

V. ANALYTICAL FRAMEWORK FOR SOCIAL ANALYSIS AND DISABILITY

Social analysis contributes to sustainable development by examining the disability dimension of social systems relevant to project success in order to inform disability-inclusive project design, implementation, monitoring and evaluation. **The Social Analysis Sourcebook** suggests five “entry points” of social analysis, these are:

- Social diversity and gender
- Institutions, rules and behavior
- Stakeholders
- Participation
- Social risk

The following section discusses the relevance of each of the five entry points when examining issues of disability.

Social Diversity and Gender⁹⁷

People with disabilities are not a homogenous group with common needs facing common barriers. Instead, according to the U.N. Standard Rules on the Equalization of Opportunities for Persons with Disabilities, notes that disability identifies “a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.”⁹⁸

The types, causes, and severity of disability vary significantly among individuals with disability. People with disabilities represent the entire life spectrum--from newborn children to the very old. They may have had a disability from birth or acquired it in childhood, their teenage years, later in life, during further education or while in employment. The causes of disability can range from birth defects, aging, poor nutrition, dangerous working and/or living conditions, limited access to vaccination programs and health and maternity care, poor hygiene, bad sanitation, road accidents, lack of information or misinformation about the causes of impairments, war and conflict, and natural disasters. Their disability may have little impact on their ability to work and take part in society or it may have a major impact, requiring considerable support and assistance, with many variations in between. Therefore, the needs of people with disability are highly diverse among and within the subgroups, and the interventions needed to accommodate disabled people can vary dramatically.⁹⁹

Furthermore, the impact of disability may vary and depends upon the specific context, such as the environment (urban/rural), type of society (developed/less developed) and cultural and societal norms. Some cultures are more tolerant toward disability, while others are less. In societies where many jobs require high level of literacy and new technologies, e.g., computers, those who have intellectual disabilities may struggle more than in places where most jobs are based on manual labor. Similarly, in rural areas, physical mobility impairment may be far more disabling than in urban areas.¹⁰⁰ Rural populations may also experience higher degrees of deprivation due to resource and access constraints. Services and facilities may be available in highly urbanized areas,

⁹⁷ For an overview of gender disparities and gender equality, see World Bank (2001).

⁹⁸ Guernsey et al (2006).

⁹⁹ Even the nature of what is meant by disability changes depending upon the reason that subset of the population is being identified as such. See Chapter I: Defining Disability (p.4).

¹⁰⁰ Groce (2003).

although the costs may be prohibitive to most members of the disability sector.¹⁰¹ Also, certain groups among persons with disabilities tend to be more vulnerable than others. Particularly, women, children, elders, ethnic minorities, victims of torture, refugees and displaced persons, and migrant workers are at higher risk of discrimination and frequently face discrimination on multiple levels.¹⁰²

Disabled females face double discrimination, and in turn, fare worse than non-disabled women and disabled men on most indicators of financial, educational and vocational success.¹⁰³ Those from low-income communities even face triple discrimination for being female, disabled, and poor. They tend to be uneducated, and lack access to health service and job training than their male counterparts. Disabled women are more likely to be victims of sexual abuse and have less access to public health information, making them at greater risk of unwanted pregnancies, HIV/AIDS and other STDs.

Gender is socially constructed in a variety of ways: via laws and institutional arrangements that differentiate between males and females, through less formal but equally important social norms and expectations. Girls and women are more likely to become disabled as a result of violence, armed conflicts, aging and gender-biased cultural practices limiting their access to food, shelter, health care, safe working environments, marriage and social integration.

The differences in sex and gender also bring about different disease scenarios for male and female. For example, young women tend to suffer more from diseases such as HIV/AIDS and depressive disorders, and tend to be victims of rape and domestic violence. Young men, by contrast, tend to suffer more from violence, alcohol use, and vehicular accidents. In general, some disabilities are found significantly more often in girls and women (e.g., blindness, multiple sclerosis, osteoporosis); others affect them substantially less frequently than boys and men (traffic, sports and gunshot injuries, autism).¹⁰⁴ Significant numbers of women are also affected by disability impairments associated with pregnancy and childbirth.¹⁰⁵ Furthermore, women tend to work in the informal sector and home-based injuries are likely to affect women more than men; their occupational or work-related disability is likely to be under-reported. Women's work in the informal sector puts them at a disadvantage when it comes to coverage by formal disability schemes.¹⁰⁶

Institutions, Rules and Behavior

This entry point examines the formal institutional and legal provisions that govern the relationships between diverse social groups within a society, the organizational structures through which these formal provisions are carried out (or not), and the informal behaviors that mediate and modify the relationship between theory and practice in these areas. For example, social analysis examines the process that creates or removes barriers to inclusion of people with disability. It also seeks to identify ways in which programs or projects can enhance capacity of the disabled either by modifying the institutional, organizational and social context, or, if this is problematic or inappropriate, by designing a project to more effectively interact with the existing context.

