

Poverty, disability and impairment in the developing world

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This is a summary of the report, *Perspectives on disability, poverty and technology*, written by Bill Albert, Rob McBride and David Seddon of the The Overseas Development Group, University of East Anglia in September 2002 for Healthlink Worldwide and GIC Limited as part of the DfID-funded Disability and Technology Knowledge and Research (KaR) Programme.

How many 'disabled' people are there in the developing world? The answer is that we don't really know. All we have is estimates – they vary between around 300 million and 600 million – because the fact is that no agency has ever carried out a convincing study. Available statistics do not give a clear picture of the scale and significance of disability in the developing world.

Statistics do not begin to give us an idea of the scale and significance of disability in the developing world.

In official reports and literature, disability in developing countries is also largely ignored. The millions of words produced by international and national development agencies, such as the Poverty Reduction Strategy Papers, almost completely overlook the issue. Poverty, its causes and effects are discussed over and over again – but in these thousands of documents, disability merits scarcely a mention.

Consequently the needs of disabled people are often poorly served by development agencies. Disability issues are often viewed as outside the mainstream of development theory, policy and practice. All too often governments and NGOs fail to recognise disability for what it really is – a central and vitally important issue in global poverty, not a minor irritant on the margins.

Disability is a major cause of poverty, social exclusion and inequality throughout the world, on a par with gender discrimination and the denial of human rights. Disability as a cause and consequence of poverty now needs to be brought to centre stage and the

development community needs to reorder its priorities to put disability in the mainstream. Until this is achieved, disabled people will continue to be relegated to the margins of society – once it is done, agencies will begin better meeting the needs of millions of impoverished people.

Disability is seen as 'what's wrong with someone'.

What do we mean by 'disability'? In the currently accepted view, disability is largely regarded as a medical problem – the result of accident, disease or genetic disorder, almost a random occurrence. It is a physical (or mental) condition that



David Constantine/Motivation

The full report is available on the KaR website at <http://www.kar-dht.org>

afflicts an individual. Disability is what is 'wrong' with someone.

What is so misconceived about this view? After all, it fits the facts – we think of disabled people as finding it hard or even impossible to participate in activities that the rest of society takes for granted, because of some incapacity. Disabled people are not like 'normal' people: they need special consideration.

What is more, we imagine that in many cases disability can easily be overcome by a technical fix – for example, a wheelchair or a pair of spectacles – that can help restore a person's functions and enable them to play a full part in society. Other kinds of disability can be prevented, by good sanitation, for example, or better preventive health care.

In addition, hundreds of millions of people are disabled not by physical but by mental impairment. Studies of the causes of global impairment suggest that over 800 million people are at risk of learning difficulties because of lack of iodine, a problem that could relatively easily and cheaply be solved.

Disability is a social issue, which demands a socio-political response.

But this so-called 'medical model' of disability is increasingly being called into question. Instead, an alternative way of looking at the issue is gaining ground – that disability is primarily a social, not a medical issue. In this sense, disability is not 'what's wrong' with people, but 'what's wrong' with society.

One definition of disability that offers a useful framework for understanding the complex issues of poverty, disability and technology is:

*"Disability is a complex system of social restrictions imposed on people with impairments by a highly discriminatory society. Disability is a concept distinct from any particular medical condition. It is a social construct that varies across culture and through time, in the same way as, for example, gender, class or caste."*¹

The medical or health factor that incapacitates someone is properly called impairment. Impairment is 'what's wrong' with people. Disability is the way in which society discriminates against people with impairment, marginalising and impoverishing them, and undermining their human rights.

For example, an impaired person is a person with defective eyesight, but a disabled person is one who cannot work or take a full part in the community as a result. Impairment, of course, may lead to disability but they are not the same thing. Impairment can sometimes be alleviated by health technology, but disability cannot – instead, the attitudes and beliefs of 'normal' society need to be challenged. What is needed is a sea change in attitudes to disability.

Poverty, disability and impairment are locked in a deadly embrace.

This 'social construct' analysis elevates disability to a new status. Instead of being seen as a lamentable sideshow to the poverty debate, disability – society's

¹ Disability Awareness in Action, *Overcoming Obstacles to the Integration of Disabled People*, Copenhagen, 1995, p.5.



