

Impact of Disability on Quality of Life of Urban Disabled People in Bangladesh

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Abstract

This study examined the impact of disability on the quality of life of disabled people in urban Bangladesh. A group of students of Department of Statistics, University of Dhaka conducted a survey in Dhaka city to collect socio-economic information for identification of disabled people. Information on disability and how it affected their life was also obtained either from the disabled people or from their caregivers by interviewing them. The study revealed that disability had a devastating effect on the quality of life of the disabled people with a particularly negative effect on their marriage, educational attainment, employment, and emotional state. Disability also jeopardized their personal, family and social life. More than half of the disabled people were looked at negatively by society. Disabled women and girl children suffered more from negative attitudes than their male counterparts, resulting in critical adverse effects on their psychological and social health. A combination of educational, economic and intensive rehabilitative measures should be implemented urgently to make them self-reliant. Collaborative communication between professionals and parents, behavioral counseling and comprehensive support to families will reduce their suffering.

Keywords: *Disable People, Social Behavior, Physical Impairment, Hearing, Mental Retardation*

1. Introduction

The World Health Organization has defined health as “a complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The concept has more recently been extended to include health related quality of life. According to the international classification of impairments, disabilities, and handicap, impairment is concerned with physical aspects of health, disability has to do with the loss of functional capacity resulting from impaired organ, and handicap is a measure of the social and cultural consequences of an impairment or disability. Disability affects physical health, social relationship of people, life in the realms of family, friends, and neighbors, psychological state, and level of independence. The consequences of disability can have an impact at personal, interpersonal, family and social levels. The quality of life of disabled people has been studied in developed countries. In Bangladesh, where life is difficult for many able-bodied people, disabled people are more likely to face much greater problems in the absence of a disabled-friendly environment. They are less likely to be educated, employed, or rehabilitated. Social segregation of disabled persons is extremely widespread. Moreover, social welfare services do not still provide special privileges for the disabled. As a result, most disabled people usually face insensitivity, cruelty, and often pity. The dominance of a medical model of disability has tended to

‘blame the victim’ which, as Imrie states, shows people with disabilities as ‘inferior, dependent and of little or no value’.

2. Background of the Study

The situation of persons with disabilities (PWD) in Bangladesh is competitively far below the average of any sector of people. In Bangladesh persons with disabilities are excluded from most governmental and non- governmental programs. Persons with disabilities are neglected in Bangladesh, as they are in most other developing countries. The World Health Organization (WHO) has defined health as “a complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

In Bangladesh, where life is difficult for many able-bodied people, disabled people are more likely to face much greater problems in the absence of a disabled-friendly environment. They are less likely to be educated, employed or rehabilitated. Social segregation of disabled persons is extremely widespread. Moreover, social welfare services do not still provide special privileges for the disabled. As a result, most disabled people usually face insensitivity, cruelty, and often pity. There are some 600 million people with disabilities worldwide, or 10% of the world population, with 400 million of them estimated to live in the Asia and Pacific region. Taking into consideration the impact on families, the lives and livelihood of more than 800 million people, or about 25% of the population, are affected. Many of the disabled remain invisible.

The broad classifications of disabilities are: 1) Physical impairment 2) Hearing and speech impairment 3) Visual impairment 4) Mental retardation etc.

In Bangladesh, about 12 million people are disabled according to WHO assumption. WHO has a global estimate of about 10 percent people having disability of one kind or another. There is no clear and accurate statistics on the prevalence of this major social and economic phenomenon in Bangladesh.

3. Objectives of the Study

The specific objectives of the study are to cover the following area:

1. Social status and situation in their families and communities.
2. Status and situation prevailing in areas like: education, health, income, employment, families’ economic conditions and level of skills etc.
3. Psychological effects for being disabled and being handicapped due to social and environmental barriers.
4. Psychological and physical changes and environmental factors in the transitional and from girlhood to adolescence.
5. Explorations of equal share are rights.

