

Health of People with Disabilities

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Objectives

- Distinguish between health and quality of life
- Portray the spectrum of health
- Develop an understanding to the concept of disability
- Compare between the medical model and social model of disability
- Explain the strengths of the ICF in mapping disabilities, prevention and interventions
- Distinguish between capacity and performance
- State the main health conditions associated with disability
- List the disabling barriers
- Outline the interventions for prevention of disabilities and rehabilitation
- Understand the burden (morbidity , mortality, cost) of disabilities in KSA
- Reflect on the policies in KSA addressing limitation of disabled people in KSA
- Enlist and understand community services available for disabled people in KSA

Definition of health

- “State of complete physical, mental, and social well-being, not merely the absence of disease or infirmity”(WHO, 1948).
- In recent years, this statement has been amplified to include the ability to lead a "socially and economically productive life”

Quality of life

- “Individual's PERCEPTION OF THEIR POSITION in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” (WHO)

SPECTRUM OF HEALTH



POSITIVE HEALTH
BETTER HEALTH
FREEDOM FROM
SICKNESS



UNRECOGNISED
SICKNESS
MILD SICKNESS
SEVERE SICKNESS
DEATH

Disability

A long-term physical, mental, intellectual, or sensory impairment, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Disability dimensions

Impairment is a problem in body function or structure.

Activity limitation is a difficulty encountered by an individual in executing a task or action.

Participation restriction is a problem experienced by an individual in involvement in life situations.

- Disability is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.
- Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.
- People with disabilities have the same health needs as non-disabled people – for immunization, cancer screening etc.
- Evidence suggests that people with disabilities face barriers in accessing the health and rehabilitation services they need in many settings.

MEDICAL MODEL: IMPAIRMENT IS THE BARRIER

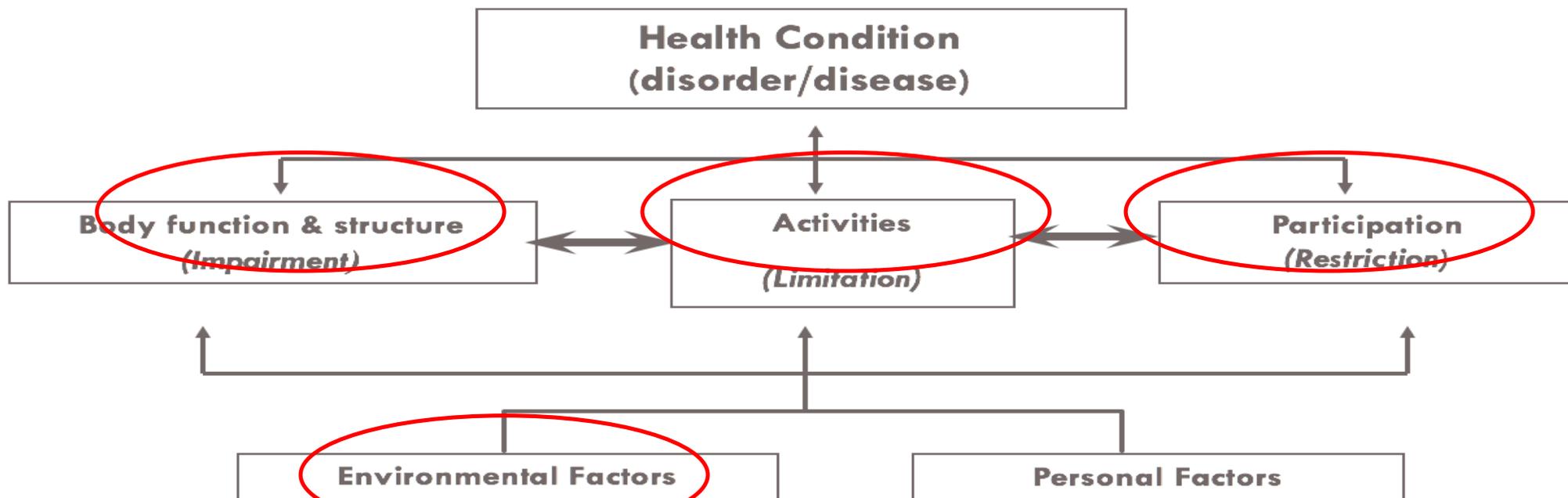
- ❖ The medical model of disability says people are disabled by their impairments or differences.
- ❖ Under the medical model, these impairments or differences should be 'fixed' or changed by medical and other treatments.
- ❖ The medical model looks at what is 'wrong' with the person and not what the person needs. It creates low expectations and leads to people losing independence, choice and control in their own lives.

