Reviews

Social Determinants of Health in the Lives of People with Disability

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ABSTRACT

Purpose: Health is socially produced through the acquisition of socioeconomic, cultural and environmental domains, known as Social Determinants of Health (SDH). It is noted that people with disability experience social inequalities in health, as they are denied rights involved in the production of health. Therefore, this study aimed to review the existing literature on the SDH of people with disability and to identify the gaps in knowledge and challenges in this field.

Method: An integrative review study was carried out in the Eric, PubMed and Science Direct databases. From 2013 to 2022, 1,252 articles were identified and 29 were selected for analysis. All the articles were in English and only one was based in Brazil. The studies were analyzed by categorization according to the layers of Dahlgren and Whitehead's SDH theoretical model.

Results: The results indicated a greater number of studies carried out with guardians of people with disabilities. People with disability tend to experience depression and engage in less physical activity. Their social participation is hampered, mainly by the lack of accessibility to transport and voting. Their friendships are limited due to negative disability stereotypes. Working contributed to a feeling of well-being and social belonging, although access to employment was negatively impacted by their disability. It was pointed out that access to education reinforces the possibilities of access to formal work.

Conclusion: People with disability face multiple and interrelated challenges to their health, which are influenced by the social determinants of health (SDH). Each sector involved in the provision of health services and social support has a role to play in addressing these challenges. Thus, public policies that promote the social and collective participation of people with disability, especially in the labour market, are essential.

Key words: social determinants of health, rights, access, health, people with disability

INTRODUCTION

It is conceived that the production of health is related to social determinants. In turn, the social determinants interact with subjects so as to influence their development process. These determinants are recognised throughout the life of individuals through the conditions in which people are born, grow up, live, learn, play, work, and age (WHO, 2008). In view of this, social inequalities in the field of health are generated among people, especially concerning people with disability (Skalinski & Praxedes, 2003; Comissão Nacional Sobre Determinantes Sociais da Saúde, 2008; Barata, 2009; UNICEF, 2018).

With regard to people with disability, it is known that deprivations of rights are experienced daily, although there is awareness of the social inequalities experienced by them (Wolbring, 2011). In particular, the socioeconomic and education levels are Social Determinants of Health (SDH) from which they are often excluded. The intersection of these deprivations sometimes acts on the Living Conditions and quality of life of people with disability (Vanegas-Sáenz et al, 2020). Another perspective on the understanding of SDH among people with disability also perceives the condition of disability as a determining factor, i.e., the experience of disability conditions the health relationships and productions of these individuals (Solvang et al, 2017).

The perception that people with disability are in precarious health merely because of their disability emphasises that the understanding is anchored in the medical model, which conceives such bodies as inadequate. Therefore, it is necessary to allude to the importance of disability being understood as a relationship of the body with the environment through the biopsychosocial model, manifested by the International Classification of Functioning, Disability, and Health (ICF) (Diniz, 2012). Understanding the importance of the relationships between the body and the environment will support policies regarding the implications of SDH on health production and people's quality of life (WHO, 2001; Green et al, 2020; Froehlich-Grobe et al, 2021).

Another very significant determinant in the lives of people with disability is access to work. Studies have shown that people with disability are more prone to unemployment and lower wages (Mikkonen & Raphael, 2010). They have also pointed out that neglect of salaried work compromises the health of this population (Kirsh et al, 2009), while the opportunity for access to work helps improve health and social participation (Mikkonen & Raphael, 2010; Goodman, 2015).

Given the above, it is possible to assume that the literature reveals concerns in understanding the SDH among people with disability (Froehlich-Grobe et al, 2021; WHO, 2015). In particular, studies have mainly addressed economic aspects and employability, to the detriment of education and social participation. Nevertheless, the gap in the literature is acknowledged regarding the understanding of all SDH related to people with disability globally so as to interfere with their Living Conditions. The insufficient findings on this theme serve to emphasise the fundamental importance of the current research dedicated to studying SDH and their relationships with people with disability. This study may lay the foundations for public powers to create policies linked to access networks to public health and education services, for example.

OBJECTIVE

This study therefore aimed to analyse the existing knowledge production about the Social Determinants of Health among people with disability.

METHOD

Study Design

This qualitative, exploratory, and descriptive review study was carried out using integrative review procedures to search and select scientific articles. The selection of studies followed the six steps described for this methodological design, which were: 1. elaboration of the guiding question; 2. search in the literature; 3. data collection; 4. critical analysis of the included studies; 5. discussion of the results; 6. presentation of the integrative review (Souza et al, 2010).

