## **Evidence-Based Summary**

# Prioritizing the needs of young people with disabilities in low- and middle-income countries: An evidence-based **summary**

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#### **ABSTRACT**

Young people with disabilities face numerous challenges, including poorer access to education, health services, employment opportunities, etc., than their peers without disabilities. Besides, they tend to face discrimination, stigma, social exclusion, and violence. There is a lack of efficient, accountable, and coordinated policy-level actions for these people in low- and middle-income countries. On the contrary, Swedish welfare policies toward ensuring social security benefits and services for people with disabilities promote their effective integration and equal participation in society. There is a pressing need for political commitment and actions to make our systems inclusive and sensitive for people with disabilities, especially in low- and middle-income countries.

Keywords: Disability, health, policy, Sweden

#### **Background**

An estimated 180 to 220 million youth are living with different disabilities worldwide. Around 80% of them live in low- and middle-income countries (LMIC). Further, 80% of them live below the poverty line.<sup>[1]</sup> Besides stigma, discrimination, and poverty, this segment of the population faces the brunt of limited access to education, employment, and health services.<sup>[1]</sup> The Sustainable Development Goals' agenda of "Not to leave anyone behind" and to provide inclusive ad integrated services at all levels is still at its nascence, especially in LMIC.[2] The focus of this overview is to highlight the common challenges faced by YPD in LMIC and how did high-income countries like Sweden overcome these challenges at the policy-level.

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#### Methods

We searched PubMed to identify relevant articles on the topic using keywords such as "disability," "adolescent," "young people," "Sweden," "policy," and "low middle-income countries." Besides, we searched Google and Google Scholar for anecdotal reports or unpublished articles on the issue. The search was not systematic since the objective of this paper was to write an overview.

#### Challenges faced by young people with disabilities in LMIC

YPD are less likely to enroll ever and more likely to drop out of schools compared to those without disabilities.<sup>[3]</sup> Empirical evidence suggests that there is a 17% gap in lower-secondary education rates between those with and without disabilities.[4] YPD have higher odds of serious illnesses with odds ratio (OR) varied between 1.2 and 19.3 compared to their peers without disabilities.<sup>[5]</sup> Accessibility to health services is limited by physical

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inaccessibility to reach health centers, unavailability of assistive devices, specialized services for rehabilitation, and skilled service providers, and unaffordability to obtain specialized therapies or rehabilitation services. YPD are at increased risk of isolation, social exclusion, psychological ill-being, depression, low self-esteem, and poor psychological development.<sup>[3]</sup>

A systematic review on the prevalence and risk of violence against children and adolescents with disabilities concluded that they are 3–4 times more likely to experience physical violence, sexual violence, and emotional abuse, and are at 4.6 times higher risk of neglect than their peers without disabilities. [6] A study from Uganda reported that women with disabilities are more likely to experience lifetime physical violence (OR = 1.4), sexual violence (OR = 1.7), and emotional abuse (OR = 1.4). [7] Most girls and women with disabilities experience emotional and physical violence from intimate partners. [8] As a result of incomplete basic education, low literacy and numeracy skills, lack of confidence, and essential work skills, YPD have limited access to skill development opportunities, economic, and financial resources. YPD are vulnerable to child pornography, prostitution, trafficking and hence, to HIV/AIDS. [3]

## Holistic package of services offered to people with disabilities in Sweden

The scenario is different for YPD in high-income countries like Sweden. Sweden has disability legislation (policy) that aims to give people with disabilities a greater chance of participating in society on the same terms as others. The policy emphasizes the provision of access to good living conditions, financial and social security, and equal participation in social activities to individuals with disabilities so that they can live life as normal as possible.[9] The "Law on Special Support and Services for Persons with Disabilities" (LSS), the act concerning support and service for persons with certain functional impairments, confers individuals having disabilities and their families with support for guidance, relief service, treatment, counseling, and technical assistance. Besides, additional acts provide such individuals with security from the disclosure of their personal information, assistance compensation in case of serious functional impairment, and social protection from discrimination and harassment at the workplace.[10]

The social security schemes provide individuals with disabilities a number of allowances, including activity allowance, sickness benefit, disabled allowance, and work aids. In accordance with the acts, individuals with disabilities can seek services like home-help, food delivery, telephone, daily activities, temporary accommodation, alternative treatment, and service apartment, etc.<sup>[11]</sup> There are social inclusion programs for young people delivered through schools, youth centers, and clubs. The education curriculum of the medical sciences has been designed to impart sensitiveness and inclusiveness among populations for people with disabilities. The course provides social welfare knowledge and skills to the students in helping their peers with disabilities. <sup>[12,13]</sup>

#### Importance for primary care

The primary care physicians and nurses are made more sensitive to such populations through adaptation of issues of inclusiveness and integration in the medical and nursing curriculum. Besides, most of these populations need primary care, which is not easily accessible. Hence, policy-makers need to develop innovative and sustainable outreach programs to deliver primary care to disabled people.

#### Conclusion

It is the need of the hour to bring change in the policy and practices of the low- and middle-income countries with respect to people with disabilities. The policymakers should address cost-related barriers that hinder such people from the uptake of education and other services.

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#### **Conflicts of interest**

There are no conflicts of interest.

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