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# Living conditions among people with disabilities in developing countries

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## Introduction

*Living conditions* and *poverty* are two common quantifiers or parameters of socioeconomic status and both have evolved from rather narrow economic and material concepts to encompass broader and more complex understandings.

According to Heiberg and Øvensen (1993), studies on *living conditions* have evolved to include individuals' capabilities and how they utilise their capabilities. Likewise, the concept of *poverty* has expanded beyond a derived level of income or accumulation of material goods whereby 'poverty is now seen as the inability to achieve certain standards', poor people 'often lack adequate food, shelter, education, and health care', and 'they are poorly served by institutions of the state and society' (Wolfensohn and Bourguignon, 2004, p 4). The two concepts are not interchangeable, however; they stem from different research traditions and differ in use both for research and for practical purposes. While poverty research has focused on defining poverty and establishing poverty profiles, identifying poor populations and strategies for reducing poverty, studies on living conditions are based on more loosely bound sets of indicators that are applied to measure, for example, level of income, education, access to information, access to healthcare and social participation in a population, and to establish differences between population sub-groups for descriptive, comparative and monitoring purposes. Poverty is both a more general and complex phenomenon than living conditions, and the field of poverty research has recently been characterised as 'polyscopic', indicating that we are dealing with a multifaceted umbrella term and a conglomerate of perspectives and methods (Øyen, 2005). Surveys of living conditions in a population can, however, provide indicators on poverty and disability, and, if properly designed, they can be applied to study poverty mechanisms, poverty development and trends in a population, as well as contributing to decisions that may be applied to poverty alleviation. In this chapter data collected on the living conditions among people with and without disabilities in the southern African region will be utilised to assess the disability–poverty relationship.

There is considerable support in the literature for the close, dependent relationship between disability and poverty (Palmore and Bruchett, 1997; Turmusani et al, 2002; Yeo and Moore, 2003). According to Beresford (1996, p 553), 'the relationship between poverty and disability is close, complex and multi-faceted'. Barnes and Mercer (1995) argue that the economic and social deprivation experienced by disabled people is hardly experienced by other sections of society. It has, for instance, been estimated that over 60% of people with disabilities in the US and Great Britain live below the poverty level (Beresford, 1996). Studies in Norway have shown a gap in living conditions between disabled and non-disabled individuals and that the disadvantaged position of those with a disability is also maintained in times of continuously increasing prosperity among the general population (Hem and Eide, 1998).

There is, however, less evidence to be found supporting the disability–poverty relationship in low-income countries (Elwan, 1999; Metts, 2000; Yeo and Moore, 2003; Loeb et al, 2008). This is primarily due to the lack of relevant and reliable data; however, there is also a possibility that the relationship between poverty and disability is different in contexts where poverty is a reality for the majority or large segments of the population. The discourse on the relationship between disability and poverty in developing countries is, on the other hand, clear; most people with disabilities live in developing countries and they are among the poorest of the poor (Yeo and Moore, 2003).

Despite the obvious relationship between impairment, disability and poverty, there is little international comparable statistical data on the incidence, trends and distribution of impairments and disabilities, and much nation-level data, particularly in the developing world, is unreliable and out-of-date. (quoted in Erb and Harriiss-White, 2001)

The *World Programme of Action concerning disabled persons* (UN, 1982), *The standard rules on the equalisation of opportunities for persons with disabilities* (UN, 1994) and, most recently, the *UN Convention on the Rights of Persons with Disabilities* (UN, 2006) comprise explicit formulations that reflect the need for information, data collection and research on the situation of people with disabilities, particularly in developing countries.

## **Studies on living conditions in southern Africa<sup>1</sup>**

SINTEF Health Research has, in collaboration with the Norwegian Federation of Organisations of Disabled People (FFO) and the Southern Africa Federation of the Disabled (SAFOD), national Central Statistical Offices and relevant ministries, carried out large and nationally representative studies on living conditions among people with disabilities in Namibia (Eide et al, 2003a), Zimbabwe (Eide et al, 2003b), Malawi (Loeb and Eide, 2004) and Zambia (Eide and Loeb 2006a).<sup>2</sup> The

questionnaires developed for these surveys were based on existing designs that had previously been applied in the region (Schneider et al, 1999; NPC, 2000). A particular feature of all these studies has been extensive involvement of disabled people's organisations (DPOs), individuals with disabilities and a continuous development of the researcher–user relationship<sup>3</sup> into a model whereby DPOs have been in control of the entire research process. In each country stakeholder workshops were important in order to adapt the design to local contexts before carrying out the studies, and reference groups ensured broad influence in the research process. This ensured not only a contextual adaptation of a general concept ('living conditions') and the relevance of the surveys for individuals with disabilities, but it was also a strategy for ensuring application of the data. For further discussion about the user aspect, see Albert (2006).

