

The Missing 'D' in the Millennium Development Agenda

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Abstract:

This paper establishes disability indicators for the Millennium Development Goals (MDGs) 1, 2, 3, 5 and 6 to urge inclusion of nearly 10 percent of the world's total population in its development agenda. This 10 percent constitutes a much higher percentage of those who must benefit if the Millennium Development Agenda is to successfully achieve its goals.

It further highlights the inherent paradox of goal 4, where lack of attention to adequate post-natal medical and rehabilitative care will actually increase the incidence of disabilities in most countries in the world.

The paper reconfirms interdependent links between various indicators and disability and asserts that no development agenda in the world is fully achievable unless people with disabilities find an equal and equitable place in it.

Introduction:

The Millennium Declaration and its accompanying Millennium Development Goals are a measurable set of targets which focus the efforts of the international community on improving people's lives in developing nations. **Furthermore**, people with disabilitiesⁱ constitute an estimated 600ⁱⁱ million people in the world, over two thirds of whom live in developing countries, with the highest density of their population in Sub-Saharan Africa and in South and South- East Asiaⁱⁱⁱ. Despite these statistics, people with disabilities find no direct mention anywhere the Millennium Declaration. Consequently, one in ten people, those most affected by poverty, hunger and illiteracy, are not explicitly addressed by the Millennium Declaration.

How serious is this omission? In fact, people with disabilities are the largest group of people vulnerable to extreme poverty and hunger. Their numbers are key indicators and components in the global effort to eradicate poverty, hunger and inequality. It follows then, that people with disabilities within the language and framework of the Millennium Declaration charter will enable the UN and member states to achieve the targets set out by the Millennium Development Goals.

Therefore, the paper wishes to bring to the notice of the United Nations and State Parties,

1. **The failure to include people with disabilities in the Millennium Declaration as well as the Millennium Development Goals (MDGs)**, which range from halving extreme poverty to halting the spread of HIV/ AIDS and providing universal primary education by the target date of 2015.
2. **The intrinsic paradox in Goal 4 dealing with reducing child mortality**, i.e., the failure to acknowledge the correlation between lower infant mortality and the increased incidence of disabilities. Specifically, the un-availability of appropriate medical and/ or rehabilitation services and infrastructure for surviving and often "at risk" infants actually increases the incidence of disabilities.

The author agrees, in principle, with the agenda of the MDGs and submits that addressing the needs of people with disabilities in the language, framework and goals of the MDGs will immeasurably improve the capacity of the Declaration to achieve its goals.

In this spirit, the author wishes to call your attention to and emphasize

1. The **interdependent links between disabilities and Goals 1, 2, 3, 5 and 6.**
2. The **actual consequences of reduction in child mortality rates as envisioned in Goal 4** if appropriate post- natal care is not provided to children "at risk".

Reducing by half the proportion of people living on less than a dollar a day seems impossible to achieve, when **nearly 10 percent of the world's population has a higher risk to poverty because of the social, educational, civil and economic obstacles triggered by their disabilities.**

In 2002, UNESCAP reported a statistically high correlation between poverty and disabilities. As interdependent variables, they create new and formidable barriers to economic participation^v

Furthermore, conditions of poverty, namely, inadequate shelter, unhygienic living conditions, lack of sanitation and clean drinking water combined with poor access to health facilities greatly influence the occurrence of disabilities. Disease, injuries and poor medical care not only exacerbate, but contribute to disabling conditions in developing countries, where people with disabilities are estimated to make up to 15 to 20 % of the poor.

In addition, people with disabilities in higher socio economic levels are very vulnerable to poverty, since disabilities translate into loss of income and demand additional expenditures for access to adequate medical treatment, rehabilitation, special devices and facilities^v.

