

Brief Model Disability Survey: Results for
India,
Lao People's Democratic Republic
and Tajikistan

EXECUTIVE SUMMARY

2019

I Context

The world is facing important trends associated with an increase of disability in populations, especially a rise in noncommunicable diseases (NCDs), including mental health conditions, and the rapid ageing of the world population. Estimates from the WHO *World report on disability* show that 15% of the global population experience significant disability. Physical, human-built, attitudinal and sociopolitical barriers, such as negative attitudes of others, inaccessible transportation and public buildings, poor social support or limited access to health services, also impact the level of disability in countries.

Good quality, broad disability data are essential. Policy development and planning of public health actions and services require a precise understanding of disability, including 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. The MDS is a general population survey that allows for a direct comparison of the needs and barriers faced by groups with differing levels of disability. The MDS is grounded in the International Classification of Functioning, Disability and Health, where disability is considered the outcome of the interaction between a person's health condition(s) and the physical, human-built, attitudinal and sociopolitical environment in which the person lives. Disability is therefore not solely the result of an internal attribute of the person due to impairments (e.g. lack of a limb) or specific health conditions (e.g. Down syndrome). In the MDS, disability is also defined as a continuum, ranging from no disability to very high levels of disability. Disability is therefore a matter of degree, and the experience of disability is diverse and universal.

2 Brief Model Disability Survey (B-MDS) in the Gallup World Poll

Following calls from WHO Member States for a version of the MDS that could be integrated into existing and regularly implemented surveys, the Brief MDS (B-MDS) was developed in 2016. The B-MDS is a 12-minute disability module that allows for the calculation of a disability scale and the disaggregation of key survey indicators by level of disability.

Gallup World Poll is an annual global survey vehicle used to collect data representative of the world's adult population. Since 2005, Gallup has conducted surveys annually in up to 160 countries worldwide and in 145 languages, employing a gold-standard methodology that provides a scientific window into the thoughts and behaviours of the world's population through nationally representative samples. The Gallup World Poll includes questions on a variety of topics such as economic empowerment, access to clean water and food, citizen engagement, and public safety. It is the only global study of its kind and is used as a primary data source by several global organizations, such as the United Nations, the World Bank and the Organization for Economic and Co-operation and Development (OECD). It has also been instrumental in shaping country-level policy and monitoring, for example monitoring of financial inclusion indicators by G20 nations.

In 2018, the WHO B-MDS was integrated into the Gallup World Poll questionnaire and conducted in face-to-face household interviews in India, Lao People's Democratic Republic (Laos) and Tajikistan. The combination of the B-MDS with the World Poll variables allows for the disaggregation of key World Poll indicators by level of disability, allowing WHO to go beyond disaggregation and analyse the complex ways in which all of these societal factors influence disability – and vice versa. Additionally, the infrastructure of the Gallup World Poll allows for frictionless scaling-up of this project to a global level in the future. This is particularly important as it will provide opportunities for governments to prioritize policy options to address barriers

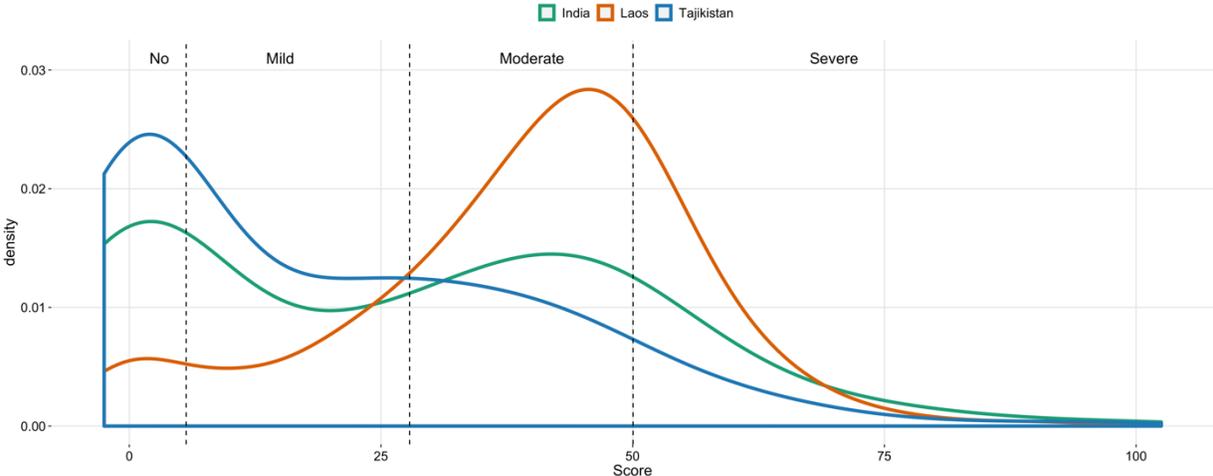
in the community, experienced by individuals with disability, rather than providing data solely on how many of those with disability are, or are not, accessing particularly services.

