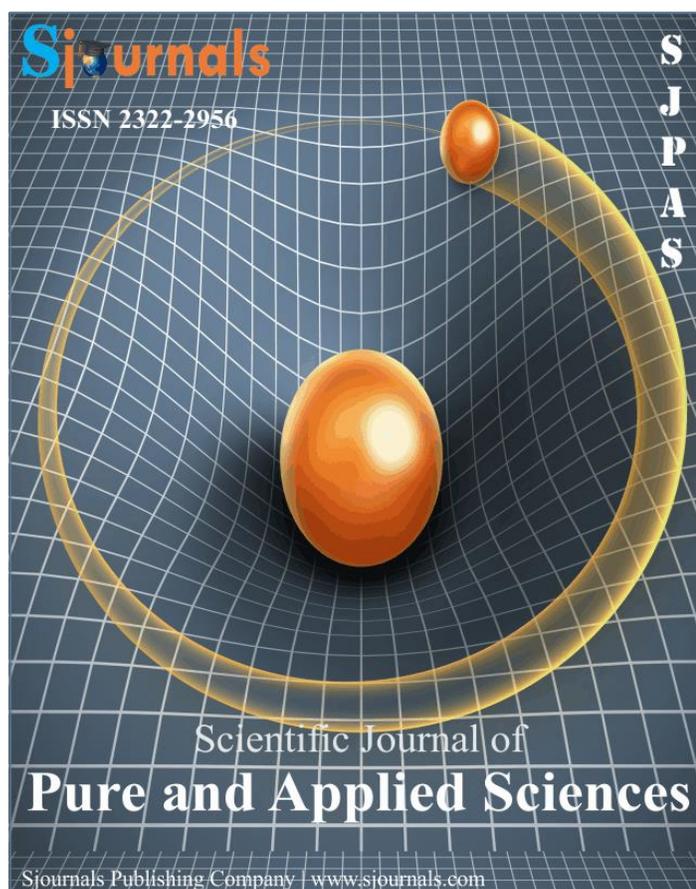


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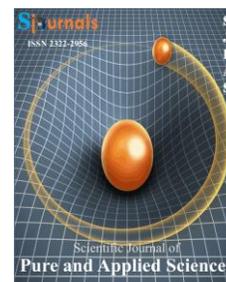
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Review article

The nexus between disability and poverty: A cross-sectional review

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ABSTRACT

Grounded in Martya Sen's Capability Model and the social model of disability, the purpose of the review is to expose and buttress the interrelationship between disability and poverty. The review explores the 'unholy' reciprocity between the two; the demographic measures of disability; education, training and employment of persons with disabilities; the cost of disability and the deprivation and hardship measures of disability and poverty. A vicious cycle has been found to exist between the two since disability and poverty are a cause and consequence of each other. Literature is replete with evidences of a positive correlation between the two phenomena. The review established that the vicious cycle of disability and poverty is exacerbated by the high cost of disability and further deepened by deprivations and hardships that often come with disability. This is a universal occurrence in all economies of the world such that persons with disabilities even in high economies are relatively poor. This scenario pushes people with disabilities deeper into dependence and vulnerability. Unfortunately, the existing literature seems to have universally accepted this vicious cycle as an automatic and natural occurring phenomenon when the root cause is actually negative societal attitude, stigma, stereotype and deliberate lack of support as well as marginalisation and systematic social exclusion of persons with disabilities. This author however deviates from this universal framing of the vicious cycle and recommends further research, advocacy and intervention that are informed by the need for socioeconomic

empowerment of persons with disabilities to achieve independent living.

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1. Introduction

Available literature points to a correlation between disability and poverty which manifests in a vicious cycle. There is compelling evidence of a strong positive correlation between disability and poverty as evidenced by results of studies conducted in both developing and developed countries. There is however dearth of evidence in many developing countries as a result of limited or lack of rigorous per-capita consumption expenditure (PCE) and purchasing power parity (PPP) data. The purpose of this review is to analyse literature pointing to the correlation between the two phenomena and to expose the complexity of this correlation. The review is informed by the multidimensional conceptualisation of poverty and a social model view of disability. Martya Sen's Capability Model is considered seminal to this review which is necessarily meant to expand on current discourse about disability and poverty. In order to provide a structured discourse, the point of departure is a comprehensive conceptualisation of the reciprocity of disability and poverty which prefaces the exposition of the vicious cycle between the two. Evidences from low, mid and advanced economies are analysed through a multidimensional lens. From these analyses, the author draws conclusions that have implications for future research on the connection between disability and poverty which has become of great concern to all nations of the world.

