

**ADOLESCENTS AND YOUTH WITH DISABILITIES:
ISSUES AND CHALLENGES**

Nora Ellen Groce, Global Health Division, Yale School of Public Health

Table of Contents

Introduction	1
Disability and Poverty	1
<i>Demographics</i>	2
<i>Disability, Stigma, and Prejudice</i>	4
<i>The Invisible Population</i>	5
The Cycle of Disability, Poverty, and Isolation Among Young People	6
<i>Education</i>	7
<i>Job-Training and Employment</i>	9
<i>Social Implications</i>	11
<i>Health and Medical Issues</i>	12
Programs for Young People with Disability	13
<i>Transitional Programs: School and Home-to-Work</i>	15
<i>Programs Run by People with Disabilities</i>	16
<i>Inclusive Programs</i>	16
<i>Development of an Advocacy Base</i>	17
Conclusion	18
Endnotes	19
References	20

Adolescents and Youth with Disabilities: Issues and Challenges

Nora Ellen Groce, Global Health Division, Yale School of Public Health

Introduction

Of all people with disabilities, particularly in the developing world, the people about whom we know least are adolescents and young adults. This group encompasses both the age range labeled by UNICEF as “adolescents” (those between the ages of 10 and 18) and by the United Nations as “youth” (those 19 to 24). Subgroups within this category have distinct issues and concerns. The needs of a 12-year-old adolescent who is disabled are, for example, very different from those of a 21-year-old youth who is disabled. However, for the purposes of this paper, persons within both groups have been studied together because of the large number of issues and concerns they share, particularly that of making the transition from childhood to adulthood. These are the years when young people in all societies are expected to acquire skills, go through physical and psychological maturation, and assume a social identity that will enable them to fully participate in their communities.

With several notable exceptions, almost no research exists on these young people with disabilities as a distinct group in any developing country. Information that does exist focuses largely on this group from within the context of formal educational systems and transition-to-work programs. The 1999 call made by UNICEF in its global survey on adolescents for more research on the wide array of issues that influence the lives of young people with disabilities seems largely unheeded.

Although research may be lacking, extrapolation from data that is available on youth in general and disability in general may provide a starting point for assessing and addressing the urgent needs and untapped potentials of young people with disabilities. This may be possible because the needs of young people who are disabled are strikingly similar to those of their peers who are nondisabled. Everyone, after all, shares a need for education, job training, and employment as well as a successful transition from childhood to adulthood through participation in social, cultural, religious, and economic affairs.

Disability and Poverty

Recent World Bank estimates suggest that individuals with disabilities may account for as many as one in five of the world’s poorest. One family in every four has an immediate family member with a significant disabling condition (Elwan, 2002). The costs to individuals, families, and society are enormous. In monetary terms, the cost of disabilities to the global gross domestic product is between 1.37 and 1.94 trillion United States dollars (Metts, 2000). Largely because of

this cost, the “problem” of disability amount the young is increasingly recognized as a key development issue, and its importance in relation to poverty, human rights, and the achievement of internationally agreed upon development goals is receiving mounting recognition. Indeed, the United Nations Disability Statistics Compendium (1990) suggests that disability rates may be used as a socioeconomic indicator to help assess poverty and development.

Although not all disability is associated with poverty, it appears that the poor, however, are more likely to become disabled, and once disabled, individuals and families are more likely to begin a spiraling descent into ever deepening poverty (UN, 1990; Brock, 1999). This link between disability and poverty places individuals with disabilities at a marked disadvantage at every stage of their lives (Metts, 2000). Those who are poor are likely to live and work in more physically dangerous environments, to have less to eat, and to receive poorer quality medical care or no medical care at all. Whether poor to begin with or initially better off, there is an increased chance that once a disability occurs, those who lived above the poverty line are more likely to be driven into poverty and those who were poor to begin with are more likely to become destitute (Acton, 1983).

As World Bank President James Wolfensohn recently noted in a *Washington Post* editorial, “Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date — goals agreed to by more than 180 world leaders at the United Nations Millennium Summit in September, 2002” (Wolfensohn, 2002).

Outside of specific data sets collected largely from industrialized countries where income maintenance schemes and general health care initiatives have prompted officials to keep statistics for specific rehabilitative or educational services provided to groups of people who are disabled, there is little information on entire populations who are disabled. This is particularly true for the developing world. Elwan, referring to the current lack of knowledge, ably notes that “...literature on poverty and disability in developing countries tends to be of a generalized nature, focusing on what is generally known about health, disabilities, poverty and vulnerable populations. Much of it relies on anecdotal evidence and case studies” (1999:2).

Moreover, the studies that do exist from developing countries have concentrated almost exclusively on the epidemiology of specific causes of disability, such as polio, river blindness, and traffic accidents; or the focus is on some general discussion of the broad demographics of disability. Despite the fact that the most pressing issues facing most of the world’s disabled population, poverty, social isolation, and denial of human rights, are nonmedical in nature, only a small body of current research exists on the subject.

Demographics

Worldwide, estimates of the number of adolescents and young adults who live with a disability vary widely. Issues of accuracy and reliability of statistics have been raised for

individuals with intellectual disabilities and individuals with mental health concerns, as well as for those with physical and sensory disabilities (Neufeldt and Albright, 1998). Indeed, Suris and Blum conclude their important 1993 paper on the demographics of adolescents who are disabled by noting that the lack of homogeneity in definition, survey procedures, and data collections "...makes international comparisons almost impossible."¹ In 2002, the United Nations established a new international consortium, the Washington City Group, to more accurately determine national and international statistics on disability, including those for adolescents and youth who are disabled. Its report and recommendations unfortunately are several years away from completion (UN, 2002a).

What is currently known? First of all, by the year 2005, the United Nations estimates that there will be roughly one billion adolescents worldwide (UN Statistics, 1990). If one uses both the UNICEF and the World Health Organization's data, which indicates that 1 in every 10 of those adolescents is disabled (WHO, 1983), then by 2005, the developing world will have roughly 100 million adolescents with disabilities. If a more conservative estimated rate of 5 percent is used, this still means 50 million adolescents will be disabled worldwide by 2005.

The number of youth between the ages of 19 and 24 who are disabled also must be added. Again, specific global figures for this subgroup may be extrapolated on the basis of general population estimates, which means an estimate of 500 million youth between the ages of 19 and 24 living in the developing world. Assuming that roughly 10 percent of this population is disabled, it yields the figure of 50 million youth with disabilities between the ages of 19 and 24.

Combining the statistics on adolescents and young adults who are disabled yields 150 million adolescents and young adults who live with a significant disability. Again, using the lower calculation of 5 percent, this still yields a global population of 75 million young people who are disabled in the developing world.

