

Poverty and disability: interlinkages and the way forward



Shared Prosperity Dignified Life



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Introduction

Estimates show that the Arab region is home to about 45 million persons with disabilities.¹ This figure has been on the rise amid the region's instability, wars, and regional and local conflicts. Persons with disabilities face significant economic challenges and social exclusion compared to persons without disabilities. They are exposed to violence, inadequate medical care, and lack of access to nutrition, clean water and sanitation, and are more severely affected by natural disasters. Disability and poverty are inextricably linked. Most persons with disabilities live in rural areas without access to services and decent employment opportunities, which affects their economic status and perpetuates the cycle of deprivation.

1. Relationship between disability and poverty

Disability can cause poverty, and poverty can, in turn, exacerbate disability. Most persons with disabilities are classified among the poorest and most vulnerable segments of society. In developing countries, families that include persons with disabilities can experience severe multidimensional poverty.² Meanwhile, poverty can contribute to an increase in disability among individuals from birth to old age. Most persons with disabilities face barriers to accessing health, rehabilitation, education, employment, and other economic and social services, leaving them economically marginalized and trapped in a lifelong cycle of poverty.

Persons with disabilities also face various forms of deprivation that lead to multidimensional poverty:



Material deprivation
(i.e. low food consumption, living in poor housing conditions, using unclean water, and lack of access to sanitation)



Low human development
(in the areas of education, health, vocational training, and employment opportunities)



Inability to express an opinion and influence life-changing decisions



Exposure to adverse shocks
(such as illnesses, economic crises, natural disasters, and armed conflicts)

2. Factors influencing the poverty-disability nexus

A. Health-care costs

The financial burden of providing health care can be significant for low-income households that include persons with disabilities, leaving them unable to cover the costs and plunging the family into poverty. Additional costs associated with disability, such as the costs of assistive devices and specialized care, can further increase individual and household poverty.

Available data in Arab countries indicate that there are disparities in access to health care between households with and without members with disabilities, and that rural households that include

persons with disabilities have lower rates of access to health-care facilities than urban households.³

B. Economic deprivation

Persons with disabilities face obstacles and difficulties that prevent them in most cases from obtaining the necessities of life and living a decent life on an equal basis with others; hence, they live in a cycle of poverty.

Social protection is an essential component of the social policy agenda, but it lacks considerable coherence with other social policies, including those related to the labour

market, education, local and rural development, community services, and fiscal policies. The absence of social protection components in some Arab countries exacerbates economic deprivation, especially for persons with disabilities, pushing them into poverty or worsening their existing poverty.

C. Water and sanitation

The lack of clean drinking water and sanitation services in some residential areas can lead to the spread of diseases and epidemics that can result in some kind of disability, especially in the absence of health-care services, which is a common aspect in these areas, in addition to the poor housing conditions that might exacerbate certain medical conditions. It can also cause disabilities in these communities, and lead to a rise in impoverishment owing to the lack of access to education and decent work.

D. Labour and employment

Limited access to decent employment opportunities perpetuates the cycle of poverty among persons with disabilities, who are also subjected to discriminatory employment practices, difficulties in accessing workplaces, and a lack of reasonable accommodation and accessibility in workplaces, which limits their access to income-generating employment and pushes them into poverty.

In most cases, employment rates for persons with disabilities are lower than those for persons without disabilities. Available data in a number of Arab countries show that employment rates for persons with disabilities do not exceed 14 per cent for women and 34 per cent for men.⁴ Persons with disabilities face several obstacles in obtaining suitable employment, such as low levels of education and literacy, discriminatory attitudes by employers, lack of reasonable accommodations and accessibility in the workplace, lack of policies to ensure inclusive workplaces, and lack of appropriate mechanisms to implement employment quotas.

The main barriers to the social and economic inclusion of persons with disabilities, including access to the labour market, is the lack of accessible infrastructure and transportation facilities, discriminatory policies, unequal opportunities, and physical barriers.

