

ADAPTING A HUMAN DEVELOPMENT MODEL OF DISABILITY, HEALTH AND WELLBEING IN LOW- AND MIDDLE- INCOME COUNTRIES' INFORMAL SETTLEMENTS

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OUTLINE

- Background
- Methodology
- Results
- Discussion
- Conclusion



BACKGROUND

- About 16% of global population are Persons With Disability (PWDs)
- 80 million people in Africa live with some form of disability
- Approximately 5% of Kenyans are PWDs
- Health inequities arise from unfair conditions faced by persons with disabilities.
- Health access for PWDs is even more constrained due to limited resources



METHODOLOGY

- Study utilised community based participatory research approaches
- Social mapping identified categories of most marginalised populations in urban informal settlements
 - *Children Heading Households*
 - *Older Persons*
 - *Persons With Disability (PWD)*
- Photovoice conducted, data collection and analysis conducted by co-researchers including PWDs
- Documented experiences of marginalisation and vulnerability by PWDs



PARTICIPANT PROFILES

Study site	Sex	Age	Vulnerability
Viwandani	Female	32	No source of livelihood, single with 2 children
	Male	26	Blind and lives by self, no source of livelihood
Korogocho	Female	45	Deaf, husband is deaf too, no source of livelihood and diabetic, has a son still in school
	Male	46	No source of livelihood, abandoned by wife, taking care of 2 primary going children
FGDs Viwandani & Korogocho	12 (mixed gender)		Study participants, co-researchers, Nyumba Kumi, women & youth leaders, community leaders FGDs and religious leaders
IDIs with other PWDs	8		4 (2 male and 2 female) from Korogocho 4 (2 male and 2 female) from Viwandani



HUMAN DEVELOPMENT MODEL OF DISABILITY, HEALTH AND WELLBEING

- Born out of Sen's capability approach
- Human development is about extending individuals capabilities
- Participation of people with impairment in federation process
- Focuses on capabilities and functionings – ability to participate in personal and group activities such as community meetings
- Model acknowledges health deprivations, their causes, consequences and impact on wellbeing
- Ability to convert resources into capabilities and functioning
- Agency - PWDs ability to pursue their values/objectives



PHOTOVOICE STUDY FINDINGS



PERSONAL FACTORS

Personal characteristics that make us who we are

Sex	Being male and taking care of children, self stigma, alcoholism as coping mechanism Being female and sole bread winner – feeling of being overwhelmed
Age	Young and dependent on others – Keep to self, depression and suicidal ideation
Marital status	Abandonment by girlfriend, being single – added
Education	Low schooling status – limits economic opportunities
Attitudes & believes	Belief in self capability



Andrew washing his son's school uniforms



RESOURCES

Related goods services, information owned by or available to the individual

- Financial resources: limited financial resources; lack of a livelihood
- Social support: Friends support – paying rent, passing time
- Family support: Mother, husband always ready to support
- Health: Access to healthcare – not affordable due to lack of income

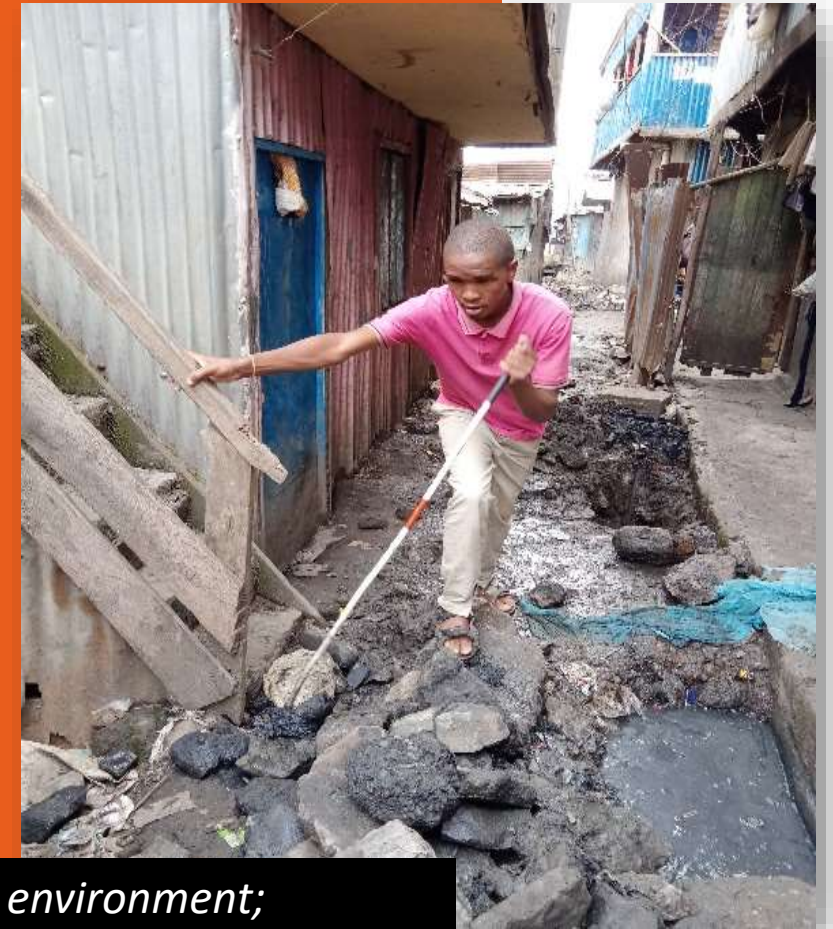


This is my business during the period of COVID-19. It was very low and when it is low, you struggle to make an income. Sometimes you can open and not sell. You can go to the market and find it is expensive and wonder what to do but you just struggle to be able to get it.