An additional 30 million adolescents and young adults with disabilities, representing the 20 percent of young people who live in industrialized nations, also need to be considered if we use the United Nation's estimate that 10 percent of all populations are disabled. If the more conservative prevalence rate of 5 percent is used for the 20 percent of disabled young people who are assumed to live in industrialized nations, this still yields the substantial figure of 15 million individuals in industrialized countries. Thus, the global total for adolescents and young adults who are disabled, assuming a 10 percent prevalence, is 180 million. Even assuming a 5 percent prevalence rate, the number still remains a very significant 90 million young people with disabilities, and these numbers are increasing.

With half of the world's population below the age of 15, the number of young people with disabilities can be expected to rise markedly over the next decade, particularly in the developing world. This rise will not simply reflect a rising birth rate. Better medical interventions, both in developing and industrialized countries, will allow growing numbers of infants and children who are disabled to grow into adolescence. Young people also are at increased risk due to work-related injuries and risk-taking behavior, including motor vehicle

accidents, experimentation with drugs, and violence. Furthermore, many chronic disabling illnesses and mental health conditions appear only during early adulthood.

An additional concern is the distinct and rising toll that the HIV/AIDS epidemic is taking as a component of the disability issue. This problem is twofold in nature. The health problems associated with the HIV/AIDS virus may be disabling; sensory, physical, and mental health impairments will add millions of young people to the growing ranks of those who are disabled (UNICEF, 2002). Of equal concern, although all too often overlooked, is the increased risk for young people with disabilities of becoming infected by the HIV/AIDS virus. This is compounded by the fact that too often it is incorrectly assumed that those young people are not or will not become sexually active, use intravenous drugs, or be victims of abuse or rape, and so they are not provided basic sex education and the resources to protect themselves, even in comparison to their peers who are not disabled (Groce, 2003).

Young people who are disabled are not evenly distributed within the general population. A reason for this upon which experts generally agree is that disability disproportionately affects the poor (Elwan, 1999; Brock, 1999; Wolfensohn, 2002). Moreover, those few national data sets that do exist suggest that throughout the developing world, disability affects more males than females, and is found more commonly in rural areas (UN Compendium, 1990; Harriss-White and Subramama, 1999). However, such data is complex and may reflect a host of issues, survival rates, access to diagnostic services, census collection techniques, and definitional differences of what constitutes a disability. These issues make conclusions about the distribution of disability within populations, especially for the very poor and for women with disabilities, open to question.

Disability, Stigma, and Prejudice

It is acknowledged throughout the world that the greatest impediments to the lives of young people with disabilities are prejudice, social isolation, and discrimination (Despouy, 1991; Ingstad, 1995). Some cultures are more and others less tolerant of those with disabilities (ESCAP, 1995). In many, although not all cultures, there has historically been a great deal of stigma attached to disability. In various cultures, being born with or acquiring a disability has been interpreted as evidence of “bad blood,” incest, or divine displeasure (Helander, 1993).

Interestingly, different types of disabilities are considered more or less disabling, depending in part on the nature of the society in which an individual lives. For example, to have a physical mobility impairment in a rural agricultural society often is far more disabling than to have the identical type of disability in an urban setting, where accessible sidewalks and public transportation allow the individual far greater ability to integrate into the society at large. In nations where many jobs are dependent on mastering higher levels of literacy and new technologies, such as computers, individuals with intellectual disabilities may struggle more than in societies where there are traditionally more jobs that call for manual labor. Within every society, differences in socio-economic status, class, caste, and education also make a significant

difference in the quality of life for the individual with a disability (Ingstad and White, 1995; ICIDH, 2002).

All individuals with disabilities may be affected by this lifelong cycle of stigma and poverty, but females are at increased risk of isolation (ESCAP, 1995). To be female and disabled is often referred to as being doubly disabled. In societies where girls are valued less than boys, the investment in education, health care, and job training that families are willing to make in disabled girls is often substantially less than for disabled boys (Boylan, 1991). Some of this discrimination may be subtle. For example, should a disabled daughter fall ill, a poor family may wait a few days more to invest in an antibiotic than they would for a disabled son, hoping that the condition will clear up on its own. An indication of the depth of this problem can be seen in the survival figures of post-polio individuals from Nepal, where census data indicate that the survival rate is 12 percent for males compared to 5.9 percent for females. Polio affects males and females in equal numbers, so the gender imbalance reflects higher mortality rates in female survivors, not higher prevalence rates of polio in males (Helander, 1993). A study by the International Labor Organization (ILO) in six Asian Pacific nations found that the incidence of disability was higher for women than for men (ILO, 1989), making the subsequent higher survival rate for men with disabilities in the Asian countries surveyed more strikingly unequal (ESCAP, 1995).

Young people with disabilities who are members of ethnic and minority populations also are at increased risk of being ignored or treated unequally. Coming from different cultural, linguistic, and religious traditions, minority young people are less likely to be included in whatever services and programs exist within the society at large. An ethnic or minority status also may compound the discrimination already encountered by disabled young women, who find themselves contending with forces that would exclude them on the basis of their gender, their disability, and their heritage.

The Invisible Population

Despite growing numbers of persons who are disabled and their striking needs, adolescents and young adults with disabilities have historically “fallen through the cracks” of almost all social safety nets. In general, social programs intended for adolescents and young adults rarely include those with disabilities. Even programs aimed at populations who are disabled usually are not inclusive of adolescents and young adults. In developing countries, programs for those with disabilities generally are intended either to provide services and advocacy for all disabled members of a society or fall into one of two categories, programs for children with disabilities or programs for adults with disabilities. Programs and advocacy projects for children usually focus on issues of family, education, and socialization. Programs and advocacy projects for adults focus on issues of employment and, to some degree, housing and community integration (Wallace, 1990; Broch, 1995).

In government programs, voluntary organizations, community based rehabilitation (CBR) initiatives, and local social service agencies around the world, adolescents with disabilities are potential recipients of services or program participants, and are nominally included. The needs of a 5-year-old who is disabled, however, are usually strikingly different from those of a 13- or 17-year-old. For all of these reasons, those who run child-focused services report a marked decrease in participation by children once they enter adolescence (UNICEF, 1999). On the other hand, adult-oriented disability organizations tend to concentrate heavily on job training, often emphasizing re-entry to the workplace after an accident or injury. Such programs are of little or no relevance to older adolescents or young adults who have no prior preparation to participate in the workplace. The result is that in many countries, adolescents and youth with disabilities are alienated from those few disability support organizations that do exist, something that is of particular concern because their social, education, and economic needs are so great during this period of rapid physical and psychological development. Even within the United Nations, acknowledgment of or protection for adolescents with disabilities is frequently overlooked. For example, in the *United Nations General Assembly's Standard Rules on the Equalization of Opportunities for Persons with Disabilities* (1993), children are mentioned, as are members of ethnic and minority communities and adult women, but adolescents are not.