4. Review

There is no accurate data on the global number of disabled people or global prevalence rates for different impairments. The World Health Organization (WHO) estimates that 10% of any given population will be disabled. Narrow definitions of disability, and difficulties in gathering data and poorer detection systems, mean that most data gathered by national governments in the South are seen as underestimating the scale of disability by organizations working in disability. Some statistics can show us the impact of disability easily. UNFPA estimates that as many as 20 million women per year suffer disability and long-term complications as a result of pregnancy and childbirth (UNFPA 2003 cited in ACFID). Disabled people are particularly vulnerable to HIV and AIDS but they typically lack access to information about how to protect themselves or services. In Bangladesh, a survey conducted in rural areas shows that- Seventy nine (79.7%) reported that disability

Fifty-five (55%) reported that disability. 24.7% respondents said that disability affected their marriage (delay or singleness). Emotional problem was the most embarrassing problem, 50% respondents stated that they are hated and avoided by the well-bodied peoples. Its impact is- 50.4% respondents don't participate in any community activities. 46.9% were not considered by their families to pose significant while (40.7%) of the disabled people were considered to exert a problem for the family because of the extra care they needed. the delivery of special education services to young handicapped children, is a relatively new phenomenon (Allen A. Mori and Jane Ellsworth Olive, 1980). Since the early 1960's there has been an increasing appreciation for the special need and special problems that children with handicap have during their early years. Research also supports the contention that the best time to attack a child's mental, physical or emotional handicap is in the years from birth through early childhood (Hosain GMM, Chatterjee N. 1966). On the other hand failure to provide remedial programmes for disadvantaged children at an early age can have negative results. A "cumulative development deficit" has been noted.

A study conducted in Bangladesh by Zaman and Ferial (1977) indicated that due to malnutrition delayed development among rural children set in gradually but at a very early age. The difference between rural and urban children in mental ability widened with age. Others mention that several studies dealing with the effect of supplementing the food of poverty-stricken pregnant women with protein and vitamins. The intelligence quotients of children of poor Negro women, whose diet was supplemented by vitamins and irons in the second half of pregnancy, were found to be higher than those of controls. Malnutrition may affect development process both pre and post period.

The pervasive negative social attitudes of non-disabled individuals toward those with disabilities, and the problems encountered by disabled persons in social adoption have been documented for several years. In an analysis conducted over two decades ago, of attitudes of non-disabled persons towards those with disabilities, Siller, Chipman, Ferguson, and Vann (1967) found the following dimensions to be paramount: generalized rejection (unpleasant personal reactions), interaction strain, distressed identification (i.e., anxiety by the non-handicapped regarding their own potential vulnerability), imputed functional limitations, rejection of intimacy, authoritarian virtuousness (i.e., appearing to be supportive of the disabled but actually, negative in attitude), and inferred emotional consequences.

The heightened awareness of the need for enhanced socialization in persons with disabilities has led to a proliferation of social skills interventions targeting a wide variety of disabled groups. Some of these include the blind and visually impaired (Farkas, Sherick, Matson & Loebig, 1981; Van Hasselt, Hersen, Kazdin, Simon & Mastantuono, 1983), deaf (Lemanek, Williamson, Gresham & Jensen, 1986), special cord injured (Dunn, Van Horn & Herman, 1981), mentally retarded (Matson & Zeiss, 1978; Turner, Hersen & Bellack, 1978) as well as autistic (Strain, 1983) and multihandicapped (Sisson, Van Hasselt, Hersen & Strain, 1985) children.