Sampling was carried out by the Central Statistical Office in each country, based on national sampling frames, and involved a two-stage procedure: first, a representative sample of geographical areas (enumeration areas [EAs]) was drawn, followed by a disability screening exercise in each of the areas. Screening was inspired by the International Classification of Functioning, Disability and Health (ICF), and was thus based on activity rather than impairment, as for most previous censuses in low-income countries (see Eide and Loeb, 2006b; Loeb et al, 2008). Households with a disabled family member were later revisited and interviewed using a comprehensive questionnaire. Neighbour households without disabled members were interviewed as controls to enable comparative analyses. The questionnaires applied in each country differ to some extent due to local adaptation, but they are largely comparable.

Interviewers were given extensive training in order to prepare them for data collection, to avoid interviewer bias and to establish a common understanding on the core concepts involved. It was particularly important to make sure that an ICF-based understanding of disability was shared among the enumerators, as opposed to an impairment-based understanding that still prevails. In all countries efforts were made to recruit interviewers who themselves were disabled; they were often recruited through the collaborating DPO.

Screening for disability in surveys or censuses is a critical issue and the development of screening questions follows developments in the discourse on disability definitions. Comparability between disability data has for a long time been hampered by the lack of a standard procedure for measuring disability and for distinguishing people with and without disabilities (Eide and Loeb, 2006b). The discourse on disability and its definition during the last 20–30 years may be reflected through the revision of the first World Health Organization (WHO) classification on disability (International Classification of Impairments, Disabilities and Handicaps) (WHO, 1980) and the final adoption of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001). With the ICF a model of disability has been made available that attempts to merge two clearly different ways of defining disability, that is, the medical model and the social model. Rather than focusing on physical impairments, activity limitations

and restrictions in social participation are regarded as core components in the process of functioning that also include bodily functions, health conditions and environmental and social factors. According to this logic, disability is conceived as the outcome of the interaction of a person's functional status with the physical, social and political environments in which he/she lives (Mont, 2007). This has a direct impact on the screening and measurement of disability, shifting in principle from measuring impairments to functioning by means of measuring capacity (activity limitations) and performance (social participation). ICF provides the framework by which sets of questions may be developed and utilised to quantify capacity and performance in surveys. Following the acknowledgement of problems related to international disability statistics and the adoption of ICF in 2001, the Washington City Group on Disability Statistics<sup>4</sup> was tasked with developing standard ICF-based screening instruments for censuses and surveys. The ICF has been operationalised through the development of disability screening procedures based on functioning in the studies on living conditions among people with disabilities in southern Africa, and in one country (Zambia) directly on the work of the Washington City Group (Loeb et al, 2008).

Results from the national representative studies

In addition to allowing for comparisons between individuals with and without disabilities, and between households with and without disabled members, the coordination and design of these studies also allows for comparison between countries (see Table 3.1).

Table 3.2 shows the mean size of households with and without a person with a disability.

Table 3.1: Size of survey samples

	Namibia		Zimbabwe		Malawi		Zambia	
	With disabled	Without disabled	With disabled	Without disabled	With disabled	Without disabled	With disabled	Without disabled
Number of households	2,286	1,356	1,943	1,958	1,521	1,537	2,885	2,886
Number of individuals in household	16,459	6,855	11,460	10,252	8,038	7,326	15,210	12,979

Table 3.2: Some demographic comparisons

	Namibia		Zimbabwe		Malawi		Zambia	
	With a disability	Without a disability	With a disability	Without a disability	With a disability	Without a disability	With a disability	Without a disability
% female	52.7	51.8	51.8	52.4	51.2	50.2	49.8	50.7
Mean size of household	7.2	5.1	5.3	4.8	5.9	5.2	5.3	4.5

There are no real differences in terms of the percentage of females. The most outstanding demographic difference between the two groups of households (with and without members with a disability) is the higher mean size (number of members) of households with disabled family members. While the explanation for this lies outside of the scope of the surveys, other literature on disability and poverty (see Ingstad and Grut, 2006) suggests that when there is a disabled member in a household, in many instances the task of caring for that person requires extra hands – a task that will often be given to non-disabled female children or other female members of the family. However, regardless of the explanation, the consequence of having a higher mean size of these households implies that direct comparison of households with and without disabled members on poverty-related measures will tend to under-estimate the differences, because these households will have more mouths to feed.