MNJ Marie/WHO

failure to recognise the social exclusion of disabled people – is shown to be the root cause of much poverty worldwide.

The United Nations has estimated that more than 1.3 billion people are living in extreme poverty in developing countries. At the same time up to 600 million people in these countries are disabled. The vast majority of these disabled people are not only poor, but among the poorest of the poor. The figures speak for themselves.

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Clearly, poverty is a main cause of impairment, and vice-versa. Poor people are much more likely to suffer accidents, to live in unhealthy conditions, to have no access to clean water, to eat a bad diet, and to suffer from under nourishment. When they do get sick, poor people are much less likely to be able to afford treatment.

Conversely impairment, the inability to walk, see or use one's hands, is an important cause of poverty and social exclusion. It can foster financial dependency on handouts, the state and the extended family. There is a well-understood 'poverty syndrome', into which millions of individuals fall – a vicious circle of scant resources, low expectations and lack of opportunity. When physical or mental impairment is added to this 'poverty syndrome', the result is almost always devastating for the individuals concerned, their families and society.

But breaking the link between poverty and impairment is not enough. Unless a society deals with disability, it will never turn the tide on poverty. If an agency is serious about tackling poverty, it has to be serious about tackling disability first.

Experts should be on tap, not on top.

It has often been said that access to a wheelchair is a human rights issue. Providing disabled people with the technology to help them play a more active part in society – walking aids, spectacles, specially adapted machinery and powerful medicines – certainly makes a huge difference to the quality of life of millions of people.

Most governments and agencies have gone firmly down the road of helping the poor and disabled with technological 'fixes'. That is what the medical model of disability demands. There is a place for expert medical care. But it is only part of the picture.

Ironically, attempts to alleviate impairment by opening clinics, providing treatment and special assistance can themselves be disabling – such solutions can sometimes serve to set impaired people apart from 'normal' society and make integration more difficult.

Experts need to be 'on tap', not 'on top'. To be serious about tackling poverty and impairment, we need to recognise that technology alone is not enough. Disability is a matter of attitude. And it, too, is a human rights issue. There has to be widespread acceptance that the poverty caused by impairment cannot be cured by wheelchairs and walking sticks alone – the root causes of disability in society have to be tackled as well.



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The rights of people with disabilities are best promoted by people with disabilities themselves.

What is needed above all is a twin-track approach. Disability needs to be addressed as a specific issue. But like gender discrimination, HIV/AIDS and human rights, disability also needs to be built into all NGO programmes, policies and areas of funding, as a cross-cutting issue.

One important step is to recognise that the rights of disabled people are best promoted by disabled people themselves. Agencies should work directly with local disabled people's NGOs to formulate policy and implement programmes. Only when disabled people are empowered and given a voice will development agencies appreciate that discrimination and exclusion, not impairment, are the true disabling agents.

Disability equality training is also an important prerequisite. Staff working in NGOs, UN agencies and relevant government departments, both in developing countries and in the North, should be trained to understand, recognise and promote an awareness of disability in every area of an agency's work.

Some development agencies have already made welcome moves towards these goals. Among bilateral agencies, for example, USAID and NORAD have now adopted a more coherent and integrated approach to disability in development. USAID has increasingly recognised a need to integrate disability as an issue within its aid strategy since 1966 and has established a central disability team to formulate disability plans and establish links with disabled people's NGOs.

NORAD promotes disability equality training for staff and acknowledges the rights of disabled people as an integral part of development plans, in recognition of the close link between disability and poverty.

Among NGOs, Save the Children Fund UK stands out as pioneering this approach. SCF UK has adopted a twin-track approach to disability since 1993, integrating disability into all areas of its work and adopting a global disability strategy, while at the same time developing its specific disability programmes such as its Community Based Rehabilitation (CBR) schemes. The development community has much to learn from these approaches.

It is time to tackle disability head-on.

The traditional medical model of disability, with its emphasis on care, technology, quick fixes and trying to correct 'what is wrong with people' may have served for years to obscure the true prevalence of disability-related poverty and social exclusion in the developing world.

When disability is seen as a social construct we can see for the first time how many 'disabled' people there really are – far more than have until now been recognised. And disability is revealed for what it truly is, one of the biggest causes of poverty and social exclusion that NGOs and governments need to face.

It is time for the world to act and tackle disability head on.