Data Collection

Data collection was carried out in three databases: PubMed, Eric, and Science Direct, from January to February 2022. The period of ten years (from 2013 to 2022) was considered as the time frame.

Inclusion criteria:

- Original scientific articles addressing SDH specifically among people with disability (physical, intellectual, auditory, or visual disabilities, autism spectrum disorder, and multiple disabilities)
- Articles available in full in Portuguese, English, or Spanish.

Non-inclusion criteria:

- Scientific articles that addressed other disabilities, such as nutritional deficiencies
- Articles that did not answer the guiding question.
- Books, book chapters, review articles, dissertations, and theses.

The following equation was used as a search strategy: ("People with Disability" OR "Persons with Disability" OR "Disability" or "Impairment") AND ("Social Conditions" or "Life condition" OR "Living Condition" OR "Social Determinants of Health" OR "Health Structural Determinant"), with the descriptors being selected in titles, abstracts, or keywords. The Boolean operators "AND" and "OR" were used to combine the descriptors, assisting in the search and extraction of the data.

After collection, the scientific articles were allocated into folders separated by the database. Initially, 1,252 studies potentially eligible for this review were identified. Of these, 1,223 were excluded because they failed to meet the inclusion criteria for this review, as described in Figure 1. The excluded studies were allocated into four groups: 1)Studies that did not thematise people with disability or addressed disabilities other than those included in this research; 2)Event reports; 3) Reviews or theses; 4) Studies that did not relate the SDH

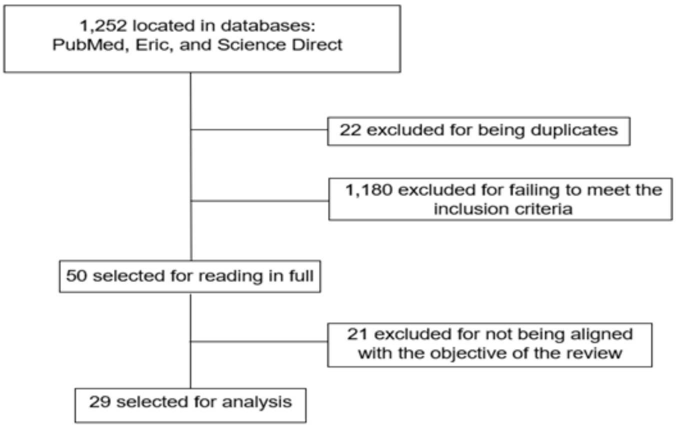

Figure 1: Selection of Scientific Articles

Data Analysis

For the analysis, the articles were categorised according to the representative layers of the SDH based on the understanding model proposed by Dahlgren and Whitehead (1991), as shown in Figure 2. The model exemplifies the determinants through micro, meso, and macro layers. Thus, it was identified that the studies selected for this review were related to the model through the thematisation of the domains present in it, which justifies its use as an organization for later discussion.

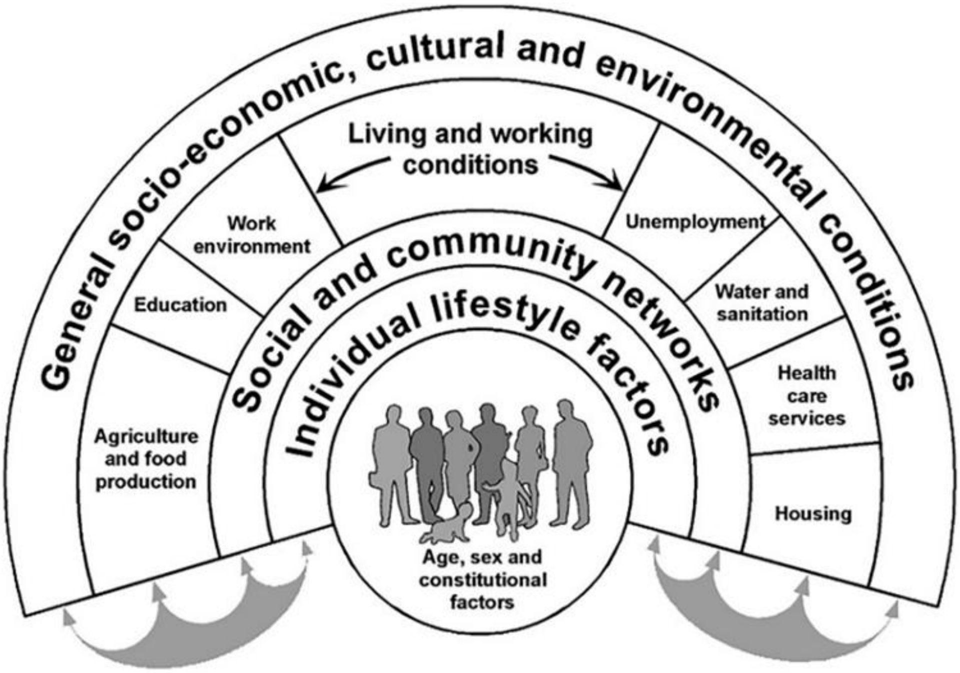

Figure 1: Social Determinants - Model by Dahlgren and Whitehead (1991). Source: Dahlgren and Whitehead (1991).