With regards to access to education and literacy there is a consistent pattern across the four countries, as can be seen in Table 3.3.

The results clearly indicate that individuals with disabilities are to a much larger extent (mostly between two and three times) denied access (for a variety of reasons) to the educational system than individuals without disabilities. It should be noted here that treating individuals with disabilities as one group implies that individuals who could not have utilised ‘normal’ schools are also included in the results. This group is, however, marginal in the overall picture, and not excluding them from these analyses does not have a strong influence on the demonstrated differences.

The urban–rural dimension in Table 3.3 clearly demonstrates that access to education is significantly lower in rural areas. Between 25% and 40% of individuals with disabilities living in rural areas in these four countries have never attended school, while the corresponding figure for urban areas is between 15% and 30%. The same pattern of differences between disabled/non-disabled and urban/rural is also found with regards to literacy.

While the basic trend is similar across countries, Table 3.3 also illustrates the differences in the level of non-attendance in the region, with highest levels of

**Table 3.3: Education and literacy (age five years or older)<sup>a</sup>**

	Namibia		Zimbabwe		Malawi		Zambia	
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
% never attended school								
Urban	29.9	11.2	20.0	7.7	15.8	6.4	19.2	5.3
Rural	39.1	17.1	31.0	10.4	37.7	19.3	26.7	11.1
% unable to write								
Urban	40.8	14.3	36.6	15.0	39.5	26.5	35.7	28.3
Rural	48.5	23.8	43.5	19.0	64.3	53.8	53.1	46.5

Note: <sup>a</sup> These results concern ordinary primary, secondary and higher education and do not include special education institutions.

non-attendance observed in Namibia and Malawi and somewhat better but far from equitable results in Zimbabwe and Zambia in particular. Reasons for regional differences are not immediately evident; however, each country has experienced social development (pre-colonial, colonial and post-colonial) differently, and the results may be a reflection of that history. For example, under colonial rule Zimbabwe experienced the development of a well-functioning social infrastructure, and in particular, the development of facilities specifically designed for those with disabilities (such as the Jairos Jiri Association). Today, or at least before the current political and economic downfall of the country, an extended network of institutions served people with disabilities (Devlieger, 1995). The relatively higher level of school attendance among non-disabled in Zambia and Zimbabwe may also contribute to explaining differences in accessibility to education for individuals with disabilities.

Literacy, or written languages, is another indicator of living conditions, and the same pattern as observed in school attendance between disabled and non-disabled is again demonstrated. Between 40% and 60% of those with disabilities (five years or older) may be classified as illiterate, that is, not able to write. In Namibia and Zimbabwe the difference between disabled and non-disabled are particularly pronounced, while Malawi comes out with the highest figure for both groups.

Interestingly, as illustrated in Table 3.4, once given the opportunity to attend school, individuals with a disability achieve largely the same level of education as non-disabled, and in some countries a higher level, as is the case with Zimbabwe and Namibia.

Table 3.4 shows that fewer complete secondary school level in Malawi and Zambia but also that a higher proportion of students take higher education in Zambia as compared with the other countries. At the level of higher education, there is no significant difference between disabled and non-disabled students. In

**Table 3.4: Highest grade achieved (age five years or older)**

	Namibia		Zimbabwe		Malawi		Zambia	
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
<i>Urban</i>								
Primary	67.3	53.8	65.4	51.0	60.8	60.4	57.9	56.4
Secondary	30.6	44.0	32.5	47.1	33.6	35.0	32.0	35.3
Higher education	2.0	2.2	2.1	1.9	5.6	4.7	10.1	8.3
<i>Rural</i>								
Primary	78.9	67.4	78.3	69.8	88.7	87.7	73.1	70.5
Secondary	20.3	31.3	20.6	29.9	10.4	11.9	23.5	25.9
Higher education	0.9	1.3	1.1	0.3	0.9	0.4	3.4	3.6

general, the differences between disabled and non-disabled are not very high, but there is, to a larger extent, a tendency for individuals without disabilities to reach as far as completing secondary school.