2. Reciprocity of disability and poverty

Literature is replete with studies pointing to overwhelming evidence that interrelates disability and poverty. According to Palmer (2011) the relationship of disability to poverty has become of increasing interest to policy makers. The same can be said with regards to researchers although some believe that the role of disability in determining poverty rates has been under-researched (Braithwaite and Mont, 2009). Palmer further observes that research on the relationship between poverty and disability is growing but agrees with other researchers that it remains limited. Nevertheless, existing research points to an interconnectedness between poverty and disability in that each is a cause for and a consequence of the other (Elwan, 1999; DFID, 2000; Wapling, 2010; Mitra et al., 2011; Wynd, 2015; Tinson et al., 2016). For Mitra et al. (2011), disability and poverty are intricately linked as both cause and consequence for each other. Similarly, Wapling (2010) expresses that people with disabilities experience poverty more intensely than their non-disabled counterparts because poverty is both a cause and consequence of disability since these two reinforce each other. This assumed reciprocity of disability and poverty can be linked to increased vulnerability and exclusion of persons with disability. Elwan (1999) implores that the two-way relationship between disability and poverty is a vicious cycle that places people with disabilities among the poorest of the poor yet Mitra et al. (2011) concur that disability and poverty are dynamic and intricately linked phenomena.

In a way, disability and poverty reinforce each other, contributing to increased vulnerability and exclusion (Department for International Development, 2000). To this end Palmer (2011) also posits that disability can be a cause of poverty and vice-versa and that, people with disabilities are most likely to experience abject poverty. Therefore, a strong cycle of disability and chronic poverty exists (Wapling, 2010). In concurrence, Trani and Loeb (2012) argue that results from a number of studies provide robust evidence of the existence, in certain dimensions, of a vicious cycle between poverty and disability. Within this cycle, those who are disabled are at a heightened risk of experiencing poverty and those who are poor are more likely to experience both congenital and acquired disability. Tinson et al. (2016) also observe that disabled people have higher poverty rates than the rest of the population albeit that these rates are understated. This revelation can be argued from a socioeconomic premise in that poor people especially in developing countries often lack access to adequate and/or appropriate healthcare leading to exposure to risks that predispose them to disability. Department for International Development (2000) implores that poor nutrition, dangerous working and living conditions, limited access to vaccination and other health services, poor hygiene, bad sanitation, inadequate information, war and conflict which often affect poor people are also definite causes of disability. Generally, poor people cannot afford specialist and at times even basic

medical services a scenario which exposes them to many causes of disability. Thus, poverty is a significant factor in contributing to and increasing the prevalence of disability (Trani and Loeb, 2012).

From the foregoing, people with disabilities are likely to be poor yet poor people are more prone to disabilities than their peers. In effect, poverty is a factor likely to contribute to disability prevalence. Trani and Loeb (2012) actually confirm, 'Poverty is a factor likely to contribute to and increase disability prevalence.' Like I earlier suggested, there are socioeconomic reasons for this argument. Thus, socioeconomic inequalities and disability prevalence have increasingly been considered as positively correlated (Welch, 2002; Yeo and Moore, 2003; Filmer, 2008). This can be exemplified through poor people who cannot afford preventive treatment leading to disability or disabled people becoming poor as a function of the disadvantages naturally imposed by disability such as poor educational background and unfavourable employability status. This position, further suggests that disability and economic deprivation (hence poverty) are linked through a two-way causation (Mitra et al., 2011). In their study conducted in 15 low income countries, Mitra et al. (2011) found out that the poor with disabilities experienced more socioeconomic deprivations than the poor non-disabled peers. This is not a question of choice but circumstance, as persons with disabilities argue that given support, they have capabilities to break this cycle of poverty themselves. This revelation leads the author to provide a theoretical framework of the study of disability and poverty.

