Chapter 11
Predicament of Disability, Old Age, and Extreme: Poverty in Rural Areas

ABSTRACT

The study of poverty explores the experiences of elderly people and people living with disabilities pertaining to the five broad categories of disability, namely physical disability, blindness, deafness, and mental illness, including perceived barriers and remedies. Disability whether physical infirmity, disease, or sensory impairment or perhaps later in life, by the onset of illness or frailty due to aging, is conceptualized as a restriction or lack of ability to perform an activity in a 'normal' or expected manner. By focusing on the African extended family's context and the living conditions among people with and without disabilities, this discussion informs policy everywhere to combat poverty and social exclusion and discrimination, take lifecycle approach to individual needs, eliminate poverty among the elderly and in people living with disabilities, and ensure access to social protections and community participation.

INTRODUCTION

People with disabilities are among the poorest of the poor. Being poor, disabled and elderly are extraordinarily complex problems that confront almost every society, and yet, social protections and rehabilitation solutions continue to elude policymakers, politicians, and educators. Overall, there has been little progress within the aid and development communities on disability issues, and little attention to ensuring representation and inclusion of persons with disabilities themselves. Responses to disability have changed since the 1970s, prompted largely by people with disabilities and by the growing pressure to see disability as a human rights issue. Historically, people with disabilities have largely been provided for through solutions that segregate them, such as residential institutions and special schools (Kakeeto, 2012; Parmenter, 2008). But because of minimal progress, the United Nations' (2002) recommendations urged the 189 signatory governments to the UN Convention on the Rights of the Child to "take all

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measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms." These freedoms include equal access to health, education, and recreational services (Kett, Lang, & Trani, 2009).

Concurrently, disability is a structure of inequality that has received little policy or research attention in Sub-Saharan Africa (Meekosha, 2008; Mumba, 2009). In fact, the idea of disability is a structure or bias towards the non-disabled embedded in the fabric of organizations, institutions, governments, or social networks. For this reason, the existential predicament of disability and old age in the context of extreme poverty in rural areas is complex and is involved proposition that is unavoidably associated with social exclusion, increased exposure, and vulnerability to poverty.

Even though reliable statistics of the disabled for Sub-Saharan Africa are available, amazingly little research has been done independently or together, on poverty reduction on the five broad categories of disability, namely, physical disability, blindness, deafness, intellectual (mental) impairment, and severe mental illness. Most African countries predict an increase in the prevalence of disability because of increase in the future due to ageing populations, increase in chronic diseases, and the increase in civil wars over resources (WHO, 2011).

Global poverty-focused research on disability examines the factors that directly inhibit poor people with a disability and produce or reproduce conditions of deprivation and inequality (Kett, Lang, & Trani, 2009; Eide & Ingstad, 2011). About 15% of the world's population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning. These estimates of global disability prevalence are higher than previous WHO estimates, which date from the 1970s and suggested a figure of around 10% (WHO, 2011).

Despite the growing research interest in the study of disability and the presumed beneficial health effects of social relationships in general and social support, much remains unclear about how these factors influence the disablement process, perhaps partly due to the complexity of the course of disability and process itself. The process of disability may be broken down into two distinct, but interlinked, components. The first of these involves the effect of slowly progressing chronic disease processes that gradually deteriorate a person's functional abilities over time. The second component involves a more episodic process, consisting of acute periods of sudden deterioration in function due to acute clinical events, which may be followed by complete or partial recovery (e.g., Ferrucci, et al. 1996). While these distinctions may be intuitive, the term disability in and of itself lacks clarity and transparency.

THE TERM "DISABILITY"

The use of the term "*disability*" is in and of itself limiting and has been identified as biased against "ableism" (Yeo & Moore, 2003). At the core of the divide is the question, who defines the disabled: the community, providers of services or the disabled themselves? To grasp the depth of poverty among the disabled, issues of who is doing the defining is important because definitions set the conditions with which anti-poverty relief programs address the needs of the disabled and the elderly as a category of vulnerable persons (Leonardi, et al, 2006).

The disability concept conjures up a great divide in understanding the needs of the two groups living with disabilities, namely community participation of individuals who live on their own or with their families, and those paid by providers of services (Eide & Ingstad, 2011). As will be explained in the next section, the construct "disablism" is a social construction— 'it is the way our society is organized that disables us'; and again: 'disability is not something we possess, but something our society creates' (Isaac,