The analysis indicated that among the 29 selected studies, research conducted with people with intellectual disability predominated; in 8 studies the only participants were persons with intellectual disability and in 5 studies the participants were persons with intellectual disability coupled with other disability conditions (see Table 1).While 18 articles utilised interviews for data collection, it was generally parents and/or professionals who were interviewed; only 2 articles interviewed the people with disability and the interviews were monitored by family members and support professionals.

The current study identified the predominance of studies conducted with adult participants or even adults and senior citizens together. Only 4 studies included children or adolescents among the participants. It was observed that the studies under analysis presented the superiority of the United States, and only 1 was conducted and published in Brazil, in English.

Table 1: Characterisation of the Studies included in the Review

AUTHOR (YEAR)	LOCATION	TYPE OF DISABILITY	AGE	COLLECTION INSTRUMENT	SDH	MAIN RESULTS
Francis et al. 2013	United States	Disabilities – general	-	Questionnaire with family members, professionals, and people with disability	Living and Working Conditions	Awareness of the people with disability, family members, and support professionals about the importance of employment for people with disability
Kelly 2013	United States	Visual Impairment	16 – 64 years	Data from the Current Population Survey	Living and Working Conditions	People with visual impairments have lower employment rates than people without disability
Van Campen; Van Santvoort 2013	European Continent	Severe disabilities and without disabilities	+15 years	Interviews from the European Social Survey 2006/2007; Questionnaire	Lifestyle of the Individuals; Living and Working Conditions; General Socioeconomic, Cultural, and Environmental Conditions	People with disability report lower well-being than people without disability. Education level, work, and income were favourable for the increase in the subjective well-being of the participants
Bevan-Brown; Walker 2013	New Zealand	Visual Impairment	+17 years	Interviews with people with disability – 5 with family members together	Social and Community Networks; Living and Working Conditions	Indigenous people with visual impairments face general, educational, and cultural barriers
Anderson et al. 2013	United States	Intellectual and Developmental Disability	-	Theoretical study	Living and Working Conditions	People with disability experience health disparities such as lack of access, poverty, and non-inclusion of people with intellectual and developmental disability in public health
Agran; Hughes 2013	United States	Intellectual and Developmental Disability	-	Interviews with professionals	Social and Community Networks	People with disability receive little or no instruction on voting, resulting in their non-participation in the electoral process
Emerson; Brigham 2013	England	Intellectual Disability	-	Primary Care Trusts	General Socioeconomic, Cultural, and Environmental Conditions	Parents with Intellectual Disability are at higher risk of exposure to worse mental health and are more exposed to environmental adversities

Haider et al. 2013	Australia	Intellectual Disability	+18 years.	Telephone interview – people with disability; with support professionals/family members/friends.	Lifestyle of the Individuals; Social and Community Networks	People with intellectual disability report fewer SDH, such as social support, behavioural risks, obesity, depression, and diabetes
Anderson et al. 2014	-	Autistic Spectrum Disorder	13 – 16 years	Interviews with people with disability and their family members	Living and Working Conditions	Young adults with ASD are more likely to live with their parents after high school
Abbott; Carpenter 2015	England	Duchenne Muscular Dystrophy	+15 years	Questionnaire with family members Interviews with family members or young people with disability alone	Lifestyle of the Individuals; Social and Community Networks; Living and Working Conditions	Being a person with disability was associated with something bad. Resulting in worse health, leisure, and access to work
Lambert et al. 2015	United States	Disabilities – general	8 – 18 years	Medical evaluation; interviews with young people with disability and their parents or caregivers	Living and Working Conditions	People with disability use more medical services than people without disability
Jimenez-Corona et al. 2015	Mexico	Visual Impairment	+20 years	Interviews	Lifestyle of the Individuals; Social and Community Networks; Living and Working Conditions; General Socioeconomic, Cultural, and Environmental Conditions	People living in rural areas had a higher prevalence of visual impairment than urban residents. People with visual impairment were older, with lower education levels and unfavourable socioeconomic conditions
Fiorati; Elui 2015	Brazil	Disabilities – general	+18 years.	Open interviews about the life stories of the participants; observation	Social and Community Networks	The socio-family and community inclusion of people with disability is linked to the SDH, such as: inequalities in access to health, income, employment, education, culture, and transportation

