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

EXECUTIVE SUMMARY

2019
1 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 1).

❖ **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 1. 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

In general, almost no difference in selected aspects of the social environment is observed across disability levels: Individuals with severe disability had slightly lower overall focus from the community on the welfare of its children, and lower social support and opportunities to make friends in India and Tajikistan; no difference was observed in Laos.
3.6 Political situation

❖ In general, in all three countries, the population reports high feelings of security, with slightly lower levels reported for individuals with severe disability.
❖ In India, people with severe disability have less trust in institutions: Confidence in military, judicial and government institutions, and honesty in elections was slightly lower among individuals with moderate and severe disability; perception of corruption in business and government was high and found to be similar across disability levels.

3.7 Economic situation

❖ Individuals with severe disability experience a worse economic situation: Individuals with severe disability reported remarkably higher poverty levels and worse perception of community efforts to provide economic opportunities.
❖ People with severe disability report less access to telephone and internet for personal use in all three countries.

3.8 Well-being

❖ Well-being indicators are worse among individuals with severe disability: In all three countries, while approximately 10% of individuals with severe disability reported thriving, the proportion with no disability who reported thriving was higher in Laos (28%) and Tajikistan (25%), but the same in India (10%). Additionally, in all three countries, those with severe disability reported lower levels of optimism.
4 Policy implications

A high prevalence of disability was observed in all three countries, with individuals with higher levels of disability showing worse socioeconomic, health, environment and well-being outcomes. The following findings may be considered by policy-makers in India, Laos and Tajikistan to ensure that persons with severe disability participate in society on an equal basis with others.

❖ **Different public policies for disability are needed in all three countries:** Very different disability distributions were observed across the three countries, most likely driven by differences in socioeconomic, health conditions, environment and well-being. For example, very high levels of moderate and severe disability were observed in Laos – far higher than the world average disability prevalence (15%) estimated in the *World report on disability*. This indicates a need to target those with moderate disability in a timely manner to prevent progression to severe disability, and also to establish appropriate interventions, accommodations and health care for those with severe disability. India and Tajikistan, with their higher proportions of people with no disability or mild levels of disability, may wish to implement policies targeting these groups, in order to prevent progression to moderate or severe disability.

❖ **Women need special attention:** Women are disproportionately affected by severe disability in India and Tajikistan, highlighting the need for gender-specific consideration by policy-makers in these countries.

❖ **Middle-aged adults need special attention:** More than half of individuals with high levels of disability were found to be middle-aged adults (a greater proportion than in older adults). This finding indicates that most individuals with severe disability are of working age which could impact the economies of the three countries. Specific policies to provide equal opportunities for education and employment are needed for people with disability so that they can continue to be economically productive for as long as possible.
❖ **Attention needs to be paid to the economic situation of people with disability:** Individuals with high levels of disability had remarkably higher poverty levels, driven most likely by their lower educational achievements; lower economic participation; worse community efforts to provide economic opportunities; worse economic situations in their communities; and worse access to telephone and internet for personal use. Inclusive policies are required that reduce barriers preventing those with severe disability from participating equally in education, employment and social services.

❖ **Individuals with high levels of disability are disproportionately affected by health conditions and health problems:** By definition, persons with disability are those who experience health conditions or impairments. Nonetheless, results showed that those with disability remained disproportionately affected by health problems that could be prevented or mitigated. Of individuals with severe disability, over 75% reported one or more health conditions; more than 40% of persons reported health problems that prevented them from performing activities possible for others of the same age group. All health conditions investigated were more frequently found among those with severe disability; musculoskeletal conditions and mental disorders were the most frequent. Worse health was reported by individuals with severe disability. All three countries need to work towards developing interventions targeting those with severe disability and chronic conditions to reduce inequalities in health and meet specific needs of this group.

❖ **Quality health care should be more available to people with disability:** Fewer individuals with severe disability were satisfied with availability of health care than individuals with less severe disability. This finding highlights the need to provide accessible and inclusive health care to those with severe disability.

❖ **Attention needs to be paid to the availability of assistive products for people with disability:** Of those with severe disability, 1 in 5 individuals (India and Laos), and 3 in 5 individuals (Tajikistan) used assistive devices, with spectacles/glasses being the most frequently used product. High levels of unmet need were observed for products among
people with severe disability. The findings in this report underline the need to improve the provision of assistive products; this could be addressed in a strategy to reduce the severity of disability in the population.

❖ **Persons with higher levels of disability face substantial disadvantages due to barriers in their physical and social environments:** Barriers need to be addressed, particularly in places for socializing and transportation. Many people with severe disability were less satisfied with housing, roads and highways. They reported that their communities had a lower focus on the welfare of their children, and had lower social support and opportunities to make friends in their area. Universal policies need to be in place that advocate for barrier-free public transportation and public places for socializing, to improve participation in society for all.

❖ **Attention is needed to improve the well-being of people with disability:** Of 10 individuals with severe disability, only 1 considered themselves as thriving. Those with moderate and severe disability experienced the lowest levels of well-being and are less optimistic about their future. This is likely due in part to problems reported in other areas, such as health care, work, education, community and social participation. It is important to reduce these barriers to societal participation and to provide inclusive and accessible health care and support services.