E. Education

Educational systems in the Arab region continue to exclude persons with disabilities at the primary and secondary school age, which affects their access to higher education and decent employment opportunities, and consequently perpetuates the cycle of poverty.



3. Disability and poverty: a vicious cycle

Disability and poverty are inextricably linked in what is often referred to as a “vicious cycle”. This means that people living in poverty are more likely to have a disability, and persons with disabilities are more likely to be poor. Poverty and disability are dialectical areas, and they are intricately linked. Disability can cause poverty, and poverty can in turn exacerbate disability. Most persons with disabilities are classified among the poorest and most vulnerable segments of society. The correlation between disability and poverty is bi-directional, meaning that disability is both a cause and a consequence of poverty.

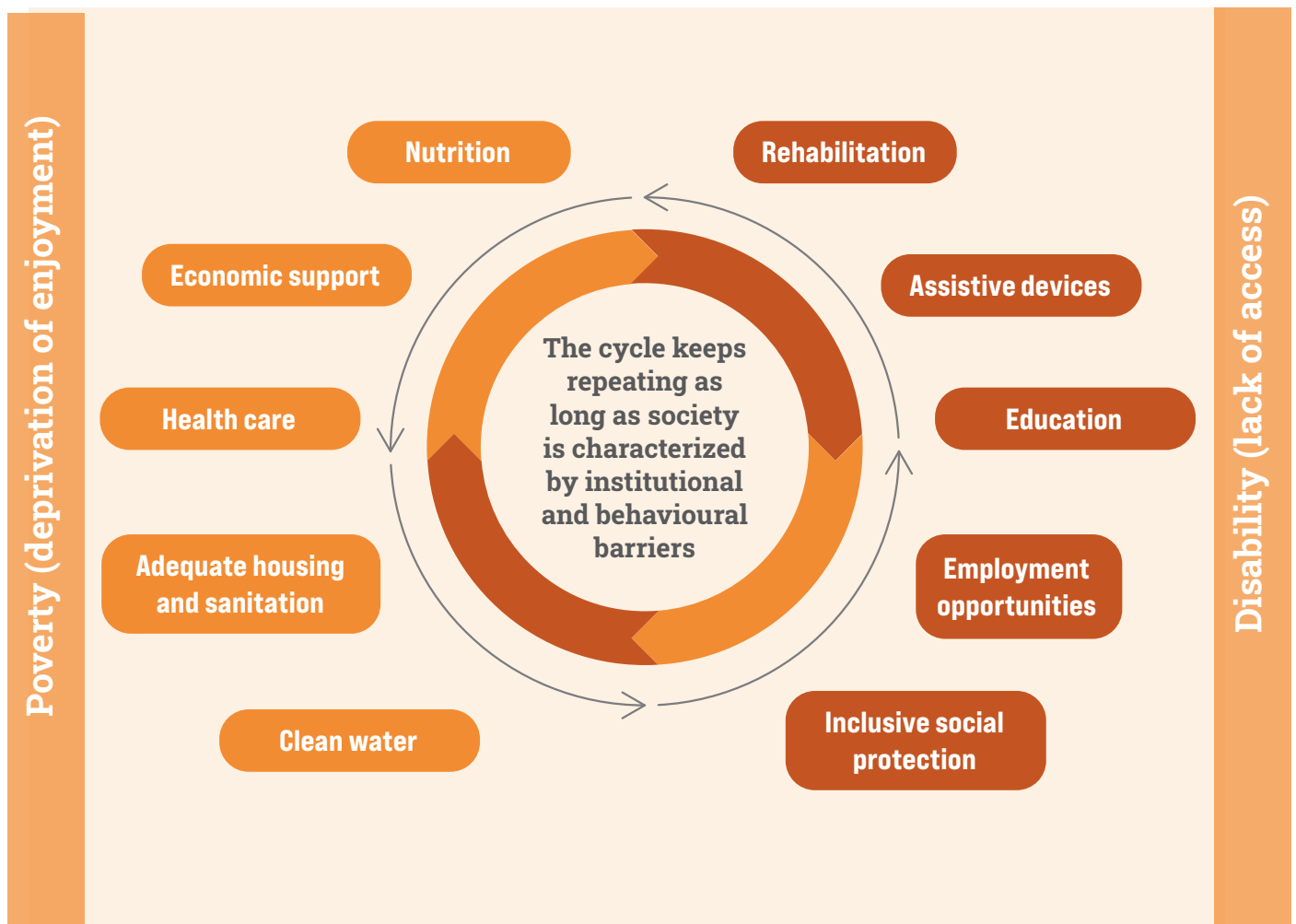
Meanwhile, poverty can contribute to an increase in disability among individuals from birth to old age. Inadequate shelter, unsanitary living conditions, malnutrition, lack of sanitation, unsafe drinking water, and poor access to health care all increase the risk of developing chronic diseases for the poor and