¹⁰¹ Ilagan (2005).

¹⁰² Guernsey et al (2006).

¹⁰³ Rousso (2000).

¹⁰⁴ World Bank Disability website.

¹⁰⁵ Sipos (2006).

¹⁰⁶ World Bank (2005d).

The people with disabilities face number of barriers to accessing services and participating in society. These are mainly separated as: environmental/physical barriers (inaccessible building, schools, clinics, water pumps, transport, roads, and infrastructure); institutional barriers (discriminatory legislation against persons with disabilities, the lack of legislation that provides an enabling framework); and attitudinal barriers (negative stereotyping of person with disability, 'pigeonholing' of disabled people, social stigma, and other forms of overt discrimination).

Box 9: Stigma and Disability: Understanding through A Socio-Cultural Lens

Goffman (1963), a socio-cultural anthropologist, outlined a framework in which to understand the process and implications of stigmatization. He defined stigma as a situation in which an individual is disqualified from full social acceptance; a person who has a failing or disability, and is therefore reduced in the mind of society as a tainted person. Further, Goffman argues it is an attribute that is deeply discrediting. The word stigma was used to refer to bodily signs designed to expose something unusual or bad about the moral status of the signified. Goffman (1999) notes the original definition continues to be used today but with more emphasis on the disgrace itself as opposed to the bodily evidence of it.

Three types of stigma were proposed by Goffman (1963). The first, he refers to as abominations of the body that he described as physical defects possessed by an individual. The second type of stigma was labeled as blemishes of individual character. He proposed that this type of stigma included those persons who were perceived as having traits such as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty. He also proposed that these traits were inferred from a known record of mental illness, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior. The third type of stigma noted by Goffman (1963) is that of tribal stigma. This stigma is a grouping of individuals who share a common undesirable trait or characteristic. Examples include the stigma of race, nation, and religion. He asserts that this type of stigma is transmitted through lineages and equally contaminates all members of a family.

In exploring the concept of stigma, Goffman (1963) proposed that an individual's actual social identity is created when society categorizes them by choosing the attributes that define that category. These attributes can be proven to exist. Actual social identity differs from virtual social identity, which is a characterization imposed by society on an individual or group. Both types of social identity may form a basis for stigmatization.

Source: Burrage and Rocchiocilli (2003)

There is a wide range of international and regional conventions,¹⁰⁷ policy statements and legislation specifying commitments to people with disabilities. They vary vastly in coverage of populations (some restricted to adults, others to children, some covering physical disability, other emphasizing mental disability); in scope (separate focuses on work, education, rehabilitation, early intervention); in intent (some are at the level of international treaties, while others are non-binding agreements of priorities for improvements in the status of disabled populations); and in geographic jurisdiction (some are regional, others international). Some instruments are disability-specific, while others embed commitment to disabled persons within broader concerns.¹⁰⁸

However, social analysis cannot assume that formal provisions are always honored in practice: there is frequently a gap between theory and practice. Social analysis should pinpoint discrepancies and assess the resulting deficiencies. In many cases, legislation and policy that support disabled people are not implemented due to the reasons such as: lack of understanding on

¹⁰⁷ In general, conventions or treaties are regarded as the highest level of international and political commitments, as their adoption by a government attests that domestic practice will be held to an agreed standard and open to international monitoring of progress. The International Convention on the Rights of Persons with Disabilities (ICRPD) was recently adopted by the UN General Assembly, which is the first bounding convention on disability (see Annex 5).

¹⁰⁸ World Bank Disability website.

the part of mainstream infrastructure and development implementers about how to include a disability perspective in their work, lack of training, lack of information on good practice, institutional discrimination, and local cultural perceptions.¹⁰⁹

The attitudes of communities and families in which disabled people live, as well as of disabled people themselves, contribute to converting impairments into disabilities. Feeling of pity, shame and denial are commonplace along with superstitious beliefs that pervades in many communities. Many children with disabilities are hidden and their families forbid social interaction with members of the community. It is common for parents who have a family member with disabilities to feel guilt or shame. For some very traditional communities, people sometimes consider a disabled child as “punishment” for family misconduct or karma. Therefore, many parents hide their disabled children at home. Also parents of person with disabilities tend to over-protect and keep children with disabilities at home to prevent them from taking any risk.¹¹⁰

Box 10: Institutional Barriers – Youth with Disabilities

Youth with disabilities tend to face a variety of formal and informal institutional barriers. It is estimated that nearly 180 million young people between 10 and 24 years of age live with a physical, sensory, intellectual or mental health disability. Approximately 150 million of them are living in developing countries. Despite the large numbers and their striking needs, youth with disabilities have been historically overlooked; they tend to be the poorest and most marginalized of all young people, lacking educational, economic, social and cultural opportunities.

