

## **Disability and poverty- Tororo CBR program**

The world's poor are significantly more likely to have or incur a [disability](#) within their lifetime compared to more financially privileged populations. The rate of disability within impoverished nations is notably higher than that found in more [developed countries](#). Though no one explanation entirely accounts for this connection, recently there has been a substantial amount of research illustrating the cycle by which poverty and disability are mutually reinforcing. Physical, cognitive, mental, emotional, sensory, or developmental impairments independently or in tandem with one another may increase one's likelihood of becoming impoverished, while living in poverty may increase one's potential of having or acquiring special needs in some capacity.

## **Extent**

A multitude of studies have been shown to demonstrate a significant rate of [disability](#) among individuals living in [poverty](#). Persons with disabilities were shown by the [World Bank](#) to comprise 15 to 20 percent of the poorest individuals in developing countries.<sup>[1]</sup> Former World Bank President [James Wolfensohn](#) has stated that this connection reveals a link that should be broken. He stated, "People with disabilities in developing countries are over-represented among the poorest people. They have been largely overlooked in the development agenda so far, but the recent focus on poverty reduction strategies is a unique change to rethink and rewrite that agenda."<sup>[2]</sup> The link between disability and development has been further stressed by [Judith Heumann](#), the World Bank's first advisor for international [disability rights](#), who indicated that of the 650 million people living with disabilities today eighty percent live in developing countries.<sup>[3]</sup> According to the [United Kingdom Department for International Development](#), 10,000 individuals with disabilities die each day as a result of extreme poverty, showing that the connection between these two constructs is especially problematic and deep-seated.<sup>[4]</sup> This connection is also present in developed countries, with the Disability Funders Network reporting that in the United States alone those with disabilities are twice as likely to live below the poverty line than those without special needs.<sup>[5]</sup>

## **Causes**

According to the World Bank, "Persons with disabilities on average as a group experience worse socioeconomic outcomes than persons without disabilities, such as less education, worse health outcomes, less employment, and higher poverty rates."<sup>[6]</sup> Researchers have demonstrated that these reduced outcomes may be attributed to a myriad of institutional barriers and other factors. Furthermore, the prevalence of disabilities in impoverished populations has been predicted to follow a cyclical pattern by which those who live in poverty are more likely to acquire a disability and those who have a disability are more likely to become impoverished.

## **The vicious circle**

Experts from the United Kingdom Disabled Persons Council attribute the connection between disability and poverty to many systemic factors that promote a "vicious circle."<sup>[7]</sup> Statistics affirm the mutually reinforcing nature of special needs and low socioeconomic status, showing

that people with disabilities are significantly more likely to become impoverished and people who are impoverished are significantly more likely to become disabled. Barriers presented for those with disabilities can lead individuals to be deprived of access to essential resources, such as opportunities for education and employment, thus causing them to fall into poverty. Likewise, poverty places individuals at a much greater risk of acquiring a disability due to the general lack of health care, nutrition, sanitation, and safe working conditions that the poor are subject to.<sup>[7]</sup>

Experts assert that this cycle is perpetuated mainly by the lack of [agency](#) afforded to those living in poverty. The few options available to the poor often necessitate that these individuals put themselves in harms way, consequently resulting in an increase in the acquisition of preventable impairments.<sup>[7]</sup> Living in poverty is also shown to decrease an individual's access to preventative health services, which results in an increase in the acquisition of potentially preventable disabilities. In a study by [Oxfam](#), the organization found that well over half of the instances of childhood blindness and hearing impairment in Africa and Asia were considered preventable or treatable.<sup>[8]</sup> Another estimate released by Oxfam provides further evidence of this vicious circle, finding that 100 million people living in poverty suffer from impairments acquired due to malnutrition and lack of proper sanitation.<sup>[8]</sup>

## **Discrimination**

Prejudice held against individuals with disabilities, otherwise termed [ableism](#), is shown to be a significant detriment to the successful outcomes of persons in this population. According to one study following the lives of children with disabilities in South Africa, the children in the sample described "discrimination from other children and adults in the community as their most significant daily problem."<sup>[9]</sup>

