Inventory was given a numeric value of one. These were then totalled so that individuals were given a maximum score of 24 (corresponding to the 24 items) down to a minimum score of 0.

49. In most instances those respondents in the total sample with a disability which led to life restrictions were more likely to score 7 or more (see Table 27).

50. The disabled were more likely (10%) to have seen a specialist for depression than the non-disabled (4%); the open coded data are needed here to distinguish type of disability, particularly mental disabilities.

Accidents

51. The disabled were also rather more likely to have had an accident since the 16th birthday, 49% in comparison with 44%. Further analysis would identify the time sequences of these events.

52. Respondents who reported having an accident for which hospital treatment was sought were asked whether this had resulted in any permanent disability. Six per cent said 'yes'. This group were more likely to score 7 or more than those having an accident but experiencing no permanent disability : 19% in comparison with 11%.

GP Visits

53. Respondents with a disability were far more likely to have seen their GP in the last six months than those without a disability (62% : 44%). About one fifth of the disabled, however, had not seen their GP for at least a year, as Table 28 shows. The open coded data are needed here before interpretation can be made, as some chronic conditions do not necessarily require medical supervision.

Family formation

54. Although further analyses are needed to establish how many of the disabled had children, among those who did have children, the disabled were slightly more likely than the non-disabled to have more than one child: 41% : 36%. The disabled group were also more likely to say they were unable to have children than the non-disabled - 7% in comparison with 1%. Of these, the disabled were more likely to give inadequate replies to the question asking them if the reason for their inability was sterilisation or vasectomy (see Table 29).

55. All those giving a reason other than sterilisation or vasectomy for not being able to have children were asked if they had been advised by a doctor that they were either unable to have children or that they should not have them for health reasons. The disabled were more likely to say they had been advised by a doctor not to have children for health reasons (Table 30). Again a large proportion failed to reply to this question.

56. The disabled were also slightly more likely to have had a miscarriage or abortion than the non-disabled 18% : 11%. Table 31 shows this disabled group were more likely than the non-disabled in this group to have had both.

Conclusion

57. These preliminary analyses show that a significant minority of respondents reporting a disabling condition had life restrictions as a consequence of them. The unmarried members of the cohort in particular were more likely to report problems. Perception of health status among the disabled partly depended on the degree of life restriction experienced. Further analyses with measures of 'quality of life' (income, employment, family formation and so on) may add to the limited body of knowledge on factors affecting perceived health status and perhaps to perceptions of handicap.

References

- Blaxter, M. (1976), The Measuring of Disability, London : Heinemann.
- Townsend, P. (1976), The Disabled in Society, Greater London Association for the Disabled.
- Walker, A. (1982), Unqualified and Underemployed, Macmillan.

Table 1 Longstanding illness, disability or infirmity under medical supervision by sex

Condition supervised:		Female	Male	Total
Yes	%	62	46	53
No	%	38	54	47
Total	(100%)	249	308	557

Table 2 Limitation on activities by sex for those reporting handicap

<u>Difficultly in/cannot do:</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
Washing and dressing %	14	14	14
Getting about the house %	16	6	11
Housework %	33	14	23
Getting out alone %	25	13	18
Limits social life %	44	29	36
Total (100%)	245*	304**	550***

* The response to these questions varied from 245 to 248.

** The response to these questions varied from 304 to 306

*** The response to these questions varied from 550 to 552

Table 3 Limitation on activities by sex and marital status

<u>Difficulty in/cannot do:</u>	<u>Female</u>			<u>Male</u>	
	Single	Married	Sep/div*	Unmarried***	Married
Washing and dressing %	20	7	22	13	18
Getting about the house %	14	16	28	5	8
Housework %	32	31	44	15	12
Getting out alone %	27	22	28	15	7
Limits social life %	49	37	61	30	25
Total (100%)	116**	111**	18**	220**	84**

* These results should be interpreted with caution given the small base number

** For some questions the totals were increased by one or two

*** 214 of these were single and six were divorced or separated

Table 4 Disability and time spent watching television

	<u>Disabled</u>	<u>Non-disabled</u>
Watched tv in past 4 weeks:		
5 times a week %	74	67
3 - 4 times a week %	14	18
1-2 times a week %	9	10
2-3 times in last 4 weeks %	2	3
once in last 4 weeks %	1	1
Not done in last 4 weeks %	2	1
Total (100%)	565	11957

