Commodification of Disability in Africa – Why Persons with Disabilities Remain Poor in THE 21ST CENTURY

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ABSTRACT

Persons with disabilities in Africa are disproportionately represented among the poor, and decades of rights-based advocacy, donor funding and legislative reform have done little to change this. The article draws on secondary data analysis of peer-reviewed journal articles, books, working papers and policy reports to examine one neglected reason for the persistence of disability poverty: the commodification of disability itself. The materialist social model of disability, read alongside the anthropology of commodification, provides the theoretical lens of the article. The analysis reveals four themes: the development, rehabilitation and welfare economy of disability; begging and the commodification of visibility; the market for healing; and the occult economy that trades in the bodies of persons with albinism. Sociological and anthropological readings show how stigma, liminality, normalisation and the extraction of value combine to keep disabled people positioned as objects of charity, pity, healing or predation rather than as economic agents. The article argues that disability generates income and employment for many actors while leaving disabled people at the margins of labour markets, education and political voice. It concludes by recommending that resources flow through organisations of disabled people, that social protection support rather than discourage work, that exploitative healing and begging economies be regulated, and that persons with albinism be protected, so that disabled people become owners rather than objects of the economies built around them.

Keywords: disability; poverty; commodification; social model; albinism; begging; Africa

INTRODUCTION AND BACKGROUND

The relationship between disability and poverty is among the best established in development research. The World Report on Disability estimated that about fifteen per cent of the world's population lives with some form of disability, with higher prevalence in low-income countries and poorer households (WHO and World Bank 2011). Disability raises the risk of poverty by limiting access to education, employment and health care and by imposing extra costs, while poverty raises the risk of disability through malnutrition, unsafe work and inadequate health services (Yeo and Moore 2003, Palmer 2011). This bidirectional relationship has been described as a vicious cycle and has become the organising rationale for a large body of policy and programming (Eide and Ingstad 2011, Banks et al. 2017).

In Africa, the cycle is widely acknowledged. Most African states have ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), many have adopted disability legislation, such as Zimbabwe's Persons with Disabilities Act of 2025, and the African Union adopted a Protocol on the Rights of Persons with Disabilities in Africa in 2018 (Lang et al. 2011, Chataika 2019). Donors and non-governmental organisations have funded rehabilitation, inclusive education, livelihood schemes and advocacy campaigns (Kett et al. 2009). Yet the evidence suggests that persons with disabilities remain among the poorest of the poor, more likely to be out of school and out of work and excluded from public life (Choruma 2006, Groce et al. 2011b, Mitra et al. 2013).

Why does disability poverty persist despite this attention? Existing explanations emphasise inadequate funding, weak implementation, negative attitudes and inaccessible environments (Grech 2009, Chataika et al. 2012). These explanations share an implicit assumption that the economy surrounding disability is simply

deficient. This article proposes a complementary explanation: disability in Africa is not only a site of economic deficit but also a site of economic value. It generates income, employment, funding and profit for charities, intermediaries, healers, suppliers and, in its most violent form, traffickers in human body parts (Albrecht 1992, Groce and McGeown 2013). This value is largely captured by others, while disabled people remain objects rather than agents. Disability, in short, has been commodified, and its commodification helps explain why disabled people remain poor (Russell and Malhotra 2002, Russell 2019).

The article reviews the literature, sets out the social model (Oliver 1990) and secondary data methodology (Johnston 2014), presents four themes and then offers sociological and anthropological underpinnings, implications, conclusions and recommendations.

LITERATURE REVIEW

Disability and poverty in Africa

A substantial literature documents the association between disability and poverty in low- and middle-income countries. In a systematic review, Banks et al. (2017) found that the large majority of studies identified a positive association between disability and economic poverty. Mitra et al. (2013), using World Health Survey data from fifteen developing countries, found disability to be associated with higher multidimensional poverty, lower education and employment and higher medical spending. Groce et al. (2011a, 2011b) caution that the relationship is complex and varies by impairment, gender, age and location, while Palmer (2011) and Mitra (2006, 2018) frame it through the capability approach, drawing on Sen's (1999) view of development as the expansion of freedoms. In Zimbabwe, Choruma (2006) described persons with disabilities as a 'forgotten tribe', marginalised despite progressive legislation, and contributors to Chataika (2019) document comparable exclusion across Southern Africa. Chataika et al. (2012) show that disabled children face persistent barriers to schooling, which reduces their future earnings, while Eide and Ingstad (2011) bring together evidence from several countries showing that disabled people and their households are consistently disadvantaged in living conditions. Graham et al. (2013) add, from Johannesburg, that disability grants support whole households, illustrating how disability is interwoven with household survival strategies.

