

Factors affecting social adjustment of the Persons with Disabilities and reconfigure rehabilitation of them during covid 19 pandemic in rural Punjab

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Abstract: Persons with disabilities are the marginalized persons in the community and facing different community related issues in Punjab, Pakistan. The situation and the environmental factors are different in developed and developing countries. In developing countries the standard of living of rural community is very poor and there is strong relationship between poverty and disability. A quantitative study was conducted on persons with disabilities living in rural areas of Punjab. A proportionate sample of 400 respondents was collected from three main districts of Punjab, Pakistan, i.e. Faisalabad, Multan and Rawalpindi from November 2016 to June 2017. Level of social adjustment and rehabilitation strategies was measured by using a compound variable consisting on statements related to daily activities of persons with disabilities in rural community. Univariate and bivariate testing were used for data analysis. The results shows that majority of the respondents thinks that emotional support by normal persons, family support for daily activities, community support for social wellbeing and health structure support to be a productive part of society are most important factors of social adjustment for persons with disabilities in rural community of Punjab Pakistan. The persons with disabilities need rehabilitation and Vocational training to pretty settled in the society To rehabilitate, provide education, vocational training accordingly and increased the level of awareness regarding the needs of disable persons is highly recommended. Disabled persons should be provided with trainings and some professional skills to live an independent life in the

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community. Government should increase the rehabilitation centers and implement the international anti-discriminatory law to protect the rights of persons with disabilities.

Key words: Disability, Marginalized, rural community, poverty, cooperation, facilitation

1. Introduction

Persons with disabilities are growing in numbers day by day both in developed and developing countries which is an alarming condition for the humankind. In developed countries the persons who remain alive after the world war 2nd, many of them were disabled. And most of the newborns from the next generation of these disabled people acquired disability. On the other hand developing countries are increasing the number of the persons with disabilities with the passage of time. Nadir et al, (2006) stated that the standard of health is very poor in Pakistan. The government of Pakistan spends very low percentage of GDP on health. Almost 1% was spent in health sector. That's why infant mortality rate is very high. So some infants who remain alive through proper medication, they suffer from mild to severe disability throughout their life. The lifetime spent in the situations and conditions of deprivation, malnutrition, lack of clean water, poor and self-medication, frequently facing infectious diseases, unhygienic health, and pitiable medical conditions during; before and after the birth of a baby, low rate of immunization for the resistance of diseases, natural disasters, armed conflicts across the boundaries of the countries, unhealthy working conditions and many cultural and ethnic stereotypes leads towards disability.

The persons with disabilities are the great minority of the world. They are marginalized and disadvantaged in many countries of the world. They are disregarded and mistreated part of the society in the consideration of basic rights. They live their lives in the limitations as limited friends, very limited social circle, limited cultural bounds and even limited entertainment. The members of the society contribute a lot in the limitations of the persons with disabilities. The normal persons criticize them negatively due to unawareness. Sometime they label them profane and sometime they label them as the punishment the result of sin of their parents. So the persons with disabilities are marginalized and face the stereotype attitude all over the world. Shafer, Yates and Egeland, (2009) examined that Lack of social support and emotional mistreatment of the community have negative impact on the persons. These persons face disapproval and social antagonism within the social setting. This emotional disturbance results in social extraction and aggression in the age of childhood, middle childhood and adolescence. These factors are more important for boys rather than girls.

Although just to have awareness about the disability or deformity is not necessary but the persons who have knowledge about that they should condemn the negative implications of the impairment and dealing. Especially they should guide those persons who have poor information and awareness about the rehabilitation and treatment of these persons. They attach unrealistic expectations with the persons having disabilities which create hurdles in their rehabilitation. The parents want treatment of their special children which is not possible except rehabilitation (Owns worth and Clare 2006). Many practitioners and doctors can perform this task of creating awareness in the community and especially to the families of the persons with disabilities that the only possible thing is to rehabilitate the person who has disability in one or two parts of the body. They should facilitate his strengths of other parts of the body instead of wasting all efforts and money on the disabled part of the body which is not possible to treat.