Table 5 Disability and time spent playing sport

		<u>Disabled</u>	<u>Non-disabled</u>
<u>Played sport in last 4 weeks:</u>			
Most days	%	5	7
3-4 times a week	%	5	8
1-2 times a week	%	12	18
2 - 3 times in last 4 weeks	%	7	9
Once in last 4 weeks	%	7	6
Not done in last 4 weeks	%	64	52
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Total	(100%)	565	11952
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Table 6 Disability and drinking alcohol

		<u>Disabled</u>	<u>Non-disabled</u>
<u>Drinks alcohol:</u>			
Most days	%	18	21
1 - 2 times a week	%	37	48
Less	%	11	13
Special occasions only	%	19	14
Never drink	%	15	4
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Total	(100%)	567	11962
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Table 7 Disability and drinking alcohol by sex

	<u>Disabled</u>		<u>Non-disabled</u>	
	Female	Male	Female	Male
Non drinker %	57	28	36	14
light %	17	22	25	24
medium %	24	39	37	50
heavy %	2	11	1	12
Total (100%)	250	311	5973	5946

Table 8 Economic activity of those with a disability by sex

Respondents with disability:		Female	Male	Total
In employment	%	50	69	60
Not in employment	%	50	30	39
Uncertain	%	(.1)	1	1
Total (100%)		250	311	561

Table 9 Employment expectation of those out of labour force due to sickness by sex and marital status

Expect employment in future:		<u>Female</u>			<u>Male</u>		
		Unmarried	Married	Total	Single	Married	Total
Yes	%	26	46	33	31	83	38
No	%	66	36	57	51	-	44
Uncertain	%	6	18	10	18	17	18
Total	(100%)	29	11	40	39	6	45

Table 10 Economic activity of those with disability by sex and marital status

Respondents with disability:		<u>Female</u>		<u>Male</u>	
		Unmarried	Married	Unmarried	Married
In employment	%	54	46	66	77
Not in employment	%	46	54	33	22
Uncertain	%	(1)	0	1	1
Total	(100%)	136	114	225	85

Table 11 Limitation on work choice by sex and marital status

Activity limited:		<u>Female</u>			<u>Male</u>	
		Single	Married	Separated Divorced	Unmarried	Married
<u>Limits choice of work</u>						
Yes	%	43	28	44	39	32
No	%	49	67	56	56	67
Uncertain	%	8	5	0	5	1
Total	(100%)	116	111	18	220	84

Table 12 Disability and hours of work

Current job : hrs of work		Of those with a	Of those without a
		disability	disability
less than 35	%	12	9
35 - 40	%	56	60
41 - 60	%	22	23
61+	%	2	3
Varies	%	8	5
Total	(100% of those currently working)	342	8873

Table 13 Unemployment and disability

		Of those with a disability	Of those without a disability
No. periods unemployed			
1	%	52	59
2	%	25	23
3+	%	23	18
Total (100% - those ever unemployed)		284	5308

Table 14 Length of first four spells of unemployment and disability

Length 1st spell unemployment	Of those with a disability	Of those without a disability
Less than 6 months %	71	77
6 months less than 12 months %	16	16
12 months less than 24 months %	9	6
24 months + %	4	1
Total (100% - those with at least one spell)	256	4826
<u>Length 2nd spell unemployment</u>		
6 months less than 12 months %	61	69
less than 6 months %	21	20
12 months less than 24 months %	9	9
24 months + %	9	2
Total (100% - those with at least two spells)	118	1852
<u>length 3rd spell unemployment</u>		
less than 6 months %	57	60
6 months less than 12 months %	34	23
12 months less than 24 months %	6	10
24 months + %	3	1
Total (100% - those with at least three spells)	53	730
<u>length 4th spell unemploy't</u>		
less than 6 months %	48	64
6 less than 12 months %	25	29
12 months + %	26	7
Total (100% - those with at least four spells)	19	195

Table 15 Employment status of partner and disability of respondent.

<u>Partner</u>	Of those with a disability	Of those without a disability
Working full-time %	69	73
Working part-time %	6	3
Unemployed %	10	8
Temporarily sick %	0	*
Permanently sick %	0	*
Full-time housework %	14	1
Other %	1	1
Total (100%-those with a partner)	225	6683

*less than 1%

Table 16 Highest qualifications obtained and disability

Highest qualification obtained	Of those with a disability	Of those without a disability
'O' levels %	16	11
'A' levels %	6	6
Professional level %	2	5
Certificate University or CMAA %	2	3
1st degree %	27	30
Postgraduate diploma higher degree %	4	3
Other qualifications %	43	42
Total (100% -those obtaining a qualification since leaving school)	115	3550