The Cycle of Disability, Poverty, and Isolation Among Young People

Young people with disabilities have needs very similar to the needs of all other young people, as clearly stated in Article 23 of the United Nations' Convention on the Rights of the Child (UNICEF, 2000). They need to live in a safe and supportive environment and they need education, health services, and access to sport and recreation. They also need to develop skills that will serve them well in their community and in their workplace. In many cultures, though, the traditional approach to a young person with a disability is to acknowledge that he or she is not exactly a child, but will never be accepted or be able to function as an adult.

Although all adolescents and young adults must confront the challenge of acquiring the skills and experiences they will need in order to become successful adults, the transition to adulthood for young people who are disabled is particularly difficult. For instance, in many cultures, people with disabilities often are seen as being "childlike." Disabled children, particularly those with more visible disabilities, are frequently assumed to be in frail health and unlikely to survive into adulthood. Indeed, in many countries, a child who is significantly disabled is referred to as "an innocent" or a "little angel" (UNICEF, 1999). Sending such children to school, including them in social interactions, or preparing them for participation in the adult world seems unnecessary to many who live in such societies. Families with such children often anticipate their early deaths, not their possible survival into productive adulthood. Bjarsason (2002), discussing the transition to adulthood of young people with disabilities in Iceland, for example, speaks of the "eternal youth" of disabled young people and adults, a limbo into which young people with disabilities are not allowed to exit. Where no special services exist, such young people usually must either continue to live as "children" in their parents' households, or they find themselves on

the street. In many countries, particularly where extended family units are still the norm, it is considered appropriate for all young people to remain at home, including those with disabilities. Personal assistance, if needed, is provided by immediate family members, most commonly the mother, which means that young people often have little or no say over even the most basic aspects of their lives. Such arrangements also may preclude a young person's ability to establish a sense of autonomy or gain experience in making independent decisions about immediate or long-term plans.

Education

The links between poverty and disability are established early, often in early childhood and extend throughout a person's life. For the vast majority of young people who have been born with a disability, their initiation into their own cycle of poverty begins early, when they are unable to access needed medical and rehabilitation services and when they are denied admission to school. For those who acquire a disability later in childhood, this initiation often begins after they acquire a disability, when they find themselves dismissed from school.

Lack of education is a key concern for most young people who are disabled in the developing world. In many countries, children with disabilities are considered to be incapable of learning, no matter what their disability. Often a child with a disability is considered a distraction to other students and simply sent home. Lack of schooling may reflect the belief that such children cannot learn, that such children should not be put through the stress of learning, or that such children are an embarrassment (evidence of bad blood, incest, or divine disfavor) and should not be seen in public. Furthermore, school buildings are routinely built with stairs, or far from community centers, making them inaccessible to those with mobility impairments.

Lack of trained teachers, appropriate teaching materials, and an unwillingness to include children with disabilities in the regular classroom limits access to education for millions of blind and intellectually disabled children, as well as for those with mental health difficulties. Even so, perhaps the primary reason such children are so rarely in school is because there is little perception by their families or their societies that they have any real need of an education (UNICEF, 1999). This general lack of access to education is cumulative, and by the time children with disabilities reach early adolescence, the vast majority find themselves far behind the educational levels and skills of their nondisabled peers.

Gender further compounds the inequities found in what little education is available to young people with disabilities. As Russo (2003) notes, cultural bias against women in general makes many families and educational systems less willing to allocate resources and opportunities to female students. Reduced expectations for disabled females further limits what funds families and schools are willing to spend on academic and vocational training. Although, as is true worldwide of many other aspects of adolescents with disabilities, little information exists, it is clear that the educational resources and opportunities available to adolescent girls and young women with disabilities is significantly less than even the already limited resources available to

comparably disabled young males. Anecdotal reports indicate that some parents choose to put all the family's resources into educating nondisabled siblings, with the expectation that more education will guarantee a higher paying job, thus allowing the educated children to support their sibling who is disabled into adulthood and old age. Unfortunately, the option of educating the child with a disability to ensure his or her ability to be self-supporting is often not considered as an alternative to this common habit of educating only "able" family members.

A few studies have found some inclusion of adolescents who are disabled and youth in general classrooms without special consideration being given to their disabled status. Miles (1995), for example, in a study conducted in rural Pakistan, found that 22 percent of all children with disabilities had received some schooling within the general classroom setting and reports similar observations from Sri Lanka. This "casual integration" is hard to track, but represents an important area for further study, not only for its implications for education, but also because it might provide functioning models of inclusion that have relevance to subsequent job training and economic development schemes.

Additionally, there seems to be growing interest in "inclusive schooling practices," with UNESCO and UNICEF promoting greater integration into the general classroom setting. However, most of these efforts have been directed toward younger children who are disabled, not toward adolescents with disabilities. In fact, by the time they reach adolescence, the vast majority of young people with disabilities are no longer in school.

The social isolation, poverty, and discrimination faced by children with disabilities also sets up an interconnected pattern of problems (Neueldt, 1984; Helander, 1995; Harriss-White, 1996). Many children with disabilities either do not attend school or leave school early. Millions of these young people end up on the street, unemployed, and often are involved with crime, sexual exploitation, and drugs, frequently at the behest of others who see them as easy prey. For example, it is estimated that at least one-third of all street children have a disability (UNICEF, 1999).

In Western Europe, North America, Japan, Australia, and New Zealand, exceptions to this general "rule" do exist. In those countries, extensive educational systems for most children with disabilities from early childhood through late adolescence have been developed and are supported by both the society at large and government institutions. Some of these nations integrate adolescents with disabilities into general classrooms. Others provide specialized classes and offer sophisticated training in social and job skills to help in the transition to adulthood. These programs have had varying degrees of success. An extensive body of research documents the process of transition in some detail. Still, there is little information on the effects of this process on the social integration of the individual and the implications for the family unit over the course of time. Presence in a classroom alone does not guarantee education. For example, the average reading level for American high school graduates who are deaf is at a third grade level (Peinkoff, 1994).

Students with disabilities often are formally restricted in what course of study they are allowed to pursue, even in "enlightened" systems. In a recent study from Ireland, Shevlin (2002)

found that high school students with disabilities were not allowed to enroll in the full range of academic courses that other students of comparable intellectual abilities were allowed to take. In China, university students who are disabled are not allowed to major in most sciences, as it is felt that the degree would be “wasted” on an individual who would never be able to find a position in the field. This systematic lack of education comparable to that of nondisabled peers has immediate relevance to young people with disabilities as they begin to anticipate entering the work force. At an age when nondisabled individuals are beginning to define themselves through their anticipated careers, most young people with disabilities enter the work force strikingly unprepared.