Culture, impairment and the charity model

A second strand examines how impairment is understood. Ethnographic studies show that African societies have interpreted impairment through cosmologies that link it to ancestral displeasure, witchcraft, the breach of taboos or divine purpose, interpretations that may lead either to stigma or to protective care (Devlieger 1995, Ingstad and Whyte 1995, 2007). Colonial missions introduced schools for the blind and deaf, leprosaria and homes for 'cripples', and with them the charity model in which disabled people are defined as recipients of benevolence whose visible need is used to raise funds (Coleridge 1993). Charlton (1998) argues that dependence created by charitable institutions is a central mechanism of disability oppression, and Meekosha (2011) that the global circulation of images of suffering disabled Africans reproduces colonial relations of looking. Braathen and Ingstad (2006) and Baker et al. (2010) show how myths about albinism in Malawi, South Africa and Zimbabwe shape the lives of persons with albinism, sometimes with lethal consequences. Ingstad and Whyte (2007) emphasise that local understandings now interact with global discourses of rights, rehabilitation and development, producing new hybrid meanings of disability. Whyte (1997) shows that in eastern Uganda families respond to misfortune pragmatically, consulting diviners, clinics and churches in turn, a pattern that makes them potential customers of multiple therapeutic markets. Coleridge (1993) adds that the charity model persists in fundraising language and in public attitudes long after the formal adoption of rights-based policies. Together these studies show that cultural interpretations of impairment are neither uniformly negative nor static, but they do shape the economic opportunities available to disabled people and the markets that form around them.

Disability, capitalism and value

A third strand theorises disability and capitalism. Oliver (1990) argued that industrial capitalism excluded people with impairments from wage labour and constructed them as a problem to be managed, and Gleeson

(1999) extended this analysis to the spatial organisation of cities. Albrecht (1992) described rehabilitation in the United States as 'the disability business', Stone (1984) analysed the state's construction of disability as an administrative category, and Russell and Malhotra (2002) argued that the disabled body becomes a commodity generating profits for service industries. Mitchell and Snyder (2015) show how neoliberalism includes some disabled people while relegating those in the global South to 'peripheral embodiment', and Erevelles (2011) calls for a transnational materialist analysis of impairment. Grech (2015) and Soldatic and Grech (2014) caution against exporting Northern frameworks uncritically to the global South. Davis (1995) traces the emergence of the idea of normalcy to nineteenth-century statistics and industrialisation, arguing that disability was constructed as the opposite of a newly invented norm. Goodley (2014) extends this critique through the concept of ableism, showing how societies privilege certain kinds of bodies and minds. Shakespeare (2006) insists that impairment itself can be a source of disadvantage and should not be wholly subsumed under social oppression. This body of work provides tools for asking who profits from disability, but it has rarely been applied systematically to the informal, religious and occult economies that are prominent in African settings.

Gaps in the literature

The literature establishes the persistence of disability poverty (Banks et al. 2017) and offers accounts of culture (Ingstad and Whyte 2007) and capitalism (Russell 2019), but these strands are rarely combined. Few studies examine how disability generates value for others in African settings, and fewer analyse begging, healing markets and the albinism trade together with the development economy as interconnected economies of disability. There is also little work that interprets these economies through explicitly sociological and anthropological lenses. This article addresses these gaps through a secondary analysis of the existing literature.

Theoretical framework: the social model of disability

The article is anchored in the social model of disability, developed by disabled activists and scholars in Britain in the 1970s and 1980s. The model distinguishes impairment, a bodily or cognitive difference, from disability, the disadvantage imposed on people with impairments by a society organised around non-disabled norms (Oliver 1990, Barnes and Mercer 2010). In its materialist formulation, the model locates the origins of disability in the development of capitalism, whose demands for standardised speed, productivity and discipline excluded people with impairments from employment (Oliver 1990, Gleeson 1999). Russell (2019) and Russell and Malhotra (2002) extend this analysis by showing that excluded disabled bodies are simultaneously turned into sources of revenue for institutions, professionals and firms.

