Disability Worldwide*

by Mara Buchbinder

Have you ever wondered what life is like for people with disabilities in other countries? While you may feel that you have a pretty good sense of what disability experience is like in the United States, conditions are vastly different in countries worldwide.

Before we can examine this issue, we must first understand how disability is defined. There are several different ways that disability has been defined over time. *Historical* definitions see disability as abnormality or the inability of people to fit into society in a particular way and fulfill particular roles. *Modernist* definitions of disability, however, focus on personal experiences and the effects of the physical, cultural, and social environment on the individual. *Professional* and *governmental* definitions are assigned by doctors and policymakers and center around an individual's disability status for government disability programs. These definitions tend to focus on an individual's ability to perform certain functions. Recently, academic have been advancing a *scholarly* definition of disability, which views disability as the gap between personal ability and environmental demands, making it hard for an individual to do a particular activity.

Depending on how disability is measured, about 12-15% of the world's population is disabled. Awareness of disability is growing in Asia, Africa, Latin America, and the Middle East. Disability is often associated with powerlessness and poverty.

The way different societies treat people with disabilities depends on the social, cultural, political, and economic conditions of that country. For example, in the Western world, where risky or high impact sports and recreation are common, disability might occur due to mountain climbing, car racing, and skiing injuries. In Kenya, however, individuals have been more likely to be injured by elephants and other wild animals than by automobile accidents. Similarly, problems resulting from malaria (a disease carried in mosquitoes in tropical environments) were less likely to be counted as disabilities because they were so commonplace. Furthermore, Kenya does not have a health care system that is accessible to all and can consistently treat such conditions. Landmine accidents and civil wars have become a significant source of disability for people in such places as Afghanistan, Vietnam, Cambodia, Iran, and Iraq.

Societies and their participants shape disability in three powerful ways: social inclusion, social distancing, and the physical environment. In most countries, some disabilities are more acceptable than others. In France, individuals with disabilities often have adequate social welfare benefits, but still feel treated as something other than full members of their society. This may be the result of the historical institutionalization of individuals with disabilities in the 18th century due to the influence of the French Catholic Church. In Italy, however, research has shown that people give money to the poor and disabled to avoid the "evil eye," a cultural belief that individuals can be cursed by a look from a bewitched person. Some Italians also believe that these donations will help them from developing a disability themselves. Finally, public architecture has a powerful influence on how persons with disabilities live because it determines where they can go in their community.

Societies tend to follow one of four approaches toward individuals with disabilities: *social*

exclusion, financial constraint, medical causation, and social causation. Social exclusion still exists in many parts of the world, usually in poor countries with limited resources. This approach can be economical to such societies because if individuals with disabilities are publicly invisible, their presence will not have an effect on society's conscience. The *financial constraint* approach means that there is public knowledge and sympathy for individuals with disabilities, yet inadequate financial resources to help them. This is common in poor agricultural countries where local governments have no money to help those with disabilities. The *medical causation* approach has developed in countries with modern medical systems and national budgets. Medical treatments are emphasized and long-term rehabilitation is discouraged. Individuals with disabilities are seen as biological organisms to treat, rather than social individuals. The *social causation* approach developed in response to the medical one. This view claims that disability has nothing to do with an individual's disease or impairment, but rather that societal barriers and cultural attitudes cause disability. These views are being advanced in Great Britain, North America, and various places in Europe. This approach emphasizes the rights of individuals with disabilities to participate in their society to the fullest extent.

Cultural differences are reflected in the language used to describe people with disabilities. For example, in Britain many people in the disability community use "disabled people" to represent the social nature and community context, while in France *les handicaps* is used to emphasize an impaired ability to work. In the United States, "persons with disabilities" is used to emphasize the value of the individual.

The disability community is becoming increasingly vocal, united, and international. Due to increased communication and information access with the growth of the Internet, disability scholars and activists are beginning to develop global communities to discuss ideas and further their cause. As youth with disabilities in the United States, we are part of a much bigger worldwide network.

** Information for this article was taken from Albrecht GL and LM Verbrugge. (2000). "The Global Emergence of Disability." In The Handbook of Social Studies in Health and Medicine. G Albrecht, R Fitzpatrick, S Scrimshaw Eds. London: SAGE Publications.*