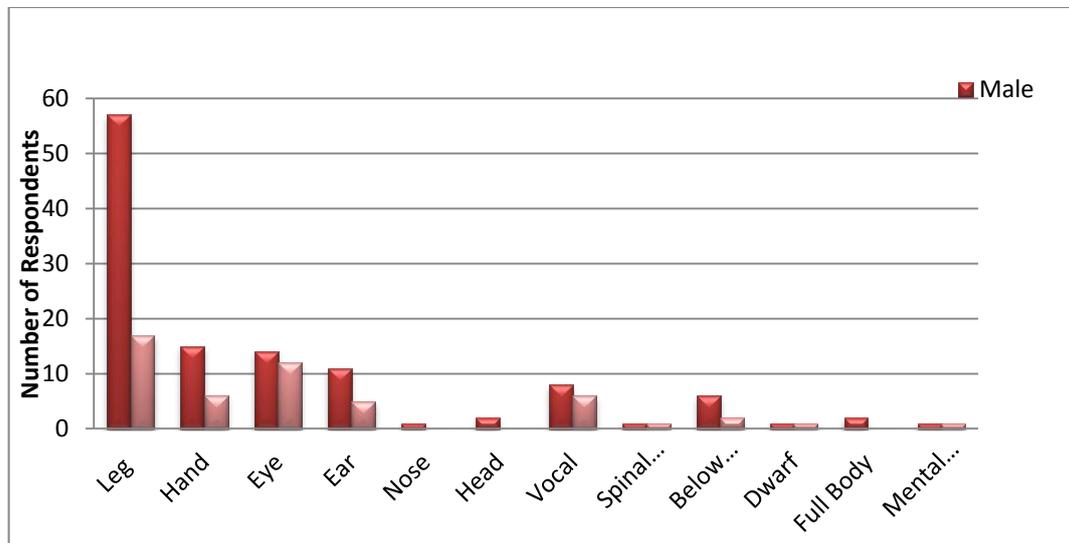


Figure 1. Disable Limbs of Respondents

Table 1. Distribution of respondents by the Causes of Disability

Causes of disable	Percent
By Birth	28.5
From Disease	34.7
By Accident	17.4
By Road Accident	14.6
Independence War	2.8
Wrong Treatment	1.4
From Contraceptive Use	0.7

(Total Respondents , n = 144)

5. Statistical Data and Methods

Collection of qualitative data on a sensitive issue, such as disability, requires time and cultural sensitivity on the part of the researcher, and trust on the part of respondents. To develop a good rapport with the respondents, the researchers done various activities, such as made gossip with them or by showing sympathy to them. Data collection was conducted both in hospitals and field level. Disable peoples who had substantial problem with communication were not interviewed directly. The procedure was to conduct the survey the structured questionnaire to collect socio-economic information from the respondents. In second stage, information on disability and how it affected their life was collected either from each disabled person or from his/her caregiver using an interviewer schedule with both open-ended and close-ended questions. In addition, for supplementary information, close observation was done upon each individual for some times. Further, the respondents were assured that information is collected would not be disclosed to any other people.

To visualize the obtained data graphically, we use various statistical charts and diagrams such as Pie Chart, Bar Diagram, and Doughnut Chart. The charts and diagrams are produced by SPSS, and MS EXCEL software. Chi-Square (χ^2) test is used mainly for one and more distributions as a whole. In this study χ^2 is used to measure the association between the two variables of interest. The examination of percentages in a bivariate analysis is a useful first step in studying the relationship between two variables. In bivariate analysis it is very important to consider various indexes that measures the extent

of association as well as statistical test of hypothesis that there is no association. Chi-square test of independence is performed to test the existence of interrelationship among the categories of two qualitative variables.

We ordered the possible answers in some categories. Highest (50 observations, 34.7%) were disabled by various diseases, diseases like typhoid, polio. 41 respondents were disabled by birth. 21 respondents were disabled by road accidents, while 25 respondents were disabled other accidents like – accident occurs in time of playing, electric shock, in time of working in crop field, falling from high places (trees). 4 freedom fighter were also find as disable, who become disabled in the liberation war of Bangladesh in 1971. For wrong treatment 2 persons become disabled, too.

Table 2. Life Status with Gender of Respondents

Gender of Respondents	Life Status		
	Self Reliant	Dependent on Others	Total
Male	49	52	101
Female	10	33	43
Total	59	85	144

$$\chi^2 = 6.898, 95\% \text{ CI for OR} = 1.386 - 6.976, \quad p = .006$$

It is seen from the above table of 144 disabled people 49 males (34.0% of 144) and 10 females (6.9% of 144) are self reliant where the rest of males (52, 36.1% of 144) and rest of females (33, 22.9% of 144) are dependent on others. The Mantel-Haenszel odds ratio calculated as 3.11 that represents males are 3.11 times more likely to be self reliant others than females and this difference was statistically significant.