There is a great correlation between disablement and poverty, both have a vicious cycle as physical disabilities make hard to earn for daily living which create barriers in the access to health Precautions and healthy life spending. (WHO, 2011). Waheed (2007) said that by exploring the effect of being hearing impaired on the personality of a child results in communication gap that left intense effect on child's psychological issues as violent behavior, low self-image, and low self-respect by the contact with other members of the community. Many anecdotal reports show that people with disabilities are greatly affected by disasters. Assistance is not available for physically disabled, people with cognitive impairment can't understand instructions properly in the disasters (Disaster case management and individuals with disabilities 2013). People with no vision, partially blind and hearing impaired have also communication problems which also increase risk for disables in disasters. In short people with disabilities face many hurdles and need of disability related training and disaster relief personals. (UN Enable, January 29, 2013). With the collaboration of Biological and psychological researchers the main cause of disability in the society are, poverty, ignorance, malnutrition, inter-marriage, inadequate healthcare, un-conductive, environment, infectious diseases and complications before, during and right after the birth of a child (Pak Medical Council, 1982).

The world population of disabled persons is exceptionally creating bulk for the world. In 2012 World Health Organization estimate the population with disabilities as 650 million (6.5 billion or 10%) who are moderately or sewer disabled (Disability World Report 2011).

Hardeep and Andrea McCarthy, (2014) affirmed that negative attitude of the members of the community creates hurdles for the education, leisure time, transportation, social relations and expediency outside the home. For better public outlook negative attitude of the members of the community should be highlight and condemned. Persons with Disabilities are the human beings and have right to live like normal persons. But they are called special due to some disabilities in their lives. Different NGOs and Government are working for the solution of the problems of persons with disabilities. The main objective is creating capabilities in the lives of persons with disabilities due to which they live an independent life. This philosophy depends on the belief that the persons with disabilities have capabilities to live an independent life by using their strengths rather than making their weakness as hurdles in the way of success.

2. Materials and Methods

Social researchers utilize different methods according the requirement of their research. Methodology does not refer simple set of methods but actually it is rational and philosophical assumptions which underscore a particular study.

2.1 Population of the Study

The universe of the study is the persons with disabilities in Punjab. There are three geographical zones in Punjab which are Northern, Central and Southern zone. Three districts Rawalpindi, Faisalabad and Multan are randomly selected from the three zones of the province Punjab, Pakistan. The unit of the population is the persons with disabilities both male/female aged 5 to 56 years old.

2.2 Sample Size

The data was collected with the well-designed interview schedule. Sample size of 400 respondents was selected by using proportionate and purposive sampling from the three districts of Punjab, 120 respondents from Rawalpindi, 180 respondents from Faisalabad and 100 respondents from Multan were recruited.

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2.3 Data Analysis

Data of the research was analyzed by using statistical package for social sciences. Both descriptive and inferential techniques were used for data analysis. Frequencies and percentages were measured in Univariate analysis and Chi square and Gama statistics were measured in bivariate analysis to check the association of dependent and independent variables.

3. Results and Discussion

The purpose of this chapter is to present analysis and interpretation of data relating to the research problems under investigation. Univariate analysis, bivariate analysis was measured.

Table 1: Socio-economic Characteristics of the Respondents

Description	Frequency (<i>f</i>)	Percentage (%age)
Sex composition		
Male	294	73.5
Female	106	26.5
Total	400	100.0
Age (years)		
5-15 years	18	4.5
16-25 years	87	21.75
26-35 years	108	27
36-45 years	107	26.75
46-55 years	68	17
Above 56 years	12	3
Total	400	100.0
Educational level		
Illiterate	43	10.75
Literate	19	4.75
Primary	44	11
Middle	39	9.75
Matriculation	91	22.75
Intermediate	68	17
Graduation	51	12.75

Masters	14	3.5
M Phil/ Ph.D	05	1.25
Any other	26	6.5
Total	400	100.0
Total monthly Income of Household (Rs.)		
5000-15000	126	31.5
15000-25000	163	40.75
25000-35000	57	14.25
35000-45000	43	10.75
Above 45000	11	2.75
Total	400	100.0
Earning Status		
Earning	137	34.25
Dependent	171	42.75
Any other source	92	23
Total	400	100.0
Type of Disability of the Respondents		
Physically Disabled	169	42.25
Visually Impaired	157	39.25
Hearing Impaired	74	18.5
Total	400	100.0

Table 1 evidents that majority of respondents(73.5%) were male. Majority of the respondents (22.75%) were metric pass. Majority of respondents (40.75 %) have 15000-25000 monthly household income. Majority of respondents (42.75%) were dependent economically. The socio-economic background as whole shows that the majorities of respondents were male by gender from lower class with secondary school education and depends on others to fulfill their economic needs. Majority of the respondents (42.25 %) were belong to the type of disability physically disabled.

