

Time to bring people with disabilities into development

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Throughout the world, people with disabilities are often ignored, sidelined or effectively disenfranchised - “out of sight, out of mind”, as it were.’ However, there is one arena in which one would expect the opposite: development thinking and planning. After all, the mainstays of development — education, health, employment and participation in society on an equal basis with others — are a constant struggle for people with disabilities, who comprise 15% of the world’s population [1]. Yet our thinking about the relationship between disability and human development remains stuck in a charity niche, an afterthought to ‘the big issues’. What we should rightly regard as a scandal is also a simmering crisis.

We forget disability in every global developmental debate, even though a billion people live with one or more disability [1]. For instance, the Millennium Developmental Goal on primary education ignores disability entirely, even though globally one third of children out of school are children with disabilities [2]. Similarly, we forget disability when addressing issues such as sexual violence even though children and youth with disabilities are two to four times more at risk of sexual violence than their non-disabled peers [3, 4]. They are easily accessible to potential perpetrators, as they may need help with personal care, are more likely to be isolated, have lower self-confidence, fewer assertiveness skills and are less likely to report violence as they lack sexuality education and access to services [4, 5]. Yet despite all the prevention efforts related to HIV or sexual violence in regions such as Southern Africa, there is not one evidence-based intervention targeting young people with disabilities and their sexual and reproductive rights [6, 7].

In addition disabilities constantly change depending on other aspects of physical and mental health. With the rising numbers of people living with non-communicable diseases, chronic diseases, and traumas as well as an increasing elderly population [1], global human development faces a large number of people whose livelihoods are threatened by disability. This particularly applies in resource-poor settings where people have limited access to health and rehabilitation, where chronic diseases like HIV are endemic and where environments do not accommodate disabilities [1]. Disability is not only linked to HIV itself but also to its co-morbidities such as mental health conditions, TB, diabetes and hypertension [8-10]. We know from the guidelines for antiretroviral therapy in adults that every single treatment option available in Africa has side effects that may potentially lead to disability [11], yet we don’t know how to incorporate rehabilitation into HIV care. Disability may also affect treatment adherence and people’s ability to perform in the world of work, at school or at home — a matter that is exacerbated in environments that do not readily accommodate disability.

To date, development interventions have largely failed to recognise the ways in which disability is a result of conditions that are also general development targets. With HIV now largely a chronic condition, the continuing burden of other debilitating diseases and an

ageing population, people with disabilities can no longer be relegated to, or regarded as a freestanding and second tier development issue.

In order to move forward we need more and better disability-related data and evidence that will complement and support our efforts to ensure the rights of all disabled people. This includes not only the causes and prevalence of disability in a given population, we also need to understand the full extent of the livelihood challenges they present; to find new entry points for interventions; to engage the potential of people with disabilities; and to understand the economic dimensions of disability. In resource-poor settings this may require a shift of thinking away from the medicalisation of disease management towards a more holistic model of care that includes care and rehabilitation beyond the acute or routine management phases of a disease or disorder.

Most of all, we need to understand that as long as we don't lift disability out of its corner of "impairment of a few" and into the limelight of "wellness for all" our commitment to development will be worse than partial: it also risks becoming self-defeating as we cannot reach our developmental goals.

[ENDS]

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References:

1. WHO and Worldbank, *World Disability Report*. 2011, World Health Organisation, The World Bank: Malta.
2. UNESCO, *EFA Global Monitoring Report 2010. Reaching the marginalized*. 2010, Oxford University Press: Oxford.
3. Jones, L., et al., *Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies*. *Lancet*, 2012. **early online**.
4. Save the Children, *Out from the shadows, sexual violence against children with disabilities*. 2011, Save the Children: London.
5. Hanass-Hancock, J., *Interweaving Conceptualizations of Gender and Disability in the Context of Vulnerability to HIV/AIDS in KwaZulu-Natal, South Africa*. *Sexuality and disability*, 2009. **27**(1): p. 35-47.
6. Chirawu, P., et al., *Protect or enable? Teacher's beliefs and practices regarding provision of sexuality education to learners with disability in KwaZulu-Natal, South Africa*. *Sex Disabil*, 2014. **32**(1): p. early online.
7. Hanass-Hancock, J., *Disability and HIV/AIDS - A Systematic Review of Literature in Africa*. *Journal of the International AIDS Society*, 2009. **12**(34): p. http://www.jiasociety.org/series/hiv_aids_and_disability
8. Hanass-Hancock, J., I. Regondi, and S. Nixon, *HIV-Related Disability in HIV Hyper-Endemic Countries: A Scoping Review*. *World Journal of AIDS*, 2013. **3**: p. 257-279.
9. Nixon, S., et al., *The Increasing Chronicity of HIV in Sub-Saharan Africa: Re-thinking "HIV as a Long-Wave Event" in the Era of Widespread Access to ART*. *Globalisation and Health*, 2011. **7**(41): p. <http://www.globalizationandhealth.com/content/7/1/41>.
10. Myezwa, H., et al., *HIV/AIDS: use of the ICF in Brazil and South Africa - comparative data from four cross-sectional studies*. *Physiotherapy* 2011. **97**: p. 17-25.
11. Meintjes, G., et al., *Guidelines for antiretroviral therapy in adults*. *SAJHIVMED*, 2012. **13**(3): p. 114-130.