The framework is combined with the anthropology of commodification. Kopytoff (1986) showed that things move in and out of the commodity state over their social lives, and Appadurai (1986) that commodity status is a phase rather than a fixed property. Applied to disability, this suggests that disabled people, or aspects of their embodiment, may be singularised as loved family members in one context and converted into value in another, as when a child's photograph is used in a fundraising appeal or the body of a person with albinism is assigned a market price (Groce and McGeown 2013). The article therefore defines the commodification of disability as the process through which impairment, or the image, condition or body of a disabled person, becomes a source of monetary value for actors other than the disabled person, within relations that deny that person control over the value produced.

The social model is particularly appropriate for this article for three reasons. First, it shifts attention from impaired bodies to the social and economic arrangements that disable, which is essential for explaining why poverty persists despite interventions targeted at individuals (Oliver 2013). Second, its materialist foundation provides tools for asking who benefits from the ways disability is managed. Third, its origins in the disability rights movement align with the principle of 'nothing about us without us', which centres the agency of disabled people (Charlton 1998). The model has been criticised for neglecting impairment and embodied experience (Shakespeare 2006) and for its Northern origins (Meekosha 2011, Grech 2015). The article applies it critically, attending to impairment effects, African cosmologies and the global economic structures within which disability is produced.

RESEARCH METHODOLOGY

Research design

The article adopted a qualitative approach based on secondary data analysis, which involves analysing data collected by others for different purposes (Johnston 2014). Heaton (2008) notes that secondary analysis allows researchers to address new questions, synthesise findings across settings and study phenomena that would be difficult or costly to investigate through fieldwork. The approach suited an article that integrates scholarship from disability studies, development studies and African ethnography across a wide region, and it avoided imposing additional research burdens on disabled people, who are frequently over-researched yet under-served (Yeo and Moore 2003).

Data sources and selection

Data were drawn from peer-reviewed journal articles, scholarly books, book chapters, working papers and reports of the World Health Organization, the International Labour Organization and research centres, identified through Taylor & Francis Online, JSTOR, African Journals Online and Google Scholar. Search terms included combinations of ‘disability poverty Africa’, ‘disability and development’, ‘disabled beggars’ and ‘faith healing disability’. Sources were included if they addressed the economic, cultural or political dimensions of disability in sub-Saharan Africa or offered theoretical tools for understanding them. Classic theoretical works were retained where they remain foundational (Oliver 1990, Albrecht 1992).

Data analysis

Documents were analysed using document analysis, a systematic procedure for reviewing and interpreting documents (Bowen 2009), and thematic analysis following the six phases of Braun and Clarke (2006): familiarisation, coding, searching for themes, reviewing themes, defining and naming themes, and writing up. Codes such as ‘fundraising images’, ‘organised begging’, ‘healing fees’ and ‘body parts’ were generated inductively, grouped into candidate themes, reviewed against the full data set and interpreted through the social model and commodification theory. Four themes emerged and are presented together with their discussion in the following section, consistent with interpretive qualitative synthesis (Heaton 2008).

Trustworthiness and limitations

Trustworthiness was enhanced by triangulating multiple types of sources and prioritising peer-reviewed and institutional material (Lincoln and Guba 1985, Bowen 2009). The study depended on the questions and interpretations of the original authors, and the literature is concentrated in Southern and Eastern Africa. Evidence on organised begging and the albinism trade is fragmentary, partly because these activities are hidden.

FINDINGS AND DISCUSSION

Four themes emerged, each presented below and interpreted through the social model and commodification theory.

The development, rehabilitation and welfare economy of disability

Since the 1980s, and especially since the adoption of the CRPD in 2006, disability has become an established field within international development, generating employment, salaries, vehicles, offices, conferences and careers (Kett et al. 2009, Lang et al. 2011). The existence of this industry is not in itself problematic, but studies repeatedly note that disabled people are underrepresented in the leadership of organisations that work on disability and that resources flow to intermediaries rather than to disabled people’s own organisations (Yeo and Moore 2003). Programmes require identifiable beneficiaries, measurable deficits and demonstrable outcomes, creating incentives to photograph and narrate suffering (Grech 2009, Meekosha 2011). The

visibility of need thus becomes a currency through which organisations compete for funds, while projects come and go with donor cycles.