Barriers that hinder children with disabilities from attending school may vary. Often schools and classrooms are not adapted to the special needs of children with disabilities. Beyond the obstacles of gaining physical access to the facility itself, other barriers can include a lack of suitable teaching materials (Braille, sign language interpreters, large print textbooks etc), or a lack of teachers trained to deal with the needs of children with disabilities. Even if children with disabilities gain access to schools, many do not attend because toilet facilities at the schools are inaccessible. Matriculation rates are also lower among students with disabilities. In South Africa, for example, it is claimed that disparities in school attendance and completion are 'informed by attitudes within the schools that reinforce the notion that disabled students do not have a future in higher education and thus it is not in their own interests or in the interests of the school to support that career path' (Howell, 2006, pp 165–6).

Challenges related to school attendance are closely related to type of impairment. A separate analysis on impairment type and school attendance is presented in Table 3.5.

The pattern of type of impairment among those individuals who were identified as being disabled and who never attended school (see Table 3.5) is quite similar among the four countries included. Individuals identified as having a disability using the screening questions were asked to indicate the type of disability or impairment they had. The majority of those who never attended school had sensory impairments (vision, hearing and/or communication) as their primary impairment, followed by physical impairments and mental/emotional impairments. (Other impairments include, for example, age-related impairments, albinism and unspecified impairments.) Comparing the results in Table 3.5 with the distribution of types of impairments among those who were identified as having a disability<sup>5</sup> indicates clearly that individuals with sensory and mental/emotional impairments run a much greater risk of being excluded from education compared with those who are physically impaired.

**Table 3.5: Type of impairment among those who never attended school (age five years or older)**

	Namibia	Zimbabwe	Malawi	Zambia
<i>n</i>	869	519	403	582
Sensory*	43.6	39.5	42.4	43.6
Physical	34.9	41.4	40.7	35.2
Mental/emotional	19.3	11.0	12.4	15.5
Other	2.2	8.1	4.5	5.7

Note: \* Includes communication difficulties.



Unemployment in sub-Saharan Africa is high (Teal, 2000), regardless of the disability status of a household, and this is illustrated in Table 3.6. Despite regional high unemployment rates, households with disabled members are less likely to have an income than households without a disabled family member (with the exception of the data material from Zambia). It is worth noting that the ratio of 'not working to working' is much higher in Namibia and Zimbabwe. In the surveys presented here 'working' has been operationalised as 'working outside the household and bringing cash into the household'. In all four countries informal employment is common and often encouraged without strict enforcement of laws and regulations governing work environments. Subsistence farming and barter trade are other important factors influencing household income. Although the way 'working' has been defined in these studies also covers the informal economy, it is limited to the cash economy and may thus under-estimate the level of activity required to secure a living for the household.

Second, the results demonstrate that unemployment as defined in these surveys is significantly higher among disabled members in three of the four countries, Zimbabwe being the exception in this regard.<sup>6</sup> As mentioned above, unemployment is high in the entire region and even more so among individuals with disabilities. Figures on employment rates in these contexts are problematic due to the relative importance of the informal sector, with many individuals having marginal and insecure income. The figures in Table 3.6 may thus differ from other available statistics as definition and understanding of unemployment will vary.

As an indicator of living conditions, *access to information* was captured according to the level of access or availability to various communication/media sources in a household: telephone, radio, television and newspaper. A household could own or regularly use the source of information, have reasonable access to the source or have no access to the information source. Table 3.7 shows the percentage of households *without* access to the specified information source.

Accessibility is not uniform across the four countries surveyed – different degrees of accessibility are demonstrated, particularly in terms of telephone and

**Table 3.6: Employment situation**

	Namibia		Zimbabwe		Malawi		Zambia	
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
Is someone in the household working?								
% No	56.3	40.9	55.0	49.7	18.1	13.5	16.4	16.3
% Yes	43.7	59.1	45.0	50.3	81.9	86.5	83.6	83.7
Are you currently working? (age 15-65 years)								
No	90.1	77.8	78.4	78.3	57.7	53.2	54.5	42.0
% unemployed								

**Table 3.7: Household access to information: % of households without access to information by disability status of household and urban/rural location**