SOCIAL MODEL : STRUCTURES OF THE SOCIETY ARE THE BARRIERS

- ❖ The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

International Classification Of Functioning, Disability & Health (ICF)

Disability has three dimensions: impairment, activity limitation, and participation restriction.



The International Classification of Functioning, Disability and Health (ICF)

Source: Mont D. Measuring disability prevalence. World Bank Special Protection No. 0706, 2007

- **ICF** is a universal tool for classification and reporting of disabilities that **determines**:
 - The **FUNCTION** in which difficulties are experienced
 - The body **STRUCTURE** affected
 - Restriction in **ACTIVITIES** and **PARTICIPATION**
 - Contributing **ENVIRONMENTAL** factors

• **ICF- Estimation of disabilities: Response and scoring**

Core domain: Seeing, Hearing, Mobility, Cognition, Self-care, Communication.

Response (self report): No difficulties=0, Mild difficulties=1, Moderate difficulties=2, Severe difficulties=3, Extreme difficulties=4.

Scoring: Range from 0 to 100.

- Score of 40= significant difficulties
- Score of 50= very significant difficulties

ICF shifts from the cause (impairment) to impact (difficulty in functioning).

Capacity:

Indicates what a person can do in a standardized environment, often a clinical setting, **without** the barriers or facilitators of the person's usual environment; the highest probable level of functioning of a person in a given domain at a given moment.

Performance:

Indicates what a person does in the current or usual environment, **with** all barriers and facilitators in place.

* **NOT** always capacity will be better than performance! **NOR** always performance is better than capacity.

Common health conditions associated with disability

● Infectious diseases:

- HIV/AIDS
- Malaria
- Poliomyelitis
- Leprosy
- Trachoma

● Injuries.

● Non-communicable diseases:

- Diabetes
- Cardiovascular
- Mental disorders
- Cancers
- Respiratory illnesses

● Arthritis and back pain.

● Children:

- learning disabilities (associated with autism, attention deficit)
- Hearing problems
- Vision disorders
- Speech problems
- Dyslexia
- Cerebral palsy

Disabling barriers

WHO definition of barriers:

“Factors in a person’s environment that, through their absence or presence, **limit functioning** and **create disability**”.

- **Attitudinal barriers:**

- Negative attitudes leading to **rejection** and **marginalization**.

- **Policy Barriers:**

- Inadequate policies and standards which **does not consider** the needs of people with disabilities, or existing policies and standards are not enforced.
- Insufficient funding for implementation of policies and plans.

- **Communication Barriers:** are experienced by people who have disabilities that affect hearing, speaking, reading, writing, and or understanding.

- Lack of accessibility to transport and information system (sign language) .
- Specialized services: availability, accessibility and quality.