3. Theoretical framing of disability and poverty

The concept of poverty is as complex as that of disability. Ghai (2001) sees poverty as the most dangerous and widespread threat to people with disabilities yet a less dramatic source but so pervasive as to be increasingly invisible. Due to this complexity, the relationship between poverty and disability has been framed within Amartya Sen's Capabilities Approach. This capabilities approach shifts the focus in poverty analysis from the means (income) to the ends that people value to the freedoms of satisfaction those ends can permit (Sen, 1999). For Mitra (2006), disability in the capabilities perspective, can be considered as the deprivation of capabilities for persons with disabilities rather than inability of failure to amass wealth. Thus according to Sen, if socioeconomic deprivation is indisputably a major cause of poverty (hence disability), it follows that poverty must be seen as the deprivation of capabilities such as life expectancy, minimal infant mortality, nourishment, basic education, employment and health care. Consequently, Sen's model conceives poverty not solely as a function of economic or material goods but as rather based on a standard of living manifested in the capability to conduct various activities which are fundamental to living an acceptable quality of life. Interestingly, the quality of life index for persons with disabilities is generally low (Kuvalekar et al., 2015) as a function of type and severity of disability.

Whether poverty is understood as the deprivation of basic needs, capabilities or economic resources, it remains closely related to disability (Palmer, 2011). This realization is indicative of the relevance of the social model of disability to discourses that attempt to correlate poverty and disability. In any case, Sen's model dovetails extremely well with the social model of disability in that it conceptualises disability as arising from the interaction of the person's functional status with the physical, cultural and policy environments (Shakespeare and Watson, 1997; Hughes and Paterson, 1997). This interrelationship between the two models suggests that ignoring the issue of disability in measuring poverty significantly understates both poverty and the impact of disability (Mitra et al., 2011). Similarly, a more plural and dynamic view of the relationship between the constructs of poverty and disability is recommended and this is already evident in the many demographic measures that exist to date.

4. Demographic measures of disability and poverty

Demographic measures of poverty and disability are used to confirm the nexus between disability and poverty and they vary as a function of the development status of a country. Tinson et al. (2016) observe that persons with disability constitute up to 28% (3-9 million) of people in poverty while 20% (2.7 million) of people in poverty live in a household with a disabled person and that 31% of people in households with a disabled member are poor compared to 18% in households without a disabled member. It is however important to point out from the outset that these measures are not linear but complex and dynamic in their interpretation and that they are circumstantial. Tinson et al. (2016) conclude that the poverty rate for people with disabilities varies according to circumstances. They record that young adults have a poverty rate of 44%, single disabled adults living alone (66%), disabled renters (58%) and those of working age (25%). Additionally, in the USA, the rate of poverty increased from

21.6% to 23% between 2009 and 2012 yet for non-disabled people the rate increased from 13.4% to 15.1% during the same period (Kraus, 2016). In 2015, however, Kraus reports that the poverty rate dropped to 21.2% for people with disabilities and to 13.8% for non-disabled people. While on average, the poverty percentage gap has varied between 7.4% and 8.3% during the period 2009 and 2015, the highest poverty gap of 19.3% has been recorded for the District of Columbia yet the lowest of 1.7% has been recorded for Wyoming District. This variation can be explained by diverse differences in the socioeconomic status between the two districts of USA.

Henceforth, disability has been flagged as a key development issue in meeting the millennium goals and eradicating poverty (UK Department for International Development, 2000) in developed and developing countries. A study by Stapleton et al. (2006) established that 30% of persons with intellectual disability, 20% of those with sensory and 20% of those with physical disability lived below the poverty datum line in USA. These rates increased with severity of disability. Consequently, Palmer (2011) argues, 'Disability severity is a common eligibility criterion for social protection programmes and therefore should be included in poverty analysis.'

In Italy, it was estimated that a person with disability required twice the level of income to attain the same satisfaction enjoyed by a non-disabled counterpart (Rosano et al., 2009). The rate was 3-fold for a two-person household with a disabled member. The researchers concluded that conventional measures of income and consumption therefore underestimated poverty rates of persons with disabilities and their households. In 2000 the mean equivalised income of households with a disabled member in the country was 12% lower than that of those without a disabled member. In addition, 20% of the households with a disabled member were poor compared to 15% of those households without a disabled member and the poverty rates almost doubled, reaching 38% when disability benefits were removed from the equation (Palmer, 2011).

