

# *Disability*

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### **Chapter contribution: Disability**

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#### **Abstract (100-150 words)**

The crucial importance of addressing the specific needs and rights of persons with disabilities has been increasingly acknowledged in all aspects of development policy and practice. This chapter explores the complex links between disability, poverty and development and discusses key conceptual understandings in the context of the global South, from the 'medical' and 'social' models to the 'bio-psycho-social' model of disability.

#### **Key words**

Bio-psycho-social model of disability:

Disability rights:

Persons with Disabilities:

Vulnerabilities:

#### **Disability, poverty and development**

The complex links between disability, poverty and development have been increasingly acknowledged within development discourses and research<sup>1</sup>. Poverty exacerbates and/or intensifies impairment or vulnerability to its effects, while the barriers faced by disabled people result in a greater chance of experiencing intense poverty (Grech, 2016). Although reliable statistical data on the incidence of disability/impairment is not widely available and there is no agreed consensus on how disability should be defined and measured, it is estimated that over a billion people worldwide (15% of the global population) live with a disability (WHO and World Bank, 2011). The majority of the global population of disabled people (80%) live in low and middle income countries, which often have limited resources to meet their needs. Furthermore, disabled people are disproportionately represented among the numbers of people living in chronic poverty. The high rates of impairment and preventable illness in the global South are largely caused by malnutrition, poverty, lack of access to sanitation, safe drinking water, healthcare and other services, hazardous work, landmines, armed conflict, structural violence and inequalities.

Being poor also increases the likelihood of an individual experiencing ill health and becoming disabled (Yeo and Moore, 2003). Childhood impairment is often caused by preventable injuries and illnesses in homes and neighbourhoods that are related to poor living conditions, inadequate access to healthcare and sanitation and accidents among working children (McEwan and Butler, 2007). Many disabled children are

denied access to education, due largely to the fact that education systems in the global South lack the resources and skills to include disabled students within mainstream educational settings and adequately meet the needs of disabled students. This in turn leads to high levels of illiteracy, reduced skills and employment opportunities for disabled people in adulthood, perpetuating the cycle of poverty from one generation to the next (Yeo and Moore, 2003). Disabled women and girls often experience multiple disadvantages, on the basis of their gender and disability, and are particularly vulnerable to abuse, chronic poverty and exclusion.

It is also increasingly acknowledged that understandings of 'normal' bodies, disability and illness vary according to the economic, geopolitical, socio-cultural and spatial context. In many Sub-Saharan African countries, for example, disability in children is associated with maternal wrongdoing and witchcraft and in contexts of poverty, negative cultural attitudes and a lack of support, families may 'hide' or abandon disabled children who are considered 'abnormal' (Kabzems and Chimedza, 2002). However, impairment does not always lead to exclusion and many individuals are supported and included within their families and communities.

Improving health systems, infrastructure and the prevention and treatment of diseases are critically important in preventing and reducing the prevalence of disability in the global South. Fulfilling disabled people's rights and enhancing their wellbeing, however, also requires efforts to tackle poverty and the socio-cultural, political, economic and climate-related inequalities, vulnerabilities and structural violence that people experience.

### **From the 'medical' and 'social' models to the 'bio-psycho-social' model of disability**

Development approaches based on multidimensional understandings of poverty that aim to enhance human capacities and wellbeing have been influenced by disability politics and social theories of the body, health and disability that developed from the 1970s onwards. Disability activists in the global North rejected medical, rehabilitative models of disability which were based on assumptions that disabled people suffer primarily from physical and/or mental abnormalities that medicine can, and should treat, cure, or at least prevent. Within the dominant 'medical model' approach, disability is perceived as an 'individual misfortune' or 'tragedy'. The disability movement in the global North instead developed a 'social model' of disability to focus attention on the socio-cultural, economic, political and spatial barriers to participation that disabled people experience. An individual's 'impairment' was seen as separate from the social, attitudinal and environmental dimensions of 'disability' that exclude disabled people. The 'social model' thus focuses on changing society to facilitate the participation and inclusion of disabled people, rather than on efforts to 'rehabilitate' individuals and overcome biological constraints of the body.