A parallel economy surrounds rehabilitation and assistive technology. Wheelchairs, prosthetics, hearing aids and therapies are essential to participation, yet access in low-income countries is very limited, devices are often imported, expensive and poorly suited to rough terrain, and donated equipment may be abandoned for lack of fitting and maintenance (WHO and World Bank 2011). Households bear the extra costs, contributing to poverty (Mitra et al. 2013, Palmer 2011), while value accrues to manufacturers, importers and service providers, echoing Albrecht's (1992) account of the disability business. State welfare adds a further dimension. South Africa's disability grant is a vital source of income (Graham et al. 2013), but eligibility depends on medical certification, which, as Stone (1984) argued, turns disability into an administrative gateway to resources. Fear of losing grants may discourage disabled people from seeking work, reinforcing their construction as economically inactive. Read through the social model, this theme shows that the institutions created to address disability can, if they are not controlled by disabled people, become sites at which value is extracted from impairment while the disabling structures of labour markets and education remain intact (Oliver 1990, Charlton 1998).

Begging and the commodification of visibility

In many African cities, disabled people beg at traffic intersections, markets, mosques, churches and bus terminals. Begging is often an individual survival strategy born of exclusion from other livelihoods, but research shows that it can also be organised in ways that extract value for others. Groce, Loeb and Murray (2014) found that disabled people are significantly overrepresented among beggars in many low-income countries, that begging is sometimes organised by relatives, guides or intermediaries who take a share of proceeds, and that disabled children may be sent to beg or placed under the control of adults who profit from their earnings. Begging could yield incomes comparable to or higher than other available work, which helps explain its persistence.

Begging illustrates with particular clarity how the visibility of impairment is converted into money. The beggar's income depends on the public display of impairment and on the sympathy it elicits, creating perverse incentives to emphasise impairment and to keep disabled people where they can be seen (Groce, Loeb and Murray 2014). It reinforces public perceptions of disabled people as dependent, undermining their prospects in education and employment (Coleridge 1993, Charlton 1998). The commodification of visibility in begging mirrors, in local and informal form, the commodification of visibility in the development economy: in both, images of impaired bodies generate resources whose control lies largely with others (Meekosha 2011). From a social model perspective, begging is not the result of impairment but of an economy that offers disabled people few other routes to income, and its organisation by intermediaries shows how exclusion itself can be turned into a source of profit (Oliver 1990, Yeo and Moore 2003). Begging has a religious dimension. In many African societies, giving alms to the disabled is regarded as a meritorious act in Christianity and Islam, and beggars congregate at places of worship on days of prayer (Groce, Loeb and Murray 2014). This religious framing gives the visibility of impairment a moral value that can be converted into money, and it may discourage donors from questioning the arrangements through which their gifts are collected and redistributed. The theme thus shows that the commodification of disability can operate through moral and religious economies as much as through formal markets (Mauss 1990, Coleridge 1993).

Healing, faith and the market for cures

Many disabled people and their families seek cures from traditional healers, prophets of African independent churches and Pentecostal and charismatic pastors. Interpreting impairment as spiritual affliction, caused by witchcraft, ancestral anger or demonic possession, creates demand for spiritual remedies (Devlieger 1995, Ingstad and Whyte 1995), and the growth of Pentecostal-charismatic Christianity since the 1980s, with its emphasis on miracles and deliverance, has intensified that demand (Meyer 2004). Healers and pastors charge for consultations, prayers, anointing oil and holy water, and healing crusades generate revenues through offerings and the sale of religious products. Public demonstrations in which disabled people are invited to rise

from wheelchairs serve as advertisements for particular churches, so that the disabled body becomes a stage on which spiritual and financial capital is accumulated.