Sandhu; Ibrahim; Chinn 2016	England	Intellectual Disability	Not specific (children)	Interviews with family members	Living and Working Conditions; General Socioeconomic, Cultural, and Environmental Conditions	Turkish families migrate to other countries in search of a better life due to their children with intellectual disability
Lysaght et al. 2016	Canada	Intellectual and Developmental Disability	21 – 59 years.	Interviews with family members and PWD	Living and Working Conditions	Access to formal or informal work presented positively for the social inclusion of people with disability
Agran; MacLean; Kitchen 2016	United States	Intellectual Disability	20 – 68 years	Interviews with 28 people with intellectual disability	Social and Community Networks	Voter participation of people with disability is low. However, they indicate an interest in participating in the democratic process
McConkey et al. 2016	Ireland	Intellectual Disability	40 – 55 years	Interviews with people with disability alone or with family members/supporters	Living and Working Conditions	People with disability residing alone or with friends require less support and are more likely to have a job and participate socially
Simões; Santos 2016	Portugal	Intellectual Disability	18 – 57 years	Interviews with people with intellectual disability, support team, and family members	Living and Working Conditions	People with disability perceive their quality of life more positively than support professionals perceive the quality of life of people with disability
Sanetti 2017	United States	Disabilities – general	-	Theoretical study	Living and Working Conditions	Educational progression is influenced by health needs
Cocks et al. 2018	Australia	Intellectual Disability	18 – 82 years	Interviews with people with disability or family member	Lifestyle of the Individuals; Social and Community Networks; Living and Working Conditions; General Socioeconomic, Cultural, and Environmental Conditions	Increasing age, physical inactivity, low socioeconomic status, and living in one's own home all increase the risk for worse subjective health
Tamayo; Besoaín; Rebolledo 2018	Chile	Disabilities – general	-	Theoretical study	Social and Community Networks	It is necessary to incorporate disability in SDH models as a structural determinant and producer of inclusion/exclusion
Gartrell et al. 2018	Solomon Islands	Disabilities – general	-	Theoretical study – observations and interviews with people	Social and Community Networks; General Socioeconomic, Cultural,	People with disability face the stigma of infantilisation and underestimation before society. In addition, they find it difficult to insert

				with disability, family members, and caregivers	and Environmental Conditions	themselves into the productive and social environment and experience physical barriers on a daily basis
Frier et al. 2018	Australia	Disability Neurological	29 – 65 years.	Interviews with people with disability and two caregivers.	Lifestyle of the Individuals; Living and Working Conditions; General Socioeconomic, Cultural, and Environmental Conditions	Acquiring the condition of disability caused negative changes in relation to income, employment, housing, transportation, and participation in everyday activities
McCausland et al. 2019	Ireland	Intellectual Disability	41 – 90 years	Interviews with people with intellectual disability only; people with intellectual disability with support from others; other people responding on behalf of the people with intellectual disability	Social and Community Networks	People with disability use transportation more with support. Public transportation is used more by people with disability with lower levels of disability severity and people with disability who live alone
Pérez-Hernández et al. 2019	European Continent	Disabilities – general	30 – 79 years	European Social Survey – interviews.	Lifestyle of the Individuals; Social and Community Networks; Living and Working Conditions	SDH influence the inequalities faced by people with disability. Thus, disability is superior among people living in poor conditions, with lower education and employment levels
Lancioni et al. 2020	-	Intellectual and Motor or Sensorimotor Disability	-	Leisure and communication intervention programme; Interviews with professionals	Social and Community Networks	The intervention programme showed that the use of technology proved positive in the communication and leisure of people with disability
Del Brutto et al. 2020	Ecuador	Disabilities – general	+60 years	SDH – Gijon Scale Measuring disability: Functional Activity Questionnaire (FAQ)	General Socioeconomic, Cultural, and Environmental Conditions	Worse support networks were the domains of the SDH most associated with disability, while the economic factor was the only one not associated
McDonnall; Tatch 2021	-	Visual Impairment	21 – 54 years	Interviews collected through the	Living and Working Conditions	The education level increases the chances of access to employment. However, even with higher education levels than people without

				American Community Survey		disability, people with disability are less likely to be admitted
Friedman 2021	United States	Intellectual and Developmental Disability	Mean age of 47.47 years.	Interviews	Lifestyle of the Individuals; Living and Working Conditions	Qualification of the SDH, such as education, employment, social and community participation, results in a decrease in emergency room visits

Source: Prepared by the authors (2023).

