

CASE REPORT

Disability Issues in the Kinta District Community: A Review of Two Population Case Studies.

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Abstract

Royal College of Medicine Perak has been using the population case study to inculcate their students on ability to make a community diagnosis and experiencing the health intervention program. Two community case studies were selected to show the magnitude of disability in the community of Kinta District and to study the community's perception and health practices towards this disease. It was shown that the awareness about the presence of disabled people in the community was considered low (42.8%). The community perceived that disabled people had suffered from a social exclusion, discrimination and mistreatment from the family and a society (71.7%). Physical disabilities were quite common, especially among the elderly in the community. Half of the older adults in the community suffered from bone and joint pain (50.9%). The knowledge on bone and joint pain were fair among respondents (67.1%). Much older person, females and having been diagnosed for the symptom seem to have better knowledge and attitude as compared to the opposite. In conclusion, there is a need to increase awareness among the public about the presence of disabled people (PWDs) around them and to provide a moral, economic, and social support to them. Discrimination and social exclusion should be stopped or minimized. Knowledge and attitude of PWDs should be strengthened to face the challenges of the future. Skill trainings, medications, rehabilitation equipment and social support should be offered or given to PWDs to increase their mobility and independence living.

Keywords: Disability, perception, burden of disease, population study, review, Kinta district.

Introduction

Disability is a term that includes an individual's disability, activity limitations and participation restrictions. In other words, it is an illness, injury or condition that makes someone feel hard to do what other normal people would do.^[1] People with disabilities have poorer health outcomes, lower educational achievements, less economic participation, and higher rates of poverty because people with disabilities experience barriers in accessing services, including health, education, employment, and transport as well as information. According to the WHO, 10% of the population have some form of disability, which is expected to increase over time.^[2,3] In Malaysia, the number of registered people with disabilities (PWDs) increased from 305,640 in 2010, 359,203 in 2011, and 453,258 persons in 2017.^[4] The highest prevalence of disability is due to physical (35.2%), followed by learning (34.8%), visually impaired (8.9%), hearing deficit (7.6%) and others. The Person with Disabilities (PWDs) Act 2008 (Sec 2) defines PWDs as someone with physical, mental, intellectual, or sensory impairments in a long time which may keep them away from fully involve in public interaction. The Ministry of Social Security (DSW) will issue a colour identification card for persons with disabilities. The colour of PWD cards identifies different types of disability; green represents physical impairment, blue for vision impairment, purple in hearing impairment, red for cerebral palsy, yellow for learning disability, and orange in other disability.^[5] A negative attitude towards disability may constitute one of the potential barriers to achieving social equality for persons with disabilities. A negative perception can bring on to lack of opportunities and work, low self-esteem, and isolation, and finally to stigmatization, marginalization, and recurring negative health outcomes that prolong the discomfort of PWDs. It creates a substantial social burden in the long term.^[6]

Family members play a significant role in providing care and support for PWDs at the family level.^[7] They must endure and face many conflicting related responsibilities. Firstly, the disability-related physical and emotional problems and practical medical care of PWDs than their own individual problems, and family problems. Several studies have reported the negative perception by caregivers of PWDs, that can affect the quality of aid and support, thus deteriorating PWDs' quality of life.^[6,8]

There are not enough community case reports published on disability in Malaysia. The Royal College of Medicine Perak uses the population case study to teach students the ability to make a community diagnosis and experiment with the health intervention program. Two community case studies are selected to show the extent of disability in our community in Ipoh and the community perception and health practices in dealing with this disease.

Community case study 1

This cross-sectional study was done in April 2018 to investigate the perception of the community and the caregivers toward disabled person in Taman Meru 3C and Taman Meru Jaya (M), Ipoh, Perak. The global assessment Attitudes to Disability Scale (ADS) developed by the World Health Organization Quality of Life-Disability Group (WHOQOL-DIS) was used to identify the perception of people toward disabled person. The sample size was calculated using the estimated prevalence of perception towards people with disability, 50% with 5% precision on Open Epi and a minimum of 159 respondents were required to be a respondent. The head of household or household member aged 18 and above were selected to answer the questionnaire. There were 17 questions in the ADS questionnaire concerning the perception of the subjects which were evaluated in 4 different domains which include inclusion, discrimination, gains, and prospects. It uses a nominal scale (yes/no) and a scoring system. A score of 8 and above is consider as having good perception.