Job-Training and Employment

Globally, employment is a problem for all adolescents and youth. Formal education for most of the world’s young people ends by mid-adolescence, after which most males and many females are expected to work outside the home. The ILO has, for example, termed the pattern of present and growing global youth unemployment as “stark” (ILO, 2002). Young people worldwide are at higher risk for unemployment, partial employment, or full employment at lower wages than adult workers. Adolescents with disabilities are at even greater risk. Entering the job market with little education and few or no skills, they have difficulty competing (UNICEF, 1995). For some, specific physical or intellectual impairments may further limit their job options. For most, social prejudice makes employers unwilling or hesitant to hire them. Yet, as the United Nation’s report, *Disabled Youth and Employment* states, “...the aims of transition (into the workplace) are the same for all ... the needs of those with disabilities are not different in kind, only in degree” (UN, 1998).

Employment rates of youth who are disabled are rarely tracked in developing countries. However, if the general pattern of unemployment and underemployment for the rest of the population with disabilities holds true, it can be extrapolated that unemployment rates among adolescents and youth who are disabled will be the higher than for all other young people. Rates of unemployment among the general adult population of persons with disabilities varies from country to country, but on average tends to be at some 40 to 60 percent higher than for the general population that is not disabled (Elwan, 1999). This is true even in countries with sophisticated skills training programs to help in the transition from school to work and reserved employment schemes (Elwan, 1999; Metts, 1999). Overall, the ILO estimates the unemployment rate among people with disabilities in the developing world is an overwhelming problem, up to 80 percent in some countries (ILO, 2003). Furthermore, even when they enter the workplace, adolescents with disabilities often find they have little margin for error. Unlike adolescents without disabilities who frequently fail at a first job or apprenticeship, adolescents with disabilities are rarely allowed to explore their options. Should they not succeed in an initial apprenticeship or be fired from their first job, those around them are quick to label them unemployable.

Unemployment among young women who are disabled, in all societies, averages 50 percent higher than unemployment among comparably educated young men who are disabled, which is itself *double* that of their male nondisabled peers. Young people with disabilities who are members of ethnic and minority communities also are routinely found to have an unemployment rate significantly higher than that of their nonminority peers with disabilities.

For all these reasons, young people with disabilities are more likely to be unemployed, more likely to be underemployed, and more likely to be employed at a lower wage, than their peers without disabilities. Moreover, they are often the last to be hired and the first to be laid off or fired should times become hard.

Not only is their employment status in a continual state of flux, but individuals with disabilities also are more likely to be hired for jobs that require little training and have few opportunities for advancement. Even when they have received a solid education, they take a longer time to find a position, have less job security, and have fewer prospects for advancement than do their peers who are not disabled but with comparable levels of education. This appears true even in industrialized countries for individuals with disabilities who have received a college education, and is particularly true for college educated women with disabilities (Fine and Asch, 1988; Ficke, 1991).

Citing formal employment figures, however, may be somewhat misleading. Presumably, only those whose disabilities are too severe or those whose families are wealthy enough to provide for their needs do not contribute in some way. The vast majority of young people with disabilities worldwide do work, although usually officially listed as unemployed. Millions work outside the home, doing menial tasks or working as street beggars. Millions more work long hours within the family home or on the family farm. They cook, clean, baby-sit, care for ailing and aged relatives, or tend gardens, fields, and flocks (UNICEF, 1999).

For the young adult who is not disabled, taking on an increasing number of chores within the family unit often is perceived as a way of building skills that will eventually lead to more independent, adult status. Identical work is frequently viewed as an end in itself for those with disabilities or as a way of helping to cover the costs of their food and housing. Such types of work by disabled young adults, even when they are of great financial significance to the household, may go unnoticed by economists, local communities, and by their own families. Their tasks, in other words, are not considered “real” work. Moreover, many young people with disabilities working on the family farm or assembling piece work in the kitchen may have their work brought to the marketplace by others who receive the credit and collect the wages for that work. As is the case with so many other aspects of disability, we simply know very little about young people who are disabled living in these types of household arrangements.

Millions of adolescents and young adults with disabilities find themselves in the position of being unable to earn a living or to plan for the future. Moreover, not only do these young people routinely earn far less than their peers who are not disabled, in many cases, society and their own families allow them little or no control over their own income.

Social Implications

For young people without disabilities, the transition from childhood to adulthood is a period that prepares the individual for successful adulthood. Yet, for young people with disabilities, there is an almost universal lack of inclusion in activities that build fundamental social, educational, and economic skills. This exclusion often is formally sanctioned, with adolescents and youth with disabilities being barred from participating in formal cultural and religious ceremonies that help define an individual's changing status in the eyes of his or her community. Young people with disabilities also are often left out of less formal rites of passage, such as joining a sports team, courting, learning to drive, and so on. This exclusion distinguishes young people with disabilities from all other groups of young people in every society, and such exclusion has profound implications for their personal lives (UNICEF, 1999).

A major issue in the lives of all young people with disabilities is the growing physical maturation and changing social role that prepares them for marriage and children. In reality, young people with disability often have little or no say over where they will live, whom they will live with, and what role they will play within their families and communities. Moreover, disabled young people often are denied the right to build families of their own. Social and family constraints make it unlikely that many young people with disabilities will marry. Indeed, in some countries, individuals with certain types of disabilities are unable to legally obtain a marriage license. This is particularly true for disabled young women (ESCAP, 1995). Without the prospect of marriage, these young people cannot hope to be accepted as full adult members of their communities.

This does not mean that young men and women with disabilities do not become involved in relationships, or that they do not engage in sexual activities, only that there is often no social acknowledgement of their sexuality, and often no sex education, provided them (Wallace, 1990; Cheng and Udry, 2002). This places adolescent girls in general, and young women with disabilities in particular, at increased risk for pregnancy and sexually transmitted diseases. In one of the few studies of its kind, the United States National Longitudinal Study (1993) found that three to five years after completion of high school, females with disabilities were significantly more likely to be mothers than were either females who were not disabled or males who were disabled. Although 23.7 percent of all youth in this demographic pool had children, only 16.5 percent of males who were disabled had become fathers. In contrast, 40.6 percent of all females who were disabled in this age range had given birth to one or more children. For young women with emotional disturbances, learning disabilities, or those with hearing impairments, almost 50 percent had become pregnant in the years immediately following high school. For females with disabilities who had dropped out of school, 54 percent had become mothers (US Department of Education, 1993). The majority of these pregnancies occurred outside of marriage. Already struggling to earn a living comparable to that of their peers without disabilities, the necessity of providing for a child, particularly in those cases where they are not married, places yet an additional burden on these young disabled mothers (ILO, 1989; Crawford et al., 2002).