Table 3. Distribution of Dependency of the Respondents

Dependency of the Respondents	Percent
Family	50.00
Govt. Help	7.60
NGO	1.40
Others	0.70
Not Applicable	40.30

(Total Respondents, n= 144)

The Table 3 shows that 40.30% disabled persons were eligible to respond to this question. Among 86 persons, 50% persons were depended on family, 7.6% persons were depended on govt. help, 1.4% persons depended on NGO, and only 0.7% person depended on others.

Table 4. Distribution of Responsibility of Disability for Illiteracy

Responsibility of Disability for Illiteracy	Percent
Yes	25.7
No	22.9
Not applicable	51.4

(Total Respondents, n = 144)

Above Table 4 shows statistics on responsibility of disability for illiteracy. 25.7% respondents stated that disability is responsible for their illiteracy, while 22.9% respondents don't think so.

Most of the respondents faced the following problems. Over-sympathy was problem for 18.08% respondents, 24.03% were avoided, 27.1% were teased, and 10.0001% respondents were hated. 10% respondents were unable to continue study, while family members of 1.4% respondent were not willing to continue his study.

Table 5. Distribution of the Types of Problems Faced in Study Period

	Yes	No
	Percent	Percent
Over – Sympathetic	18.06	10.9
Avoided	24.03	9.5
Teased	27.1	8.8
Hated	10.0	13.1
Unwillingness of Family	1.4	15.3
Wasn't possible to Continue Study	10.0	13.1
Obstacles in Transportation	5.7	14.2
Not Willing to Say	2.9	15.0

(Total Respondents , n = 144)

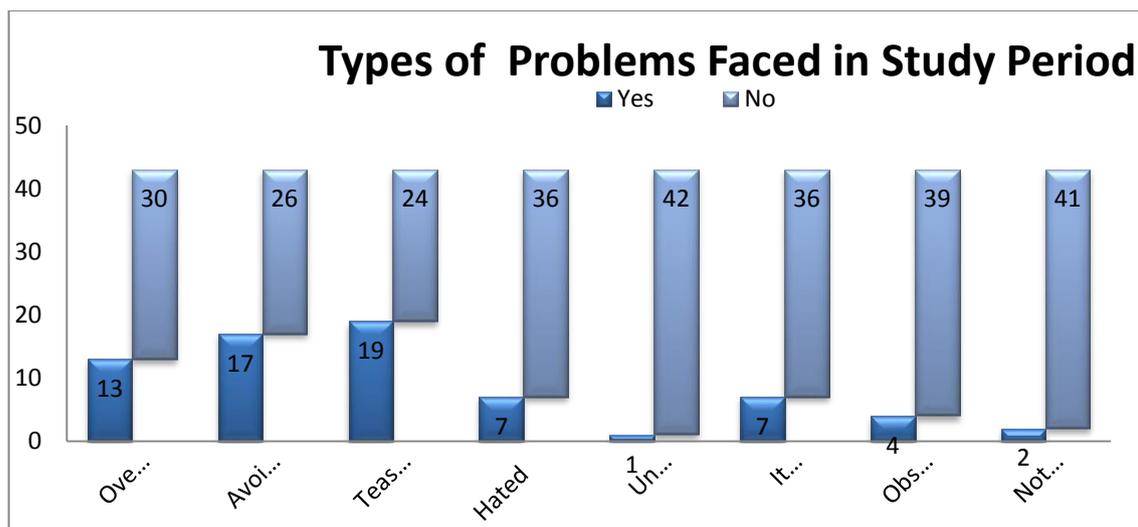


Figure 2. Visualizes Responses on Various Types of Problem, Disable People Faces in the Society

Table 6. Respondents Compelled to Leave by Gender

		Yes	No	Total
Gender of Respondents	Male	17	49	66
	Female	12	13	25
	Total	29	62	91

$\chi^2 = 3.136$, 95% CI for OR = .144 – .981, $p = .077$

Out of 144 disable people 91 were eligible to respond this question. For the others the question had a “Not Applicable” option.

