

BOOK REVIEWS

Mitra, Sophie. (2018). *Disability, Health and Human Development. Authored Book Published by Palgrave Macmillan US*. 177 pages. Hardcover: ISBN 978-1-137-53637-2; eBook: ISBN 978-1-137-53638-9). The eBook is open access and can be downloaded for free: <https://www.palgrave.com/us/book/9781137536372> 177 pp.

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Disability, Health and Human Development by Sophie Mitra uses a quantitative approach to explore the connections between deprivations and disability in four countries in the global South: Ethiopia, Malawi, Tanzania and Uganda. This book is specially targeted for the field of International Development, where disability has often been given lip service, but not actually prioritized. Household survey responses collected as part of the Living Standard Measure datasets are used to identify six ‘functional difficulties’ (seeing, hearing, walking, concentrating/remembering, selfcare, and communicating). Mitra’s analysis then explores the relationship between such functional difficulties and economic status, education, morbidity, employment, and household material wellbeing and economic security. She also explores the relationships between different types and severities of functional difficulty, age and age at onset, sex, and economic status.

Mitra proposes ‘The Human Development Model of Disability, Health and Wellbeing’ - a new model of disability and development based on (and expanding the scope of) the capability approach of Amartya Sen and Martha Nussbaum. This model understands disability as functional limitations or capabilities within the context of resources, personal and structural factors, and health deprivations. It thereby examines disability in relation to wellbeing, measured by functioning and capabilities, as well as social inequality and individual agency. The model explores the linkages between poverty and disability, and unlike previous qualitative work that simply assumes these two elements as part of a vicious cycle, it explores their connections through sophisticated quantitative analysis. The operationalization of this model may vary depending on the objectives and context, however Mitra offers ways to measure wellbeing and health deprivation, based on survey data.

Health deprivations should be measured according to functional and basic activity difficulties, according to the Human Development Model. Mitra relies on a short questionnaire developed by the United Nation’s Washington Group to incorporate census data which was collected through household surveys. The questionnaire asks about six areas of difficulty regarding sight, hearing, walking or climbing stairs, remembering/concentrating, selfcare (such as dressing or washing), and communicating (like understanding others or

others understanding the disabled person). Each question presents a scale of options to answer, from 1 (no difficulty) to 4 (unable to do). From the result of these questions, a functional score from 0 to 1 is calculated. This score may change over the life course of a person and provides a close-up view that links the understanding of a general perspective of health deprivations and particular functional status. According to the score that results from the answers calculated in the functional score, each individual is categorized into three groups: no difficulty in the six domains, moderate functional difficulty, and severe difficulty.

Mitra has collected longitudinal data from the Living Standard Measurement Study, which has been implemented in at least two periods of time in Ethiopia, Malawi, Tanzania and Uganda during the years of 2010 and 2014. The four countries share some characteristics such as economies that are largely reliant on agriculture, have a largely informal labor market, a low Human Development Index, and high prevalence of HIV/AIDS. Each country has incorporated disability in its Constitution, as well as disability legislation, however the implementation of such laws and policies is not clear. The prevalence of functional difficulties in the four countries ranges from 10.8% to 15.1%, and it is greatly influenced by socioeconomic factors. This is evident because the poorest households are two to four times more likely to experience functional difficulties. Other factors such as age, sex, type of functional difficulty, mother's educational attainment and rehabilitation measurements are also taken into consideration to explain the prevalence of functional difficulties.

Using both descriptive statistics and regressions, Mitra demonstrates that functional difficulties are associated with household deprivations. These are present in four wellbeing dimensions, identified as morbidity, education, employment and economic security. The collected data also contributes to the analysis of multidimensional poverty, which is calculated based on three individual wellbeing dimensions; education, health and personal activities, and on two household levels; wellbeing and economic insecurity. If an individual is deprived in a combination of indicators that exceed 40% of the weighted dimension, then the person is considered multidimensionally poor.

Multivariate regression analysis reveals that in Ethiopia, Malawi, Tanzania and Uganda there is a large educational gap between people with functional difficulties and people with no difficulties. Persons with severe difficulties are more likely to do household business work than to be in waged work. Similar to the International Classification of Functioning, Disability and Health (ICF) developed by the World Health Organization, the Human Development Model is an interactional model, where normative metrics, such as capabilities and functioning, are a key element to assessing human living. Mitra differentiates her model from the Medical Model (as it does not focus only on providing healthcare and rehabilitation services), the Social Model (because its emphasis is not solely on the social environment), and also from the Minority Model. Functional limitations are seen here as the cause of deprivation; people committed to the Social Model might consider this a step backwards

because of its focus on functional limitations rather than identifying disabling social barriers.

Having said that, Mitra's findings about the connections between functional limitations and deprivation are still important. For instance, she demonstrates that food insecurity is another factor that households with moderate or severe functional difficulties are more likely to experience. In addition, for people with functional difficulties, being female or older, correlates to experiencing deprivation. Women with functional difficulties who are older experience greater deprivation than if they simply experienced one of these factors. Other important results show that the most common difficulties in the four countries are seeing and walking, that women are more likely to experience functional difficulties, that few people use assistive devices, that functional difficulties change over time, and so do the groups of people who experience them.

Overall this book is a good example of how quantitative research may contribute to disability literature. The effort to provide data for international organizations and NGOs to use in disability and development policies is outstanding. Mitra's sophisticated techniques incorporate statistics into discussions about inclusive development, demonstrating many connections which have previously been assumed but not conclusively demonstrated, and the book will be very useful for many disability scholars and advocates.