	Namibia		Zimbabwe		Malawi		Zambia	
	With a disability	Without a disability	With a disability	Without a disability	With a disability	Without a disability	With a disability	Without a disability
Telephone								
Urban	11.2	8.7	14.0	11.7	16.2	12.4	40.7	37.7
Rural	42.0	39.0	14.8	15.0	48.8	46.0	75.3	72.9
Radio								
Urban	7.6	5.5	15.3	14.7	4.4	3.9	16.5	15.2
Rural	13.1	11.1	28.3	24.4*	10.8	8.6	38.9	36.4
Television								
Urban	23.1	18.4	34.9	30.5	25.9	18.5	34.4	34.4
Rural	70.1	65.8*	67.8	68.5	64.5	60.0*	77.1	73.9*
Newspaper								
Urban	23.1	13.2†	35.2	27.5*	25.9	18.1	46.8	46.1
Rural	72.4	63.3†	52.7	50.5	67.6	59.8†	84.1	84.1

Notes: \*  $p < 0.05$ ; †  $p < 0.01$ .

radio. This may reflect true differences in the living standards of the countries at the time of the survey.

Not unexpectedly, rural areas have poorer access to all forms of information (telephone, radio, television, and newspaper). While differences between households with and without a disabled family member reached statistical significance in only certain types of information in certain countries, the general pattern was similar across the board. This is true for all forms of information, and it follows the same general pattern as was seen in terms of mean number of possessions. The above media for communication are considered a luxury, to the extent that they have to be continually paid for, especially among the poor and disabled households. However, most households tend to buy/procure them as one way of ensuring that those with a disability are entertained and connected to the outside world as and when they need it.

Differences between households with and without a disabled family member, when statistically significant, are generally in the direction of households with a disabled family member on average having fewer possessions than households without a disabled family member (see Table 3.8). Only in Zimbabwe were households with a disabled family member found to have more possessions than households without a disabled family member. Rural households were on average found to have fewer possessions, regardless of the household's disability status, than urban households. Possession in Malawi and Zambia was more evenly split between rural and urban; in Namibia and Zimbabwe the list of possessions is biased towards urban dwellers.

**Table 3.8: Mean number of household possessions by disability status of the household (weighted by size of household) and urban/rural location**

	Total number of possessions considered	With a disability	Without a disability	p value
<b>Namibia</b>	30	4.2	5.2	<0.001
Urban		7.1	8.1	<0.001
Rural		3.5	4.3	<0.001
<b>Zimbabwe</b>	30	5.8	5.7	0.007
Urban		7.1	7.2	ns
Rural		5.3	5.1	<0.001
<b>Malawi</b>	41	10.6	10.9	<0.001
Urban		14.1	13.9	ns
Rural		10.1	10.5	<0.001
<b>Zambia</b>	40	10.3	10.3	ns
Urban		11.4	11.4	ns
Rural		9.6	9.6	ns

Table 3.9 provides an overview of services that are considered to be important for individuals with disabilities, in particular with respect to their level of functioning and degree of social participation.

**Table 3.9: Gap in service delivery**

Service	Namibia		Zimbabwe		Malawi		Zambia	
	Needed <sup>a</sup>	Not received <sup>b</sup>	Needed <sup>a</sup>	Not received <sup>b</sup>	Needed <sup>a</sup>	Not received <sup>b</sup>	Needed <sup>a</sup>	Not received <sup>b</sup>
Health services	90.5	27.1	93.7	8.0	83.4	39.0	76.7	20.7
Welfare services	79.5	76.7	76.0	76.4	69.0	95.0	62.6	91.6
Counselling for parent/family	67.4	58.3	49.2	54.6	50.5	80.5	47.3	78.1
Assistive device services	67.0	82.7	56.6	63.4	65.1	82.1	57.3	81.6
Medical rehabilitation	64.6	73.7	68.2	45.2	59.6	76.2	63.2	62.5
Counselling for disabled	64.6	84.8	52.1	59.2	52.7	89.3	51.2	85.7
Educational services	58.1	72.6	43.4	48.8	43.9	79.7	47.0	82.2
Vocational training	47.3	94.8	41.1	77.3	45.0	94.4	35.1	91.6
Traditional healer	33.1	53.2	48.9	9.9	57.7	40.3	32.3	37.1

Notes: <sup>a</sup> Percentage of total number disabled; <sup>b</sup> percentage of those claiming they needed the service.

The first column, for each country, indicates the importance of the different services, that is, the proportion of the total number of individuals with disabilities who stated that they needed the respective services. Although there are slight variations between the countries, the order of the services in the table largely also reflects the rank order of importance. Also presented are the percentages of those who did not receive the service (from among those who claimed that they needed it). Few services have small service delivery gaps (services not received but needed), although it is somewhat encouraging that health services are among those most often received in all countries. The largest gaps are found for vocational training, welfare services, assistive device services and counselling, and generally the smallest gaps are observed in Zimbabwe; this again may be a reflection of the (then) rather well-functioning (in regional terms) social infra-structure inherited at independence.