The consequences are severe. Families spend scarce resources on repeated attempts at healing, delaying rehabilitation, education or assistive devices (Ingstad and Whyte 2007). Disabled people who are not healed are blamed for lack of faith or suspected of sin or witchcraft, reinforcing stigma. The promise of cure locates the problem in the impaired body rather than in the disabling environment, contrary to the social model (Oliver 1990, Shakespeare 2006). It is important not to dismiss the religious experience of disabled people: faith communities can offer belonging and meaning. Some churches actively promote inclusion (Chataika 2019). The concern is specifically with commercial healing that extracts resources from disabled people while offering promises that cannot be kept. Read through commodification theory, the healing market converts hope into a saleable good. Kopytoff (1986) reminds us that commodities acquire value through the meanings attached to them. The promise of cure draws its value from the moral and spiritual significance that families attach to restoring a disabled relative to 'normal' life. Meyer (2004) shows that Pentecostal-charismatic churches combine religious messages with an entrepreneurial ethos, encouraging the faithful to give in expectation of blessing. Under these conditions, the disabled person becomes both the object of the healing performance and the occasion for the family's expenditure, while the healer or pastor captures the value generated. The social model would insist that the resources spent in pursuit of cure would do more to reduce disability if invested in access, education and assistive technology (Oliver 2013).

The body as commodity - albinism and the occult economy

The most extreme form of commodification is the trade in body parts of persons with albinism. Albinism is a genetic condition reducing pigmentation of skin, hair and eyes and associated with visual impairment and high risk of skin cancer. Persons with albinism have long faced stigma and myths about their origins (Braathen and Ingstad 2006, Baker et al. 2010). Since the late 2000s, attacks, killings and mutilations have been reported in Tanzania, Malawi, Burundi, Mozambique and large parts of central Africa. These evil activities have largely been driven by beliefs that body parts can be used in rituals to bring wealth, luck or political success. Groce and McGeown (2013) interpret these attacks as a reinterpretation of older folk beliefs within contemporary urban economies, in which the desire for rapid wealth gives new currency to ideas about the magical production of prosperity.

Their analysis resonates with Comaroff and Comaroff's (1999) work on occult economies, which argues that witchcraft accusations and ritual murder in post-colonial Africa reflect a neoliberal economy in which wealth appears to be generated mysteriously, without visible labour, while most people grow poorer. The trade in albino body parts is commodification in its most literal sense: bodies are priced, trafficked and consumed. The resulting climate of fear confines persons with albinism, especially children, to homes or protective centres, cutting them off from schooling and livelihoods and directly deepening their poverty (Baker et al. 2010). Protective responses, including shelters and advocacy campaigns, have generated flows of funding and visibility that risk reproducing the dynamics of the development economy, in which suffering becomes a source of value for organisations rather than a catalyst for empowerment (Meekosha 2011). The case also shows how the commodification of disability can operate across different economies at once. Persons with albinism have become a focus of humanitarian concern, and their images circulate in campaigns and media reports that attract donor funding. Such attention has been important in mobilising protection and prosecutions, yet it can also present persons with albinism primarily as victims, obscuring their agency and their demands for education, employment and skin-cancer care (Braathen and Ingstad 2006, Baker et al. 2010). From the perspective of the social model, the disadvantage experienced by persons with albinism arises less from the impairment itself than from myths, violence and the failure of states to protect them (Oliver 1990). Across all four themes, disability generates value while disabled people remain at the margins of the economies built around them.

Sociological underpinnings

Sociologically, the findings show that disability poverty is socially produced through processes of labelling, stigma and exclusion. Goffman (1963) described stigma as an attribute that is deeply discrediting, reducing a

person from a whole and usual person to a tainted, discounted one, and the treatment of disabled Africans as objects of pity, fear or suspicion is a clear instance of this process (Baker et al. 2010, Chataika 2019). Becker (1963) showed that deviance is created by social groups that make rules and apply labels, so that 'the disabled' as a category is constituted through medical certification, welfare rules and charitable appeals (Stone 1984). Parsons (1951) defined the 'sick role' as a temporary exemption from obligations in return for a duty to seek recovery, and the market for healing traps disabled people in a permanent sick role in which they are always expected to seek a cure (Shakespeare 2006). Foucault (1977) analysed how modern institutions discipline bodies according to norms, and Davis (1995) showed how the very idea of normalcy emerged with industrial capitalism and statistics, constructing disabled bodies as deviations (Gleeson 1999). Marx's (1976) analysis of the reserve army of labour helps explain why disabled people are pushed to the edges of labour markets. Oliver (1990) and Russell (2019) build on this tradition. Weber's (1978) concept of status groups illuminates how disabled people are assigned low social honour, while Merton's (1968) notion of the self-fulfilling prophecy explains how low expectations become low achievement in schools and workplaces (Chataika et al. 2012).