Table 17 Disability and self-reported health status

Health status:		Of those with a disability	Of those not reporting a disability
Excellent	%	13	46
Good	%	43	46
Fair	%	34	7
Poor	%	10	1
Total (100%)		566	11957

Table 18 Disability under medical supervision and health status

Health status:		Of those reporting disability under medical supervision	Of those reporting disability and not under supervision
Excellent	%	7	19
Good	%	38	50
Fair	%	38	30
Poor	%	17	1
Total (100%)		300	262

Table 19 Disability limiting washing or dressing and health status

Health status:		<u>Washing or Dressing</u>	
		Of those reporting no difficulty	Of those reporting difficulty/can't do
Excellent	%	14	9
Good	%	44	36
Fair	%	34	38
Poor	%	8	17
Total (100%)		475	80

Table 20 Disability limiting getting about house and health status

Health status:		<u>Getting about the House</u>	
		Of those reporting difficulty	Of those reporting difficulty / can't do
Excellent	%	14	5
Good	%	45	22
Fair	%	32	51
Poor	%	8	22
Total	(100%)	496	60

Table 21 Disability limiting housework and health status

Health status:		<u>Housework</u>	
		No difficulty	Difficulty/cannot do
Excellent	%	15	5
Good	%	47	30
Fair	%	32	42
Poor	%	6	23
Total	(100%)	428	127

Table 22 Disability limiting getting out alone and health status

Health status:		<u>Housework</u>	
		No difficulty	Difficulty/cannot do
Excellent	%	14	8
Good	%	46	30
Fair	%	33	39
Poor	%	7	23
Total	(100%)	453	104

Table 23 Disability limiting social life and health status

Health status		<u>Limits Social Life</u>	
		No difficulty	Difficulty/cannot do
Excellent	%	16	7
Good	%	51	30
Fair	%	30	42
Poor	%	3	21
Total	(100%)	355	202

Table 24 Disability limiting choice of work and health status

Health status		<u>Limits choice of work</u>	
		<u>No</u>	<u>Yes</u>
Excellent	%	15	10
Good	%	48	38
Fair	%	31	38
Poor	%	6	14
Total	(100%)	205	325

Table 25 Disability limiting work done and health status

Health status:		<u>Limits work done</u>	
		No	Yes
Excellent	%	17	9
Good	%	50	38
Fair	%	29	42
Poor	%	3	11
Total	(100%)	233	104

Table 26 Disabled in paid employment and health status

Health Status		In paid employment	Not in paid employment
		Excellent	%
Good	%	46	39
Fair	%	33	36
Poor	%	6	15
Total	(100%)	341	221

Table 27 Disability and type of restriction and Malaise Index score of seven or more

	<u>M.I. depressed</u> <u>score (7+)</u>	<u>Total</u> (100%)
Has longstanding illness/infirmary/ disability - reported	28	567
Not reported	11	11963
<u>Among those with a disability:</u>		
Disability medically supervised	31	301
Not	23	266
Does not limit wash/dress	28	476
Does limit	26	80
Does not limit getting about house	26	497
Does limit	45	60
Does not limit housework	26	429
Does limit	35	127
Does not limit going out alone	24	454
Does limit	41	104
Does not limit social life	21	355
Does limit	39	203
Does limit choice of work	36	205
Does not	23	353
Disabled: in paid employment	23	341
Is not	35	226
No limits on work done	16	233
Limits	39	104

Table 28. Disability and when last saw GP

Saw GP		Disabled	Not disabled
Less than 6 months ago	%	61	44
6 - 12 months ago	%	19	21
1 - 5 years ago	%	17	26
Since 16	%	1	3
Not since 16	%	1	4
Uncertain	%	1	2
Total	(100%)	555	11846

Table 29 Disability and reason for inability to have children

Unable to have children		Disabled	Non-disabled
due to:			
Sterilisation	%	10	40
Vasectomy	%	0	8
Other	%	54	50
Not replied/inadequate	%	36	2
Total	(100%)	41	91

Table 30 Disability and whether medical advice received about not having children

Whether medically advised not to have children and reason		Disabled	Non-disabled
Unable to have children	%	3	57
For health reasons	%	35	14
Not advised	%	22	25
Not replied/inadequate	%	40	4
Total	(100%)	37	49

Table 31 How pregnancy ended and disability

Reason for termination of pregnancy		Disabled	Non-disabled
Pregnancy ended in miscarriage	%	46	52
Abortion	%	43	44
Both	%	11	4
Total	(100%)	46	668