## **Conclusion**

The results presented here are unique in representing the first generation of a thorough comparative mapping of the level of living among people with and without disabilities in the southern African region. The strong involvement of DPOs throughout the entire research process, as well as the efforts to recruit interviewers with disabilities, have positively influenced the relevance and applicability of the data.

Although DPOs have limited resources and experience with doing research and coordinating complex national data collections, they received good support from the collaborating universities as well as the national Central Statistical Offices in each country. These surveys comprise an important element in a planned and strategic organisation capacity building programme being carried out in collaboration between SAFOD and FFO. The overall operations of the surveys thus rest within the national organisations themselves. Combined with a parallel capacity building programme designed to empower organisations with the ability to understand, interpret and apply research results, the exercise has given DPOs in each country the ability to inform policy as it affects the lives of people with disabilities.

While there are many positive aspects to these studies, it is nevertheless the case that they have been carried out under difficult circumstances with regards to infrastructure and capacity in general, and many individuals previously inexperienced with research methodology and data collection were involved. To some extent this may have affected the quality of data, and it is possible that some of the differences between countries may be explained by variation in understanding of certain questions and concepts (compounded by the fact that the four countries included here each have many local languages). We attempted to counter this, however, by teaming inexperienced research assistants with those who were more experienced and recruited through the local universities, by continuously improving selection criteria for and training of interviewers as

well as quality assurance during data collection by employing highly qualified supervisors and a standardised system for the control and flow of questionnaires in the research process.

There is strong support for a close relationship between disability and poverty in the literature. Data to support this is particularly weak in low-income countries due to the general lack of statistics in poor countries as well as the problematic quality of the few data that exist. The surveys in the southern African region provide a first broad, systematic approach to living conditions among people with disabilities in developing countries that enable comparison between groups as well as across different contexts. Results from the surveys have demonstrated a consistent pattern of differences between people with and without a disability, in rural as well as urban areas, and between households with and without disabled family members.

The proportion of those with a disability who have not attended school is about twice as high as the corresponding figure for those without a disability. Close to half the population of people with a disability are illiterate. Unemployment is in general extremely high, but clearly higher among individuals with disabilities. Access to information is lower among households with disabled family members.

The studies have further identified large gaps in service delivery, in particular with regards to vocational training, welfare services, assistive device services and counselling. The gaps in delivery of these services are among the largest and are indicative of some of the environmental barriers that restrict the full social participation of disabled individuals. In each country such figures could be applied to guide policy development, priority setting and resource allocation in order to ensure the effective use of limited resources. In many of the countries in the region disability policies are in place that are based largely on international documents such as *The Standard Rules for the Equalisation of Opportunities for People With Disabilities* (UN, 1994). Unfortunately, these policies are at the same time based on rather limited or no research based knowledge concerning the situation of people with disabilities in the countries in question. This will clearly affect the relevance of policies and thus also the quality and outcome of policy implementation. With the existing data material, more informed policies might be possible in the future.

The majority of the differences shown in the tables presented here are statistically significant, implying that there are real differences on the level of the population of disabled people. Several of the indicators included in the analyses are also valid poverty indicators, and thus the studies have contributed with data that confirm the disability and poverty co-dependency.

Although the general pattern is confirmed in all four national surveys, and in both urban and rural contexts, there are also pronounced differences between countries, for instance, in terms of employment. As mentioned in the introduction to this chapter, the disability concept in itself is complex and is further complicated through the influences of regional and cultural differences. Although standard

training was offered, with much emphasis on establishing a common ICF-based understanding of disability, traditional understandings of disability may have had some influence on the final operationalisation of the disability concept in the research presented here.

While it is argued that comparability across countries is one of the possibilities offered by these data, such comparisons are nevertheless problematic. Comparability may be compromised through any of the following actions: minor differences in survey design due to contextual adaptation in each country or inherent cultural differences; changes based on experience in previous countries surveyed; refinements in the understanding of core concepts; differences among the data collection teams; or variations in training procedures. However, since the survey design remains by and large unaltered and the surveys were carried out under the guidance of the same people, it is nevertheless assumed that the differences observed reflect true differences in living conditions between the countries.