Table 2: Distribution of respondents according to their level of Social Adjustment in rural community

Social Adjustment	Frequency	Percent
Low	231	57.8

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Moderate	114	28.5
High	55	13.8
Total	400	100.0

Table 2 shows the social adjustment of persons with disabilities according to their own opinion. Table depicts that 57.8% of respondents which is majority also thinks that their level of social adjustment is low while 28.5% respondents agree with that they are at moderate level of social adjustment. Only 13.8% respondents have high level of social adjustment.

Mills and Hossain (1999) have the idea that the Pakistani people belong to rural community are not totally aware about the social adjustment of persons with disabilities. The community and family members do not try to adjust them according to their strengths however they pointed out as social and economic burden.

Table 3: Distribution of respondents according to the Rehabilitation and Vocational training for social adjustment of persons with disabilities in rural community

Rehabilitation and vocational training	Frequency	Percent
To great extent	47	11.8
To some extent	119	29.8
Not at all	234	58.5
Total	400	100.0

Table 3 illustrates the rehabilitation and vocational training for the social adjustment of persons with disability. The majority of the respondents (58.5%) says that there is no rehabilitation and vocational training centers available for support of the disable persons, whereas 29.8% respondents inform that they are availing rehabilitation facility and training centers for them to some extent and 11.8% respondents are not availing any rehabilitation facility and training center at all .

Table 5: Distribution of respondents according to the Family support for social adjustment of persons with disabilities in rural community

Family support	Frequency	Percent
To great extent	167	41.8
To some extent	90	22.5
Not at all	143	35.8
Total	400	100.0

Table 5 illustrates the level of family support for social adjustment of disable persons. The majority of respondents (41.8%) agreed that they acquire to great extent support from family for social adjustment whereas 22.5% respondents reported to some extent support from family. An alarming percentage (35.8%) of respondents found no support from family at all for social adjustment. Joseph, (2006) acknowledged that it is just the parents of the persons with disabilities who devoted themselves for their take care and brought up. Many clinicians work for the development of strategies and techniques for the treatment and adjustment of the persons with disabilities and its only the parents who apply these techniques for the training and self help skills of the persons with disabilities.

Table 6: Distribution of respondents according to the Emotional support from normal persons for social adjustment of persons with disabilities in rural community

Emotional support	Frequency	Percent
To great extent	229	57.3
To some extent	113	28.3
Not at all	58	14.5
Total	400	100.0

Table 6 shows that 57.3% respondents reported “to great extent” emotional support from normal persons and 28.3% reported to some extent emotional support. 14.5% respondents did not acquire any emotional support from normal people means they suffered emotionally due to the ill behavior of normal persons regarding their disability.

3.1 Bivariate Analysis

In order to check the association between different variables (independent and dependent) bivariate analysis is computed. In this section two different tests chi-square test and gamma statistics were applied to check the association and relationship among variables. Certain hypothesis were formulated and tested.

Table 7: Relationship between Rehabilitation/Vocational Training and social adjustment of selected persons with disabilities in rural community

Rehabilitation/ Vocational training	Social Adjustment			Total
	Low	Moderate	High	
To great extent	39 (83.0%)	3 (6.4%)	5 (10.6%)	47 (100.0%)
To some extent	11092.4%	65.0%	32.5%	119100.0%
Not at all	8235.0%	10544.9%	4720.1%	234100.0%
Total	231	114	55	400

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Chi-square = 121.90

P-value = .000**

Gamma = .763

P-value = .000**

** = Highly significant

Table 7 shows the relationship between dependent and independent variables which are social adjustment and availability of rehabilitation/ vocational training respectively. Chi-square value (121.90, P= .000) shows a highly significant association between variables. Gamma value .763 (P=.000) shows highly significant strong positive relationship between availability of rehabilitation/ Training centers and social adjustment of persons with disability. Table statistics shows that rehabilitation and vocational training of persons with disabilities is a major and significant factor for the social adjustment of them where with the increase of rehabilitation and training centers there will be more easy social adjustment of persons with disability.

Yee S *et all* (2015) Describe that health amenities and services are not entirely available for the persons with disabilities. There is dire need to highlight the essential requirements and improvement of health facilities for the persons with disabilities.

Wang D *et all* (2019) Since the outburst of Covid 19 almost all the hospitals and healthcare providers are overburdened due to the coverage of patients of Covid 19. The prime concern of health care services switch towards critically sick patients of covid instead of the rehabilitation services of persons with disabilities. On the basis of these ground factors rehabilitation services and institutions hang up badly since 11 march 2020 announced by World Health Organization WHO (2020).