In many societies, among the major obstacles that youth with disability face are prejudice, discrimination, misconceptions and low expectations of their potential. They are often conceived as “incapable” of learning, which limit their educational opportunities. Exclusion from educational and training programs for disabled youth, and inaccessibility to information resources—due to technology divide, the lack of physical access, the lack of reasonable accommodations (e.g., sign language interpretation), unavailability of assistive technologies or accessible formats, especially for disabled youth who live in rural areas—further create barriers to knowledge, and consequently, to employment. In addition, the lack of appropriate policies for mainstreaming youth with disability, as well as low awareness among other stakeholders, such as government, donors, community, young people, etc., hinder the inclusion of disabled youth.

The projects addressing the issue of youth with disability are still limited; yet, there is a growing awareness of the importance of inclusion and disabled youth. One of these efforts includes the Velugu project in India supported by the World Bank, which combines rural development and empowerment of disabled people including youth. Also, some youth consultation groups for developing National Policies—called New Voice Group—have taken practical steps for ensuring the involvement of disabled youth in its actions.

Source: Groce, N. E. (2003); World Bank (2006).

In summary, it is particularly important to identify and address the impacts of formal institutions, societal norms, expectations, traditions and religious beliefs that promote or constrain opportunities for people with disability, and that exist alongside formal provisions and organizations. The awareness of how institutions affect disability issues can increase project effectiveness and the sustainability of development efforts beyond the life of a project.

¹⁰⁹ Jones and Reed (2003).

¹¹⁰ Takamine (2003).

Stakeholders¹¹¹

Stakeholders, whether they are individuals, groups, or organizations, include all those who have a stake or a specific interest in the outcomes of a project or program. The purpose of stakeholder analysis is to identify all significant stakeholders in a project, the specific nature of their interest, and their level of influence; to maximize project benefits for a wide range of stakeholders; to seek possible ways to reconcile different or conflicting interests; and to identify stakeholders that may constitute valuable resources for project development (for example, disabled people's organizations, advisory committee on disability issues, etc.).

Stakeholders may actively support the project, as they perceive benefits to themselves or to their community. This perceived "ownership" of the project can contribute significantly to the project's success. Alternatively, they may oppose the project, believing that it threatens their interests or requires a level of investment of resources they consider disproportionate to the perceived benefits; in this case, the challenge for social analysis is to assess the feasibility of the project, given existing opposition; and to seek ways to reconcile the interests of specific stakeholders with the goals of the project.

While a number of different agents and institutions may be involved in each project, the following stakeholders may be particularly relevant to inclusive development and disability social analysis:

- Person with disability
- Family of person with disability
- Disabled people's organizations (DPOs)
- Disability service providers (including organizations working for people with disability, insurance company)
- Local community (as well as informal leaders)
- National Disability Council (NDC)
- Line ministries

People with disabilities are a highly heterogeneous group that often lack common needs and face different barriers. The needs, interests and capabilities of subgroups of people with disabilities and their family may differ significantly. It is important for social analysis to identify varying priorities and potential conflicts. For example, needs of people with severe disability may be inclined to social protection or medical area, while for those with moderate or relatively stable impairments employment or other economic issues may be a central concern.

Participation¹¹²

Participation is the process through which stakeholders influence and share control over priority setting, policy-making, resource allocations and access to public goods and services. When using participation as a dimension of social analysis, the analyst first examines the degree to which social groups affected by a program/project can participate in the opportunities created by the

¹¹¹ For concepts and examples of stakeholder analysis, see "Tools and Methods" at: <http://www.worldbank.org/socialanalysis> .

¹¹² For more on participation as part of the social analysis process, see <http://www.worldbank.org/socialanalysis/sourcebook/5elements4.htm>. For more on the underlying concepts, tools and methods of participation, visit the Bank's Participation and Civic Engagement website at <http://www.worldbank.org/participation>.

program/project and then studies existing modes of participation to improve the effectiveness of stakeholder participation. For example, the Social Inclusion Project in Romania incorporated the government's recent strategy for addressing multi-sectoral disability considerations, yet few stakeholders were involved in the process; the social analysis presented how the project could capitalize on a governmental program to redress this imbalance.

