

BOOK REVIEW

Disability, Education and Employment in Developing Countries: From Charity to Investment by Kamal Lamichhane, Cambridge: Cambridge University Press. 2016. xvi+272pp. ISBN 978-1107-0640-65.

This book under review is a report on a developmental research project using empirically based data on the needs and capacity of various disabled persons in three South Asian countries, namely, Bangladesh, India and Nepal, supplemented by some information about Cambodia and the Philippines. However, the emphasis on analysis is Bangladesh, India and Nepal, thus it is highly relevant to readers of the *International Journal of South Asian Studies*. The book under review is highly valuable for the following reasons. First an empirical study about disabled persons is extremely rare in South Asian countries. Second it is timely. The above countries recently ratified the United Nations International Convention on the Rights of Persons with Disabilities (CRPD)¹, and the new development framework for 2016-2030, namely, the Sustainable Development Goals (SDG) with 17 goals, which is more disability inclusive², was recently proclaimed at the United Nations general assembly and it is under implementation.

However, the most significant aspect of this book is its author's personal experience. The author, Dr. Kamal Lamichhane was born with visual impairment in the Chitwan District of Nepal and was deprived of receiving education. Later, the author received his MA in education from the University of Tsukuba and Ph.D. from the University of Tokyo. He is also a recipient of the Japan International Cooperation Agency (JICA) fellowship. Thus, the author himself is a living example of successful disability inclusive human resources development and international cooperation. With the shift of the concept of disability from the medical model to the social model, and from the charity model to the rights model, such personal disability experience of this researcher is extremely important. Ralston and Ho (2010) argue that research on disability and the formulation of policy should actively incorporate perspectives of personal disability experiences of disabled individuals themselves³.

In the following section, chapter by chapter, a summary of the features of needs and capacity of disabled people in the five countries will be presented. However, some of the topics such as the case studies in India, Nepal and Bangladesh, which the reviewer found relevant and interesting, will be snapshots, taken up and discussed somewhat in detail.

However, before I move to the chapter by chapter summary, allow me to present first, a very brief overview of the paradigm shift of the disability model, which is a focus of this book as well, as without that, understanding disability and development is impossible. In any study related to disability, the theoretical conceptualization of disability is critical. It is notable that the author, who is disabled, adopts a dynamic evolution of the social model of disability, namely, the human development model of disability. In disability studies, there are two schools concerning the concept of disability, the medical model and the social model. Both models see disability as a challenging predicament faced by various disabled people,

¹ Convention was adopted on 13 December 2006 during the sixty-first session of the General Assembly by resolution A/RES/61/106 and by now, 177 countries ratified or accessed to the CRPD. Bangladesh, India and Nepal are all signatories of CRPD.

Downloaded from the UN home page on 23 April 2018(<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>).

² Unlike its predecessor, the Millennium Development Goals 2000-2015 that was insensitive to disability, SDG incorporated disability dimensions in its 17 goals such as inclusive education in goal 4, inclusive employment in goal 8 and inclusive physical environment in goal 10.

³ As quoted by the author in the book under review.

in developed and developing countries, alike. However, the medical model sees disability as a condition that needs medical intervention, such as surgery and physical therapy. On the contrary, the social model sees it as a condition that requires the positive change in social attitudes, legislation and policies. Thus, the latter emphasis is on the burden of society, such as a barrier-free physical environment, information barrier free, anti-disability legislation and public awareness. The medical model views impairments, with the focus on the limitation of individuals and looks for medical interventions such as surgery or provision of medical aids. The latter model is still commonly accepted in some developing countries. The social model, which was originally born in the West (e.g. England and USA), by contrast, looks at disabilities as social rather than natural and physical deficits. It conceptualizes disabilities as a set of social barriers that limit participation of disabled individuals in socio-economic-political domains. Thus, possible interventions will be the removal of physical, information and emotional barriers, including universal design. The social model places a burden on society itself and not on disabled individuals. Recently, there have been a gradual shift from the medical model to the social model, in the West as well as in a growing number of developing countries. One can say that now the social model component such as self-determination is well accepted universally and globally.