It is seen from the above table of among the 91 eligible disabled people 17 males (18.7% of 91) and 12 females (13.2% of 91) were compelled to leave study due to disability where the rest of males (49, 53.8% of 91) and rest of females (13, 14.3% of 91) didn't think so. The Mantel-Haenszel odds ratio calculated as .376 that represents males are .376 times more likely to compel to leave study than females and this difference was statistically insignificant with 5% significance level.

Table 7. Respondents with Unemployment Problem Due to Disability with Gender

Cross Table of Respondents With Unemployment Problem Due to Disability With Gender				
		Unemployment Problem		
		Yes	No	Total
Gender of Respondents	Male	38	24	62
	Female	23	4	27
	Total	61	28	89

$$\chi^2 = 3.890, \quad 95\% \text{ CI for OR} = .085 - .895, \quad p = .049$$

Out of 144 disable people 89 were eligible to respond this question. For the others the question had a “Not Applicable” option. It is seen from the above table of among the 89 eligible disabled people 38 males (42.7% of 89) and 23 females (25.8% of 89) thinks that they are unemployed because of their disability due where the rest of males (24, 27.0% of 89) and rest of females (4, 4.5% of 89) didn't think so. The Mantel-Haenszel odds ratio calculated as .275 that indicates males are .275 times more likely to be unemployed because of disability than females and this difference is statistically significant with 5% significance level.

Table 8. Problems Faced if Disability Occurred After Entering Job

	Yes	Percent
	Percent	No
Dismissal of Job	66.7	6.7
Volunteer Retirement	16.7	16.7
Reduced Salary	0.0	20.0
Change of Job Status	5.56	18.9
Transferred	0.0	20.0
Job is Pending	11.11	17.8

(Total respondents, n = 144)

The table above shows the counts of responses (since there were multiple responses) in favor of ‘Yes’ and ‘No’ about the problems they (Disabled people) usually face if they have been disable after entrance in job. We see from above table, maximum (12) of the eligible people says that their jobs were dismissed because of being disable and only 3 of

them retired volunteer, only 1 of them stated that his job status was changed and finally 2 people reported as their job is pending yet.

Form Table 9, the persons stated that disability disturbed their marriage (delay marriage or other after marriage problems), we asked them for what kind of problem they faced. 41 respondents stated that disability caused them delay marriage. 5 have to agree with dowry, 3 respondents never got any proposal. 19 respondents did not face any kind of problem about marriage for disability.

Table 9. Types of Problem Faced to Marry

Types of Problem	Percent
Delayed Marriage	28.5
Dowry	3.5
Never Get Proposal	2.1
Proposal, Not With Expected Status	1.4
None Agree to Marriage	9.7
No Problem Faced	13.2
Not Applicable	41.7

(Total Respondents , n = 144)