In those societies where men are allowed to take more than one wife or routinely take a mistress, a teenaged girl or young woman with a disability is more likely to become a second or third wife within a larger household, or to become a mistress, than to become a first or primary wife. In these types of arrangements, the young women with disabilities, and their children, often will have fewer rights and fewer chances to play a key role in family decision making and significantly less claim to both household resources and inheritance. Not only do expectations for what is an appropriate role for young men and women with disabilities vary from one country to the next, within countries expectations often vary from one ethnic or minority community to the next (Groce and Zola, 1993).

Health and Medical Issues

As a rule, social, economic, and educational opportunities are far more pressing issues for many young people with disabilities than are medical issues. However, the availability of rehabilitative care, prosthetic devices, and age-appropriate health care need to be singled out both because of a significant lack of such services and because socio-economic discussions about young people with disabilities often are sidetracked by the presumed high cost of their medical and rehabilitative needs (SIDA 1995).

There are two areas of medical concern that must be noted. Unmet rehabilitative needs for some young people may lessen their ability to fully participate in society, and lack of access to general health and health promotion services may lessen a young person's ability to maintain good health and productivity.

The United Nations estimates that worldwide only 3 percent of all individuals with disabilities who need rehabilitation receive any sort of care (Helander, 1999). Moreover, rehabilitative services tend to be concentrated in urban areas and are prohibitively expensive. Programs that require long-term care are unavailable to many. This is particularly true for young women in societies where females are not allowed to travel or live away from home unescorted once they enter puberty (ILO, 1989). Globally, women and children receive less than 20 percent of all rehabilitation services (ESCAP, 1995:10). Prosthetic devices, such as artificial limbs, wheelchairs, hearing aids, and eyeglasses, often are difficult and expensive to acquire, particularly if a rapidly growing adolescent will need a replacement every year or two (Werner, 1987). Obviously, such a problem is not simply cosmetic. A poorly fitting artificial limb has profound psychological and social implications for an already marginalized young person. A wheelchair that has become too small limits the ability of a young person to leave the house to attend school, go to work, or establish any measure of personal autonomy. CBR efforts, although offering significant interventions and programs, usually concentrate either on younger children or on adults, again missing the opportunity to reach out specifically to address the needs of young people with disabilities.

Decreased productivity for disabled young people is not attributable solely to a lack of access to rehabilitative care and technologies. Lack of access to general medical care also is

reported widely (Altman, 1999). In many cases, health care facilities are simply inaccessible, stairs block access for wheelchair users or there is a lack of sign language interpreters, making medical consultation virtually meaningless for individuals who are deaf. Additionally, health care workers often refuse to provide basic vaccinations or reproductive health information to disabled young people because it is felt that these people do not have the need for such information or do not have the right to utilize scarce resources (Groce, 2003). All of this has significant implications for potential productivity of individuals with disability and can lessen their ability to contribute to their communities.

An additional issue that is often overlooked, but is a key concern to the health and well being of young people with disabilities is the increased risk of their becoming victims of violence. Many young people are initially disabled as a result of violence, either through interpersonal violence within the household or community, or as a result of warfare, child soldiering, and through landmines or other forms of civic strife. Once disabled, these individuals are at increased risk of becoming victims of physical and psychological abuse, domestic and sexual violence, and rape. Again, few statistics are available, but what statistics do exist indicate that individuals with disabilities are at least three times as likely to be the victims of domestic violence, violence in the community, and rape as are their peers without disabilities (Sobsey, 1991, 1996; Chenoweth, 1996; Nosek et al., 2001). Sadly, these young people are at risk both in the home and in the community. They also face a profound lack of legal protection. In many countries, police and prosecutors will not even take complaints from disabled individuals or will not allow them to give testimony in courts, which means that violence is allowed to continue unchecked. Indeed, in both developing and industrialized countries, there have been a growing number of accounts of disabled young people being targeted by sexual predators, specifically because they either cannot report the abuse or will not be believed when they do report it (Groce, 2003).

Violence and sexual abuse also is of great concern for the significant number of young people who continue to be institutionalized in schools, hospitals, and asylums. Some young people have been consigned to such institutions as young children. However, many are sent to institutions and asylums during adolescence by families who feel they have grown too big or too old to live at home. Reports of violence in institutions, as well as a number of other significant human rights violations, are particularly alarming (Crossmaker, 1991; MDRI, 2002).

Programs for Young People with Disability

Within this bleak landscape, there are an increasing number of programs that address the specific needs of young people with disabilities organized by government agencies, private voluntary organizations, religious organizations, and community groups. Globally, however, the number of such programs remains quite small. In an international survey on the status of adolescents who are disabled (UNICEF, 1999), only 12 percent of all the disability experts and organizations contacted were able to identify specific programs that targeted young people with

disabilities as a distinct group. Furthermore, almost all the programs identified served fewer than 100 young people in nations where millions are disabled. Such programs are also more likely to be urban based and only available to more affluent young people. These small programs can serve as models, but have not yet been taken to scale or systematically evaluated.

In recent years, a number of disability organizations also have begun to address the needs of young people with disabilities as a distinct subgroup. Some, such as the World Blind Union, have established a Committee on Youth to improve outreach. In several cases, organizations have been formed to focus entirely on adolescents or young adults with disabilities. For example, in Russia, the new National Federation of Hard of Hearing Young People is bringing together adolescents for mutual support and social interaction. In the United States, there is now a National Center on Youth with Disabilities in Minnesota. In several communities in both the United States and Canada, adolescents are paired with older adults with similar disabling conditions, who serve as mentors.

Because there is such a diversity of the types of programs for young people with disabilities worldwide, it is difficult to establish universal criteria for why certain programs are judged to be successful. However, programs identified as successful in the UNICEF study (1999) seem to share various attributes. Whether serving young people with disabilities separately from or alongside of their peers who are not disabled, such programs encourage them to engage in activities that build the skills and confidence they will need to function effectively in society. These programs have well-thought-out outcomes, sufficient organization structure, and funding for ongoing support; and they include an evaluative component to ensure that programs and services meet the real needs of young people and help the young to achieve essential long-term goals. Finally, and of great importance, such programs are thought to be particularly effective when young people with disabilities themselves help design, oversee, and evaluate them. Those programs also appear to be more successful when they help to foster leadership, advocacy, and self-sufficiency skills in young people with disabilities through the mentorship of older disability advocates (Crawford, et al., 2002).