- **Social Barriers:**

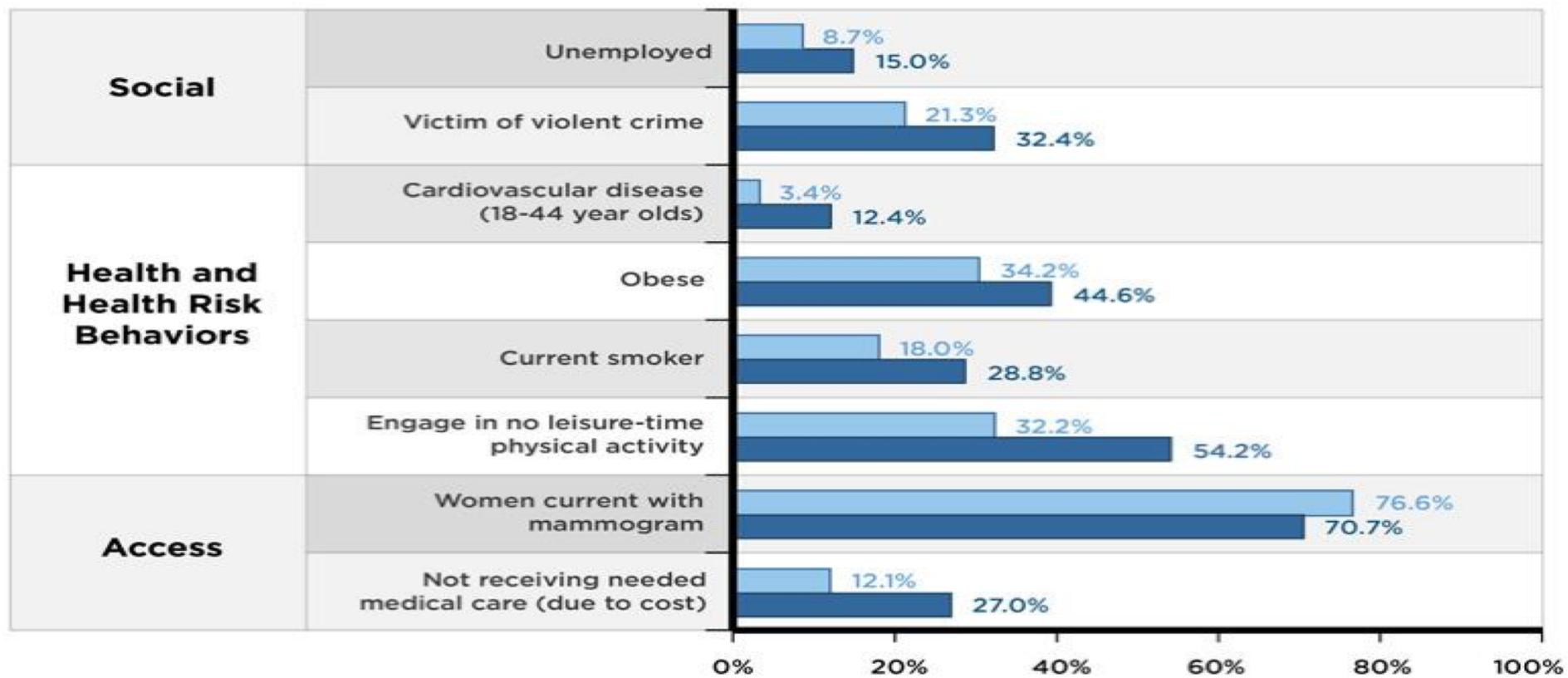
- Lack of consultation and involvement of persons with disability.

- **Transportation barriers:**

- Due to a lack of adequate transportation that interferes with a person's ability to be independent and to function in society.

Effects of disabling barriers:

- Poor health outcomes (preventable secondary and co-morbid conditions).
- Low education attainment.
- Lower economic participation.
- Higher rates of poverty.
- Higher rates of dependency and restricted participation.



■ People without Disabilities
 ■ People with Disabilities

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Major interventions provided by general services for prevention of disabilities.

- Pre-marital genetic counseling
- Maternal and neonatal care
- Screening of neonates for hypothyroidism
- Expanded program on immunization
- School services

ICF – Estimation of disabilities: Examples for intervention and prevention

	Prevention
Health condition	Health promotion, Nutrition, Immunization
Impairment	Prevention of the development of further activity limitations
Activity limitation	Preventive rehabilitation, Prevention of the development of participation restrictions
Participation restriction	Environmental change, Employment strategies, Accessible services, Universal design, Lobbying for change

Magnitude of the Problem

Worldwide:

- Nearly 10% of the world's population lives with disabilities (650 millions).
- 80% of persons with disabilities live in developing countries.
- Nearly 200 million children are living with disability.
- In any population at least 2.5% of children <15 years have an overt moderate to severe degree of physical or intellectual impairment, and an additional 8% are expected to have learning or behavioral difficulties or a combination of both learning and behavioral difficulties.
- Expected increase in the number of persons with disabilities as a result of population growth, the advances in medical technology and the ageing process.
- In countries with life expectancies exceeding 70 years, individuals spend on average 8 years or 11.5% of their life span living with disabilities.
- They may experience a narrower margin of health, both because of **poverty and social exclusion**, and they may be vulnerable to **secondary conditions**, such as pressure sores or urinary tract infections.