Caption: SDH – Social Determinants of Health; ASD –Autism Spectrum Disorder.

RESULTS AND DISCUSSION

According to the analyses, the studies did not use specific theoretical models to understand the Social Determinants of Health. The research was noticeably more focused on the Social and Community Networks and Living and Working Conditions of people with disability, the latter being the largest field of study among the articles analysed. Although in lower numbers than the others, the layers about the Lifestyles of the Individuals and the General Socioeconomic, Cultural, and Environmental Conditions were also presented as a field of research, with the focus mainly on the socioeconomic relationships of those researched. Moreover, 2 studies were concerned with thematising disability as an important domain in the SDH, pointing to it as a conditioner of the health production process. Therefore, for the discussion, the included studies were categorised according to the layers described in the model by Dahlgren and Whitehead (1991).

Lifestyle of the Individuals

Among the 29 articles selected for this review, 8 had articulation with the innermost layer according to the model by Dahlgren and Whitehead (1991). As for the phenomena related to the Lifestyles of the Individuals, a prevalence of studies that sought to research people with disability in adulthood or even senior citizens was noticed. Studies such as Jimenez-Corona et al (2015), Cocks et al (2018), and Pérez-Hernández et al (2019) pointed out that the increase in age presented itself as a factor of prevalence of disability, as well as a risk factor to the health of individuals with intellectual and visual disability. Moreover, the results revealed that impairments to subjective health and the presence of disability are associated with low physical activity levels and smoking (Cocks et al, 2018; Pérez-Hernández et al, 2019).

Living with a disability may impact the lives of individuals in a variety of ways. In a study conducted by Frier et al (2018) with people who acquired physical disability in the course of their lives, the authors identified, through the accounts of the study participants, changes in various spheres of life, primarily in economic, housing, and transportation contexts. Within the health-disease scope, these impacts are further accentuated by the severity of the disability condition. People with severe intellectual disability have more significant records of access to emergency rooms than people with mild intellectual disability, which may represent a favourable health-disease situation for them (Friedman, 2021).

However, one cannot ignore the fact that living with disability is sometimes reported as synonymous with physical and/or emotional pain. Children and youths with Duchenne Muscular Dystrophy point out that the condition of disability generates physical pain, which results in even more considerable difficulties in their social participation (Abbott & Carpenter, 2015). The relationship between the body and the environment in which the body is presented as a barrier causes possible emotional suffering (Abbott & Carpenter, 2015). As a result, studies such as that by Van Campen and Van Santvoort (2013) point out that people with disabilities identify their well-being at a disadvantage relative to people without disability.

Finally, with regard to the characteristics related to the lifestyles of the individuals, the study by Haider et al (2013), conducted with a representative number of the population of the state of Victoria, Australia, identified that people with intellectual disability report worse SDH indices. The authors pointed to deficits in the domains related to behavioural risk factors such as obesity and sedentary lifestyle, depression, diabetes, and poor or regular health in populations that experience disability compared to their peers without disability. It becomes evident that the layer referring to the lifestyles of individuals with disability represents an important phenomenon in the acquisition and production of health. Therefore, it is necessary to accommodate, listen, understand, and encourage people with disability to have healthy behavioural factors to ensure that they have qualified health.

Social and Community Networks

In the category of Social and Community Networks, 13 studies were identified that address the deprivation of social participation experienced by people with disability. In their study, Haider et al (2013) pointed out that people with disability have less social support, such as help from friends, than people without disability, with this being an important indicator for health risk exposure. In addition, the condition of disability is sometimes associated with negative stigmas, loaded with underestimation and infantilisation, leading to social exclusion (Bevan-Brown & Walker, 2013; Gartrell et al, 2018).

Recognising the disability loaded with negative stigmas indicates how much the medical model of understanding disability is still immersed in societies. Understood as exclusive to the person, the medical model understands disability through the bias of healing the body outside the norm, outside the standard expected for production in the social environment and for the search for capital (Diniz, 2012). Characterising the person solely by the disability condition causes limitations of life opportunities experienced through physical and attitudinal barriers expressed in everyday situations (Bevan-Brown & Walker, 2013; Gartrell et al, 2018).

