

Disability in LMICs: Measurement, challenges and opportunities

Strand organisers: Andrew Amos Channon and Oki MacPherson (University of Southampton)

13:30 - 15:00 Tuesday 10 September: Disability in LMICs

Lower limb disability in Nepal: Measurement, scale and implications

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Background: The 2021 Nepal Census estimated the prevalence of disability as 2.2%, a large underestimate, with mobility difficulties making up the largest group. A recent survey in three districts of Nepal indicate that 11.2% of individuals of all ages have a lower limb condition (LLC), defined as any issue from the waist downwards. An LLC is not the same as disability.

Aim: This paper will estimate the proportion of individuals in Nepal with a lower limb disability (LLD) leading to mobility difficulties. It will also examine support needs and the use of assistive devices for those with a disability.

Data and Method: The Nepal Lower Limb Condition Survey is used, conducted in three districts of Nepal on individuals aged 18 or older. The presence of disability is estimated using activities of daily living, and characteristics of those individuals examined.

Results: Of those who have a LLC, over 80% have severe or extreme difficulties in doing at least one activity, and hence are classed as having a disability. It is estimated that almost 10% of individuals aged 18+ have a LLD in two districts, while in the remaining district the figure is 6%. Those with a disability report higher levels of care need and higher need for extra assistive devices.

Discussion: The underestimation of disability in the Census leads to lower political priority. The much higher proportion of individuals indicated in this study can be considered a truer reflection of mobility disability in Nepal.

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Decomposing sex difference in cognitive-impairment-free-life years (CIFLE) among older-adults in India

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The concept of disability has largely been defined using physical health conditions and physical limitations in traditional health-expectancy literature. In lower-middle income countries, especially in India, higher poverty and low level of literacy among older cohorts; yield significant inequality in cognitive ability. Cognitive disability can significantly hinder work force participation for older people and affect overall quality of life. Along with quantifying years lived without cognitive impairment (CIFLE) for the older population at sub-national level in India, this study further disseminates the gender-health-survival paradox hypothesis. The Longitudinal Ageing Study in India (LASI) wave 1, 2017-18, provides a battery of cognitive ability test which yield the age-wise prevalence of cognitive impairment. Mortality data is derived from the Sample Registration System (SRS), 2015-17, for both the sexes at sub-national level. Using Sullivan's method of calculating disability-free-life-years, this study computed that after attaining age 60, males are expected to live 15 more years as cognitive impairment-free, which is only 12 years for females; though life expectancy for females is higher than that of males. Sex difference in CIFLE is further decomposed using the step-wise replacement method (Andreev et al., 2002) to understand age-wise contribution of mortality and morbidity (cognitive impairment). Decomposition result suggests a general pattern that differences in morbidity is reducing the sex difference in CIFLE. For younger age groups (45-59 years), the contribution of mortality is comparatively higher, but with progression in age, the contribution of cognitive impairment increases. The limitation of data restricted the scope of further classifying cognitive impairment into mild or severe stages.

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Barriers and facilitators to physical rehabilitation services for adult users of wheelchairs and orthoses in Cambodia.

Charlotte Owen - University of Birmingham/University of Southampton, Amos Channon - University of Southampton, Andy Power - University of Southampton

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) states access to physical rehabilitation services and assistive products are a human right. However, in low- and middle-income countries (LMICs), physical rehabilitation services that provide assistive products such as orthoses and wheelchairs are not widely available or are inaccessible for several reasons, including a lack of political prioritisation and insufficient funding. Hence, the overarching research question of this study was 'What are the facilitators and barriers for people with physical disabilities to accessing P&O services and healthcare services in Cambodia?' In-depth semi-structured interviews were used to collect the data. This was then analysed thematically to categorise the data into themes and sub-themes. In total, 17 interviews were conducted with 14 orthosis users and 3 wheelchair users. The findings demonstrated the importance of assistive products for people with physical disabilities, and the potential positive impact that access can have on livelihoods. The main barriers for service users were the availability and the cost of transport to and from the physical rehabilitation centres. The study also illustrated the importance of facilitating access through outreach and emphasised the role that community health workers play. Access to physical rehabilitation services is essential to increasing access to health, education, and employment in LMICs, as well as facilitating independent living and inclusion within communities. Policy changes are needed in Cambodia to ensure that the UNCRPD can be fully implemented to protect the rights of people with physical disabilities in their access to healthcare.

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Meaningful Engagement of Adolescents and Youth with Disabilities in Sexual and Reproductive Health Programming in Sub-Saharan Africa: A Rapid Evidence Assessment

Sarah Tanishka Nethan & Ann Nolan - Trinity College Dublin, Ireland

Background: Marginalised groups like adolescents and youth with disabilities (AYWDs) often tend to be excluded from public consultations and decision-making processes due to various structural barriers. Despite several global commitments and frameworks on meaningful adolescent and youth engagement (MAYE), there is a lack of consensus on how AYWDs are meaningfully engaged in sexual and reproductive health and rights (SRHR) programming, particularly in Sub-Saharan Africa. Thus, this study answered the question: How are AYWDs in Sub-Saharan Africa meaningfully engaged in SRHR programming?

Methods: A rapid evidence assessment was conducted. Four electronic databases were searched between 21 April and 27 June 2023 to identify relevant peer-reviewed and grey literature published in English from 2019 to 2023.

Results: A total of 596 publications were identified, but only five studies (i.e., four qualitative and one mixed-methods study) met the inclusion criteria following a systematic screening process. The most common disabilities reported were physical disabilities, followed by visual and hearing impairments, respectively. Neither study outlined specific definitions of MAYE in the context of SRHR programming. Only one study explicitly mentioned and demonstrated meaningful participation of AYWDs, while two studies presented varying levels of engagement and participation. Similarly, no study explicitly reported specific initiatives to engage different gender identities, except gendered treatment and discrimination faced by AYWDs in accessing SRHR services and information, their gendered experience with sexual debut, and the promotion of heteronormative values across three studies.

Conclusion: Involving AYWDs throughout the programme and policy development process as peer collaborators is recommended to ensure MAYE. Given the paucity of literature, further research is warranted to build a holistic understanding of the landscape to inform inclusive and effective SRHR programming in Sub-Saharan Africa.

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