Chronic food insecurity, largely evident in poor populations around the world, leads to various degrees of malnutrition. Malnutrition in its various forms is **not only a cause of disabilities, but also a contributory factor** to other ailments that increase susceptibility to disabling conditions.^{vi} The following are some common disabilities caused by hunger and inadequate access to nutrition:

	DISABLING CONDITION	MICRONUTRIENTS
1	Blindness	Vitamin A deficiency
2	Beri-beri, Pellagra, Anemia	Vitamin B Complex deficiency
3	Rickets	Vitamin D deficiency
4	Growth Failure, Goiter, Intellectual Disability	Iodine deficiency
5	Anemia	Iron deficiency
6	Osteoporosis and other bone related deformities	Calcium deficiency

In Asia alone, there are estimated 525 million people who are chronically undernourished. These people account for about two thirds of the world's hungry^{vii}. By the year 2010, it is estimated that there will be some 618 million chronically undernourished Asians whose

disabilities are likely to have roots in micronutrient deficiencies. Those most vulnerable to an inadequate diet will be girls, women and older people^{viii} as distribution of food is often marked by gender bias.^{ix}

Malnutrition has an even more devastating effect on infants. The US Agency for Healthcare Research and Quality (AHRQ), underscored that the cause of failure to thrive^x (FTT) in infants is mostly insufficient usable nutrition.^{xi xii} The report further stated that this growth failure often includes concurrent and potentially persistent disabilities, as severe malnutrition has been shown to cause permanent damage to various parts of the brain and central nervous system. The resulting disabilities manifest as aberrant sensory, behavioral, cognitive, language and motor development.^{xiii}

Many determinants of fetal growth are established prior to pregnancy, either in the immediate peri-conceptional period and/or during the life-course of the mother (including her own intrauterine development). There is a strong positive association between maternal pre-pregnancy nutritional status and a woman's ability to nourish her growing fetus.^{xiv} Women from poor families have a higher risk of giving birth to infants with low birth weight, leading to a lower chance of survival and high risk of disability^{xv} in cognitive, physical and sensory development spheres.

Moreover, the promise to ensure that all girls and boys have access to a full course of primary education will not be realized unless children with disabilities are explicitly included in the target group^{xvi}.

It has been estimated that 85 percent of the world's children with disabilities under the age of 15 years live in developing countries^{xvii}. **Only 2-3 percent of them are in school, with girls with disabilities constituting barely 1 percent of the total number of children with disabilities in schools^{xviii}.** With such estimates, universal primary education cannot be obtained without including children with disabilities.

Children with disabilities face particular hurdles to attending, and completing, school in developing countries. While there has been much discussion about various ways and means to increase access to schooling for children with disabilities, there is almost no comparable data to support the analysis^{xix}.

In a recent report, Deon Filmer of Development Research Group focused on young people with disabilities and analyzed the poverty status of the household and level of school participation. The report argues that, among the factors contributing to poor access to school participation, **disability is the most significant and exceeds the effects of gender, rural residence, or economic status^{xx}.**

Furthermore, the evidence shows that girls with disabilities face an even worse scenario. Available data, most focused on literacy, indicates that women and girls with disabilities fare less well in the educational arena than either their disabled male or non-disabled female counterparts^{xxi}.

Attention needs to be paid to the plight of girls and women with disabilities who face multiple discriminations; that of being women, being disabled and finally being poor women with disabilities, often times with limited or no rights. Indeed, **gender, combined with disabilities, is one of the most profound areas of discrimination.**

The biggest barrier to educational equity for girls and women with disabilities is their invisibility. Concerns of women with disabilities are not addressed by either those committed to educational equity for women, who ignore women with disability as a part of their work, or those committed to educational equity for persons with disabilities, who show similar disregard to gender.

It is also important to acknowledge that disabilities are multifaceted. Women's access to education, participation in decision making and wage employment is limited not only by their gender and disability but also the type their of disability, the socioeconomic status of their family, their race/ethnicity, whether they live in an urban or rural area, and a host of other factors like cultural bias against women, rigid gender roles, issues of violence and safety, physical environment and access to special support services and supports^{xxii}.

