



**Brief model disability survey:
2019 results for India,
Lao People's Democratic Republic
and Tajikistan**



**Brief model disability survey:
2019 results for India,
Lao People's Democratic Republic
and Tajikistan**

Brief model disability survey: 2019 results for India, Lao People's Democratic Republic and Tajikistan

ISBN 978-92-4-002362-8 (electronic version)

ISBN 978-92-4-002363-5 (print version)

© World Health Organization 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Brief model disability survey: 2019 results for India, Lao People's Democratic Republic and Tajikistan. Geneva: World Health Organization; 2021. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

CONTENTS

| | | |
|------------|--|-----------|
| 1 | INTRODUCTION | 1 |
| 2 | METHODOLOGY | 2 |
| 2.1 | Sample design and sample size | 2 |
| 2.1.1 | India | 3 |
| 2.1.2 | Lao People’s Democratic Republic | 3 |
| 2.1.3 | Tajikistan | 4 |
| 2.1.4 | Selection of households | 5 |
| 2.2 | Project | 6 |
| 2.3 | Disability and capacity | 6 |
| 2.4 | Questionnaire | 7 |
| 2.5 | Calculation of disability scale | 8 |
| 2.6 | Gallup indices | 9 |
| 3 | MAIN FINDINGS | 10 |
| 3.1 | Demographic characteristics | 11 |
| 3.2 | Health conditions | 14 |
| 3.3 | Assistive technology | 16 |
| 3.4 | Disability and capacity | 16 |
| 4 | RESULTS BY DISABILITY LEVEL | 19 |
| 4.1 | Demographic characteristics | 19 |
| 4.2 | Health | 23 |
| 4.3 | Assistive technology | 30 |
| 4.4 | Aspects of physical environment | 38 |
| 4.5 | Aspects of social environment | 41 |
| 4.6 | Political situation | 44 |
| 4.7 | Economic situation | 46 |
| 4.8 | Well-being | 49 |
| 5 | POLICY IMPLICATIONS | 52 |
| 6 | REFERENCES | 55 |
| 7 | ANNEXES | 56 |
| 7.1 | Annex 1. Overview of variables | 56 |
| 7.2 | Annex 2. Statistical analysis used in the Brief MDS | 71 |

1 Introduction

The world is facing important trends associated with an increase of disability in populations, especially a rise in noncommunicable diseases (NCDs) and the rapid ageing of the world population. Estimates from the WHO *World report on disability (1)* show that 15% of the global population experiences significant disability.

The level of disability in countries and regions is influenced, however, not only by trends in health conditions but also by physical, human-built, attitudinal and sociopolitical barriers, such as the negative attitudes of others, inaccessible transportation and public buildings, poor social support or limited access to health services.

The challenges that disability creates for people's lives and well-being are compounded by a critical lack of access to assistive devices that would enable individuals to lead autonomous, dignified and productive lives. Assistive devices are powerful tools that maintain and improve an individual's functioning and independence, promoting overall well-being. However, WHO estimates that currently only 1 in 10 people in such need have access to assistive products.¹ This gap between prevalence of individuals living with disability and the deficit in access to assistive devices is striking.

Interventions are essential. Interventions that target disability in a country can be directed at improving or optimizing functioning of individuals, such as through provision of rehabilitation services, or at lowering environmental barriers, for example through dedicated transportation, employment or accessible health care policies.

Good quality and comprehensive disability data are essential. Policy development and planning of public health actions and services require a precise understanding of disability, including

¹ See: <https://www.who.int/news-room/fact-sheets/detail/assistive-technology>

detailed information on needs for assistive technology, inequalities, barriers and needs faced by persons experiencing different levels of disability.

The Model Disability Survey (MDS) was developed to collect such data. Data generated by the MDS are being used by countries to quantify the impact on disability of health conditions or impairments, and of the environment, and also to better understand the degree to which individuals with disability have access to, and use, assistive devices. This allows countries to determine which interventions and policies will likely produce the most benefit for different sections of the population.

2 Methodology

2.1 Sample design and sample size

In the three countries where the study was conducted (India, Lao People's Democratic Republic² and Tajikistan), the Brief Model Disability Survey (Brief MDS) was included as a module within the Gallup World Poll (2). Since 2005, The Gallup World Poll has regularly surveyed people in over 160 countries, representing more than 99% of the world's population aged 15 years and older, using randomly selected, nationally representative samples.

The sampling frame in the World Poll included the total non-institutionalized population aged 15 years and older. For this study, oversamples were conducted in Lao People's Democratic Republic and Taiikistan. A brief description of the sampling design in all three countries is

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_23935