However, the concern in other studies with identifying disability through the social model was also notable (Abbott & Carpenter, 2015; Fiorati & Elui 2015; Tamayo et al, 2018). Opposite to the medical model, the social model of disability understands it as a social production acquired by the environment in which the person lives, from the barriers encountered, which mark or diminish the experiences (Diniz, 2012; Ivanovich & Gesser, 2020). Hence, the architectural, attitudinal, and communication barriers experienced by people with disability intervene in their full social participation and must be faced as a collective responsibility (Silva Sampaio & Ferreira, 2019; Mota & Bousquat 2021).

Understanding the relational importance of the body to the environment, the study by Abbott and Carpenter (2015) identified the social model in the barriers to the participation of children and youths in life in society. The authors mainly pointed out, through the accounts of the research participants, the need for expansion of thinking, given that issues related to bodily experience, such as pain and sensations of the body as barriers to participation, should not be eliminated. That said, the condition of disability is recognised as a determinant for the production of health due to its social exclusion through the body (Tamayo et al, 2018).

Regarding the understanding of disability under the precepts of the social model, it is valuable to point out the responsibility of society and the understanding of the disadvantages and inequalities experienced by people with disability. Building society while taking into account universal access to all environments and decisions as a human right, ignites the demand for the creation of public policies that serve everyone with regard to health promotion (Fiorati & Elui, 2015; Tamayo et al, 2018).

Among the various deprivations, access to public transportation as a means of locomotion and habitual social activity appears as an obstacle in the lives of people with disability. People with physical disability acquired throughout life point out that the lack of this right minimises their participation in everyday tasks, such as going to the supermarket and participating in social activities, for example (Frier et al, 2018). Restricted mobility, such as inaccessible public transportation, is one of the most frequently reported causes impacting the low use of such transportation by people with disability (Bevan-Brown & Walker, 2013; McCausland et al, 2019).

However, the study by McCausland et al (2019) pointed out that the low use of this type of transportation is also caused by the level of severity of the disability condition and type of housing, given that people with mild intellectual disability or who lived alone had more reports of using public transportation. In contrast, people with severe intellectual disability who lived with family members or in institutions used other types of transportation more frequently. In addition, living in one's own home was also a predictor of worse health as reported by people with intellectual disability, in contrast to their peers who resided with family members or in care homes (Cocks et al,2018). This finding may be explained by the greater autonomy and functional capabilities that people living in their own homes may have.

Social participation through access to voting as a democratic right of any citizen has also been identified as a barrier for people with intellectual disability. According to reports, few individuals with intellectual disabilities practice this right, claiming insufficient or no knowledge, education, and instruction about the political process (Agran & Hughes, 2013; Agran et al, 2016). Denying the electoral participation of people with disability calls into question issues related to inclusion, contradicting ratifications that guide the rights of all people.

Friedman (2021) pointed out that encouraging the involvement of people with disabilities in social and community life by performing roles and interacting with the community was an important factor in reducing the frequency of visits of people with disability to emergency rooms. This finding corroborates the understanding that social relationships impact health production. In addition, Lancioni et al (2020) proved that the correct use of technology can help in the process of communication, participation, and leisure for people with disabilities.

All these reported data indicate and reinforce the significance of understanding the importance of the social and community networks in which people with disability are inserted. Denying rights of social participation and perceiving the person under the body-normative bias are still realities experienced by many people, realities that prevent the social involvement of people with disability (Gartrell et al, 2018). Thus, there is an urgent need for public awareness regarding social participation as a right of all people, regardless of their condition, recognising their merit in the fight for the non-production of inequalities in the field of health.

Living and Working Conditions

As meso-determinant, the category of Living and Working Conditions of people with disability was the one with the most significant representation in the literature included in this review, with 19 articles. Among the seven domains that are part of this layer, the studies were linked to four: unemployment, social health services, housing, and education. The first was thematised with supremacy relative to the others.

According to Anderson et al (2013), people with disability suffer inequalities in the field of health arising from various factors. Reports of worse quality of life are frequent among this population relative to people without disability, given that being conditioned to this experience is linked to something bad, in addition to living in precarious conditions and having lower education and job levels being associated with a higher prevalence of disability (Van Campen & Van Santvoort, 2013; Abbott & Carpenter, 2015; Pérez-Hernández et al, 2019). Additionally, the lag in health and medical interventions limits social participation and leisure (Abbott & Carpenter, 2015), even though people with disability use medical services more (Lambert et al, 2015).