In developing countries, approximately 520 million persons may be classified as the working poor^{xxiii}, representing almost 95 percent of the total population of working poor in the world^{xxiv}. Women make up approximately 40 percent of this labor force^{xxv}. Yet, very little data exists at the macro level on women with disabilities and employment. The general trend in most countries is that there is higher unemployment among women than men with disabilities^{xxvi}. **Studies on women with disabilities in the rural areas of many countries have found that more than 80 percent of women with disabilities have no independent means of livelihood, and are totally dependant on others for their very existence^{xxvii}.**

Similarly, addressing maternal mortality without due attention to conditions of women who survive difficult pregnancies increases possibilities of developing disabling conditions later in life. Each year, more than 500,000 women, predominantly in less developed countries, die of causes related to pregnancy and childbirth. Yet these deaths are only the tip of the iceberg: **For every death, at least another 30 women suffer serious illness or debilitating injuries^{xxviii}.**

Complications of pregnancy and childbirth are a leading cause of death and disability, or morbidity as it is commonly known among women of reproductive age (ages 15 to 44) in less developed countries. About half of the nearly 120 million women who give birth each year experience some kind of complication during their pregnancies and nearly 10 million develop disabling conditions such as severe anemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility^{xxix}. Not only these conditions affect the health and productivity of women, they also adversely affect family income and well-being^{xxx}.

Disabilities related to pregnancy and child birth are also strongly associated with infant deaths and poor health and development in children. Some effects of maternal disabilities that exacerbate the plight of impoverished living conditions and poor health include^{xxxi}:

	LIFE ASPECT	IMPACT
1	Financial Resources	stretched to meet medical costs, affecting household consumption
2	Productivity- individual as well as family	less family output and earnings, forcing children out of school to enter the labor force
3	Living conditions	inferior nutrition, hygiene, and health
4	Education	higher drop out rates among older children to support household and familial responsibilities
5	Health and disabilities	higher incidence of psychological problems such as depression and feelings of isolation

Once again, with at least 10% of the total population having some form of disability, inclusion of people with disabilities in HIV/AIDS outreach and prevention and care needs attention.

Individuals with disabilities are not included in HIV/ AIDS agenda because it is often assumed that they are not sexually active and therefore at little or no risk for HIV infection.

However, the Global Survey on Disability and HIV/AIDS conducted by Yale University and the World Bank, has proven this assumption wrong^{xxxii}. The study concludes that individuals with disability have equal or greater exposure to all known risk factors for HIV infection. It further argues that,

1. Men and women with disabilities are **even more likely to be victims** of violence or rape, although they are less likely to be able to obtain police intervention, legal protection or prophylactic care.
2. Persons with disability are **as likely as** their non-disabled peers to be sexually active.
3. **Homosexuality and bisexuality appear to occur at the same rate** among people with disability as among the non-disabled.
4. People with disability are **as likely as** non-disabled people to use drugs and alcohol.

Given the size of the global population of people with disabilities (an estimated 10% of the world's citizens), their exclusion may be considered, at the very least, shortsighted. The AIDS crisis cannot be addressed successfully unless individuals with disability are routinely included in all AIDS outreach efforts.

In the entire MDG agenda, the most serious concern we have is about the actual consequences of reduction in child mortality rates as envisioned in Goal 4.

As per the WHO data available in 2005, 1 out of 5 African women loses a baby during her lifetime, compared with 1 in 125 in rich countries: Each year nearly 10.4 million babies die before they reach the age of 5 years. Out of these, nearly 3.3 million are stillborn, and more than 4 million die within 28 days of being born. The largest numbers of babies die in the South-East Asia Region: 1.4 million newborn deaths and a further 1.3 million stillbirths each year. While the actual number of deaths is highest in Asia, the rates for both neonatal deaths and stillbirths are greatest in sub-Saharan Africa.^{xxxiii}

Yet, infant mortality rates are falling everywhere, most markedly in South Asia, where rates fell from 80 to 75 per 1000 births between 1990 and 2000^{xxxiv}. According to the same report, an estimated 10.5 million children aged 0–4 years died in 1999 all over the world, about 2.2 million less than a decade earlier. **Unfortunately, the rising birth rates do not reveal the total percentage of live births that may be at risk of developing disabilities later in life.** With half of the world’s population below the age of 15 years, the number of young with disability is expected to rise markedly over the next decade, particularly in the developing world. This will simply **not be reflected** in a rising birth rate. *Better medical interventions, both in developing and developed countries, will allow increasing numbers of disabled infants and children, who previously would not have survived childhood, to grow into adolescence*^{xxxv}.

