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**THE POLITICAL ECONOMY  
OF DISABILITY AND  
DEVELOPMENT  
WITH SPECIAL  
REFERENCE TO INDIA**

by Barbara Harriss-White

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## ◆ Preface

The condition of being disabled is at the bottom of the development agenda, unrecognized as a problem for development and absent from the United Nations human development reports. It also goes untheorized: many of the incapacities that follow from impairment cannot be reduced without a corresponding reduction in the capabilities of non-disabled people. Along with neglect in policy and theory goes a deep factual neglect. The data about the conditions of disability are of low quality, patchy, often seriously out of date and sometimes the result of special interest or pleading.

The author of this paper seeks to review the relationships between disability and development. India is taken for illustrative purposes, because of the relative abundance of material, and the exemplary nature of the social and economic institutions in which disabled people are embedded and of the political neglect with which they are treated. It would seem that there are more seriously disabled people in India than there are seriously malnourished ones.

As a form of deprivation, disability is intractably complex. It is a probabilistic condition, understood in locally specific ways, associated with economic losses directly to the disabled person, indirectly to their household and to future generations. It is both caused by and causes poverty and inequality. It is also a development paradox, increasing in frequency with increases in life expectancy. Its recognition and impact depend on gender, social class and caste, age and location.

Institutions producing and reproducing disability are also analysed in the paper, including the household and locality; missionary and religious organizations; other non-governmental organizations; markets for equipment, treatment and labour; and the state. The author then examines the way a technocratic policy discourse has evolved in India, as well as how it has been translated into legal provision and implemented through organizations created by the state and supplied with human and financial resources. She claims that there is no coherent agenda, no recognizable state obligation or means whereby needs can be translated into practical claims. Resources are on a declining trend, and the state fails to regulate the market or private sector and NGOs.

Policy options in an era of structural adjustment and reforms to social sector expenditure are also reviewed, including Community Based Rehabilitation, social movements of collective action, and the cases for developmental state action. The kind of agenda for disability which would be consistent with the recognition of an imperfect obligation is mapped out.

The paper concludes by arguing that the same types of progressive international and national forces that have worked to create gender and the environment as influential developmental issues are needed for disability. But because the constraints on disabled people as activists are far greater and more debilitating than those curbing the opportunities of women, the support of non-dominating professionals and of international aid agencies is even more necessary.

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Director

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# 1. INTRODUCTION: THREE TYPES OF TABOO

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If measured by resources committed and by rhetoric, by the quality of analysis and by data availability, alleviating the condition of being disabled is the lowest priority on state welfare agendas in practically all developing countries,<sup>1</sup> arguably in all countries.

The 1993 **Human Development Report** contains compendious data on all aspects of the human condition, with the exception of disability on which there is nothing at all (UNDP, 1993). Influential typologies of vulnerability ignore the disabled (e.g. Cornia et al., 1987). On the social welfare agenda of India, poverty, caste and gender push disability to the foot. This low priority can be explained in public choice theoretic terms by the political weakness of disabled persons and by the high perceived economic costs and low perceived political benefits (or the high political opportunity costs and low economic benefits) of a state response to problems which are administratively anomalous and transactions-costly. It is logical to expect that such a calculus would operate more powerfully on the welfare agendas of poor countries than of rich ones.

Intellectual neglect accompanies political neglect. Disability signifies that which a person suffering impairment **cannot** be and **cannot** do. Sen has not developed his powerful concept of capability — what people can be or do — for the incapacities that follow from impairment (Sen, 1990). His notion of development as capability expansion involves the exercise of positive freedom and residualizes negative freedom.<sup>2</sup> But for certain disabled people, certain types of capability expansion are simply not possible.<sup>3</sup> For most disabled people to experience, let alone expand, positive freedom, both the capability to function and the negative freedom of non-disabled people have to be constrained. A reduction in the negative freedom of others is a logical precondition to the achievement by poor disabled people of equality in the list of otherwise “basic capabilities” which are denied to the entire set of poor by their condition of poverty.

The third neglect interacts with the other two, granted that both theory and policy for social development is famously data-constrained.<sup>4</sup> Globally comparable data on disability do not exist. Country-specific information is more often than not out of date. We can use India as an example because it well exemplifies the political and social condition of disabled people and the institutions affecting their behaviour and welfare, and because it has data

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<sup>1</sup> Viet Nam, Afghanistan and Zimbabwe are exceptions, probably because of the impact of conflict-related disability (M. Miles, personal communication, 1994).

<sup>2</sup> Positive freedom is freedom to be and to do; negative freedom is freedom from external control, hindrance or coercion.

<sup>3</sup> While for a physically disabled person, remedial social technology ranges from porters and sedan chairs to motorized wheelchairs, there is no technical response at any price which can make some types of blind people see (even if there are means by which their environmental perceptions and capacities to communicate can be improved).

<sup>4</sup> See for example UNDP (1993) and McGillivray et al. (1995).

available in English which are thought to be of better quality than the data of other countries otherwise similarly situated.

In 1991, it was estimated that about 332 million out of India's population of 884 million existed below the official poverty line.<sup>5</sup> A different but overlapping population of some 270 million persons belonged to scheduled castes and tribes, collectively labelled as "weaker sections". Both socio-economic groups qualify for targeted developmental aid and the latter for positive discrimination. The 1981 census of India was the first and last twentieth century census to enumerate the disabled as "blind" "dumb" and "crippled". Extreme criteria of impairment were used.<sup>6</sup> Only 1.1 million were identified as disabled. The National Sample Survey Organisation (NSS) also surveyed "the disabled" in 1981 and subdivided them into four classes — visually handicapped, communication handicapped, locomotor handicapped and mentally handicapped — which were less restrictively defined than in the census.<sup>7</sup> The census took no account of the mentally handicapped and neither the census nor the NSS estimated those afflicted with leprosy. The aggregate results of the NSS survey are presented in table 1.

**Table 1**  
**India: Number of disabled persons, 1981 (in millions)**

Type	Total	Per cent	Rural	Urban	Male	Female
<b>Locomotor</b>	5.4	40	4.3	1.1	3.5	1.9
<b>Visual</b>	3.4	25	2.9	0.6	1.4	2.0
<b>Hearing</b>	3.0	20	2.4	0.5	1.6	1.3
<b>Speech</b>	1.7	12	1.4	0.4	1.1	0.6
<b>Physical*</b>	11.9	—	9.6	2.2	7.0	5.1
<b>Per cent</b>	—	—	81	19	57	43

\* more than one of the four categories

Source: NSS, 1983

These are great underestimates. From clinical evidence it is currently thought that 3.7 per cent of the total population suffers from locomotor, visual or communication-related disability, or from mental retardation (Thomas, 1993a). This is a larger proportion than that estimated as severely malnourished (2.7 per cent) (Subbarao, 1992). It is thus likely that at least 32 million people were disabled in 1991.<sup>8</sup> The families of disabled persons, those people affected indirectly by disability, likely amount to 4-5 times as many: perhaps 130 million persons.

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