Unfortunately, there are limited demographic statistics to provide evidence on the measures of disability in many developing countries. However, Palmer notes, 'While income poverty data are scarce, there is considerable information on poverty correlates for people with disabilities in developing countries.' In effect, a growing body of research in low and middle income countries demonstrates that people with disabilities and their families are more often poorer and are at higher risk of poverty (Filmer, 2008; Mont and Viet Cuong, 2011; Palmer, 2011; Tranni and Loeb, 2012; Mitra et al., 2013; Tranni and Cannings, 2013). For instance, in Uganda, Hoogeveen (2005), estimated the poverty gap to range between 20 and 63%. Similar results were reported in countries such as Bangladesh, Cambodia, Maldives, India, Burkina Faso, Kenya, Malawi and Zimbabwe among other low to middle income countries. In the 11 to 14 out of the 15 African countries studied by Mitra et al. (2011), disability was significantly associated with multi-dimensional poverty due to lack of education and employment. This suggested that households with heads with disabilities were not only more likely to be poor but the degree of poverty they experienced was much higher than that of the control group.

5. Education and training of persons with disabilities

Researchers of disability and poverty have noted that the other covariate of disability which negatively affects income of persons with disabilities is lack of education and training. For Palmer (2011) low education is a major determinant of poverty among persons with disabilities. Thus, one of the major reasons for low employments rates for people with disabilities is low educational qualifications or lack of education and training altogether. Denying persons with disabilities education and training complicates their ability to secure employment thereby driving them deeper into the cycle of poverty. In this way, breaking out of the vicious cycle of poverty and disability becomes more and more difficult (DFID, 2000). Lack of education and training is a sure recipe for unemployment and therefore poverty and dependency. Wapling (2010) concurs that disabled persons who are denied formal education find it difficult to get employment and to access public services or participate in community development, thus segregating them further from society and making them dependent on others for support. Educational and training opportunities for persons with disabilities are scarce, limited or non-existent especially in many developing countries. World Bank (2006) suggests that, overall, due to poor prospects for education and employment coupled with intense stigma; people with disabilities are often subjected to the major drivers of poverty. UNESCO (2018) estimates that, in 2016 alone; 263 million children, adolescents and youths were out of school. This represented nearly one-fifth of the global population of this age group. In particular, the majority of persons with disabilities in developing countries experience lower education and training than their non-disabled peers.

The UNESCO Institute of Statistics (2017) analysed data from Demographic Health Surveys (DHS) from Cambodia, Maldives, and Uganda. The study found that out of school rates were higher for children with disabilities (UNESCO-UIS, 2017). The most striking amongst these was Cambodia where every second child with a disability was not in school. In Uganda, 81% of persons with disabilities had no educational qualifications. A different study revealed that, in South Africa, a higher proportion of 12% of children with disabilities of school going age never attended school compared to 1% of their non-disabled counterparts (Palmer, 2011). In Tamil Nadu (India), Mitra and Sambamoorthi (2006) also established that the illiteracy rate among persons with disabilities was 26% compared to 6% for the non-disabled peers. These results were corroborated by another study conducted by World Bank (2007) in India which established that the illiterate among people with disabilities was 52% compared to 35% for the general population. The proportion of out of school children with disabilities was over 5 times that of the general population even in relatively well-off states. The study further revealed that children with disabilities rarely progressed beyond primary level education. This has obvious negative implications for the employability of persons with disabilities. Without education, the prospects for employment of people with disabilities are slim and lack of employment correlates positively with poverty.

6. Employment of persons with disabilities

With regards to employment, Haveman and Wolfe (2000) implore that in high-income countries, it is consistently reported that persons with disabilities experience lower rates of labour force participation, work fewer hours and earn less per hour and are more likely to be unemployed. Interestingly, it is possible that employment rates for people with disabilities are higher in developing than in developed countries owing to more self-employment opportunities in developing countries (Palmer, 2011). Similarly, Mitra et al. (2011) expose that in developed countries, a large body of empirical research point to people with disabilities experiencing higher unemployment rates, worse living conditions and higher poverty rates but lament scarcity of national level data and mixed evidence at household level in developing countries. Mitra and Sambamoorthi (2008) revealed that 60% of persons with disabilities in India for instance are employed compared to 38% in the USA. However, Palmer (2011) argues that it is conceivable that despite these heightened employment rates, a higher proportion of persons with disabilities in developing countries are poor due to low paying employment and low levels of social welfare support.