STRUCTURAL FORCES

- Physical environment: Restrictive movement - trenches, drainage, open manholes. Difficulty fetching water
- Livelihood: Inadequate/lack of a livelihood source
 - Food and nutrition – unhealthy diets
 - Access to healthcare – unaffordable due to lack of income
- Kenyan employers should have PWDs making up 5% of their workforce – not the case
- Perception of discrimination



Physical environment; economic environment; social attitudes; laws and institutions; systems and policies; culture, products and technology.



REFLECTIONS ON MARGINALISATION & LIVED EXPERIENCES (PWD) – MATERIAL DIMENSION

“I stopped trying to get work in companies... Because I may go there and get caught in the commotion but at the end of the day I will not be picked. I preferred to just do the job I have...

When they see me they feel I cannot do the work or operate the machines they have. I never understand why they feel I cannot do the work yet when taught I can work like all the other human beings. They should give people a chance.”

Female study participant with physical disability - Viwandani



IMPACT ON HEALTH AND WELL-BEING

- Lack of income / livelihoods
 - Affects children education (school fees), food, rent, access to health care
- Mental health strain
- Lack of access health care services (medicine)
- Poor food and nutrition
- Living in poor housing structures
- Frequent demolitions and fire breakouts



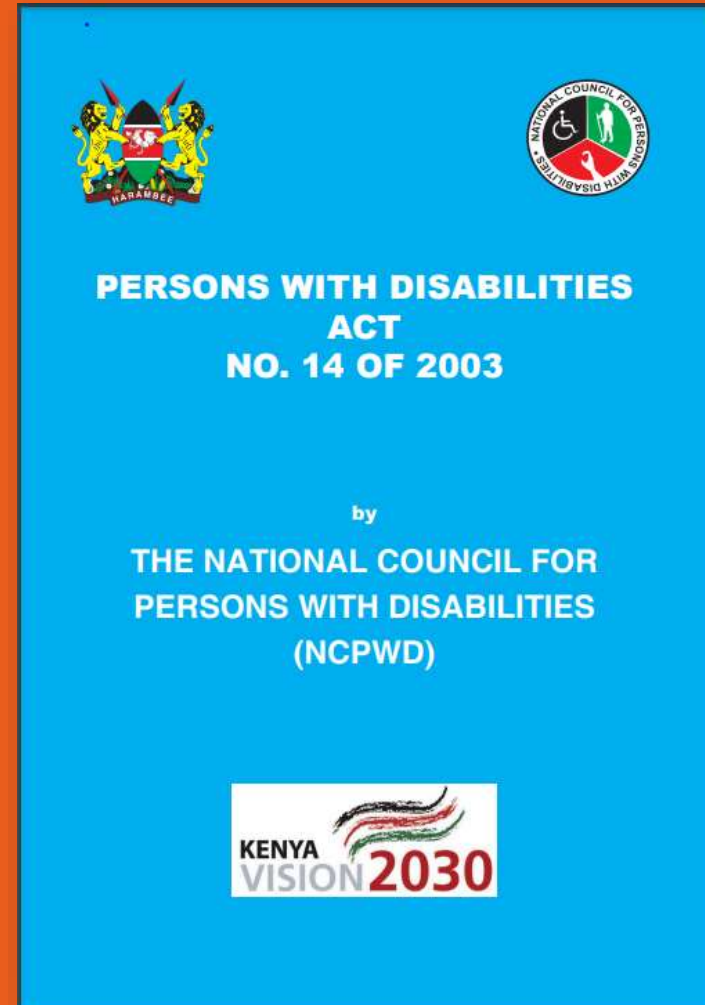
IMPACT ON HEALTH AND WELL-BEING

- Bitter feelings and memories related to how disability was acquired
- Self-pity
- Suicidal ideation
- Call for help – meet basic needs
- Stigma
 - Affected access to health care services
 - Employability – livelihood
- Constant worries – while walking, away from the house
- Despair driven by experiences of discrimination



IMPLICATIONS OF THE HUMAN DEVELOPMENT MODEL

- Involve PWDs in research – collect and analyse own data - PWD voices
- Tap into individual resilience skills
- Community support – sensitise community members to be sensitive
- Consider individuality in designing of social amenities and services
- Dissemination and implementation of the Disability Act in Kenya





**PERSONS
WITH
DISABILITIES
ARE
CAPABLE!**



ACKNOWLEDGEMENTS

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