Locally:

- It is estimated that 3.73% of the population has functional disabilities limiting their independence.
- Data from national census indicates that nearly 0.8% of the total Saudi population has disability.
- The main causes of disabilities are **cerebral palsy** and **developmental delay** followed by **road traffic accident**.
- The main care gaps are **low access to poor families, low service coverage, and low quality of services in public agencies**.

Recognition of The Rights of The Disabled

Worldwide:

- 1981: International Year of Disabled Persons, with the theme “full participation and equality” by UN.
- 1983 – 1993: International Decade of Disabled Persons
- 2007: Rights of Persons with Disabilities Convention, a legally binding document by international law.

Locally:

- 1987: The legislation of disability (LD) passed as the first legislation for people with disabilities in KSA with provision to warrant equal rights.
- 2000: Disability code was passed by the Saudi government to pledge that people with disabilities have access to free and appropriate medical, psychological, social, educational, and rehabilitation services through public agencies.

Disability in KSA

- Disability in Saudi Arabia is seen through the lens of Islamic, through cultural norms and also through legislation. As an Islamic society that follows the Qur'an and the Sunnah, disability is often seen through the lens of religion. Islam teaches that people with disabilities are to be treated with respect and equality.

Unified National Platform (GOV.SA)



Legislative framework

- The Basic Law of Saudi Arabia, the most important legal document in the Kingdom, states in Article 26: “The State shall protect human rights in accordance with the Islamic Shari’ah,” which encourage the elimination of prejudice and discrimination on any basis, including disability.

Institutional framework

- There exist a number of governmental and civil society institutions which undertake the mission of safeguarding the rights of people with disabilities, including:

Institutional framework

- **Government entities:**

The Authority for Care of People with Disabilities, established in 2018, aims to caring for persons with disabilities and ensuring their access to disability-related rights while simultaneously improving the services provided to them, thereby helping them to receive necessary care and rehabilitation and raise the level of prevention.

Institutional framework

- **Non-profit organizations:**
- [The National Society for Human Rights](#) in accordance with the international human rights regulations and charters. One of its contributions is to monitor violations of the rights of persons with disabilities and follow up their settlement with the competent authorities.
- [The King Salman Center for Disability Research](#) aims to implement scientific research on persons with disabilities and to apply its results in the areas of disability and to develop programs to implement them.

Institutional framework (Cont.)

- The Association of Children with Disabilities
- Saudi Charitable Society for Autism
- The Saudi Society for Hearing Disabilities
- Ibsar Association

Healthcare rights

- Regulations within the Kingdom of Saudi Arabia state that people with disabilities, just as those without them, enjoy the highest degrees of healthcare without discrimination on the basis of disability; in addition, they are included in the Ministry of Health's Patient Bill of Rights and Responsibilities
- A priority card for persons with disabilities to access health services easily.
- Support offices to provide logistics services for persons with disabilities and older persons in health facilities.

Education rights

- Provide educational services to students with disabilities at all stages in a way that best suits their abilities and caters to their needs
- Exceptional Education: Governmental Institutes of Disabilities
"Intellectual Education - Al Noor for Blind People - Hope Institute for the Deaf"
- Integration Education
- Higher Education:

specializing grants to persons with disabilities in private universities, colleges and scholarship programs, the Ministry of Education is responsible for the tuition fees

Employment Rights

- Tawafuq Program:
- The Human Resources Development Fund's Program “Tawafuq” for the Employment of Persons with Disabilities aims to support and empower job seekers with disabilities to be employed in the private sector.
- Mowaamah
- The Ministry of Labor and Social Development's project "Mowaamah", which adopts the best standards and practices in creating work environments suitable for people with disabilities.

Facilitating Access

- In transportation

Fare, cars...etc.

- In government services:

The Civil Affairs through Taqdeer service issues and renew personal documents of the elderly, patients and persons with disabilities from their home

Adequate standard of living

Some of the facilitations provided to them are:

- Housing Program:

Housing program grants persons with disabilities the priority access to housing support products and lands. As well as having the right to apply to the Real Estate Development Fund to grant concessional loans without interest in order to build their houses.

- Assistance from rehabilitation entities:

wheelchairs, beds, crutches, air mattresses and others.

Participation in decision-making

- The Shura Council
- The Human Rights Council

Thank you

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