However, there has been an evolution of the social model itself, too. The World Health Organization adopted the “International Classification of Functioning, Disability and Health (ICF-WHO 2001)”⁴ emphasizing the interconnection of (i) impairments, such as the problem of body function, and (ii) environment factors, which together restricts full participation of disabled persons. This is a sort of combined social-medical model. This kind of model recovers to a degree a nearly lost cause of medical and physical impairment issues.

The above-mentioned CRPD fully recognized the needs of disabled people based on human rights and not as a charity, and it promotes the political commitment of the State Parties. Regardless of this progress and evolution, only limited attention was given on the part of governments of developing countries, where most disabled people and their families are still living below poverty line, including the South Asia region. Therefore, the author has adopted a dynamic approach to disability, fully reflecting the reality of South Asian countries. Built on the famous scholar, Amartya Sen’s concept of “capability approach”⁵, Mr. Lamiehhane has adopted a dynamic and practical approach to disability, the “investment model of disability,” which emphasizes the capacities of disabled people and the investment in human capital formation of disabled people through social inclusion, economic empowerment, self-reliance and self-esteem. His model of disability can be defined as a progressive and dynamic social model, which is meeting the reality of developing countries including South Asian countries. His approach to disability may be based on his own upbringing and disability experience.

Chapter 1, entitled “Fundamentals of Disability Studies” presents a foundation and the afore-mentioned dynamic transformation of the disability model, from the medical model to the social model, and from the latter to its progressive versions such as the combined model, the rights model, the investment model and other forms of the post-social model. It touches on the slight difference of conceptualization of disabilities between that in high-GDP developed countries, and in resource-poor developing countries. Also, the author very humbly defines the investment model of disability, as a still shaping-up new concept, one that

⁴ WHO’s new classification ICF WHO (2001), unlike its predecessor classification, ICIDH emphasizes the environmental factors that create “disability”. This model may be considered a mixed version of medical and social models of disability.

⁵ Amartya Sen’s introduced the concept of the capability approach, whose core component is its distinction from functioning and capabilities. It guides the understanding of disability, both the social model and the medical model. The approach gained prominence when it became a basis for the Human Development Index by the United Nations Development Programme (UN, 1994).

simply sees disability as a matter of economic investment and development as opposed to charity. Thus, the author tried to provide empirical evidence on key issues to consider disability from the perspective of this investment approach in the following chapters.

Chapter 2 shares the global situation of employment of disabled people and further discusses the meaning of full participation in the labour market, particularly the role of working to improve the standard of living, better livelihood, and boosted self-esteem. It also describes various barriers for disabled people's entry into the labour market.

Chapters, 3, 5, 6, and 7 are the most relevant parts to our readers, and they provide the situation of labour market participation of disabled people in two South Asian countries namely, Nepal and Bangladesh, in addition to the Philippines and Cambodia. Among these, chapter 3 covers the connection between, education, employment and occupational choices. In both Nepal and Bangladesh, disabled people with longer years of schooling tend to be engaged in full time and/or white-collar employment with higher income. Chapter 4 is about the employment situation of disabled people in Cambodia, so it is not covered here.

Chapter 5 discusses the employment situation of disabled people in Bangladesh, with statistical analysis of the full sample of 29,690 of both disabled and non-disabled people, aged between 15-64 years. It presents the determinants of labour market participation of both disabled and non-disabled people, with a gender-based analysis. The result shows that people with severe impairments or multiple impairments are less likely to be employed. Among disability types, compared to the persons with hearing impairment and visual impairments, physically impaired persons are less likely to be employed, even with longer years of schooling. The reviewer finds it opposite to the case in many developed nations. The author attributes this difficulty faced by physically impaired persons to the lack of barrier-free physical environment and the failure to provide reasonable accommodations. As anticipated, being female is statistically negative in the probability of being hired. Disabled women are multiply disabled in Bangladesh. In terms of policy, the author called for affirmative action regarding hiring of disabled persons (e.g. employment quotas and tax concessions) and provision of reasonable accommodations for the work-space.