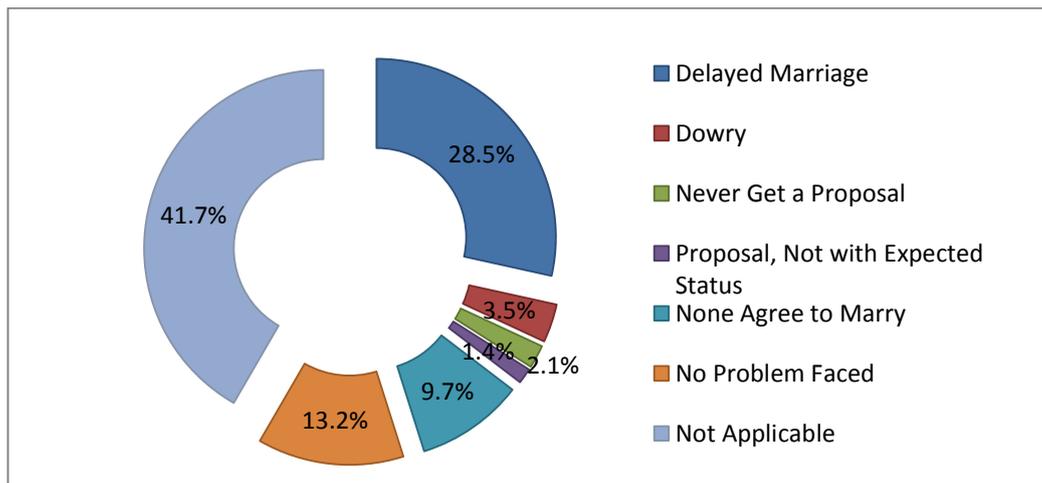


Figure 3. Types of Problems Faced to Marry

Table 10. Types of Problem Faced to Marry Due to Disability by Gender

		Yes	No	Total
Gender of Respondents	Male	46.4%	21.4%	67.9%
	Female	31.0%	1.2%	32.1%
	Total	77.4%	22.6%	100.0%

($\chi^2 = 6.540$, 95% CI for OR = .010 – .663, $p = .011$)

Our sample of disabled people, obtained conveniently, included disabled people so that only 84 people were to respond this portion. For other 60 people there was an option 'Not Applicable'.

It is seen from the above table of among the 84 eligible disabled people 39 males (46.4% of 84) and 26 females (31% of 84) faced problems to marry because of their disability

where the rest of males (18, 21.4% of 84) and rest of females (1, 1.2% of 84) didn't think so. The Mantel-Haenszel odds ratio calculated as .083 that indicates males are .083 times more likely to face a problem to get marry because of their disability than females and this difference is statistically insignificant with 5% significance level.

Table 11. Distribution of Problems Faced After Marriage

	Percent
Negligence of Partner	4.9
Divorce	0.7
Separation	2.1
As Like as before	11.8
Not Applicable	80.6

$$(\chi^2 = 6.540, \quad 95\% \text{ CI for OR} = .010 - .663, \quad p = .011)$$

For the respondent, no eligible, there was a 'Not Applicable' option. Among 28 eligible respondents, only 0.70% respondent stated that he had to get divorced for disability. Female respondents face some problem, as negligence of partner was reply for 4.9% respondents. Maximum of the respondents 11.8% reported that the faced no problem in their marriage life and the relation was as like as before. The following diagram shows the data in table above.

Table 12. Distribution of Changes in Social Attitude

	Male (n = 101)	Female (n = 43)	Total (n = 144)
	%	%	%
Over Sympathetic	25.0	32.0	27.1
Treated as Being Unimportant	14.8	16.0	15.1
Avoided	21.0	16.0	19.5
Teased	14.8	18.7	15.9
Hated	13.1	10.7	12.4
Not Received Gladly	1.7	2.7	2.0
Jealousy	1.1	2.7	1.6
No Change in Attitude	8.5	1.3	6.4

(Total Respondents , n = 144)

144 disabled persons were asked about social attitudes towards them. 68 respondents stated that they were behaved over-sympathetic by the other persons of the society. 15.1% respondents were treated unimportant by the society, and 2% of them are not received by the society gladly. 49 respondents were avoided, 40 were teased and 31 respondents were hated by the society.