The dominant trend the world over is that people with disabilities are either under-employed or unemployed yet Sen (1984) in the book *Voice of the Poor* identifies labour participation hence labour power as the most important human capital asset. This is because discrimination against people with disabilities by employers is massive and widespread (Coe, 2010). In Bangladesh, a study conducted in Chaudanga concluded that, social and cultural factors routinely excluded people with disabilities from employment. Employers had negative attitudes toward people with disabilities and as a result, people with disabilities developed low expectations regarding employment. Consequently, econometric analysis has confirmed that the employment gap between persons with disabilities and their peers was largely explained by unobservable group differences.

In addition to the foregoing, Tinson et al. (2016) note that people with disabilities face multiple disadvantages in the labour market, which include higher rates of lower pay than their peers even when they hold similar qualifications. This scenario pushes them deeper into the cycle of poverty. According to ILO, approximately 386 million people of working age internationally are disabled yet their unemployment rate is over 80% (Coe, 2010). The author elucidates that this high rate of unemployment for people with disabilities is a result of social discrimination and stigma characterised by the pervasive view that people with disabilities are either unable to work or cannot be accommodated in the work place. Sixty-two percent of persons with disabilities of working age in the USA were unemployed in 2003 compared to 22% unemployment rate for non-disabled persons in the same age group (Stapleton et al., 2006). The income-poverty rate was calculated at 23% among persons with disabilities of working age yet it was 9% among the non-disabled peers (Palmer, 2011). Stapleton et al. argue that, because these rates took into account income support payments, the rates could have escalated for persons with disabilities had the income support figures been removed. Such argument further confirms the likelihood of under-estimation of poverty rates among persons with disabilities. Just like in the general poverty rates, the higher the severity of disability, the higher the unemployment rate. In the USA in 2003 again, unemployment rates escalated to between 82% and 83% and poverty rates shifted from 28% to 29% for severe measures of disability compared

with 72% unemployment rate and 23% poverty rate for the overall population of persons with disabilities in the country (Haven and Wolfe, 2000).

In many other especially developing countries these employment gaps are widespread. Palmer (2011) says 'Just like in developed countries, people with disabilities in developing countries experience lower rates of labour market participation than their peers'. Mitra et al. (2011) reports that in India, while the large majority of persons with disabilities were capable of productive work, their employment rate was, on average about 60% lower than that of the national population. In effect, employment rates of persons with disabilities were low and the gap between their unemployment and that of non-disabled people was growing (World Bank, 2007). Another study by Mitra and Sambamoorthi (2008) in 15 rural villages of Tamil Nadu (India) revealed that the employment rate of men with disabilities was 66% more than that of their non-disabled counterparts. Relative to other workers, people with disabilities were less likely to be employed (29% compared to 35%) but more likely to be self-employed in agriculture (23% compared to 18%). In effect, having a disability reduced the probability of being employed by 30% for rural men in Uttar Pradesh and Tamil Nadu (World Bank, 2007). These findings are consistent with those of Hoogeveen (2005) which revealed that in urban Uganda, 27% of the working population of people with disabilities was farmers and 21% were employed compared to 12% and 45% for their non-disabled peers respectively. However, in some cases, even self-employment rates of people with disabilities were low. For example, in Bangladesh they were excluded from micro-finance schemes meant for self-employment projects purportedly because they were high risk loan defaulters (Foley and Chowdhury, 2007). Meanwhile, a study of the 15 African countries referred to earlier, found a statistically significant difference in the employment rates to the detriment of people with disabilities in all the countries (Mitra et al., 2011). The disadvantage of unemployment and lack of income for persons with disabilities is worsened through the escalating cost of disability.