Chapter 6 seems to be another main chapter of this book and it is about the author's native country, Nepal. It statistically estimated the return on investment in the education of people with disabilities in Nepal. Wage returns on investment were estimated, statistically. The result showed that for every additional year of schooling that disabled people undergo, their wage increases by 19.3 to 25.6 per cent⁶, as long as the condition of minimum 10 years of schooling is met, which is the prerequisite for employability. In the modest view of the reviewer, this finding is significant, because it proved that the myth of disabled people not benefitting from investment in education and being unproductive is empirically wrong and not true. This kind of empirical finding is unique in disability studies.

Chapter 7 is entitled "Disability, Poverty and Inequality: A Case Study in Nepal", which is a comparison of the poverty profile and factors of poverty of the overall population and people with disabilities. It shows that poverty, poverty gap, and severity are higher among people with disabilities. The author concludes that disabled people are more vulnerable to falling into poverty and they face more inequality. However, the reviewer wishes to raise one question herewith, "whether poverty is a cause of disability or disability is a cause of poverty". Perhaps, there is a probability that poor households may have a higher chance for (re)producing disability, due to malnutrition, lack of health, and other factors related to poverty. In the author's study, among the significant factors for increasing per capita household

⁶ According to the author, previous studies on returns to education for persons with disabilities in developing countries is around 10%, thus, this research result is much higher than that.

consumption are education, land assets, access to facilities and employment in non-agricultural sectors of occupation.

Chapter 8 discusses the job satisfaction of disabled employees in Nepal, in relation to their job status. Empirical studies revealed that physically disabled people showed a higher level of job satisfaction due to their higher level of discrimination and challenges to enter the labour market. This chapter also finds that disabled employees find an improvement in life, associated with jobs, such as finding friends, increasing their community participation, making decisions and discovering new abilities, all of which is an additional bonus to employment and income.

To enhance the understanding of investment itself, chapters 9 and 10, are about the barriers faced by disabled children in India and Nepal, respectively. The negative correlation of disability and school participation or completion suggests that disabled children face multiple challenges within families and education institutions in terms of lack of reasonable accommodations⁷ to meet their individual needs. An interesting finding is that parents' education is positive for school participation of disabled children but the effect of interaction between disability and the father's education is limited, indicating that parents regardless of their educational attainment levels, tend to see their disabled children with discrimination and prejudice. The author argues that discrimination starts at home. The Indian case (chapter 9) shows that parents' financial situation is a critical factor as statistically the monthly expenditure is positively correlated with school participation. Gender discrimination exists, but disability-based discrimination is stronger. If parents have a boy with disability and a girl without disability, they will invest in the girl's education rather than that of the disabled boy.

Chapter 10 explores the educational barriers in the author's native land, Nepal. Some barriers are disability-specific but there are common barriers to all kinds of disabilities. The supply side of barriers include the limited access to schools, the cost issues, the lack of barrier-free infrastructure, the lack of qualified teachers, and insufficient class support. The demand-side problems are related to the negative attitudes on the part of families and society.

The last chapter, 11, entitled "The Way Forward". includes a brief overview, highlights and conclusions. The author suggests some policy actions for the future, based on the findings. First, fully admitting the value of this study, which was conducted by a disabled researcher (himself) from the region (Nepal), he argues that disability studies today require greater empirical evidence, not just advocating human rights and needs. This point is 100% endorsed by the reviewer. He also stresses that disability studies shall reach out to mainstream economists to incorporate economic realities and to influence economic policies. Finally, to reflect the needs of developing countries, the author briefly touched on the need for international cooperation. CRPD is unique as a UN human rights treaty since it includes a specific article on international cooperation, including the need for interdisciplinary and cross-geographical research on disability and development. The author argues that rigorous and empirically supported studies are better to convince decision makers to include disability in their national policies.

The book under review is highly recommended for its comprehensive coverage and empirically sound research methodology. As the author's view promotes the effectiveness of investment in human capital formation among disabled people, it provides timely support for the above-mentioned CRPD provision of international cooperation. It also reflects the real challenges faced by grass-roots disabled people living in developing countries, including the South Asian region. Indeed, the article 32 of CRPD emphasizes the need for disability-inclusive official development assistance (ODA) policy and international cooperation.

⁷ The United Nations Convention on the Right of Persons with Disabilities (CRPD), to which India, Nepal and Bangladesh are all signatories, mandates the Signatory States to provide reasonable accommodations to the needs of disabled people in the public spaces.