3 Key findings

3.1 Disability prevalence

- ❖ **Prevalence of mild, moderate and severe disability:** Prevalence of mild disability in India is reported as being 17%; moderate disability 35%; and severe disability 16%. In Laos the prevalence for mild disability is 14%, moderate disability, 56%; and severe disability, 23%. Figures for Tajikistan are 24% for mild disability 24% for moderate and 8% for Tajikistan (Figure I).
- ❖ **The prevalence of severe disability translates to approximately 150 million people across the three countries:** India accounts for approximately 145 million of the 150 million.

Figure I. Disability continuum (pooled scores of India, Laos, and Tajikistan)



Sociodemographic differences across disability levels

- ❖ **Severe disability affects more women** in India (57%) and Tajikistan (61%); in Laos the distribution between genders is similar.
- ❖ **Severe disability is more frequent in older individuals:** there is a higher proportion of older individuals among those with severe disability compared with no disability and mild disability.
- ❖ **Across the three countries, persons with severe disability have lower educational achievements:** In India, 76% of individuals with severe disability reported having elementary education or less; in Laos, 66%; and in Tajikistan, 39%.
- ❖ **High inequalities in employment situations is observed in persons with severe disability:** In India, 48% are out of the workforce; and in Tajikistan, 78%. This compares with 40% (India) and 55% (Tajikistan) in persons with no disability. In Laos, no difference is observed: 8% of individuals with severe disability and 7% with no disability are out of the workforce.
- ❖ **Individuals with severe disability have lower incomes:** In India, 34% of individuals with severe disability are in the lowest 20% income quintile; 28% in Laos; and 38% in Tajikistan. .

3.2 Health

- ❖ **Individuals with moderate and severe disability are disproportionately affected by chronic conditions and health problems:** In India, 50% of individuals with moderate disability had one or more health conditions; this compared with 66% in Laos, and 72% in Tajikistan. For those with severe disability, the proportions were 73% (India), 80% (Laos) and 95% (Tajikistan). In India, 24% of those with moderate disability reported having health problems that prevented them from doing things that people of the same age can do; this compared with 21% (Laos) and 41% (Tajikistan); for those with severe disability the proportions were 50% (India), 41% (Laos) and 71% (Tajikistan).
- ❖ **Individuals with moderate and severe disability are more affected by all health conditions investigated:** Among those with moderate and severe disability, the health conditions with the highest burden, in all three countries, were reported to be

musculoskeletal conditions (back pain and arthritis/arthrosis) and mental disorders (depression and anxiety).

- ❖ **Individuals with severe disability rate worse access to quality health care:** In India, 67% of people with severe disability reported being satisfied with the availability of quality health care, compared with 64% (Laos), and 79% (Tajikistan); for those with no disability, the figures were 85% (India), 89% (Laos), and 88% (Tajikistan).

3.3 Assistive technology

- ❖ **A very low proportion of individuals with severe disability uses assistive products (Laos 19%, India 39%, and Tajikistan 60%).**
- ❖ **“Spectacles/glasses” are the most used assistive products in all three countries:** Other frequently used products include “products for memory support”, “pressure relief cushions”, and “canes or walking sticks” (India and Tajikistan); and “communication boards, books or cards” (Laos and Tajikistan).
- ❖ **The proportion of individuals with severe disability and facing problems with the use of assistive devices is slightly higher in India (23%) than in Laos (16%) and Tajikistan (20%):** Problems most frequently encountered when using assistive devices were reported as: “not being comfortable”, “need from another person to use it”, and “not the right size” (India); “need maintenance or replacements that are not available”, “not the right size”, and “broken” (Laos); and “not helpful”, “not the right size”, “need from another person to use it”, and “complicated to use” (Tajikistan).
- ❖ **Among individuals with severe disability who use assistive products and still need additional devices, 25% are in India, 21% in Laos; and 36% in Tajikistan:** The most frequently additionally needed devices among persons with severe disability were “spectacles/glasses” and “hearing aids” (India); “chair for shower, bath, or toilet”, “hearing aids” and “magnifiers” (Laos); and “pressure relief cushions” and “chair for shower, bath or toilet” (Tajikistan).

- ❖ **Completely unmet need of assistive products are reported mostly by individuals with severe disability.** A higher need of assistive devices among individuals with severe disability was observed in Laos (30%) and Tajikistan (29%) compared with India (18%). In all three countries, the device most frequently reported as needed was “spectacles/glasses”.
- ❖ **The main reasons for not having the assistive products are:** “Products are too complicated to use” (India); “cannot afford the cost” (Laos); and “available products are not helpful” (Tajikistan).

3.4 Physical environment

- ❖ **Individuals with severe disability rate various aspects of the physical environment as hindering:** The most hindering aspects of the environment for persons with severe disability were transportation (India and Laos), and places for socializing (Tajikistan).
- ❖ **There is reduced overall satisfaction with public services among individuals with severe disability:** Housing, educational systems, roads, highways and public transport were found to be dissatisfying among individuals with severe disability. In all three countries and across all disability levels, a similar proportion of individuals was found to be dissatisfied with the quality of water and air.

3.5 Social environment

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