Including people with disabilities as stakeholders, decision-makers, and beneficiaries at all levels of development is important in order to design a project that reflects inclusive development. This approach involves participation at various levels --family, community, and national--as well as at all stages from strategy to design of programs, from implementation to evaluation. Rather than creating separate 'add-on' events for disabled people, it is important to ensure that disabled people participate in the regular management and consultation processes like any other stakeholders.¹¹³ In practical terms, participation of people with disability involves a myriad of participatory processes, including community meetings, workshops and seminars, focus groups, awareness campaigns, training and capacity building, communication strategies, policy debates and advocacy.

Participation of disabled people gives critical impact on development agenda. At national level, recent study shows that having disabled individuals in positions of governance is clearly having an impact; legislation and programmatic improvements have aided the situation of people with disabilities, and increased awareness and understanding of disability issues among their non-disabled colleagues.¹¹⁴ The involvement of DPOs in the preparation of PRSP has resulted in a different focus in disability policies.

It is important that social analysis ensures the quality of participation by identifying the obstacles that various groups must overcome in order to exercise their ability to voice opinions or to participate in voting. For example, when involving people with learning difficulties or mental health problems, they may need extra time or support to provide their input, or a certain period of time to reflect before the action is taken. Similarly, meeting places may not be accessible for physically disabled people. A good social analysis should identify ways to ensure that the disabled people are able to effectively participate without being excluded on the basis of class, gender, ethnicity, and other categories of difference. For example, DPOs are often dominated by disabled men, for whom the concerns of women and children and the rural disabled are low priority. When this is the case, analysis should offer specific recommendations in order to encourage and enable excluded people to make their project priorities known and to participate fully in project planning. Particularly, social analysis requires careful consideration to selecting who to involve, and in what capacity. Disabled people are a highly diverse group – people with different impairments, disabled people from excluded groups (such as ethnic minorities) and disabled people living in remote rural areas – and their capacities, perspectives, and priorities vary to a great extent. It is important to determine clear criteria for who to involve, what role they should play and why. This is important to explain why particular individuals are selected or not (Box 11).¹¹⁵

¹¹³ VSO (2006).

¹¹⁴ Zeitzer and Martinez (2005).

¹¹⁵ VSO (2006).

Box 11: Involving Disabled People into Project

Given the diversity among the disabled, setting clear criteria for involving disabled people is critical to making their participation in the project more effective. It will also help those involved to clarify their roles and their level of involvement, as they may well be engaged at different levels. For example, people from the target group may participate in local planning and review processes, whereas a disability activist might attend an annual program review, but may not be involved in day-to-day decision-making.

- If DPO representatives are involved, it is in their official capacity as representatives of disability organizations.
- Disability activists should be involved for their individual perspectives, commitment and involvement in wider disability debates and policy processes, but not as representatives of others.
- Disabled people from the target group can give a grassroots perspective and act as sample representatives.

Source: VSO (2006).

Social Risk¹¹⁶

The analysis of social risk seeks to identify what potential problems may arise in a project, and what can be done to avoid or mitigate these identified risks. A more difficult question is whether the anticipated benefits of the project justify the perceived risks. In the case of analyzing disability issues, such social analysis asks whether people with disability are more vulnerable to specific types of risk, and what measures can be taken to address these disability-specific risks.

The Bank analyzes five types of social risk to determine project vulnerability through social analysis:

Vulnerability risk involves increased exposure or susceptibility to endemic risks or external shocks. In terms of disability, social analysis assesses whether people with disability are more subject to risk, and identifies their characteristics, needs, and concerns, that make them particularly prone to vulnerability or insecurity.

Political economy risks are those that may affect the project's intended beneficiaries as an indirect result of the project itself, including the undermining of project goals by powerful stakeholders, and the capture of benefits by elite groups. Since the balance of power within society often (although not always) favors non-poor rather than poor, men rather than women, and non-disabled rather than disabled, it is necessary to ensure that older powerful members' interests do not distort or divert project goals. Social analysis explores the possible effects of the project, both positive and negative impacts on poor and marginalized groups, including people with disability.

Institutional risks include weak governance, limited technical and administrative capacity, limited resources, and design complexity. In terms of disability, this may mean that organizational arrangements fail to provide equitable provisions for meeting the needs of people with disability. Where local councils and community organizations include few or no

¹¹⁶ For information on social risk analysis as part of the social analysis process, please see <http://www.worldbank.org/socialanalysissourcebook/5elements5.htm>

representatives from PWDs, for instance, people with disability may not have the opportunity to develop leadership skills, and may be inadequately prepared in project planning and management.

Country risks involve situations that include political instability, ethnic or religious tensions, and violent conflict.

Exogenous risks, such as regional conflict, macroeconomic changes, and physical events or environmental disasters (earthquakes, floods, drought, etc.), are also likely to affect social development outcomes.