7. The cost of disability

The cost of disability is overwhelming. This is one of the major causative factor for people with disabilities to experience poverty even in well to do arrangements. Trani et al. (2015) allude to several studies conducted in diverse settings that provide evidence about the additional costs of disability which consequently trigger poverty. Importantly, the financial consequences of the cost of disability do not only negatively impact on the person with a disability but have a direct bearing on household earnings, lifestyle and standard of living (Palmer, 2011). The additional costs come in form of medical costs, specialised educational services (where they exist), transport, assistive technology, diet, caregiving and other specialised interventions. Perry (2014) asserts that being disabled incurs costs in addition to normal household running costs and Wynd (2015) agrees that medical and associated expenses such as transport are a constant drain on household resources. In the USA, disability, particularly physical disability, showed a positive effect on household energy and transport expenditure (Jones and O'Donnell, 1995) yet health care expenditure is consistently reported in literature as a substantial cost for persons with disabilities and their families (Glendonning and Baldwin, 1988; Haveman and Wolfe, 2000; Mitra et al., 2008; Palmer, 2011).

A study by World Bank (2006) revealed that, in Vietnam, the extra cost of disability was 9% while in Bosnia it was 14%. Coupled with the effects of wars in these two countries, the rates could have been way above and the situation more devastating than presumed. Using an advanced technique of combining census with survey data in Uganda, Hoogeveen (2005) established that per-capita was 14-22% lower when the head of the household had a disability. This explains that, in mathematical terms, the cost allocated to each citizen with a disability was high yet it had a low buying power and people with disabilities themselves had a low earning capacity. Using the Standard of Living Approach to measure the cost of disability, Saunders (2007) found that, in Australia, the cost of disability gobbled 29% of equivalised household income. In the USA, disability had a positive effect on household fuel and transport expenditure (Jones and O' Donnell, 1995). Accordingly, Mitra et al. (2008) reports that in 2004 people with disabilities in USA spent 250% more on health care than their non-disabled peers. After controlling for other covariates, the researchers discovered that disability was positively correlated with a 50% increase in out-of-pocket cost of healthcare. Similarly, in Italy, Rosano et al. (2009) approximated that a disabled person required twice the amount of income in order to attain the same level of economic satisfaction compared to a non-disabled peer. The rate was 3-fold for a two-person household with a member with a disability. In another study in the USA, Saunders (2007) deducted the costs of disability from household income and compared income with other households. The researcher found out that households with a member with a disability experienced a 6-fold increase in the rate of poverty.

Despite that many developing countries have not attempted to calculate the economic cost of disability, findings of a study conducted in Tamil Nadu (India) show that health care costs were a significant financial burden for households with a member with a disability (Palmer, 2011). Mitra and Sambamoorthi (2006) observe that on average, outpatient medical expenses in developing countries accounted for 25% of the household's annual income. The cost of surgery and orthopedic care including assistive technologies was equivalent to 4 months of household income with households reporting reduced spending on food and other basics, selling household assets or borrowing loans to cover medical costs. In Sierra Leone, according to Tesemma (2014), persons with severe to profound disability spent on average, 1.3 times more on health care than their non-disabled counterparts. Researchers were consistent that other hidden costs were incurred in terms of lost productive man hours to care for the disabled member of the household. For instance, in Bangladesh, 28% of caregivers gave up 26 hours of paid work per week and another 26% forfeited 15 hours of paid work per week to take care of a family member with a disability.

In some instances, persons with disabilities have to pay more for some of the basic commodities. For example, people with limited mobility may have to use the nearest which may not necessarily be the cheapest facilities. Such hidden costs translate into direct financial costs that drain the already limited resources, hence compounding poverty levels of people with disabilities (UNESCO, 2018). Ebb and Harris-White (2002) estimate that, in Tamil Nadu (India), the cost of disability of one productive adult member of a household left insufficient money to meet daily food and travel expenses thereby pushing the household into debt. The net result is multiple deprivations and untold socioeconomic hardships for the already poor people with disabilities and their families.