Thus, this book is particularly relevant to ODA policy makers and international cooperation practitioners of both governmental organizations and non-governmental organizations, who specialize in the South Asian region.

The book is unique as it was written by a highly qualified researcher, under the auspices of a JICA fellowship, who is blind himself and familiar both with the situation of the region (Nepal) and Japanese ODA policy. In the West, some radical social-model activists argue that disability studies should be conducted by disabled people themselves, reflecting their individual disability experiences. Moreover, there are very few disability studies published from developing countries. It is ironic that 80 per cent of disabled people live in developing countries and are marginalized from mainstream development; however, even less than 20 per cent of disability related research is found in developing countries⁸. The author's investment approach to disability is very much embryonic; however, it well reflects the challenges faced by disabled people in developing countries, in contrast to the Western-initiated "social model of disability", now wide-spread in advanced economies including Japan. His approach may be more relevant and useful to convince the leaders of developing countries to consider issues of disability inclusion when they are in the position to manage development priorities with limited budget.

The reviewer would like to share some critical points that need to be addressed, though they do not diminish at all the uniqueness and value of this research. First, although the author's investment approach to disability is interesting and it reflects the reality of developing countries, it is not yet a fully established model, such as the medical model or the social model. Follow-up and larger scale of qualitative and quantitative studies are needed to further validate the author's approach.

Second, my biggest criticism is the author's failure to address policy debates about disability inclusive development and international cooperation. The definition of disability inclusive development itself is still to be further developed, and it is challenged when bread-and-butter issues are being addressed in development policy. Based on the findings, the author could have advocated more details about the preferred forms of international cooperation, perhaps keeping some distance from the current "social model only" trend⁹. The reviewer believes that in today's ODA, traditional programmes such as vocational training, micro-financing and community-based rehabilitation (CBR) were pushed back to the edge. The findings of this pilot research may have given a fresh opportunity to re-think the modality. The book's focus should have been more on disability and development policy.

Third, there are few criticisms about the research methodology. In terms of representation in the sampling, some impairment or disability such as multiple, mental, and psychological disability are not fully represented. The statistics presented are basically about blindness, hearing impairment and physical impairment. Furthermore, throughout the research, the difference between "impairment" and "disability" is not clear, and sometimes mixed up. Though the author does not support the old-fashioned medical model of disability, the definition and classification of disability used here is purely based on the medical model, and "impairment" is used for classification of disability. This may be inevitable as the analyses were made, built on the existing household statistics. However, some efforts could have been made. One of the solutions may have been "triangulation", reflecting some illustration of individual disability experiences. This can be done through individual interviews or other forms of qualitative methods. For instance, "hearing impaired" which is the category used in this study, can be "deaf people" who are sign

⁸ Quoted from the page 259 of the book under review.

⁹ The social model, particularly the approach in the West, highly values the qualitative research methodology with case studies and interviews, fully reflecting the real voices of disabled individuals. Story-telling style is often adopted in an academic research in disability studies.

language users (often with congenital hearing impairment) or “hard of hearing” who have lost hearing in the middle of life and do not use sign language. Though they are categorized as hearing impaired, their individual disability experiences are very different, and they are living in different worlds. To what extent has such a difference been explained in this book? In this respect, adopting the social model methodology¹⁰, disability experiences of the research participants could have been illustrated, which could have made this book more interesting and colorful.

Fourth, the viewer is in the position to criticize that throughout the research, gender sensitivity is somehow lacking, and gender-based analysis is not sufficient. In South Asian countries, more detailed analysis of gender-based discrimination compounded with disability/poverty is recommended.

Lastly, though not so important, a few printing/typing mistakes have found in otherwise smartly composed text writing. I hope that one day, based on this rigorous research, a more illustrated and vivid version of this book with some additional case studies and individual disability experiences will be re-printed, which may be enjoyed by a wider range of readers.

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¹⁰ In the radical form of social model, there is a tendency to value qualitative method of research, fully reflecting individual disability experience by impaired persons. In social model, there is a clear distinction between medical impairment and social disability. In the social model, absolute equal position is advocated between researchers and disabled participants to share the final product of research.