Research shows that there is a need for programs that can meet the unique needs of girls and young women with disabilities. Russo (2003) notes that adolescent girls and young women are less likely to participate in programs than are their disabled male peers and are more likely to leave such programs if their specific needs are not met. Of additional concern is the fact that in a number of countries and regions, the leadership of disability advocacy groups remains predominantly male. Where females are included, they are often assigned to oversee and advocate in arenas traditionally defined as “female,” for example, the welfare and education of disabled children. A similar pattern has been noted for individuals with disabilities who come from ethnic or minority communities, who often are asked to oversee disability advocacy efforts or outreach programs targeted to their particular ethnic or minority population. Broader leadership and policy roles in organizations often are denied women and members of minority populations, no matter what their specific individual interests and aspirations might be.

Transitional Programs: School and Home-to-Work

Where transitional programs exist, research is needed to better assess their effectiveness. In many industrialized nations, adolescents with disabilities remain in school until their late teens, after which time they enter formal government sponsored transition programs that provide them with a number of practical skills, job training, and, in some cases, supportive employment. Such programs are not without problems, however. A study by the United Nations Office of Economic Cooperation and Development shows a consistent lack of coordination within many national programs. It is not unusual to find that one government department puts resources into programs that enable “disabled school leavers” to keep a job and live independently, while another agency uses even more resources to award pensions providing that the adolescent remain dependent and unemployed (Gerry, 1992).

Although a body of research on various types of income maintenance schemes and reserved employment programs can be found primarily in North America and Western Europe, such programs are often very closely tied to specific national social security programs and national health care systems. These programs reflect specific national ideologies about the rights of citizens and the responsibility of the community, as well as being the product of idiosyncratic historical factors. The support system available to disabled youth in Sweden or Canada looks quite different from those in the United States or Germany. A number of valuable lessons and approaches can be gleaned from reviewing such transitional mechanisms for use in developing countries, but it also is important to note that, overall, such systems have not eliminated the substantial differences that continue to exist in employment rates and income levels between comparable groups of young people who are disabled and nondisabled. Of even greater significance, as Elwan notes “. . . income maintenance schemes and even reserved employment schemes have limited applicability where there is no effective labor market” (1999:11). Moreover, there remain many issues for these young people in transition about which relatively little is known.

Models for transition to the workplace have begun to appear in developing countries as well as in industrialized nations (Crawford, 2002). For example, Barbados has developed a successful small program for adolescent girls with disabilities that teaches job skills. Because adolescents with disabilities often lack input from family and friends that helps them learn how to present themselves well in public, this program provides such training (UNICEF, 1999). In Cambodia the ILO for the past four years, with funding from the Japanese Ministry of Labor and Human Resources and from Cambodia’s Ministry of Social Affairs, Labor and Youth Rehabilitation (MOSALVY), has field-tested the disability resource team concept. It assists young people who are disabled with training and support to enter mainstream vocational training programs and find a job or use their skills to start a business. So far, it has helped 180 people, 67 percent of whom completed the course and have become employed (ILO, 2003). The possibility of linking adolescents with disability through the Internet to allow them to share experiences and resources, including those about transition to adulthood, also has received growing attention (Fligueiras, 2001), although poverty and illiteracy will continue to pose formidable barriers to Internet access for the majority of young people with disabilities.²

Programs that have provided solid grounding for disabled young people, particularly as they enter the workplace, fall roughly into one of two categories, those programs that are separate from and exclusively for (or primarily directed towards) individuals with disability and those programs which are inclusive, allowing disabled young people to participate in programs alongside of, and as equals to, their peers without disabilities. Ideally both types of programs should be made available to disabled young people in a community.

Programs Run by People with Disabilities

Separate, income-producing programs have existed for many years, often in the form of sheltered workshops in both the industrialized and developing world. However, in a sheltered workshop, the initiative for the program and decision making for the program are generally not under control of individuals with disabilities. They function as employees of the workshop. Increasingly, though, cooperatives led by those who are disabled, using micro-credit models, have been successfully introduced. For example, small loans of capital allow women with disabilities to invest in small-scale income-generating endeavors, such as a sewing machine that can produce clothing or chickens that can produce eggs, which in turn have resulted in real social and financial independence for some individuals with disabilities. Comparable cooperatives for young people with disabilities, and the inclusion of young people in ongoing disability cooperatives where they can be mentored by older disabled adults, are much needed. Such cooperatives that teach young people with disabilities to learn production and marketing skills in addition to earning extra money by selling crafts and produce hold particular promise (D'Aubin 1991; Brock, 1999; Crawford, 2002). Ideally, economic enterprises led by people who are disabled would have a mechanism in place to regularly bring in and train young people with disabilities, thus allowing them to receive guidance and mentoring from older, more experienced adults, and allowing both to assume a measure of economic independence.

Historically, many cooperatives have tended to be in areas such as needlework, handicraft, dressmaking, and carpet weaving, skills that are time consuming, low paying, and that offer little opportunity for advancement. Many of these skills also are oriented to the production of nonessential items or items that are for the tourist trade, the first markets to slump when economic times become hard (Driedger, 1991). Also, it must be noted that even in developing countries, those intervention programs that do exist are much more likely to reach young people with disabilities in urban areas rather than in rural areas.

Inclusive Programs

All too often, young people with disabilities are included in separate or segregated programs and are not included in broader international development programs. More village-wide, regional, and national programs targeted to all young people in the general community are needed. Innovative examples of such programs are beginning to appear, such as the World

Bank's recently initiated Velugu project, which is intended to systematically integrate people with disabilities into the mainstream of rural poverty alleviation programs.

It has been suggested that the fundamental measure of cross-cultural inclusion lies in the answer to the question: "Do young people who are disabled have the same rights to participate and to make decisions on their own behalf as do their peers who are nondisabled"? Answering this question in the affirmative offers a starting point for assessing economic and social inclusion in a broader cross-cultural framework.

Development of an Advocacy Base

The past decade has seen a blossoming of disability-directed advocacy groups throughout much of the developing world, but only in a small percentage of those groups do young people with disabilities play a significant role. However, there are examples of such programs that already focus on the development of specific skills or provide unique experiences for young people with disabilities. For example, Mobility International USA, (MIUSA) brings disabled adolescents from around the world to leadership training programs at its home base in Eugene, Oregon, specifically targeting young women with disabilities for leadership training (Crawford, et al., 2002). The Japanese Society for Rehabilitation has an international Fellows Program that identifies and brings to Japan a select group of disabled young people from developing countries who have shown great promise as future leaders. Such leadership among young people at local, national, and international levels must be fostered as part of overall advocacy, both to strengthen the present and to guarantee the future of all young people with disabilities.