In the inclusion domain, the study found that 42.8% of the respondent were aware about the presence of people with disabilities (PWDs) of their neighborhood. Only 28.3% felt that disable people here have a good social inclusion, most respondent felt PWDs find it harder to make friend in the society, face barriers in getting involved in society activities and perceived them as a burden to the society and their family. A high proportion (59.7%) agreed that PWDs was discriminated, and people often make fun of their disabilities. 45.3% think that people easily taking advantage over PWDs or often treat them badly. 43.4% of the respondents felt that in some situation, people tend to become impatient with PWDs. 41.5% felt that people tend to mistreat PWDs.

On the issue of the population gains towards people with disabilities, it was found that 75.5% of respondent agreed that disability in the person will make a disabled person mentally stronger, wiser (67.3%), achieve more success due to their disability (65.4%) and more determined than others to reach their goals (71.7%). In term of social prospects towards people with disabilities, 53.5% of respondents considered PWDs have greater risk of getting sexual abuse, people should not expect too much from person with disabilities (44.7%), person with disabilities should not be optimistic (hopeful) about their future (49.7%) and person with disabilities have less to look forward to than others (42.1%).

In terms of the perception score, 37.8% of respondent have good perception on PWDs. It was also found that the higher the income, the better the perception towards people with disabilities. Similarly, for the level of education, the higher the education received by the respondents, the better the perception is.

The study concluded that there is a need to increase awareness among the public about the presence of disabled people (PWDs) around them and improve people perception towards PWDs. The community should provide a moral, economic, and social supports to them.

Discrimination and social exclusion should be stopped or minimized.

Community case study 2

The study was a cross-sectional study conducted in Taman Rapat Setia Baru, Ipoh in May, 2019 to determine the prevalence of bone and joint diseases and their awareness of these diseases. The minimum sample size was 211 based on the estimated prevalence of knowledge to bone and joint diseases as 53.6%, with 5% relative precision. One person per household was selected. A total of 228 respondents aged 18 and above participated in this study. By using a standardized and pretested questionnaire, the data were collected through a face-to-face/ house to house interview method. The questionnaire was divided into four segments, comprising of socio-demography, knowledge, attitude, and practices. It was found that 58.3% of the sample population was older adult (age 60 years old). Male comprised 49.1%, in term of occupation, 42.5% were pensioners, followed by housewife 21.5%. The majority (55.7%) of them were in the higher education category (holding diploma qualification and above) and 67.1% was from middle to high income group.

The study revealed that respondents that suffered from bone pain were 50.9%, 57.8% of them were not seeking care for the bone and joint pain. About 16.4% were diagnosed with osteoarthritis (OA), 3.4% rheumatoid arthritis (RA), 6.9% gout and 8.6% were having other diseases. In terms of their knowledge on joint and bone diseases, 67.1% respondents have good knowledge about joint and bone diseases. Older adults tend to have a higher level of knowledge (72.2%) compared to other age groups. Knowledge of females was comparatively higher than that of males. The person who had a diagnosis for their bone pain had better knowledge as compared to those without a diagnosis (77.6% versus 64.2% respectively).

In terms of attitude toward bone pain, 62.3% respondents have a good attitude, especially among those who had been diagnosed

(85.7%). Among all respondents (228), 25.9% had limitations in performing daily practices. 36.0% were attending at least one pain relief center such as physiotherapy, massage center, acupuncture and chiropractic center especially older adult patients. 95.6% had taken preventive measures such as doing stretching, wearing proper footwear, aerobic exercises, activities such as gardening, jogging and doing house chores. Among those who had pain (116), 59.5% did brisk exercise right after waking up from sleep, 29.3% took traditional medications, 73.3% changed their position, 49.1% lost their weight and 63.8% had reduced their daily workload to ease the pain. The total number of respondents who use equipment was 24.1%. The main choice of equipment used were walking stick, back care mattress and wheelchair.

The study concluded that physical disabilities were quite common, especially among the elderly in the community. The knowledge on bone and joint pain were fair among respondents (67.1%). Much older person, females and having diagnosed for the symptom seem to have better knowledge and attitude as compared to the opposite. There is a need to increase awareness among the public about the bone and joint disease in the community and to provide a moral, economic, and social support to them.