A sociological reading directs attention to power, inequality and intersecting disadvantage. Bourdieu (1986) showed that economic, social and cultural capital are unequally distributed and mutually convertible. Disabled people are denied cultural capital through exclusion from schooling, social capital through isolation and economic capital through discrimination (Mitra et al. 2013, Banks et al. 2017). Crenshaw's (1989) concept of intersectionality and Collins's (1990) analysis of interlocking oppressions explain why disabled women and girls, who face gendered violence, exclusion from marriage and inheritance and the unpaid burdens of care, are particularly disadvantaged (Groce et al. 2011b). Mothers and grandmothers who care for disabled relatives forgo paid work, a hidden economy that Barnes and Mercer (2010) and Goodley (2014) identify as a central cost of disability. Ekeh's (1975) distinction between the primordial and civic publics clarifies why disabled Africans often depend on kin rather than state provision, and why the weakness of state services leaves room for charities, healers and intermediaries to fill the gap (Charlton 1998). Ferguson's (2006) account of Africa's position in the global order shows how structural adjustment and donor dependency shaped the institutions through which disability is managed (Meekosha 2011). Durkheim's (1984) analysis of the division of labour adds that modern solidarity rests on specialised interdependence, from which disabled people are excluded when workplaces and schools are designed around non-disabled norms. These sociological underpinnings complement the social model by showing that the poverty of disabled people is reproduced by identifiable social processes and are therefore reversible through deliberate social action.

Anthropological underpinnings

Anthropologically, the findings indicate that disability is understood through culturally specific systems of meaning. Geertz (1973) described culture as webs of significance, and Ingstad and Whyte (1995, 2007) showed that the meaning of impairment varies across societies and is shaped by local ideas about personhood, kinship and causation. Devlieger (1995) found that the Songye of the Democratic Republic of Congo interpret physical disability through distinctions between different kinds of anomalous beings, while Evans-Pritchard (1937) showed that misfortune is often explained in terms of witchcraft and social relations, which helps explain why impairment may be attributed to jealousy, sorcery or ancestral anger. Douglas (1966) argued that anomalies which do not fit established categories are often treated as polluting or dangerous, an insight that illuminates the fear and myths surrounding albinism (Braathen and Ingstad 2006). Turner (1969) described liminality as a state between categories, and Murphy et al. (1988) applied this concept to disability, arguing that disabled people are suspended in a permanent liminal condition, neither fully sick nor fully well. Murphy (1987), writing from his own experience of paralysis, showed how impairment transforms social relationships, while Kleinman (1988) emphasised the illness narratives through which people make sense of suffering. Scheper-Hughes and Lock (1987) called for attention to the individual, social and political bodies, all of which are visible in the African economies of disability.

Janzen (1978) and Whyte (1997) showed instead that African therapeutic choices are pragmatic, combining biomedical, traditional and religious options in a 'quest for therapy' managed by kin, which helps explain why families move between hospitals, healers and prophets. Comaroff and Comaroff (1999) and Geschiere (1997) demonstrated that witchcraft and occult beliefs are not survivals of tradition but modern idioms for interpreting inequality and wealth, an insight central to understanding the albinism trade (Groce and McGeown 2013).

Kopytoff (1986) and Appadurai (1986) provide tools for tracing how disabled bodies and images move into and out of commodity status. Ginsburg and Rapp (2013) call for an anthropology of 'disability worlds' that attends to the creative ways disabled people build communities and claim rights. Meekosha (2011) and Grech (2015) urge scholars to decolonise disability studies by centring Southern experiences. These debates encourage collaborative research in which disabled Africans act as co-interpreters of their own lives rather than as objects of study. Mauss (1990) reminds us that gifts carry obligations, so that charitable giving to disabled people can create relations of dependence and gratitude rather than equality, a dynamic that Coleridge (1993) observed in many development projects. Gregory (1982) distinguishes gift relations, which create lasting social bonds, from commodity relations, which leave none, and the conversion of disabled people into beneficiaries or customers shifts them from the first to the second. The anthropological underpinning therefore combines an interpretive appreciation of cultural meanings of disability with critical awareness of how knowledge about disabled Africans has been produced and used.