In contrast, in a survey conducted with adults with intellectual disability and caregivers, Cocks et al (2018) identified that 243 (78%) participants recognised their health as good, even though it was impacted by other domains. In a comparative study between narratives of people with disability and their caregivers, Simões and Santos (2016) pointed out disagreements regarding health status since people with disability acknowledge their quality of life at a higher level than caregivers recognise the quality of life of people with disability. These findings reinforce the importance of validating the feelings of the participants, in addition to emphasising the significance of their presence and participation in the evaluations of their own qualities of life (Simões & Santos, 2016).

However, as mentioned, other domains influence the living conditions of the subjects, such as access to work. Having a job is associated with better life qualities, well-being, social involvement, and inclusion of people with disability (Van Campen & Van Santvoort, 2013; Lysaght et al, 2016; McConkey et al, 2016). In interviews with people with intellectual and developmental disabilities and/or their family members, Lysaght et al (2016) verified the feeling of belonging to society when linked to formal occupation.

The authors also pointed out barriers to their access, such as the lack of training, transportation, and attitudinal barriers, given the difficulty of finding services fit to hire people with disability. For this reason, unpaid work was mentioned, highlighting its importance for acquiring skills and social participation. There are different needs and interests regarding work, depending on the side one wants to perceive. Thus, people with disability continue to be more prone to unemployment than people without disability, and their lower productivity is one of the reasons pointed out (Haider et al, 2013; Kelly, 2013; Abbott & Carpenter, 2015; Lysaght et al, 2016).

Producing for the system, for profit, created what is known nowadays as ableism. Ableism, a form of oppression experienced by people with disability, arises as a project of capitalism based on the bias of the medical model. This mode of violence recognises the body as insufficient by emphasising disability through the productive capacities of the being, devaluing people with disability and recognising them as inherently negative (Campbell, 2009).

The study by Frier et al (2018), conducted with nine people who acquired physical disability in adulthood, pointed out that all participants reported a negative impact of the condition of disability on employment. Also, when relating formal trade and education, McDonnall and Tatch (2021) pointed out that people with disability with higher education are more prone to unemployment than people without disabilities with only a high school education. This puts back on the agenda the association regarding the prejudice related to the capacity of people with disability.

To reduce this social gap, it is important to raise awareness about work also on the part of the family as social support. In this sense, Francis et al (2013) proposed a training programme for family members and caregivers of people with disability, presenting the importance of regular work in the lives of this public. The intervention was successful, as the participants showed interest in encouraging access to salaried jobs for people with disability, recognising their social and individual importance.

Living in one's own home or with a friend was also a positive predictor of getting a job. In a comparative study with people with intellectual disability who lived in three different types of accommodation (living alone or with a friend; shared housing with groups of up to six people; support homes), McConkey et al (2016) identified that the first type of housing was more favourable to paid work, as well as the practice of physical activities and being engaged in the community. Thus, living alone or with a friend impacted the living condition of these subjects so as to qualify it and improve their health.

In research on young adults with ASD and other disability conditions, such as learning disabilities, intellectual disabilities, or emotional disorders, it was identified that people with ASD were more likely to live with their parents. One of the reasons pointed out was the need for continuous care related to parental care. In addition, young adults with ASD with higher functional abilities were more fit to live independently, in addition to having better incomes (Anderson et al, 2014).

The field of education, although little researched in the literature included in this review, also presented itself for the production of health. Sanetti (2017) pointed out that the educational progress of children and youths is influenced by health needs, such as health education, physical education and physical activity, environment and nutrition, access to health services, psychological services, and family and community engagement, for example. The author indicated that these accesses may impact the students' health and, consequently, their learning outcomes.

As noticed, the intersections that accompany the life of each subject further condition their experience. People with visual impairment and of indigenous origin report higher educational inequalities than those non-indigenous with visual impairment. These findings are related to educational and attitudinal barriers concerning the ability of the subject, as well as cultural knowledge about the condition of disability (Bevan-Brown & Walker, 2013).

Jimenez-Corona et al (2015) seeking to understand, in a comparative study, the prevalence of visual impairment and its associated risk factors in rural and urban populations in southern Mexico, identified that the experience of the disability condition is more frequent in rural populations. In addition, the predominance of moderate visual impairment was related to people with lower education levels, e.g., illiterate people, who experience economic marginalities, and indigenous people. In this way, it is made explicit that the SDH affect disability through economic, social, health, and educational conditions.

Friedman (2021) pointed out the influence of SDH in the field of health of people with intellectual disability, stating that with each improvement of the SDH, such as work, income, housing, and education, a decrease in hospital emergencies is identified. Thus, understanding the domains present in the construction of the living condition of the subjects, especially people with disability, and instigating their acquisition, will lead to the social production of their health.