Discussion

The two population cases from Kinta District reported here generally reflect the current situation and the magnitude of disability in the community. The first population case reflect the social impact of disability to the community whilst the second population case showed the magnitude of physical disabilities in the community. The situation probably a tip of iceberg phenomenon in Perak specifically and Malaysia in general. Bigger and comprehensive studies are required to understand the issues and to provide a policy solution to improve the situation. In population case 1, it showed that awareness about the presence of disabled people

in the community is considered low, of which less than half of respondents were aware about the presence of disabled people in their neighbourhood. The sense of belonging of PWDs toward their community is less and the concern of the community to this group of the population is also low. Because of this, the disabled people especially children suffered from social exclusion, discrimination and mistreatment from the caregiver, the family, and the community.^[9,10] A high proportion of the community perceived disable people as a burden to the family and community. They wanted disabled people to be stronger and not depend too much on others. In some of the respondents, they believe we should not put much hope for the future of this PWDs.^[11] The population case 2 found that physical disabilities are quite common among the elderly in the community. Half of the older adults in the community were found suffering from bone and joint diseases. Apart from being old, many of them also suffering from organic diseases that required long-term medications and physical supports.^[12] More than 25% of US adults 18–64 years of age have a disability that include walking difficulty or climbing stairs; hearing; seeing; or mental alertness. They were three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.^[13] The knowledge on bone and joint disease were rather low among the study respondents. More than half of the respondents with the symptoms did not seek the doctor consultation and get a treatment. The knowledge and attitude on the symptom depend very much on the age, gender, and the diagnosis of the respondent. Much older person, females and having diagnosed for the symptom have better knowledge and attitude as compared to the opposite. In many settings, when people with disability access the health care, they often experience stigma and discrimination, and receive poor quality service.^[12] Although 25.9% of the respondents in the case study had physical limitations, almost all had taken preventive measures to reduce the suffering that include brisk exercise right after waking up from sleep,

taking traditional medications, losing weight and reduce their daily workload. In US, adults with disabilities were 82% more likely to be physically active if their doctor recommended it.^[13]

The 2015 National Health and Morbidity Survey 2015 (NHMS. 2015) found that the prevalence of the most common non-communicable diseases were arthritis, hypertension, diabetes, asthma, and coronary heart disease.^[14] The most common type of arthritis in Malaysia and worldwide is osteoarthritis (OA) especially knee OA. According to Global Burden of Disease 2010, an estimated 251 million people are living with knee OA globally. The incidence rate of OA is estimated to increase 26% over the next 30 years.^[15] It is the major disability in both developed and developing world and a significant contributor to the global disability burden. The prevalence of knee pain due to arthritis, increased with increasing age. The prevalence in women significantly increases after menopause and higher compared to men (18% of women vs. 9.6% of men). Hormonal factors could be influencing the progression and development of the disease. Other risk factors for OA include high body mass, high level of activity, residual joint instability or mal-alignment, and persistent articular surface incongruity.^[16]

Knee osteoarthritis affects individual's physical functioning. A national Disability-Health Survey in France found that individuals with knee OA had an almost doubled higher limitation in walking and carrying objects compared to the non- knee OA individuals.^[16] The COPCORD program in Malaysia, found that the most significant disability faced by OA patients was not able to squat.^[17] As there is no cure for OA, treatments currently focus on management of symptoms. Pain relief, improved joint function, and joint stability are the main goals of therapy. Rehabilitation and physiotherapy were often prescribed with the intention to alleviate pain and increase mobility. However, as exercise must be performed on a regular basis to counteract muscle atrophy. Therapeutic exercise regimes either focus on muscle strengthening and stretching

exercises or an aerobic activity.^[13] Other conditions may benefit using similar preventive strategies, however specific medications depending on underlying pathology such as inflammatory response, autoantibodies, metabolic imbalance may be necessary to alleviate the symptoms.^[18]

The two population case studies show the importance for the community in Malaysia and the world to give more attention to the suffering of PWDs. There is a need to increase awareness among the public about the presence of disabled people around them and provide a moral, economic, and social support to this PWDs. Discrimination and social exclusion should be stopped or minimized. Knowledge and attitude of PWDs should be strengthened to face the challenges of the future. They must emotionally and physically strong to support their independent living. Skill trainings, medications, rehabilitation equipment and social support should be offered or given to PWDs to increase their mobility and independence living.^[19]

Conclusion

The two population case studies show the need to increase awareness among the community about the presence of disabled people (PWDs) around them and to provide moral, economic, and social supports. Discrimination and social exclusion should be stopped or minimized. Knowledge and attitude of PWDs should be strengthened to face the challenges of the future. Skill trainings, medications, rehabilitation equipment and social support should be offered or given to PWDs to increase their mobility and independence living.

Acknowledgement

I would like to thank to all students under my supervision, involved in the two population studies at Taman Meru 3C and Taman Meru Jaya (M) (2018), and Taman Rapat Setia Baru (2019).

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