The mode of rehabilitation services for persons with disabilities is changed in the prevalence of epidemic of covid 19. Zhang R (2020) A study conducted in 34 provinces of china where almost 189 million people need get rehabilitation services. An advanced model is developed for the rehabilitation of the persons with disabilities especially in the rural areas of the regions of china where it is really hard for the persons with disabilities to access the health care centers . To address the functional assessment and interventions the persons with disabilities with cardiovascular, musculoskeletal disorders, trauma, neurological disorders, brain injury and other relevant diseases a multimodal telemedicine network has been thrived and executed through the entrenched 5G technology Hong Z (2020).

Table 8: Relationship between Community Support and social adjustment of selected persons with disabilities in rural community

Community support	Social Adjustment			Total
	Low	oderate	High	
To great extent	211 (87.6%)	20 (8.3%)	10 (4.1%)	241 (100%)
To some extent	9 (8.8%)	89 (87.3%)	4 (3.9%)	102 (100%)
Not at all	11 (19.3%)	5 (8.8%)	41 (71.9%)	57 (100%)
Total	231	114	55	400 (100%)

Chi-square = 423.42

P-value = .000**

Gamma = .860

P-value = .000**

** = Highly significant

Table 8 depicts the relationship between community support and social adjustment of persons with disabilities. Chi-square value (423.42, P= .000) shows highly significant strong association between variables. Gamma value (.860, P= .000) indicated highly significant and strong positive relationship between dependent and independent variables. The statistics of table 8 shows that the increased support from community will lead to the better social adjustment of the disable persons. Shafer, Yates and Egeland, (2009) examined that the interaction of persons with disabilities with the other members of the society is very important element. Lack of social support and emotional mistreatment of the community have negative impact on the persons. These persons face disapproval and social antagonism within the social setting of rural community. This emotional disturbance results in social extraction and aggression in the age of childhood, middle childhood and adolescence. These factors are more important for boys rather than girls.

Aslam et al., (2011) argued that co-operation and support of the community is necessary for the social adjustment but the persons with disabilities face many challenges to live a healthy social life. The members of the community neglect, discriminate, and criticise them which have adverse effect on the social adjustment of persons with disabilities of rural community.

Table 9: Relationship between Family Support and social adjustment of selected persons with disabilities in rural community

Family support	Social Adjustment			Total
	Low	Moderate	High	
To great extent	150 (89.8%)	9 (5.4%)	8 (4.8%)	167 (100.0%)
To some extent	65 (72.2%)	23 (25.6%)	2 (2.2%)	90 (100.0%)
Not at all	16 (11.2%)	82 (57.3%)	45 (31.5%)	143 (100.0%)
Total	231	114	55	400 (100.0%)

Chi-square = 211.09

P-value = .000**

Gamma = .842

P-value = .000**

** = Highly significant

Table 9 shows the relationship between family support and social adjustment of the disable persons. Chi-square value (211.09, P= .000) shows highly significant strong association between variables. Gamma value (.842, P= .000) indicated highly significant and strong positive relationship between dependent and independent variables. The statistics shows that with increase support from family for disable person there will be better social adjustment of disable persons.

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Table 10: Relationship between emotional Support by normal persons and social adjustment of selected persons with disabilities in rural community

Emotional Support by Normal persons	Social Adjustment			Total
	Low	Moderate	High	
To great extent	207 (90.4%)	12 (5.2%)	10 (4.4%)	229 (100.0%)
To some extent	13 (11.5%)	96 (85.0%)	4 (3.5%)	113 (100.0%)
Not at all	11 (19.0%)	6 (10.3%)	41 (70.7%)	58 (100.0%)
Total	231	114	55	400 (100.0%)

Chi-square = 435.74

P-value = .000**

Gamma = .860

P-value = .000**

** = Highly significant

Table 10 illustrates the relationship between emotional support from normal person and social adjustment of persons with disabilities. Chi-square value (435.74, P= .000) shows highly significant strong association between variables. Gamma value (.860, P= .000) indicated highly significant and strong positive relationship between dependent and independent variables, which means more emotional support will lead to more easy social adjustment of disable persons and less emotional support will lead to low level of social adjustment of persons with disability.

4. Conclusion

In the light of the findings it is concluded that for the social adjustment of the persons with disabilities in rural community; family support, community support, emotional support by normal persons is necessary as Cretien and Marc (2013) concluded in a study that inequality in subjective well-being of disabled persons is explained mostly by personal resources, socio-economic status or level of participation in work and not by the level of disability and rehabilitation and vocational training centers are most important factors.

Therefore mentioned determinants can integrate the disable person in rural community with social structure and can make possible for them to be a productive part of society. To cope with these hindering factors which shift disable persons as marginalized part of the society proper policies should be implemented by government.

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