These understandings of disability have been crucial to improving accessibility, achieving equality of opportunity and securing disabled people's rights within the public sphere in the global North. Commentators, however, have questioned the appropriateness of applying Western-centric social models of disability in the global South (McEwan and Butler, 2007). The wider macro-economic context, resource

constraints and limited availability of technical solutions to make environments more accessible constrain the implementation of social model approaches to disability in many low income countries. Chronic poverty, limited income earning options and restricted access to health and education that many disabled people experience mean that access to basic services is likely to represent a higher priority for disabled people, governments and policymakers, rather than issues of accessibility or assistive technology.

Debates about the need to reconcile both medical and social models of disability in the 1980s led to the establishment of 'community-based rehabilitation' approaches in the global South and the eventual emergence of the 'bio-psycho-social' model of disability that underpins the United Nations Convention on the Rights of Persons with Disabilities. Community-based rehabilitation approaches aimed to provide rehabilitation through medical intervention and care, as well as promoting the social inclusion and participation of disabled people within their communities. Community-based rehabilitation projects have been criticised, however, for being ill-conceived and lacking sensitivity to local cultures and practices (McEwan and Butler, 2007). Community-based rehabilitation can be seen as reinforcing medical/charitable models of disability that were introduced in the colonial era, perpetuating ideas that disabled people are dependent and need to be supported by charitable fundraising and donations (McEwan and Butler, 2007). Community-based rehabilitation projects have sought to shift towards a more community development approach in recent years and aim to empower disabled people and facilitate their participation in the development process.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) is broadly informed by the social model of disability, but also developed from community-based rehabilitation approaches that paid greater attention to the impact of impairment. This led to what has been termed the 'bio-psycho-social' model of disability. Disability and impairment are not explicitly defined in the UNCRPD, but 'persons with disabilities' include: 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'. Key tenets of the Convention are disabled people's rights to participation and inclusion, non-discrimination and accessibility.

Disability politics and research from the global South is increasingly challenging Northern framings of the disability debate (Grech, 2016). Social model approaches to disability have been criticised for failing to acknowledge the materiality of the body such as the effects of pain and impairment on people's everyday lives, and the impacts of structural violence, such as impairments resulting from processes of imperialism and colonisation. Meekosha and Soldatic (2011) argue that a 'politics of impairment' is critical for understanding disability in the global South, pointing to the example of the Vietnamese Agent-Orange Movement's claims for redistributive justice against the US military. Such political mobilisations to achieve compensation for impairments caused by crimes committed as part of the colonisers' project draw heavily on medical science to make claims for a global resource transfer from the North to the South. Similarly, people living with HIV in Africa and others with chronic

illness may identify with others on the basis of their biomedical diagnosis rather than according to a strategic notion of 'disability' and the focus of their activism may be on access to healthcare and medical treatment, which differs from the focus of the disability movement in the global North (Evans and Atim, 2011).

The separation of 'impairment' from 'disability' that underpins the social model can result in impairment being constructed as 'natural' (as opposed to disability which is viewed as 'social'). However, as Meekosha and Soldatic (2011: 1393) argue, 'impairment is not in fact always natural, but the outcome of deeply politicised processes of social dynamics *in* bodies that then become medicalised and then normalised through a raft of moral discursive and real practices'. They call for a 'politics of diversity within unity' as a central strategy of global mobilisation on disability and impairment.

### **'Mainstreaming' disability in development and contemporary challenges**

Disabled people's organisations, led by disabled people in the global South, have played an important role in collective advocacy for the representation of disabled people in all stages of the development process at the national and international levels. The National Union of Disabled People of Uganda (NUDIPU) lobbied for the inclusion of disabled people at all levels of political administration and disabled people have achieved a higher level of political representation in Uganda than in any other country (McEwan and Butler, 2007). International non-governmental organisations, coalitions and networks, such as Disabled People's International (established in 1981) have helped to strengthen national disabled people's organisations and facilitate collective advocacy for disabled people's rights at the global level.

The adoption and rapid ratification of the UNCRPD by many countries from 2008 onwards has resulted in a high level of state and civil society mobilisation around disability. Disability issues appear to be increasingly mainstreamed within the 'rights-based development' agenda, although the legal rhetoric is often very distant from the lived reality experienced by many disabled people in the global South (Meekosha and Soldatic, 2011; Kingston, 2017). While the emphasis is on mainstreaming disability into all development activities, such as Poverty Reduction Strategy Papers and Sustainable Development Goals (SDGs), it is recognised by the UNCRPD that disability specific measures may be necessary to 'accelerate or achieve de facto equality of persons with disabilities'.

