

Attitudes towards Physical Disability in Jordan

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Abstract

Introduction: In the past, the disabled were often neglected and ignored. These attitudes are changing and a lot of research has been done to investigate factors contributing to the formation of attitudes.

Objective: To answer the following questions:

- 1- What are the attitudes of the people in this sample?
- 2- Do people with positive feelings show positive behavior towards the disabled?

Materials and Methods: This cross-sectional study consisted of a self-administered questionnaire. It contained details such as: age, sex, and level of education. The second part contained statements concerned with behavior as well as statements concerned with feelings towards the disabled.

Main Results: Females scored better for both behavior and attitudes towards the disabled. There were significant differences in attitude according to age, with the best attitude depicted in the age group of 18-25 years old. There were significant differences in behavior and attitude according to the level of education. The best results were amongst PhD holders. There was positive behavior and positive attitude towards the disabled but people with positive attitude did not necessarily show positive behavior towards the disabled.

Conclusion: Further studies are needed to understand the relationship between the society and the disabled.

Keywords: Disabled, Positive Behavior.

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Introduction

In the International Classification of Functioning and Disability (ICF) the term functioning refers to all body functions, activities and participation, while disability is an umbrella term for impairments, activity limitations and participation restrictions.¹ Physical disability was defined as any disability resulting from a congenital disease, acquired illness or trauma that leaves a person with a physical limitation.

There are presently 200 million moderately and severely disabled people in developing countries, where disabilities are mostly poverty related. Jordan's disabled population is estimated between 4% and 6% of the country's population or approximately 250,000.² Disability always involves the interaction between features of the disabled and the overall context where he/she lives. The ways people act towards the disabled begins with what they think about them. This is why attitudes, as a sum of values and beliefs regarding disabilities are so important.

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Aim of the Study

The main idea is to explore general attitudes such as feelings towards the disabled with specific attitudes in the Jordanian society. The aim is to also explore the influence of age, sex and the educational level on such attitudes.

Materials and Methods

A random sample from people (both patients and companions) attending the outpatient clinics at Queen Alia Hospital was taken. This study took place from March 2006 until November 2006. Forms were written in Arabic. Each form contained personal data and 18 statements with agree/disagree answers. The forms were filled and kept anonymous. The first nine statements of the questionnaire were based largely on a survey done in Denmark; containing mainly issues of behavior towards the disabled.³ The last 9 statements were adopted from the IDPS (Interaction with Disabled Persons Scale).⁴ It was mainly about feelings towards the disabled. Descriptive statistics were carried out using SPSS program, version number 11.0.

Reliability and Validity

Internal reliability (Cronbach alpha) was used to test the stability of the questionnaire and alpha was equal to 0.73.

The IDPS was found to be both reliable and valid in many countries and languages but not Arabic. No validation study was performed and the content had face validity.

Results

Demographic data of the participants.

Table (1): Shows the age distribution of the participants.

Age	%
25-50	61%
19-25	29%
50-56	9%
10-18	2.5%

Table (2): Shows participants according to their educational level.

Educational level	%
Primary school	2.5 %
Intermediate school	12 %
Secondary school	20 %
Diploma level	32 %
Bachelor level	24 %
PhD	2.5%

Table (3): Shows the agreement level to the Feelings statements.

Feelings statements	% of agreement
<i>It is rewarding when I am able to help</i>	88 %
<i>It hurts me when they want to do something but they can't</i>	87 %
<i>I try to act normally and ignore the disabled</i>	83 %
<i>I feel uncomfortable and find it hard to relax</i>	34 %
<i>I admire their ability to cope with their situation</i>	86 %
<i>After frequent contact, I find I just notice the person not their disability</i>	85 %
<i>I am afraid to look at the person straight in the face</i>	62 %
<i>I tend to make contacts only briefly and finish them as quick as possible</i>	38 %
<i>I feel better with disabled people after I have discussed their disability</i>	77 %

Table (4): Shows response to the behavior statements.

Behavior statements	% of agreement
<i>I would not have any objections to caring for a close disabled person</i>	36 %
<i>I would not have any objections to employing a disabled person in my work place</i>	35 %
<i>I would not have any objections in a close relative marrying a disabled person</i>	29 %
<i>I would have no objections if a disabled person was to become my neighbor</i>	38 %
<i>I believe that disabled children should be educated in public schools</i>	58%
<i>I try to deal with the disabled in the same way I deal with others</i>	83 %
<i>I believe the disabled should be dealt with in special institutions</i>	70 %
<i>I believe disabled persons should have the same access to education as able bodied persons</i>	86 %
<i>I believe the needs of the disabled should be taken into consideration when new buildings are designed</i>	85 %

Pearson correlation was used to test the null hypothesis that says there is no relationship between behavior and attitude towards the disabled.