Implications for African cultural values

The findings carry important implications for African cultural values. The philosophy of unhu/ubuntu holds that a person is a person through other persons and emphasises respect, sharing and communal responsibility (Samkange and Samkange 1980, Ramose 1999). Mbiti (1969, p. 108) expressed this relational personhood in the formulation 'I am, because we are; and since we are, therefore I am'. Measured against this ethic, the conversion of disabled people into sources of profit for others, whether through fundraising images, organised begging, commercial healing or the trade in body parts, represents a violation of the relational obligations on which African communities pride themselves (Chataika 2019). Thus the commodification of disability can be criticised on indigenous rather than imported grounds.

A second implication concerns dignity and the transmission of values. Wa Thiong'o (1986) argued that a people taught to despise aspects of their own culture lose the confidence to define themselves, and the stigmatising myths about disability and albinism that circulate in some communities are in tension with the inclusive values those same communities profess (Baker et al. 2010). Recovering the inclusive dimensions of African ethics, while confronting exclusionary beliefs, would affirm the Afrocentric principle that Africans should view their culture from their own location (Asante 2003). Families, churches, schools and the media all have a role in presenting disabled people as full members of the community whose contributions are valued. Community-based rehabilitation and cooperatives of disabled people offer practical ways of keeping value within communities and directing it towards disabled members (Coleridge 1993, Charlton 1998).

Synthesis

The four themes show, in line with Albrecht (1992) and Russell and Malhotra (2002), that disability in Africa generates value in the development and welfare economy, in organised begging, in the market for healing and in the occult economy of albinism. In each, value is extracted from impairment, from the image of the disabled body or from the body itself, while control over that value lies with others. Interpreted through the social model and through sociological and anthropological perspectives, this explains why disability poverty persists despite sustained attention. Reversing this pattern requires that disabled people themselves gain ownership of the resources, images and institutions that are currently mobilised in their name across the African continent.

CONCLUSION

The article set out to examine the commodification of disability in Africa and why persons with disabilities remain poor, drawing on secondary data. The analysis has shown that disabled Africans are not only excluded from economic life but included in it on disadvantageous terms, as the raw material of economies that benefit others (Albrecht 1992, Russell and Malhotra 2002). Where disability is a source of value for others, there are interests invested in its continuation in its current form: organisations depend on beneficiaries, intermediaries on visible beggars, healers on the hope of cure and traffickers on belief in the magical efficacy of body parts. Rights frameworks such as the CRPD and the African Disability Protocol largely address the relationship between disabled people and the state, and have less purchase on these economies (Lang et al. 2011, Soldatic and Grech 2014).

The article makes two contributions. First, extending Albrecht (1992) and Groce and McGeown (2013), it brings the development, begging, healing and occult economies of disability into one frame. Second, by combining the social model with sociological and anthropological perspectives, it argues that disability poverty is reproduced by the distribution of the value disability generates. Since the article relies on secondary data, future research should include participatory fieldwork with disabled people's organisations, beggars, healers and persons with albinism.

RECOMMENDATIONS

Drawing on the findings, the article makes the following recommendations.

1. **Channel resources through disabled people's organisations.** Donors and governments should fund organisations controlled by disabled people directly and evaluate programmes by the extent to which they shift power and resources to them (Yeo and Moore 2003, Charlton 1998).

2. **Design social protection that supports work.** Disability grants should be compatible with employment and certification should not construct disability solely as incapacity (Stone 1984, Graham et al. 2013).

3. **Put employment and enterprise at the centre.** Governments should enforce anti-discrimination law, provide reasonable accommodation, support inclusive vocational training and local, disabled-owned production of assistive devices (Mitra et al. 2013).

4. **Regulate exploitative healing and begging.** Authorities should act against commercial healing that exploits disabled people and against intermediaries who profit from begging, especially by children (Groce, Loeb and Murray 2014).

5. **Protect persons with albinism.** Governments should prosecute traffickers, fund public education against harmful myths and invest in safe livelihoods and schooling (Baker et al. 2010, Groce and McGeown 2013).

6. **Change representations of disability.** Media and fundraising should portray disabled people as agents and citizens rather than objects of pity, under the guidance of disabled people themselves (Meekosha 2011).

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