8. Deprivation and hardship measures of disability and poverty

The vicious cycle of disability and poverty which is exacerbated by negative societal attitudes, stigma and stereotypes and the high cost of disability is further deepened by deprivations and hardships that often come with disability. This scenario pushes people with disabilities deeper into dependence and vulnerability. Palmer (2011) maintains that people with disabilities are prone to economic deprivations mainly due to their low earning capacity, high cost of disability which creates an extra drain on the already depleted household resources and the man hours lost to care for the member with a disability. The author argues that such economic hardships can contribute to poor health and disability of all household members, exacerbating the risk of poverty. Pin (1998) propounds that people with disabilities are more than twice as likely to experience hardship in affording essential expenditures as compared to their non-disabled peers. Similarly, using a set of hardship measures, She and Livermore (2007) found disability to affect odds of material hardship more than any other factor. For Wynd (2015), many families with a disabled child face financial hardships yet it is rare for both parents to be working and many of such households are reliant on increasingly precarious benefit income particularly in low and middle economies.

A Disability Survey in New Zealand revealed that, of the estimated 95 000 children aged between 0 and 14 years who had disabilities, 15% lived in households with incomes under US\$30 000 (Perry, 2014). Meanwhile, a study of 15 low-income African countries, reported that poor people with disabilities experienced more economic deprivations than the poor without disabilities since disability and economic deprivation (just like in the case of poverty) are also linked through a two-way causation (Mitra et al., 2011). Of the 15 countries Burkina Faso, Kenya, Malawi, Bangladesh and Zimbabwe had a 0.8 asset index ratio for people with disabilities. This meant that persons with disabilities in those countries lived way below the poverty datum line as a function of economic deprivation which in some cases was exacerbated by the high cost of disability. The study therefore concluded that, when different multidimensional poverty measures (education, employment, living arrangements, assets, household consumption and healthcare expenditure) and poverty thresholds were used, poor people with disabilities were likely to experience multiple deprivations.

As evidence of difficult living conditions experienced by persons with disabilities in low economies, many households with a member with a disability in Uganda lived in huts with mud floors, used fire wood for fuel and had less access to modern ablution facilities than their non-disabled counterparts (Hoogeveen, 2005). Again, using the advanced technique of combining census and survey data, Hoogeveen also established that per capita was 14-22% lower yet poverty was 15-44% higher for households with heads with disabilities in that country. This of course depended on region of residence. In Chaudanga (Bangladesh), 60% of households with a disabled head owned none less than 0.2 hectares of land compared to a similar proportion of those without disability who held in excess of 1.2 hectares (Foley and Chowdhury, 2007). Such inconsistencies are typical in most African countries such as

Zimbabwe and are a reflection of the socioeconomic hardship levels experienced by the already poor persons with disabilities in these countries.

9. Conclusion

From the review, it can clearly be concluded that indeed disability leads to poverty and vice versa. There is higher probability of poverty among persons with disabilities yet poor people are prone to disability due to lack of resources and knowledge to mitigate the causes and/or progression of disability. The more severe the disability, the higher the chances of poverty! As disability can be hereditary, poverty can also be inherited leading to a vicious cycle connecting the two through an 'unholy' reciprocity. It can also be deduced from this review that the real causes of poverty among persons with disabilities are lack of education and training; stigma and discrimination resulting in unemployment and/or poor wages; high cost of medical and travel expenses; exorbitant cost of assistive technology and lost man hours to take care of family members with disabilities.

While persons with disabilities in developing countries obviously experience more devastating levels of poverty, the vicious cycle of disability and poverty is universal all over the world. Literature is replete with evidence that persons with disabilities even in advanced economies are living in relative poverty. The available social welfare safety nets are not adequate to warrant absolute independent living. This is evidenced through difficult living conditions persons with disabilities are reported to experience all over the world. This review therefore concludes, *'The vicious cycle of poverty and disability which is exacerbated by negative societal attitudes, stigma and stereotypes and the high cost of disability is further deepened by deprivations and hardships that often come with disability. This scenario pushes people with disabilities deeper into dependence and vulnerability.'* Thus, for persons with disabilities, it is not a choice to become poor but is an experience that is imposed by society through negative attitude, stigma, stereotype and deliberate lack of support as well as marginalisation and systematic social exclusion. It is crystal clear that even advanced economies have not done enough to break this vicious cycle of disability and poverty to the extent that literature seems to treat it as a natural occurring phenomenon. Thus, literature seems to have established a universal framing which seems to accept the vicious cycle of disability and poverty as an automatic and natural occurring phenomenon. This author however deviates from this universal framing and recommends further research, advocacy and intervention that are informed by the need for socioeconomic empowerment of persons with disabilities to achieve independent living.

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