It has been found that there is a significant relationship between behavior and attitude toward the disabled. The power of correlation was however weak (52.4%).

Female participants have shown better behavior and attitude towards the disabled compared to male participants.

The best attitude was found among the younger age group (participants of 19-25 years).

The higher the educational level, the better attitudes were prevalent among participants.

Discussion

Comments on Characteristics of Participants

In our study, females have shown better attitudes than males. This is similar to a study that evaluated differences in attitudes between American and Canadian medical students⁵ which found that female medical students were more accepting and less likely to hold prejudicial attitudes toward the disabled than male medical students. Sami⁶ found no gender differences when evaluating attitudes towards the disabled amongst health care professionals in Saudi Arabia.

The highest number of participants was between 19-25 years old. None of the participants was older than 65 years old. The researcher believes that this might be related to the high illiteracy level amongst older people. On the other hand, this might reflect the lack of interest with the disabled among this age group. Bakheit et al⁷ examined the attitudes of a rural community in India towards its disabled members. Gender and educational level (employment) did not influence the attitudes towards the disabled but older individuals expressed prejudice and/or challenged the rights of the disabled.

The most sympathetic responses were amongst people with higher education. This finding is consistent with other results in the literature. This might be related to the fact that educated people are oriented to the possibilities of rehabilitating the disabled and the possibility of integrating them into the community as independent individuals.

Comments about the Responses to the Attitude and Behavior Statements

The first nine statements reflect some of the behavior (the specific attitudes) towards the disabled in the Jordanian society.

Less than 30% would give consent if a close relative was to marry a disabled person. This is a relatively small number, however, the author believes that this might be due to the possibility of genetic inheritance of many diseases. Many disabilities are thought to be related to marriage, especially when considering the marriage of close relatives (consanguinity, cousin marriage) is still common in Jordan. This might as well relate to the role of the disabled as parents.

Only 36.5% agreed to taking care of a disabled relative. This is a relatively small number and when given the option to choose, in spite of the close familial relationships, many did not agree to take care of a disabled person because they pose a great burden both financially and emotionally due to the lack of supportive services (such as care and rehabilitation services) available to the community.

Again only a small number of participants agreed to employing or having a disabled person in their work place. This might reflect the widely perceived impression that the disabled are not fit for work or they will take too much time to perform certain tasks compared to non-disabled persons. Others think that caring for the disabled is a duty of the "good" people in the society such as a charity that caters to those "unfortunate" people. In developed countries, the disabled have on average much less income than other individuals. Generally, the disabled have a positive attitude toward work.⁸

The decisions about whether to work and the type of work were influenced by the perception of the physical or mental impact of their disability, knowledge and perception of the workplace adaptations and support available and financial considerations. The main barrier to employment was the attitude of the employers toward the disabled. A relatively small number agreed to have a disabled person in their neighborhood. This might reflect feelings of uneasiness or not knowing how to behave with the disabled.

More than half of the participants agreed to the statement that disabled children should be educated in public schools. The author is not sure if this represents an emphasis on learning opportunities for all children including children with learning- and other disabilities. It was common to hide disabled children out of shame or fear of stigma on the children and their families. Interaction between disabled and other children can be valuable for both parties. Education systems respond in most industrialized countries by offering a dual-track approach to students with disabilities. Those who can thrive in general education programs are encouraged to do so. Those who are unable to be in general education have the option to choose specially designed instruction or other assisted learning programs and an array of related services (e.g. psychological and counseling services, language, speech and hearing, guidance, social work, transportation, physical and occupational therapy) and medical services required for diagnosis or evaluation.⁹

The majority of participants agreed that it was important to take care of the disabled in special institutions. This might reflect the fact that when a lot of people talk about the disabled, they immediately think of individuals with mental problems and severe behavioral disorders.

The vast majority of participants agreed to take the disabled's needs into consideration when designing public buildings. This might reflect that people think governments and official bodies are responsible for the disabled needs.

The majority agreed that they are happy when they can help; they feel sad if the disabled fail and admire the disabled's ability to cope.

Again most participants said they would act normally and ignore the disabled. This is controversial to the response of around 40% who said they felt uncomfortable in the presence of the disabled and tend to make contact, if any, as short as possible and the remaining 60% expressed that they cannot look a disabled person in the face.

