Disability, Health and Human Development

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Research Questions

1. How should disability be defined to analyze and inform policies related to wellbeing?
2. What is the prevalence of functional difficulties?
3. What inequalities are associated with functional difficulties?
Literature

1. How should disability be defined to analyze, and inform policies, related to wellbeing in less resourced settings?
   - ICF (WHO 2001), social model (UNCRPD 2006), individual model (Global Burden of Disease)

2. What is the prevalence of functional difficulties?
   - WHO-World Bank (2011); Mitra and Sambamoorthi (2013)

3. What inequalities are associated with functional difficulties?
   - Growing evidence of associations in some aspects of wellbeing (education, subjective wellbeing) and of multiple deprivations (e.g. Trani et al 2013, 2015).
Conceptual Framework: Sen’s Capability Approach

Functionings (what people manage to do or be) and/or capabilities (the practical opportunities people have) are the evaluative space for human development (Sen 1999).
Sen’s Capability Approach (Cont.)

Source: Robeyns (2005)
The Human Development Model

• The objective of the model and its applications are to describe, explain and compare people’s functionings and/or capabilities, with a focus on how health conditions or impairments may relate to other functionings/capabilities.

• The end of research or policy initiatives guided by this model is to enhance the capabilities/functionings of individuals.

• Disability is defined as a deprivation in terms of functioning(s) (and/or capability) among persons with a health condition or impairment.
The Human Development Model (Cont.)

A. Personal factors

B. Resources

C. Structural factors

D. Health Deprivations (Impairments & Health Conditions)

E. Wellbeing (functionings/capabilities)
The Human Development Model (Cont.)

• Responses to improve wellbeing may have several entry points: health (preventing health conditions and impairments, improving health in general), resources (enhancing access to goods and services), and structural factors (e.g. change of attitude or physical environment).

• This comes in contrast with earlier models.
Methods: Data

- Four panel household surveys collected as part of the Living Standard Measure Study of the World Bank.

  Ethiopia: Rural Socioeconomic Survey (2011/12, 2013/14)
Methods: Disability Measures

• The data includes the Washington Group on Disability Statistics recommended short set of questions on limitations in: seeing; hearing; walking/climbing steps; self care; learning/memorizing; communicating (Altman 2016).

• Each of the questions has a four point answer scale: (1) No difficulty; (2) Yes – some difficulty; (3) Yes a lot of difficulty; (4) Cannot walk at all.

• This research uses
  - Disability dummy variables (moderate; severe)
  - Functional score = (Score – MinScore) / (MaxScore – MinScore)
Results

• Results from the analysis of LSMS data in Ethiopia, Malawi, Tanzania, and Uganda dispel a number of myths or common assumptions in relation to disability when disability refers to functional difficulties:
Result #1: Disability is not rare and does not affect a small minority.
Result #2: Disability is not static.

Severe functional difficulties over two years

- **Uganda**
- **Ethiopia**

![Graph showing severe functional difficulties over two years for Uganda and Ethiopia, with categories for Both waves, Wave 1 only, and Wave 2 only.]
Result #3: Disability is relevant to development policy. It is highly correlated with poverty.

**Prevalence of severe functional difficulties by asset quintile**

- **Ethiopia**
- **Malawi**
- **Tanzania**
- **Uganda**

- **Bottom quintile**
- **Top quintile**
Result #4: Disability is relevant to development policy. It is highly correlated with poverty (Cont.).
Result #4: Disability is relevant to development policy (Cont.).

- Suggestive evidence that functional difficulties are in part due to poverty
- Suggestive evidence that functional difficulties may cause poverty
Result #5: Disability is not a specialist issue. It is a cross-cutting and is relevant at least to poverty, health, gender and aging policies.
Summary

• The human development model and its application to four countries in Africa suggest that in policy and research, disability needs to be considered through multi-sectoral approaches related to aging, health, gender and poverty.

• It also suggests that multiple track approaches are needed including at least inclusion, targeted and prevention interventions.

• The current wisdom in the disability field that leaves out prevention and is often based on a minority approach from the social model, is unlikely to be conducive to human development for all.
Comments, feedback welcome.

Thank you!

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The ICF

Health conditions (disorders or diseases)

Body functions and structures (Impairments)

Activities (Limitations)

Participations (Restrictions)

Personal factors

Environmental factors