The Millennium Development Goals were critiqued for not recognising the specific inequalities faced by disabled people. Recent years have seen increasing efforts focused on promoting the inclusion of disability rights within the SDGs framework and their associated targets. While disability is not one of the 17 overarching goals, disability and 'persons with disabilities' are mentioned, for the first time, in relation to targets for five of the Goals. It is too early to assess whether the SDGs will have a positive impact (if at all) on disabled people.

While the 'mainstreaming' of disability within rights-based approaches to development has been broadly welcomed by advocates and activists, tensions

remain. Concerns focus on the dangers of tokenistic involvement of disabled people and the neglect of their self-determination and equality, in addition to the lack of attention to global structural inequalities and the role of imperialism and colonialism as root causes of violations of human rights, famines, malnutrition, ecological degradation and growing impairment in the global South (Meekosha and Soldatic, 2011).

The risks and impacts of human-induced climate change and severe natural disasters are increasingly rising up both national and international policy agendas. While the proportion of disabled people among those affected by climate change-related disaster is unknown, it is widely acknowledged that disabled people are particularly vulnerable to its impacts. Disabled people have the least capacity to adapt to changes in their environment and are virtually ignored in discussions and planning about preparation for the risks and impacts of climate change (Wolbring and Leopatra, 2012).

The effects of climate change on disabled people are exacerbated in low- and middle-income countries where high levels of poverty, limited resources and lack of adequate welfare support often combine to reinforce disabled people's vulnerability. Disabled people are more likely to experience natural disasters as human disasters (Priestley and Hemmingway, 2007), due to their disproportionate representation among the poor and their own underlying vulnerabilities, arising from factors such as stigma, inaccessible infrastructure and lack of accurate data on their whereabouts and needs. These issues can be magnified when mass displacement occurs due to rising sea levels, flooding, water shortages and climate-related conflict. The rights and needs of disabled people who are forced to migrate may be ignored, despite their specific requirements for accessible transportation, healthcare, housing and inclusive education and livelihood opportunities. Others may be unable to move and simply left behind when faced with climate shocks and disasters, remaining in precarious circumstances, often with reduced family and community support and increased vulnerability to further economic and climate-related shocks.

The perspectives, needs and rights of disabled people and other vulnerable groups must be included within efforts to prevent and mitigate climate-related risks and impacts as core contributions to the twenty-first century's agenda for global justice and sustainable development.

### **Endnote**

1. This chapter is a revised and updated version of a more extensive discussion of health, disability and development in Potter et al.'s 2012 book, *Key Concepts in Development Geography*, London: Sage.

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Wolbring, G. and Leopatra, V. (2012) Climate change, water, sanitation and energy insecurity: Invisibility of people with disabilities, *Canadian Journal of Disability Studies*, 1(3): 66-90.

World Health Organisation (WHO) and World Bank (2011) *World Report on Disability*, Geneva: WHO/ The World Bank.

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### **Further reading**

The journal, *Disability in the Global South*, focuses on all aspects of disability and disabled people's lives in the global South.

Grech, S and Soldatic, K. (2016) *Disability in the Global South: The Critical Handbook*, Springer: Switzerland. This edited collection critically examines social understandings of disability in global health, disability studies and international development and explores disabled people's lives and intersecting social inequalities across cultures, space and time.

*Third World Quarterly* (2011) 'Disability in the global South', special issue, 32(8). This collection of articles discusses conceptualisations of Southern bodies, disability, poverty and human rights.

Groce N, Kett M, Lang R and Trani J, 2011 "Disability and poverty: the need for a more nuanced understanding of implications for development policy and practice", *Third World Quarterly* 32 (8), 1493- 1513. This article provides a useful review of existing knowledge and theory regarding the disability–poverty nexus.

Eide, A. and Ingstad, B. Eds. (2011) *Disability and Poverty: a Global Challenge*, Bristol: The Policy Press. This wide-ranging collection explores the social, cultural and political dimensions of disability and poverty in different contexts in the global South.

### **Useful websites**

[www.un.org/disabilities](http://www.un.org/disabilities)

<https://sustainabledevelopment.un.org/>