A big number of participants agreed with the statement that they see the person not the disability after frequent contact. 77% said they felt better after discussing the individual's disability with them. These findings emphasize the importance of contact with the disabled in the development in attitudes towards the disabled. Daruwallah¹⁰ found that contact with the disabled was more effective in changing attitudes than when providing information. He writes there is a discrepancy between behavior and attitude. This discrepancy may involve factors such as the instability of attitudes over time, competing attitudes, motives and values, the lack of intellectual, verbal or social skills of the policy holders to recognize that their behavior and attitude do not match. Other factors for discrepancy might be that the individual is unable to exercise the behavior voluntarily due to external or other limitations. People might be constrained in face-to-face interactions because they need to demonstrate proper behavior. Those who have no concept of what disability entails, and have not made any previous contact or attempted to learn, are more subject to form negative perceptions concerning the disabled⁽⁶⁾. He wrote that in research on attitudes of the general public towards the disabled, it was concluded that the public verbalizes favorable attitudes toward the disabled but actually possesses deeper universalized feelings which are frequently rejecting. He also states that there is a wide variety among disability scales. There are scales which are impairment specific (attitude to blindness scale) and general (such as IDPS) scales. Factors for discrepancy accordingly might be: scales are having a potential for faking forced

responses in scales, as well as the length and wording of the scale.

Conclusion

Integration of the disabled into their communities cannot be effective unless basic rehabilitation is provided. There is a great need to explore and to challenge the attitudes of people and organizations towards the disabled. Negative attitudes can create barriers that result in the exclusion of the disabled from their communities. It is hoped that a better understanding of the factors contributing to attitude formation and the relationship between the disabled and their communities would lead to a better integration of the disabled into the society. Hopefully, it will also contribute to improve rehabilitation services.

References

1. WHO. World Health Organization (2002). Towards a common language for functioning, disability and health ICF [online]. Available at www.who.int/classifications/icf/en/
2. Fact sheet (2005) [online]: Disability in Today's World from national organization on disability. Available at www.nod.org
3. Anon. (2003). Attitudes toward the disabled in Denmark [online]. Accessed on 10/5/2006. Available at www.dc.dk/publ/holdningereng/doc6.html
4. Gughwan, C. and Chow, S. Korean students' differential attitudes toward people with disabilities: an acculturation perspective. *International Journal of Rehabilitation Research* 2001; 24: 79-81.
5. Raymond C, Scott A, Palmer G, Redinius P. Medical students' Attitudes toward Persons with Disability: A Comparative Study. *Arch Phys Med Rehabil* 2002; 83.
6. Sami S, Abdulwahab AL, Salah I, Al-Gain A. Attitudes of Saudi Arabian Health Care Professionals Towards People with Physical Disabilities. *Asia Pacific Disability Rehabilitation Journal* 2003; 63: 14:1.
7. Bakheit AM and Shanmugalingam V. A study of the attitudes of a rural Indian community toward people with physical disabilities. *Clin Rehabil* 1997; 11(4):329-333.
8. Diversity and Disability in Disabled drivers motor club. Available at www.disabled-motorist.co.uk [accessed on 9 Feb 2006]
9. EFA (2006). The Education for All Flagship: The right to education for persons with disabilities. [online]. Available at www.unesco.org/education/inclusive
10. Daruwalla P and Darcy S. Personal and societal attitudes to disability. *Annals of Tourism Research* 2004; 32: 3: 549-570.

المواقف تجاه الإعاقة الجسدية في الأردن

ناهية المحتسب

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الملخص:

كان المعاقون في الماضي يتم تجاهلهم وإهمالهم في أغلب الأحيان. وقد أخذت هذه المواقف طريقها نحو التغيير، كما تم إجراء العديد من الابحاث لدراسة العوامل التي تؤثر في هذه المواقف.

الهدف: الرد على الأسئلة التالية:

1- ما مواقف الأشخاص في هذه العينة تجاه الإعاقات الجسدية؟

2- هل يقوم الأشخاص أصحاب المواقف الايجابية بتصرفات ايجابية تجاه المعاقين جسدياً؟

المواد والأساليب: تتألف هذه الدراسة المستعرضة من استبانة ذاتية. وتتضمن الاستبانة تفاصيل مثل: العمر والجنس ومستوى التعليم. ويتضمن الجزء الثاني البيانات المعنية بالسلوك إضافةً إلى المشاعر تجاه المعاقين جسدياً.

النتائج الرئيسية: سجلت الاناث أعلى نتائج بالنسبة للسلوك الايجابي والمواقف الايجابية. وكانت هناك اختلافات كبيرة في المواقف وفقاً للسن، حيث سجل الأشخاص في الفئة العمرية من 18-25 أفضل نظرة تجاه الإعاقات، وكانت هناك اختلافات كبيرة في سلوك ومواقف الأشخاص؛ إذ زاد السلوك الايجابي مع زيادة مستوى التعليم.

ولم يظهر الأشخاص ذوو المواقف الايجابية بالضرورة سلوكيات ايجابية تجاه المعاقين حركياً.

استنتاج: هناك حاجة إلى مزيد من الدراسات لإعطاء مزيد من الفهم للعلاقة بين المجتمع والمعاقين والعوامل التي تؤدي إلى تكوين المواقف والسلوكيات تجاه الاعاقات المختلفة.

الكلمات الدالة: المعاقون جسدياً، المواقف الإيجابية.