Of particular note are Centers for Independent Living, both in industrialized countries and increasingly in the developing world, where, in addition to broader advocacy issues, increasing attention has been paid to issues of mentoring young people by older individuals with disabilities. In countries where the norm is for young people to establish households independent of those of their parents, develop job skills, enter the work force, and establish social networks separate from those of their families, such centers have been instrumental in reaching out to many young people in transition. They provide young people with disabilities access to information and choices, and they provide support that allows them options and ideas. Most importantly, such Centers often put young people with disabilities in touch, sometimes for the first time in their lives, with other young people and adults with disabilities, who can provide them with crucial support networks and mentoring relationships. Currently, these Centers tend to be poorly funded and urban based. What needs to be more systematically examined is how Centers can be adapted to reach young people with disabilities in rural areas and those living within more traditional family and community settings.

Conclusion

Millions of young people between the ages of 10 and 24 are living with disabilities and few currently have lives or will have futures as rich as those of their peers who are not disabled. At issue are common social, economic, and cultural prejudices against disability that are particularly pronounced when viewed in conjunction with the widely held social discomfort with the needs of adolescents and young adults in general.

In too many countries, disability is seen as a transient state; however, the expectation that a child with a disability will either recover or die does not fit the realities of those young people with disabilities who will survive, often for decades to come. Their existence and our own will be much richer if they are allowed to develop to their full potential by receiving an education, by being provided medical and rehabilitative care, and by inclusion in the social, religious, and economic life of their communities.

Endnotes

1. Estimating the number of disabled young people can be complex, for two reasons. The first is that frequently, disabled young people are grouped together with children or adults, blocking attempts to estimate their numbers as a distinct group. The second reason, as noted in the text, is because definitions of disability vary widely. In some nations, only individuals with significant disabilities are identified; in others, even those with mild disabilities are included in surveys and census reports. It is suggested by Suris and Blum that in countries with higher standards of living, disability rates are likely to be higher because disability is more broadly defined, allowing identification of more adolescents with moderate and mild disabilities (Newacheck 1994; Suris 1999). There is sometimes, too, a lack of consensus on what constitutes a disability within countries (United Nations, 2002).

2. Attempts to link adolescents with disabilities together in cyberspace have grown exponentially since 1995. Organizations such as the World Deaf Congress, the American National Spinal Cord Injury Association, and other organizations produce Web pages, chat groups, and bulletin boards for children and adolescents with disabilities. Many of these sites target subgroups such as adolescents and young adults who are blind or deaf (Filgueiras, 2001). Unfortunately, only a small number of adolescents with disability worldwide currently have access to a computer or have enough education to be able to use one effectively.

References

- Berthoud, et al. 1993. *The Economic Problems of Disabled People*. London: Policy Studies Institute.
- Biritwum, R., Devres, J., et al. 2001. "Prevalence of Children with Disabilities in Central Region, Ghana." *West African Journal of Medicine*. 20:3:249-255.
- Blum, R., Kelly, A., Ireland, M. 2001. "Health-Risk Behaviors and Protective Factors among Adolescents with Mobility Impairments and Learning and Emotional Difficulties." *Journal of Adolescent Health*, 28:6:481-490.
- Bjarsason, D. 2002. "New Voices in Iceland. Parents and Adult Children: Juggling Supports and Choices in Time and Space." *Disability and Society*, 7:3:307-326.
- Boylan, E. (ed.). 1991. *Women and Disability*. London: Zed Books.
- Brock, K. 1999. "A Review of Participatory Work on Poverty and Illbeing." Consultations with the Poor, Prepared for Global Synthesis Workshop, Sept. 22-23, 1999. Poverty Group, PREM, Washington, DC: World Bank.
- Brook, U., Galili, A. 2000. "Knowledge and Attitudes of High School Pupils towards Children with Special Health Care Needs: an Israeli Exploration." *Patient Education and Counseling*, 40:1:5-10.
- Chamie, M. 1989. "Survey Design Strategies for the Study of Disability." *World Health Statistics Quarterly*, 42:122-140.
- Cheng, M., Udry, J. 2002. "Sexual Behaviors of Physically Disabled Adolescents in the United States." *Journal of Adolescent Health* 31:1:48-58.
- Chenoweth, L. 1996. "Violence and Women with Disabilities: Silence and Paradox." *Violence Against Women*, 2:4:391-411.
- Crawford, J., Lewis, C., Sygall, S. (editors). 2002. *Loud, Proud and Passionate: Including Women with Disabilities in International Development Programs*. Eugene, Oregon: Mobility International USA.
- Crossmaker, M. 1991. "Behind Locked Doors: Institutional Sexual Abuse." *Sexuality and Disability*, 7:201-219.
- Despouy, L. *Human Rights and Disability*. United Nations Economic and Social Council, Doc. E/CCN.4/Sub.2/1991/31. NY: United Nations.

- Driedger, D., (ed.). 1991. *Disabled People in International Development*. Winnipeg, Canada: Coalition of Provincial Organizations of the Handicapped.
- Dyssegaard, B., Robinson, B. 1996. *Implementing Programmes for Special Needs Education: Lessons Learnt from Developing Countries in Equity and Excellence in Education for Development*. J. Lynch, S. Modgil, eds. London: Cassell Educational.
- Economic and Social Commission for Asia and the Pacific. 1995. *Hidden Sisters: Women and Girls with Disabilities in the Asian and Pacific Region*. NY: United Nations.
- Elwan, A. 1999. *Poverty and Disability: A Survey of the Literature*. Washington: The World Bank, Social Protection Unit, Human Development Network.
- Frick, R. 1991. *Digest of Data on Persons with Disabilities*. Washington DC: National Institute on Disability and Rehabilitation Research.
- Fine, M., Asch, A. 1988. *Women with disability: Essays in Psychology, Culture and Politics*. Philadelphia, PA: Temple University Press.
- Gerry, M. 1992. *Tradition of Disabled Youth from School to Working Life: The Genoa Experience*. Paris.
- Groce, N., Zola, I. 1993. "Disability in Ethnic and Minority Populations." *Pediatrics*.
- Groce, N. 2003. "HIV/AIDS and People with Disability." *The Lancet*, 361:1401-1402.
- Hammerman, S., Maikowski, S. 1981. *The Economics of Disability: International Perspectives*. New York: Rehabilitation International/ United Nations.
- Harper, M., Momm, M. 1989. *Self-employment for Disabled People: Examples from Africa and Asia*. Geneva, Switzerland. International Labor Organization.
- Harriss-White, B. 1996. *The Political Economy of Disability and Development, with special reference to India*. UNRISD Discussion Paper. Geneva: United Nations Research Institute for Social Development.
- Harriss-White, B., Subramanian, S. 1999. *Illfare in India*. New Delhi: Sage.
- Helander, E. 1993. *Prejudice and Dignity: An Introduction to Community-Based Rehabilitation*. NY: United Nations Development Program.
- Helander, E. 1995. *Shared Opportunities: A Guide on Disabled People's Participation in Sustainable Human Development*. Geneva: UNDP, Inter-Regional Programme for Disabled People.

