MAINSTREAMING DISABILITY ISSUES INTO DEVELOPMENT STUDIES – IN THEORY AND PRACTICE

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INTRODUCTION

1. Despite the current focus of development studies upon development policy, practice and on issues such as poverty and social exclusion, there has been little attempt, until very recently, to consider disability within a development context. Usually considered as a 'health' issue, it has not been effectively integrated into the mainstream of discussion of social discrimination and disadvantage.

2. Disability studies tends still to be predominantly influenced by a 'white' and 'Northern' disability academic literature. Consequently, there is scant consideration of disability as an issue linked with problems of 'development'. Given that the vast majority of disabled people actually live in the 'developing world", it is timely to explore the linkages between disability and development studies. There is relatively little theoretical work on concepts or issues that specifically 'cross-cut' disability and development studies - related to poverty, social exclusion, discrimination, capabilities, class, gender, caste, race, politics and rights.

3. What work has been done in regard to 'disability' in developing countries is associated mainly with 'community based rehabilitation' (CBR) – a practical and extremely broadly defined concept associated predominantly with the cure or amelioration of physical and cognitive 'impairment" by health professionals in a 'community context' – an extension of the medical model within a community setting.

4. There is a real need for those concerned with disability and development to integrate the different and largely separate traditions, discourses and practices enhance a more nuanced understanding the social context of disability in the majority world.

RELEVANT DEVELOPMENT CONCEPTS

5.   In recent years, a focus on 'livelihoods' - on the complex realities of the ways in which people in developing countries make a living and in which their attempt to secure a reasonable quality of life for themselves and their families – has provided a valuable integrative framework for analysing activities (agency) and processes (changes) as well as structures (the status quo). Linked to this concept is that of 'life histories' – which privileges the way in which individuals 'make their own histories, albeit not under conditions of their own choice' and reveals how people struggle to improve the conditions under which they live and to increase their 'room to manoeuvre'.

6. The livelihoods approach identifies a set of 'assets' which individuals may invest in, and on which they may draw in their pursuit of livelihoods and a better quality of life: these include natural, physical, financial, social and personal capital. Personal capital relates to a person's individual education, health and wellbeing – which can be built up or depleted. Social capital has been much used recently to analyse social networks and social interaction as crucial 'resources' which can be invested in, and mobilised, to provide better life opportunities.

Those whose social capital is substantial are generally well-integrated (included) within those networks and relationships which provide access to resources and increase other forms of capital; those who are socially excluded generally have low levels of social capital. Social exclusion is another concept currently much used in development studies, but rarely applied to those who are 'disabled' by social discrimination because of their impairments, physical and/or cognitive.

7. The work of welfare economist Amartya Sen, which uses the concepts of capabilities and functionings to help analyse

wellbeing and 'illbeing' in developing as well as in developed societies, has been only partly integrated into the development studies literature, but is nevertheless very influential. His work has profound implications for the analysis of dis-ability, but he has not himself theorised 'disability'. It is striking, in this connection, that the most recent WHO classification has changed its key concepts from the well-known 'impairment-disability-handicap' trio to one that is potentially compatible with Sen's approach and uses the terms impairment-activity-participation. Thus, the terms 'disability' and 'handicap' which were used in the original WHO classification, have now been abandoned altogether.

8. The development studies literature concerned with deprivation and disadvantage has tended to move from a focus on basic needs to a rights-based approach. This has gone hand in hand with a growing recognition of the importance of 'empowerment' (moving beyond self-help and 'participation' to collective action and concerted demands) in development. This is analogous to similar trends occurring within disability studies and disability politics.

THE SOCIAL CONTEXT OF IMPAIRMENT

9. Disability studies, in alignment with Western disability movements, is primarily influenced by the 'social model' of disability, which is perceived to be created by the ways in which pejorative social attitudes and an inhospitable 'environment' creates barriers and constraints for people with physical and cognitive impairments. It concentrates on the social context of impairment, but fails to give due recognition to the concept of 'impairment' itself, tending to regard it either as a 'given' or as irrelevant. Many would subscribe to the notion that "disability has nothing to do with the body". However, broader studies of 'the sociology of the body'

emphasise that the body is both a reality and a construct – it is neither a 'given' nor is it irrelevant. What is required is a sociology of 'impairment' which recognises both its physical/cognitive dimensions and its socially constructed 'nature'. Some work has already been developed along these lines (eg Hughes and Patterson), in conjunction with disability activists aligned with the disability movement

10. For example, specific physical/cognitive 'conditions' may become 'impairments' (or not) in different social environments. Thus, dyslexia becomes an impairment in developed societies where high levels of interaction with structured information is required; it may not be an impairment in a rural village setting such as South India. Conversely, paraplegia may be absolutely 'crippling' in a remote rural hill area, as far as physical and social access to basic facilities is concerned, but surmountable or manageable with electric wheelchair provision in a more developed urban context. Case studies undertaken during our project in South Africa, India and Nepal reveal the significance of social context and geographical location in defining impairment.

11. When, how and where individuals become 'impaired' will affect both their lives and their life chances; the person born and grown up with a condition which severely constrains the use of the legs will have experienced lack of mobility very differently from someone who loses their legs in a car accident, or as a result of a landmine. In addition, the social expectations of those who have encounter impairments from birth are likely to be different from those whose impairments were acquired in later life. Social class, race and caste will affect individuals' life chances and expectations; as will gender. But so too will age – as an individual moves through life, the significance of her/his physical/cognitive condition will vary. Life histories will help us recognise that the construction of impairment is also a process.

12.   Those concerned with cognitive impairment and disability recognise the existence of a division in the theory and practice of disability – between physically impaired and cognitively impaired, in which the former are somehow privileged, both in theory and in practice. Those with impairments are divided among themselves as well as from those without (often misleadingly referred to as able-bodied - rarely able-minded); this division is also a hierarchy, with different rankings in different social contexts (in Britain it is white middleclass male paraplegics who dominate the disability movement, while the official sign for disabled people is a wheelchair!). Similarly, within countries affected by war and civil strife, war veterans are often privileged, over those with other impairments, invariably perceived as 'heroes'. Finally, within the disability movement, it is widely recognised that men have greater influence and power than do women.   To discuss such divisions, that openly recognises the existence of a 'social hierarchy of impairment' is to be highly 'political', and often considered taboo.

13.   The international disability movement (and movements, in the West) has made significant assaults on the predominant medical model of disability and has had some success (again in the 'West' at least) in moving both theory and practice from charity to self-help, from needs to demands, and from participation/integration to the 'inclusion and celebration of difference'. What is needed is a greater awareness on the part of those active within the disability movement of the variety of social contexts in the majority developing world, in which impairment and disability are experienced. International solidarity must be built on international discussion and analysis, and analytically well-founded international action.

14.   But there is a long way to go. Despite the international disability rights movement, disability issues are still seen in the developed countries as well as in most of the majority developing world as issues of health or, if recognised as more

broadly social, then as a matter of fulfilling needs. Development studies has moved beyond this perception to see poverty as a disabling condition produced and reproduced by the prevailing structures and dynamics of any given economy and society.

15.　Amartya Sen has recently characterised development as 'freedom' - freedom from hunger, freedom from want, have become demands for human rights. If disability is a product of a disabling environment, and even impairment a social condition – a condition of a specific society - then those who are impaired and disabled have a right to equal opportunities, livelihoods and quality of life from that specific society. In a global economy and society, those rights are universal human rights.