can lead to some form of disability. Societies with high levels of poverty are also likely to have high rates of disability.

Persons with disabilities incur additional costs and face barriers to accessing health-care services, including rehabilitation services and assistive devices. They are socially excluded from education, employment, and other economic and social services, which marginalizes them economically and puts them in a lifelong cycle of poverty.

In order to reduce this close connection between disability and poverty and break the vicious cycle, full inclusion and better access to education, health care, and decent work should be provided. Ultimately, full inclusion in society should be promoted and achieved so that persons with disabilities can enjoy their rights on an equal basis with others.

Disability and poverty: a vicious cycle



4. Policy recommendations



Inclusive education: Promote inclusive education approaches that take into account the diverse needs of students with disabilities and promote their participation in regular schools and lifelong learning programmes. Literacy opportunities should also be provided to persons with disabilities who have not had the opportunity to enroll in regular schools, in addition to providing technical training, and recognizing their certificates in the labour market.



Accessible health care: Ensure affordable and accessible health-care services for persons with disabilities, including preventive care, rehabilitation services, and financial assistance or subsidies for necessary medical equipment and assistive devices.



Employment opportunities: Implement disability-inclusive employment policies to increase the employment of persons with disabilities in the public and private sectors, with a focus on skill development and workplace adaptation; develop vocational training and apprenticeship programmes tailored to the needs of persons with disabilities; and coordinate employment policies with national social protection systems to develop mechanisms that enhance access to social protection programmes, both contributory and non-contributory, for working persons with disabilities, especially since most of them are involved in informal work. To this end, inclusive social protection programmes that address the specific needs of persons with disabilities must be developed, including income support programmes, housing assistance, disability pensions, health-care coverage, and employment support. The effectiveness of these programmes should be regularly monitored and evaluated to ensure that they can provide adequate support.



Accessible infrastructure: Invest in accessible infrastructure, transportation, and public spaces to remove physical barriers and promote inclusion.



Awareness-raising: Launch public awareness-raising campaigns to combat stigma, promote the inclusion of persons with disabilities, and raise awareness of their rights and capabilities; collaborate with the media to promote a positive and accurate image of persons with disabilities in various forms of media.



Data collection, use of evidence and fact-based scientific research: Collect and analyse accurate and timely data disaggregated by type and severity of disability, use evidence to measure multidimensional poverty, and conduct scientific research on the interconnectedness of disability and poverty to inform policy development and monitor progress towards inclusive goals.



Endnotes

1. Reference paper and conceptualization of the structure of an Arab roadmap to support the rights of persons with disabilities in the face of epidemics and crises, submitted to the 40th session of the Council of Arab Ministers of Social Affairs and referred to in the final report and resolutions of the 40th session of the Council, Resolution 917, item IV/2, p. 30. Arab Organization for Persons with Disabilities. <https://www.aodp-lb.org>.
2. How poor are people with disabilities around the globe? A multidimensional perspective; Mónica Pinilla-Roncancio and Sabina Alkire; May 2017; Published in the United Kingdom; OPHI <https://dds.cepal.org/redesoc/publicacion?id=4561>.
3. https://e-inclusion.unescwa.org/sites/default/files/resources/disability-arab-region-2018-english_1.pdf.
4. Ibid.



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