Additional forms of discrimination may lead disability to be more salient in already [marginalized](#) populations. Women and individuals belonging to certain ethnic groups who have disabilities have been found to more greatly suffer from discrimination and endure negative outcomes. Some researchers attribute this to what they believe is a "double rejection" of girls and women who are disabled on the basis of their sex in tandem with their special needs.<sup>[10]</sup> The stereotypes that accompany both of these attributes lead females with disabilities to be seen as particularly dependent upon others and serve to amplify the misconception of this population as burdensome.<sup>[10]</sup> In a study done by Oxfam, the societal consequences of having a disability while belonging to an already marginalized population were highlighted, stating, "A disabled women suffers a multiple handicap. Her chances of marriage are very slight, and she is most likely to be condemned to a twilight existence as a non-productive adjunct to the household of her birth... it is small wonder that many disabled female babies do not survive."<sup>[10]</sup> Additionally, women with disabilities are particularly susceptible to abuse. A 2004 UN survey in Orissa, India, found that every women with disabilities in their sample had experienced some form of physical abuse.<sup>[11]</sup> This double discrimination is also shown to be prevalent in more industrialized nations. In the United States, for example, 72 percent of women with disabilities live below the poverty line.<sup>[12]</sup> The intensified discrimination individuals with disabilities may face due to their sex is especially important to consider when taking into account that, according to the [Organisation for Economic Co-operation and Development](#), women report higher incidences of disability than men.<sup>[11]</sup> Furthermore, the connection between disability and poverty holds particular significance for the

world's women, with females accounting for roughly 70 percent of all individuals living in poverty.<sup>[13]</sup>

## Health care

Another reason individuals living with disabilities are often impoverished is the high [medical costs](#) associated with their needs. One study, conducted in villages in South India, demonstrated that the annual cost of treatment and equipment needed for individuals with disabilities in the area ranged from three days of income to upwards of two years' worth, with the average amount spent on essential services totaling three months worth of income.<sup>[14]</sup> This figure does not take into account the unpaid work of caregivers who must provide assistance after these procedures and the opportunity costs leading to a loss of income during injury, surgery, and rehabilitation. Studies reported by medical anthropologists Benedicte Ingstad and Susan Reynolds Whyte have also shown that access to medical care is significantly impaired when one lacks mobility. They report that in addition to the direct medical costs associated with special needs, the burden of transportation falls most heavily on those with disabilities. This is especially true for the rural poor whose distance from urban environments necessitates extensive movement in order to obtain health services.<sup>[15]</sup> Due to these barriers, both economic and physical, it is estimated that only 2 percent of individuals with disabilities have access to adequate rehabilitation services.<sup>[16]</sup>

The inaccessibility of health care for those living in poverty has a substantial impact on the rate of disability within this population.<sup>[7]</sup> Individuals living in poverty face higher health risks and are often unable to obtain proper treatment, leading them to be significantly more likely to acquire a disability within their lifetime.<sup>[7]</sup> Financial barriers are not the only obstacles those living in poverty are confronted with. Research shows that matters of geographic inaccessibility, availability, and cultural limitations all provide substantial impediments to the acquisition of proper care for the populations of developing countries.<sup>[17]</sup> Sex-specific ailments are particularly harmful for women living in poverty. The [World Health Organization](#) estimates that each year 20 million women acquire disabilities due to complications during pregnancy and childbirth that could be significantly mitigated with proper pre-natal, childbirth, and post-natal medical care.<sup>[18]</sup> Other barriers to care are present in the lack of treatments developed to target [diseases of poverty](#). Experts assert that the diseases most commonly affecting those in poverty attract the least research funding. This discrepancy, known as the [10/90 gap](#), reveals that only 10 percent of global health research focuses on conditions that account for 90 percent of the global disease burden.<sup>[19]</sup> Without a redistribution in research capital, it is likely that many of the diseases known to cause death and disability in impoverished populations will persist.<sup>[19]</sup>