General Socioeconomic, Cultural, and Environmental Conditions

The layer most distal to the subject according to the theoretical model used was presented in 8 studies, with a strong predominance of the socioeconomic field. According to Frier et al (2018) in a study conducted with people who acquired physical disability in adulthood, the participants reported that the socioeconomic conditions presented themselves as a central component of more significant impact after acquiring the disability condition. The authors concluded this by identifying the perceptible decrease in the prospects of access to employment, which converge to the decline in the income of the individuals.

People with disability point out that having a higher income directly intervenes in better subjective well-being compared to people without disability (Van Campen & Van Santvoort, 2013). In addition, when reporting that low socioeconomic conditions are linked to poor subjective health, people with intellectual disability indicate a direct association between economic factors and health (Cocks et al, 2018). Having said that, it is pointed out that financial stability before the disability experience influences the quality of life after the acquisition of the condition due to the decrease in access to social activities, which impacts the quality of life of the subjects (Frier et al, 2018).

Economic barriers affect several other health domains, such as access to education, for example, and life opportunities, such as fixed income. Consequently, without a formal occupation, social relations based on the feeling of being productive are broken, so as to perpetuate the stigma of exclusion and inability of people with disability to work. Thus, parental financial dependence is pointed out as an escape from the subsistence option (Gartrell et al, 2018).

With a greater maternal bond, situations of dependence permeate care relationships, indicating the strong influence of economic links drawn by people with disability and their family members. The authors question the experiences that people with disability will go through later, when their guardians die, pointing to the need to assume the role of the protagonist of their life in all aspects, including financially (Gartrell et al, 2018). Parents with intellectual disability reveal that the risk of exposure to health, such as poor mental health, may be related to their social position and environmental adversities (Emerson & Brigham, 2013).

Studies included in this review also showed a significant difference between the number of people with disability according to the context (Jimenez-Corona et al, 2015; Del Brutto et al,2020) since rural populations and those with unfavorable socioeconomic conditions obtained higher rates of disability than urban populations (Jimenez-Corona et al, 2015). Interestingly and in contrast, in the study by Del Brutto et al (2020), the only individual component not associated with disability was the economic factor. The authors justified this finding by highlighting the influence of social relationships on the condition of disability so that it can overcome other domains.

Moreover, the choices for general cultural and environmental relationships favourable to the condition of disability may prove significant. Sandhu et al (2016), in their research with Turkish families who experienced migration, highlighted the impact that cultural and environmental barriers may come to have on the experience of disability. Parents of children with intellectual disability point out the centrality, among the various reasons for migration, to the search for help for their children, such as opportunities for access to education, health, and social networks. However, although central to migration, none of the families surveyed reported active participation and involvement of children with intellectual disability in the decision-making.

The impact of SDH on health acquisition and production is evident in the literature reviewed. Concerning the general Socioeconomic, Cultural, and Environmental conditions, a prevalence of studies related to economic factors was noticed, given that this determinant is uniquely associated with the others (Frier et al, 2018).

CONCLUSION

It is noted that people with disability are neglected when it comes to health production, due to the lack of access to various sectors and rights that are essential to social life. According to the studies investigated, the lifestyles of people with disability are related to higher rates of depression and lower rates of physical activity, compared to people without disability. Furthermore, it was found that the social networks of people with disability are associated with deprivation of access, such as accessible transport and voting. It was also found that their social interactions are insufficient, friendships are limited, and are related to negative stigmas of disability. The social participation of people with disability had an inverse impact on the demand for emergency help.

Regarding the Living and Working Conditions, the layer with the greatest representation in the studies analysed, the concern with the field of work can be seen. It was identified that salaried work represented a means of inclusion and social participation of people with disability. Being employed proved to be a favourable factor in improving the subjective well-being of people with disability, as it generated a feeling of social belonging. However, it is recognised that people with disability have fewer employment opportunities than their peers without disability. At the same time, it was identified that the level of education increases the possibilities of access to employment.

The studies indicated that the layer of Socioeconomic, Cultural and Environmental Conditions was linked to the previous layer, being related to the field of work. It was found that acquiring a disability negatively impacted access to paid work. It is important to mention that, among the studies analysed, few were carried out specifically with people with disability, while preference was given to interviewing parents or caregivers. This data reveals the importance of action in the field of access for people with disability, and points to the urgent need for public policies that stimulate social life through social participation, with more public spaces for physical activity and better opportunities in the field of work. It also recognises that health is produced in a multidimensional way, as a right for everyone and a duty of the State.

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