- Ingstad, B., Whyte, S. (eds.). 1995. *Disability and Culture*. Berkeley: University of California Press.
- International Labor Organization. 1989. *Dispelling the shadow of Neglect: Survey of women and disabilities in six Asian and Pacific countries*. Geneva: World Health Organization.
- International Labor Organization. 2002. Regional Office for Asian and the Pacific. 2002. *ILO turns spotlight on Asia pacific Dimensions of Stark Global Youth Employment Crisis*. Bangkok: February 27, 2002.
- International Labor Organization. 2003. *AbilityAsia*. Bangkok: Regional Office for Asia and the Pacific.
- Luengo, Fligueiras M. 2001. "Minority-oriented Text-Based Community Life on the Internet: A Case Study on the Role of Computer Networking in Fostering the Welfare of Young Adults with Visual Disabilities in the Early Years of Web Development." *Dissertation Abstracts International: The Humanities and Social Sciences*, 62:3:1232A.
- Magg, J., Irving, D., Reid, R., Vasa, S. 1994. "Prevalence and Predictors of Substance Use: A Comparison Between Adolescents with and Without Learning Disabilities." *Journal of Learning Disabilities*, 27:223-234.
- Marfo, K., Walker, S., Charles, P. (eds.). 1993. *Childhood Disability in Developing Countries*. NY: Praeger.
- Mensch, B., Bruce, J., Greene, M. 1998. *The Uncharted Passage: Girls' Adolescence in the Developing World*. New York: The Population Council.
- Mental Disability Rights International. 2002. *Not on the Agenda: Human Rights of People with Mental Disabilities in Kosovo*. Washington: Mental Disability Rights International.
- Metts, R. 1999. *Disability Issues, Trends and Recommendations for the World Bank*. Washington: World Bank.
- Miles, M. 1986. *Children with Disability in Ordinary Schools: an Action Study of Non-Designed Educational Integration in Pakistan*. Peshawar: National Council of Social Welfare.
- Moyes, A. 1981. *One in Ten: Disability and the Very Poor*. London, Oxfam, Public Affairs Unit.
- Neufeldt, A., Albright, A. 1998. *Disability and Self-Directed Employment: Business Development Models*. Ontario, Canada: Captus University Publications, International Development Research Centre.
- Neufeldt, A., Mathieson, R. 1995. "Empirical Dimensions of Discrimination against Disabled People." *Health and Human Rights*, 1:174-189.

- Nosek, M., Howland, C., Hughes, R. 2001. "The Investigation of Abuse and Women with Disabilities: Going Beyond Assumptions." *Violence Against Women*, 7:4:477-499.
- Organization for Economic Co-Operation and Development. 1991. *Disabled Youth: From School to Work*. Paris.
- Peinikoff, J. 1994. "HIV Education for the Deaf, A Vulnerable Minority." *Public Health Reports*, 109:3:390-396.
- Russell, C. 1997. *Education, Employment and Training Policies and Programmes for Youth with Disabilities in Four European Countries*. Geneva: International Labor Organization, Action Programme on Youth Unemployment.
- Russo, H. 2003. *Education for All: A Gender and Disability Perspective*. Washington: The World Bank.
- Sen, A. 1992. *Mental Handicap among Rural Indian Children*. New Delhi: Sage.
- Swedish International Development Authority (SIDA). 1995. *Poverty and Disability: A Position Paper*. SIDA: Health Division.
- Syggall, S., Lewis, C. 1993. *Global Perspectives on Disability: A Curriculum*. Eugene, Oregon: Mobility International, USA.
- Shevlin, M., Kenny, M., et al. 2002. "Curriculum Access for pupils with Disabilities: An Irish Experience." *Disability and Society*, 17:2:159-169.
- Sobsey, D., Doe, T. 1991. "Patterns of Sexual Abuse and Assault." *Disability and Sexuality*, 9:243-259.
- Sobsey, D. 1994. *Violence and Abuse in the Lives of People with Disabilities*. Baltimore: Paul H. Brookes.
- Sullivan, P., Knutson, J. 2000. "Maltreatment and Disabilities: A Population-based Epidemiological Study." *Child Abuse and Neglect*, 24:10:1257-1273.
- Suris, J. 1995. "Global Trends of Young People with Chronic and Disabling Conditions." *Journal of Adolescent Health*, 17:17-22.
- Suris, J., Blum, R. 1993. "Disability Rates among Adolescents: An International Comparison." *Journal of Adolescent Health*, 14:548-52.
- Syggall, S., Lewis, C. 1993. *Global Perspectives on Disability: A curriculum*. Eugene, OR: Mobility International, USA.

- UNICEF. 1995. *A Picture of Health (?): A Review and Annotated Bibliography of Young People in Developing Countries*. NY: Health Promotion Unit, UNICEF.
- UNICEF. *Convention on the Rights of the Child*. New York: UNICEF.
- UNICEF. 1999. *An Overview of young People Living with Disabilities: Their Needs and Their Rights*. New York: UNICEF Inter-Divisional Working Group on young peoples Programme Division.
- UNICEF. 2002. *It is Our World Too!: A Report on the Lives of Disabled Children*. London: Disability Awareness in Action.
- UNICEF/UNAIDS/WHO (2002). *Young People and HIV/AIDS: Opportunity in Crises*. New York: UNICEF. June, 2001.
- United Nations. 1990. Department of International Economic and Social Affairs, Statistical Office. *Disability Statistics Compendium*. Statistics on Special Population Groups, Series Y, No. 4, New York: UN.
- United Nations. 1993. *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. NY: General Assembly Resolution 48/96. December.
- United Nations. 2002. *Washington City Group Meeting: Presentations*. Washington, DC: UN and US National Institute of Health Statistics.
- United States Department of Education. 1993. *The National Longitudinal Transition Survey*. Office of Special Education and Rehabilitative Services. Washington: Office of Special Education Programs, Research to Practice Division.
- Wallace, H. 1990. *Handicapped Children and Youth in Developing Countries*. in H. Wallace, K. Giri, eds. *Health Care of Women and Children in Developing Countries*. Oakland, CA: Third Party Publishing.
- Werner, D. 1987. *The Disabled Village Child*. Palo Alto: Hesperian Foundation.
- WHO. 2002. *International Classification of Functioning and Disability (ICIDH-2)*. Geneva: World Health Organization.
- Wolfensohn, J. 2002. "Poor, Disabled and Shut Out." *The Washington Post*, Tuesday December 3, Page A25.