

Intellectual Disability with Reference to Poverty among Humans

Rimpu Kumari

Abstract

The world's poor are significantly more likely to have or incur an intellectual disability within their lifetime compared to more financially privileged populations. The rate of intellectual disability within impoverished nations is notably higher than that found in more developed countries. Though no one explanation entirely accounts for this connection, recently there has been a substantial amount of research illustrating the cycle by which poverty and intellectual disability are mutually reinforcing. Physical, cognitive, mental, emotional, sensory, or developmental impairments independently or in tandem with one another may increase one's likelihood of becoming impoverished, while living in poverty may increase one's potential of having or acquiring special needs in some capacity.

Introduction

According to the World Bank, "Persons with disabilities on average as a group experience worse socioeconomic outcomes than persons without disabilities, such as less education, worse health outcomes, less employment, and higher poverty rates." [7] Researchers have demonstrated that these reduced outcomes may be attributed to a myriad of institutional barriers and other factors. Furthermore, the prevalence of disabilities in impoverished populations has been predicted to follow a cyclical pattern by which those who live in poverty are more likely to acquire intellectual disability and those who have intellectual disability are more likely to become impoverished. (1,2)

Another reason individuals living with disabilities are often impoverished is the high medical costs associated with their needs. One study, conducted in villages in South India, demonstrated that the annual cost of treatment and equipment needed for individuals with disabilities in the area ranged from three days of income to upwards of two years' worth, with the average amount spent on essential services totaling three months worth of income. [15] This figure does not take into account the unpaid work of caregivers who must provide assistance after these procedures and the opportunity costs leading to a loss of income during injury, surgery, and rehabilitation. Studies reported by medical anthropologists Benedicte Ingstad and Susan Reynolds Whyte have also shown that access to medical care is significantly impaired when one lacks mobility. They report that in addition to the direct medical costs associated with special needs, the burden of transportation falls most heavily on those with disabilities. This is especially true for the rural poor whose distance from urban environments necessitates extensive movement in order to obtain health services. [16] Due to these barriers, both economic and physical, it is estimated that only 2 percent of individuals with disabilities have access to adequate rehabilitation services. [17]

The inaccessibility of health care for those living in poverty has a substantial impact on the rate of intellectual disability within this population. [8] Individuals living in poverty face higher health risks and are often unable to obtain proper treatment, leading them to be significantly more likely to acquire intellectual disability within their lifetime. [8] Financial barriers are not the only obstacles those living in poverty are confronted with. Research shows that matters of geographic inaccessibility, availability, and

cultural limitations all provide substantial impediments to the acquisition of proper care for the populations of developing countries.[18] Sex-specific ailments are particularly harmful for women living in poverty. The World Health Organization estimates that each year 20 million women acquire disabilities due to complications during pregnancy and childbirth that could be significantly mitigated with proper pre-natal, childbirth, and post-natal medical care.[19] Other barriers to care are present in the lack of treatments developed to target diseases of poverty. Experts assert that the diseases most commonly affecting those in poverty attract the least research funding. This discrepancy, known as the 10/90 gap, reveals that only 10 percent of global health research focuses on conditions that account for 90 percent of the global disease burden.[20] Without a redistribution in research capital, it is likely that many of the diseases known to cause death and intellectual disability in impoverished populations will persist

Discussion

The relationship between intellectual disability and poverty is seen by many to be especially problematic given that it places those with the greatest needs in a position where they have access to the fewest resources. Researchers from the United Nations and the Yale School of Public Health refer to the link between intellectual disability and poverty as a manifestation of a self-fulfilling prophecy where the assumption that this population is a drain of resources leads society to deny them access to avenues of success. Such exclusion of individuals on the basis of their special needs in turn denies them the opportunity to make meaningful contributions that disprove these stereotypes.[30] Oxfam asserts that this negative cycle is largely due to a gross underestimation of the potential held by individuals with disabilities and a lack of awareness of the possibilities that each person may hold if the proper resources were present.

The early onset of preventable deaths has been demonstrated as a significant consequence of intellectual disability for those living in poverty. Researchers show that families who lack adequate economic agency are unable to care for children with special medical needs, resulting in preventable deaths.[In times of economic hardship studies show families may divert resources from children with disabilities because investing in their livelihood is often perceived as an investment caretakers cannot afford to make.[BenedicteIngstad, an anthropologist who studied families with a member with disabilities, asserted that what some may consider neglect of individuals with disabilities “was mainly a reflection of the general hardship that the household was living under.”[28] A study conducted by Oxfam found that the rejection of a child with disabilities was not uncommon in areas of extreme poverty.[The report went on to show that neglect of children with disabilities was far from a deliberate choice, but rather a consequence of a lack of essential resources. The study also demonstrated that services necessary to the well being of these children “are seized upon” when they are made available. The organization thus concludes that if families had the capacity to care for children with special needs they would do so willingly, but often the inability to access crucial resources bars them from administering proper care.(3,4)

World Report On Intellectual Disability

The World report on intellectual disability (WRD) is the first document to give an extensive global picture of the situation of people with disabilities, their needs, and the barriers they face to participating fully in their societies. The aim of the report is to support the implementation of the Convention on the Rights of Persons with Disabilities (CRPD). Published in 2011 by the World Health Organization (WHO) and the World Bank, the report assembles scientific information on intellectual disability, with relevance to the fields of public health, human rights and development. The intended audience is policy-makers, service

providers, professionals, and advocates for people with disabilities and their families. The WRD was developed with participation of people with disabilities and their organizations, as well as other relevant stakeholders (5,6)

*Principal, TapovanManovikas Vidhyalaya,
SriGanganagar, Rajasthan*

1. Elwan, A. (1999). Poverty and intellectual disability: A review of the literature. The World Development Report, Washington, DC: World Bank.
2. The World Bank. (2011). Poverty and intellectual disability . Webaccessed: [http:// web.worldbank.org/WBSITE/EXTERNAL /TOPICS/EXTSOCIALPROTECTION/EXTINTELLECTUAL DISABILITY /0,,content MDK: 20193783~ menuPK:419389 ~pagePK:148956~ piPK:216618~ theSitePK :282699,00.html](http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTINTELLECTUALDISABILITY/0,,contentMDK:20193783~menuPK:419389~pagePK:148956~piPK:216618~theSitePK:282699,00.html)
3. to:a b c The Office of Policy Planning and Public Diplomacy. (2012). Special advisor Heumann's remarks on inclusive development. Webaccessed: "Archived copy". Archived from the original on 2014-03-11. Retrieved 2012-10-26.
"It also helped refine international approaches to the education of the disabled. [Social Impact]. RECOUP. Research Consortium on Educational Outcomes and Poverty (2005-2009)"
4. SIOR, Social Impact Open Repository.
5. to:a b Yeo, R. (2005). Intellectual disability , poverty, and the new development agenda. Intellectual disability Knowledge and Research Programme. Webaccessed: [http:// www.dfid.gov.uk /r4d/ PDF/Outputs/Intellectualdisability /RedPov_agenda.pdf](http://www.dfid.gov.uk/r4d/PDF/Outputs/Intellectualdisability/RedPov_agenda.pdf)
6. to:a b Dickson, J. (2011). Philanthropy's Blind Spot: The Intellectual disability Rights Movement. National Committee for Responsive Philanthropy.