A WHO report estimates that each year over a million children who survive birth asphyxia develop problems such as cerebral palsy, learning difficulties and other disabilities^{xxxvi}.

A report from the March of Dimes, as reported by Steve Ember, estimates that eight million children each year are born with serious genetic disorders, making up to 6% of total births world wide. 95% of these are born in the developing world. A first-time identification of the hidden worldwide extent of birth defects, the report which collected information on almost 200 countries, further states that every year more than three million children under the age of five die from birth defects. Those who survive may have mental or physical problems for life^{xxxvii}.

Out of a total of 6.5 billion people worldwide, 5.3 billion live in developing nations^{xxxviii}. Development Indicators for the year 2004 by the World Bank Database show that these nations have an average annual population growth of 1.23%^{xxxix}, meaning 65.19 million new births per year.

	INDICATOR	COUNTRIES			
		Low & middle income	Low income	Lower middle income	Middle income
1	Mortality rate, infant (per 1,000 live births)	58.84	79.45	31.58	30.02
2	Mortality rate, under-5 (per 1,000)	86.47	121.53	39.59	37.43
3	Population growth (annual %)	1.29	1.82	0.95	0.87
4	Malnutrition prevalence, weight for age (% of children under 5)		43.4	11.2	11.1

Note: Data for year 2004 generated by entering country types and mentioned development indicators on <http://devdata.worldbank.org/data-query/>

Out of these, approximately 88.40 million are viable births if we take the Infant Mortality Rate as 71.25/1000^{xl}.

Conservative estimates suggest that one in every ten individuals is in some fashion personally affected by some form of disability^{xli}. It follows that there are nearly 8.84 million children every year at risk for disabilities in developing nations. This number is uncomfortably close to the estimated total number of infant deaths.

Not providing for the medical and rehabilitative needs of “high risk” children will inadvertently result in a large number of individuals more likely to develop a disabling condition later in life, endangering an individual’s right to achieve full capacity.

Conclusion:

People with disabilities are not a rarity. In fact, disabilities affect the lives and livelihoods of one tenth of the world’s population. Yet, little has been done to publicize the relationship among disabilities, various indicators of development and their cumulative, indisputable impact on the quality of our lives.

The direct consequence of this attitude has been the relegation of disability and development initiatives to the lowest rungs on the agendas of various governments, financial agencies and other stakeholders. **As a result, people with disabilities, who are potential and willing contributors to family and national economic activity are instead condemned to the margins of society and remain a perceived and actual burden^{xiii}.**

The results of such marginalization are shattering, to the individuals and their families as well as to the economies of all developing nations. The need of the hour is to

“Take away the ‘M’ and establish Development Goals that **all** may realize^{xliii}.

“Review the ‘D’ in Development and include a large section of the world’s most vulnerable population”.

“Ensure that the ‘G’ in Goals truly represents all groups”.

and to acknowledge and integrate appropriate disability indicators in goals 1 to 6 to ensure achievement of targets specified under each of these.