Regardless of level of employment, or education, access to information or the availability and acquisition of services, individuals with disabilities and the households in which they live are worse off than those without disabilities and their households. The two indicators that were analysed for urban–rural differences further demonstrate that living conditions measured in this way are better in urban areas, while the difference between households with and without disabled members follow the same pattern for both.

High quality statistical data concerning differences in living conditions, which prove the systematic discrimination against individuals with disabilities, have the potential to contribute to the planning of effective and equitable service delivery, policy development and the establishment of priorities in terms of the rights of people with disabilities. Furthermore, good data provides the foundation for good guidance in designing the specific means to reduce discrimination; for those who are working, good data can provide the means of raising awareness among the general population and for advocating for the rights of people with disabilities. In addition, and due to the strategy of involving and giving control to DPOs, the surveys also provided research skills and training to individuals, employment to disabled research assistants and a much-needed impetus to the organisations involved. It is argued that in many of the countries in the southern African region and in the developing world in general, governments and the public bureaucracy are often weak on the implementation side. It is one thing for a government to adopt a disability policy and to ratify the *UN Convention on the Rights of Persons with Disabilities*; it is quite another to implement it. Supporting civil society, including DPOs, is vital to actualise change. Documented proof of inequalities in the lives of people with disabilities has been a strong force in improving living conditions among disabled people and other marginalised and vulnerable groups in the industrialised world. Building strong DPOs in the South and building alliances between DPOs and researchers may thus provide the same possibility for those with disabilities in the South.

## Notes

<sup>1</sup>The Atlas Alliance/NORAD funded all studies.

<sup>2</sup>The studies were carried out in close collaboration with the Universities of Namibia, Zimbabwe, Malawi and Zambia. In all four countries the national Central Statistical Offices were also involved in sampling and partly in data collection. National affiliates of SAFOD have been overall responsible for organising the studies in the respective countries: the National Council for Disabled People in Zimbabwe, the National Federation for Disabled People in Namibia (NFDPN), the Federation of Disability Organisations in Malawi (FEDOMA) and the Zambia Federation of the Disabled (ZAFOD).

<sup>3</sup>For further information about the user perspective in the studies, readers are referred to Eide and Loeb (2005).

<sup>4</sup>The Washington City Group on Disability Statistics was authorised by the United Nations (UN) Statistical Division in 2001 to guide the development of disability measures for censuses and surveys globally.

<sup>5</sup>Impairment distribution in the four countries varied. Approximately 40–45% were found to be physically impaired, 20–25% reported sensory impairment, while 10–15% had emotional or mental problems.

<sup>6</sup>Note that data collection in Zimbabwe was carried out in 2002. Due to the downfall of the economy in the country, living conditions including access to work have deteriorated dramatically.

## References

- Albert, B. (ed) (2006) *In or out of the mainstream? Lessons from research on disability and development cooperation*, Leeds: The Disability Press, University of Leeds.
- Barnes, C. and Mercer, G. (1995) *The social model of disability: Europe and the majority world*, Leeds: The Disability Press, University of Leeds.
- Beresford, P. (1996) 'Poverty and disabled people: challenging dominant debates and policies', *Disability & Society*, vol 11, no 4, pp 553–67.
- Devlieger, P. (1995) 'From self-help to charity in disability service: the Jairos Jiri Association in Zimbabwe', *Disability & Society*, vol 10, no 1, pp 39–48.
- Eide, A.H. and Loeb, M.E. (2005) *Data and statistics in developing countries*, Disability Knowledge and Research.
- Eide, A.H. and Loeb, M.E. (2006a) (eds) *Living conditions among people with activity limitations in Zambia*, SINTEF Report A262, Oslo: SINTEF Health Research, Norway.