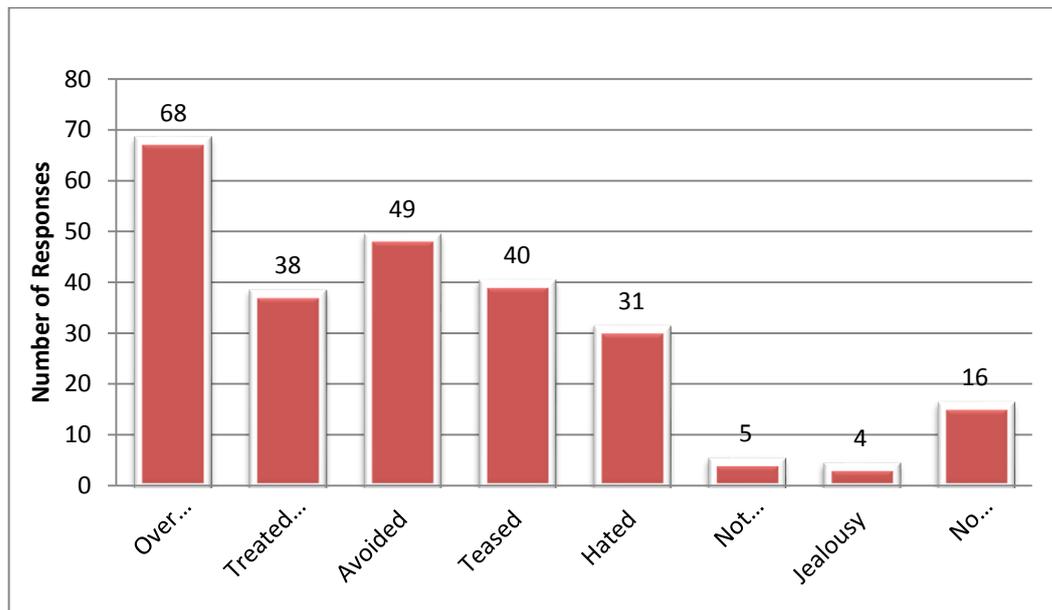


Figure 4. Bar Diagram above Visualizes the Responses on Different Changes in Social Attitudes

6. Summary of the Study

The present study was aimed at looking at the ‘Position and Social Status of Disabled Persons’. Most of the disabled persons suffer from both types of disability and the main reasons of disability are by birth and accidental. Maximum person believe that it is their fate .Disability does not depend on sex, parents and other family members; that is, it is not hereditary. Maximum persons have sympathy on disabled persons and their family member take care of them properly and affectionately so that they become normal as early as possible.

Most of the disabled person comes from illiterate family, least educated family and higher educated family. Comparatively it is less from the family with medium education. Our results show that 29.2% of disabled persons come from illiterate, 18.1% disabled persons are from secondary level. About 13.2% disabled persons come from higher educated family (Graduate, Masters and onwards).

From the results we see that about 6.9% respondents of the total observations earn less than 1000 taka per month. Maximum respondents (27.8%) have monthly income between taka 2001-5000. Again, 59% of the respondents are dependent on others-like family, govt. help, N.G.O.s, etc. Disability affects greatly upon the marriage, too. 28.5% respondents stated that disability is responsible for their delay marriage. 9.37% respondents said that, none wanted to marry them. Problem also arises even after marriage. Only 11.8% respondents stated that that their life is same as before their marriage. From this study, we can say that most of the disabled persons don’t go in party or relatives homes .While attending the party, they have to face many questions (such as what are the reasons of disability, how they can be taken care) from others but some others show sympathy to disabled persons. A few laugh at them and ignore. Most of them attend to religious festivals and also go for shopping. In shopping center they face embarrassing situation. The shop keeper ignored them and treated as unimportant. Very few of them take part in the sports. In numerical values, 19.5% were avoided, 15.9% were hated, 12.4% were teased, and 27.1% respondents were finding other peoples over-sympathetic. For these

reasons, and for physical inability, 24.3% respondents can't take part in any community activities. Though our survey area was urban, but, 70 respondents (49%), out of 144, attend to various religious functions / festivals.

7. Recommendations

The study suggested that the main reasons of disability are by birth and accidental. If we can train the women of our country to take necessary steps during pregnancy pageant period and delivery time and if the doctors are also careful, then it is possible to control accident as much as possible. Most of the disable persons don't know about our Government steps. So the Government steps for disable persons need much more propaganda by seminar, symposium and media (radio, television and newspaper). About 30% disable persons are anxious for their disability. They should be ensuring that it is not a matter of anxiety and they should take proper care of them. Above 30% disability occurs for medical reason. By improving the medical treatment the rate of disability may decrease. The disable persons get no facility in Government and nongovernment educational and job sectors. The Government and N.G.O. should take necessary steps to overcome this problem and make minimum 5% quota for people with disabilities. Most of the students (i.e. disable persons) drop out for economic problem .So the Government and N.G.O. should financially support the family that has disable person.

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