- ⁱ The term "disability" summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature. (As defined in the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 1993 available on <http://www.un.org/esa/socdev/enable/dissre01.htm>)
- ⁱⁱ <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20192533~menuPK:282704~pagePK:148956~piPK:216618~theSitePK:282699,00.html>
- ⁱⁱⁱ *Disability Manual*: National Human Rights Commission, India, 2005
- ^{iv} *Regional Trends impacting on the situation of persons with disabilities*: United Nations Economic and Social Commission for Asia and Pacific, 2002
- ^v Susan Erb & Barbara Harriss- White, *Outcast from Social Welfare: adult disability, incapacity and development in rural south India*. Books for Change, A Unit of Action Aid Karnataka Projects (2002)
- ^{vi} *Disability Manual*, National Human Rights Commission (2005), India
- ^{vii} Current Trends Impacting the Situation of People with Disabilities: Summary Paper, UNESCAP, (2002) www.worldeable.net/bmf2004/doc_summarytrends.htm
- ^{viii} World Food Summit, 13- 17 November 1996, Rome, Italy www.fao.org/wfs/main_en.htm
- ^{ix} "Gender bias refers to an unequal treatment in opportunities and expectations due to attitudes based on the sex of a person or a group of persons" as derived from http://www.thelawencyclopedia.com/term/gender_bias?gclid=CJGTsKO_I4UCFQczHgodNwhfHg
- ^x "Failure to thrive is a medical term which denotes poor weight gain and physical growth failure over an extended period of time in infancy" as defined on http://en.wikipedia.org/wiki/Failure_to_thrive
- ^{xi} "Food substances that supply, in adequate measures, the components necessary to build and repair tissues as they wear out and die, to keep the body in good working condition, and to supply fuel for energy" as defined on <http://www.reference.com/browse/columbia/nutritio>
- ^{xii} *Evidence Report 72*, Criteria for Determining Disability in Infants and Children: Failure to Thrive (2003), Page 20
- ^{xiii} <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1a.chapter.24954>
- ^{xiv} http://www.who.int/nutrition/topics/fetal_dev_report_annex.pdf
- ^{xv} Independent Commission on Health in India, 1997
- ^{xvi} UNESCO Report, 2003
- ^{xvii} http://siteresources.worldbank.org/DISABILITY/Resources/Education/Data_Sets_Final.pdf Page 4
- ^{xviii} http://www.disabilityworld.org/07-08_01/children/global.shtml
- ^{xix} http://siteresources.worldbank.org/DISABILITY/Resources/Education/Data_Sets_Final.pdf Page 5
- ^{xx} <http://siteresources.worldbank.org/DISABILITY/Resources/Education/DeonFilmer2005.pdf>
- ^{xxi} Groce, N. 1999. *An overview of young people living with disabilities: Their needs and their rights*. New York: UNICEF
- ^{xxii} www.siteresources.worldbank.org/DISABILITY/Resources/Education/Education_for_All_A_Gender_and_Disability_Perspective.doc
- ^{xxiii} "Working poor is a term used to describe individuals and families who maintain regular employment but remain in relative poverty due to low levels of pay and dependent expenses" as given on http://en.wikipedia.org/wiki/Working_poor
- ^{xxiv} <http://www.ilo.org/public/english/employment/strat/download/ep16.pdf>
- ^{xxv} <http://www.ilo.org/public/english/employment/strat/global.htm>
- ^{xxvi} http://www.rehab-international.org/publications/Leadership_Women/MESSELLEvy.html

- xxvii <http://www.un.org/esa/socdev/enable/womenday05.htm>
- xxviii "Severe Maternal Morbidity From Direct Obstetric Causes in West Africa: Incidence and Case Fatality Rates," *Bulletin of the World Health Organization* 78, no. 5 (Geneva: WHO, 2000): 593.
- xxix <http://childinfo.org/areas/maternalmortality/>
- xxx The Consequences of Maternal Morbidity and Maternal Mortality: Report of a Workshop, Page 6 as available on <http://lab.nap.edu/nap-cgi/skimit.cgi?recid=9800&chap=1-18>
- xxxi <http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=7746>
- xxxii <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPHAAG/0..contentMDK:20655822~menuPK:1314766~pagePK:64229817~piPK:64229743~theSitePK:672263,00.html>
- xxxiii http://www.who.int/whr/2005/media_centre/facts_en.pdf
- xxxiv <http://www.adb.org/Documents/News/2002/nr2002126.asp>
- xxxv <http://www.aifo.it/english/resources/online/apdrj/apdrj204/adolescent.pdf>
- xxxvi <http://www.scielosp.org/pdf/bwho/v78n10/78n10a04.pdf>
- xxxvii <http://www.voanews.com/specialenglish/archive/2006-02/2006-02-05-voa2.cfm>
- xxxviii <http://www.un.org/News/Press/docs/2005/pop918.doc.htm>
- xxxix http://www.iesingapore.gov.sg/wps/wcm/connect/resources/file/ebad06406f20a53/ind_aag.pdf?MOD=AJPERES
- xl <http://devdata.worldbank.org/>
- xli <http://www.daa.org.uk/ItisOurWorldToo.htm>
- xlii http://www.iddc.org.uk/dis_dev/mainstreaming/incl_dis_wildbank.doc
- xliii http://www.disabilitykar.net/roundtables/malawi_rt.html