- Eide, A.H. and Loeb, M.E. (2006b) 'Reflections on disability data and statistics in developing countries', in B. Albert (ed) *In or out of the mainstream? Lessons from research on disability and development cooperation*, Leeds: The Disability Press, University of Leeds.
- Eide, A.H., van Rooy, G. and Loeb, M.E. (2003a) *Living conditions among people with disabilities in Namibia: A national, representative study*, STF78 A034503, Oslo: SINTEF Unimed, Norway.
- Eide, A.H., Nhiwatiwa, S., Muderredzi, J. and Loeb, M.E. (2003b) *Living conditions among people with disabilities in Zimbabwe: A representative, regional study*, STF78 A034512, Oslo: SINTEF Unimed, Norway.
- Elwan, A. (1999) *Poverty and disability: A survey of the literature*, Social Protection Discussion Paper Series No 9932, Washington, DC: World Bank.
- Erb, S. and Harriss-White, B. (2001) 'The economic impact and developmental implications of disability and incapacity in adulthood. A village study from S. India', Paper to the workshop 'Welfare, demography and development', 11-12 September, Downing College, University of Cambridge.
- Heiberg, M. and Øvensen, G. (1993) *Palestinian society in Gaza, West Bank and Arab Jerusalem: A survey of living conditions*, Fafo Report no 151, Oslo: Fafo.
- Hem, K.G. and Eide, A.H. (1998) 'Sakker akterut, tross forbedringer' ['Lagging behind, despite improvements'], *Samfunnsspeilet [Social Diary]*, vol 2, pp 20-5 [in Norwegian].
- Howell, C. (2006) 'Disabled students and higher education in South Africa', in B. Watermeyer, L. Swartz, T. Lorenzo, M. Schneider and M. Priestly (eds) *Disability and social change: A South African agenda*, Cape Town: HRSC Press, pp 165-66.
- Ingstad, B. and Grut, L. (2006) *See me, and do not forget me. People with disabilities in Kenya. A qualitative study*, Washington, DC: World Bank.
- Loeb, M.E. and Eide, A.H. (eds) (2004) *Living conditions among people with activity limitations in Malawi: A national representative study*, SINTEF Report STF78 A044511, Oslo: SINTEF Health Research, Norway.
- Loeb, M.E., Eide, A.H. and Mont, D. (2008) 'Approaching disability prevalence: the case of Zambia', *European Journal of Disability Research*, vol 2, pp 32-43.
- Loeb, M., Eide, A.H., Jelsma, J., Ka' Toni, M. and Maart, S. (2008) 'Poverty and disability in Eastern and Western Cape Provinces, SA', *Disability and Society*, June, vol 23, no 4, pp 311-21.
- Metts, R.L. (2000) *Disability issues, trends and recommendations for the World Bank*, SP Discussion Paper No 0007, Washington, DC: World Bank.
- Mont, D. (2007) *Measuring disability*, Prevalence, Disability and Development Team, SP Discussion Paper No 0706, Washington, DC: World Bank.
- NPC (National Planning Commission) (2000) *Level of Living Conditions Survey*, Windhoek: NPC.
- Øyen, E. (2005) *The polyscopic landscape of poverty research: An overview and six in-depth studies*, Bergen: University of Bergen, Norway.
- Palmore, E.B. and Burchett, B.M. (1997) 'Predictors of disability in the final years of life', *Journal of Ageing and Health*, vol 9, no 3, pp 283-97.



- Schneider, M., Claasens, M., Kimmie, Z., Morgan, R., Naicker, S., Roberts, A. and McLaren, P. (1999) *We also count! The extent of moderate and severe reported disability and the nature of disability experience in South Africa*, Pretoria: Community Agency for Social Enquiry.
- Teal, F. (2000) *Employment and unemployment in sub-Saharan Africa: An overview*, Oxford: Centre for the Study of African Economics, University of Oxford.
- Turmusani, M., Vrede, A. and Wirz, S.L. (2002) 'Some ethical issues in community-based rehabilitation initiatives in developing countries', *Disability and Rehabilitation*, vol 24, no 10, pp 558-64.
- UN (United Nations) (1982) *World Program on Action Concerning disabled Persons*. UN General Assembly A/37/51. New York: UN.
- UN (1993) *World Programme of Action concerning disabled people*, New York: UN.
- UN (1994) *The standard rules on the equalisation of opportunities for persons with disabilities*, New York: UN.
- UN (2006) *Convention on the Rights of Persons with Disabilities*, UN General Assembly A/61/611. New York: UN.
- WHO (World Health Organization) (1980) *International Classification of Impairments, Disabilities and Handicaps: A manual of classification relating to the consequences of disease*, Geneva: WHO.
- WHO (2001) *International Classification of Functioning, Disability and Health*, Geneva: WHO.
- Wolfensohn, J.D. and Bourguignon, F. (2004) *Development and poverty reduction: Looking back, looking ahead*, Washington, DC: World Bank.
- Yeo, R. and Moore, K. (2003) 'Including disabled people in poverty reduction work: "Nothing about us, without us"', *World Development*, vol 31, no 3, pp 571-90.