

Authors

Sayed Mohsen Hosseini, Maryam KazemiNaeini, Sara BeigRezaei

Poster title

Epidemiology of Disability in Isfahan, Iran
attitudes

Institution

Isfahan University of Medical Sciences, Isfahan, Iran

Description of basic poster structure

The poster consists of five blocks. Block 1 (top left) outlines the introduction in a text format. In Block 2 (center left) method and data collection are described in a text format. One chart is used in addition to the text. Block 3 (top right) displays the results in six main results; one chart that shows some results graphically is used in addition to the text. In Block 4 (centre right), the discussion is presented in a text format. Block 5 (down right) is references.

[Block 1]: Introduction

Disability is an undeniable phenomenon. According to the World Health Organization (WHO), about 15% of the world's population suffer from a type of disability and 110-190 million (2.2%-3.8%) of individuals over 15 years of age have to deal with various functional problems. The disability rate can be partly caused by the increasing number of older adults and the incidence of chronic diseases. Most countries in the Middle East and North Africa (MENA) are currently facing epidemiological and demographic transitions influencing mortality, morbidity, and disability patterns. Such demographic changes alter the age structure and disease patterns in a community and lead to different manifestations of disability.

Based on the 2011 statistics, 1,017,659 Iranians (equal to 1.35% of the country's population and 13 per 10,000 population) have different types of disabilities including blindness, deafness, speech and sound disorders, limb amputation or defects, mental disorders, and trunk impairment. Physical and mental disabilities are generally the most prevalent types of disability in Iran. According to 2011 Iranian Population and Housing Census, about 1,018,000 Iranians, 62.6% of whom are men, suffer from at least one type of disability. In 2015, 16,494 public and private centers for persons with disabilities were covered by the Social Deputy of the Welfare Organization. Moreover, about 1,660,000 people with disabilities used the services provided by these centers in 2015. The above-mentioned numbers are respectively 2.6% and 13.6% lower than those reported in 2014.

Disability is a global experience with social and economic costs for individuals, families, communities, and nations. Since people with disability would not be able to deal with their physical limitations unless they accept their disabilities, increasing disability-related knowledge would be essential for improving the performance of individuals, communities, and nations.

[Block 2]: Methods

The present study was conducted using descriptive-survey method. In this study, all subjects with a case were examined. In order to access and review the information required by referring to the Welfare Organization of Isfahan, the files of persons with disabilities were provided to the relevant experts.

The required information included the demographic characteristics of disabled persons in Isfahan's welfare centers, including gender, type of disability and severity of disability, age and education, data collection and integration in a coherent file.

The information of the subjects was carefully reviewed and the files with incomplete information were separated and provided to the expert. The expert contacted the address and phone number of the disabled or their families and, after introducing and expressing the objectives of the study, requested that the incomplete information be completed.

Figure: Frequency distribution of type of disability in terms of educational level

<Alternative text figure start>

In six groups the values for the categories “Illiterate”, “Following diplomas”, “Diploma”, “Higher diploma”, “Bachelor” and “Master’s and Ph.D.” are displayed in a bar chart:

Physical disability: Illiterate: 28.50% - Following diplomas: 40.90% - Diploma: 18.40% - Higher diploma: 3.90% - Bachelor: 6.90% - Master’s and Ph.D: 1.40%

Psychological disability: Illiterate: 32.40% - Following diplomas: 48.10% - Diploma: 15.50% - Higher diploma: 2.20% - Bachelor: 1.70% - Master’s and Ph.D: 0.20%

Hearing disability: Illiterate: 43.80% - Following diplomas: 36.90% - Diploma: 13.00% - Higher diploma: 2.50% - Bachelor: 3.30% - Master’s and Ph.D: 0.40%

Mental disability: Illiterate: 70.50% - Following diplomas: 26.70% - Diploma: 2.10% - Higher diploma: 0.40% - Bachelor: 0.20% - Master’s and Ph.D: 0.00%

Vision disability: Illiterate: 33.70% - Following diplomas: 35.20% - Diploma: 16.70% - Higher diploma: 4.50% - Bachelor: 8.10% - Master’s and Ph.D: 1.80%

Voice and speech disability: Illiterate: 62.60% - Following diplomas: 28.40% - Diploma: 6.20% - Higher diploma: 0.90% - Bachelor: 1.80% - Master’s and Ph.D: 0.10%

<Alternative text figure end>

[Block 3]: Results

Results of this study showed that 29003 disabled people lived in Isfahan in 2017. The results of the collected data in Isfahan are as follows.

- the most frequencies were physical disabilities (31.6%), mental (23.7%), psychological (17.9%), hearing (13.0%), Voice and speech (9.6%) and vision (6.8%).
- 35.3% of disabled people in Isfahan are women and 64.9% of them are male and 0.1% are intersex.
- Of disabled whose status has been determined, 43.5% were illiterate, 37.1% had the following diplomas, 12.5% had diploma, 2.4% had an upper diploma and 3.7% had a bachelor degree, 0.7% had master or doctoral degree, and 1% were seminarian.
- Of the disabled whose status has been determined, 17.9% had a mild disability, 30.6% had moderate disability, 37.5% had severe disability and 14.3% had very severe disabilities. Almost half (51.2%) of disabled people are severely impaired.
- 6% of disabled people in Isfahan are less than 10 years old, 10.4% between 11 and 20 years old, 18.9% 21-30 years, 24.8%, 31-40 years, 16.9% 41-50 years, 11.8% 51-60, 6.1% Percentage between 61 and 70 years, 4.9% 71-80 years, and 0.2% age more than 81 years.
- Of the disabled whose status has been determined, 70.8% of the individuals are married and 26.9% are single, 1.3% divorced and 1% of their spouses have died.

Figure: Frequency distribution of type of disability in terms of marital status

<Alternative text figure start>

In six groups the values for the categories “married”, “single”, “divorced” and “Their spouses have died” are displayed in a bar chart:

Physical disability: Married: 75.80% - Single: 20.50% - Divorced: 1.20% - Their spouses have died: 2.50%

Psychological disability: Married: 68.80% - Single: 26.60% - Divorced: 4.10% - Their spouses have died: 0.70%

Hearing disability: Married: 86.40% - Single: 12.40% - Divorced: 0.60% - Their spouses have died: 0.60%

Mental disability: Married: 61.70% - Single: 38.00% - Divorced: 0.30% - Their spouses have died: 0.00%

Vision disability: Married: 85.80% - Single: 13.40% - Divorced: 0.50% - Their spouses have died: 0.30%

Voice and speech disability: Married: 33.80% - Single: 65.40% - Divorced: 0.50% - Their spouses have died: 0.30%

<Alternative text figure end>

[Block 4]: Discussion

In the age group of 31-40, the most severe disability in this age group, the percentage of physical disability is higher than other types of disabilities, in those years, the lack of proper health care for pregnant women and infants has caused the physical disability of infants over this period.

In our study, the highest percentage of disabled people is related to illiterate and following diploma. According to the cumulative frequency, 93.2% of disabled people did not have university education and only 6.8% of disabled people went to university in Isfahan. The percentage of married people is high, it showed disability cannot be denied marriage among disabled people.

Based on the results of this study, we can find a general view of disability in the society of Isfahan. People with disabilities in our society face many problems, such as education, employment and marriage.

One of the limitations of our study is the lack of knowledge of the origin of people with disabilities that this disability has been caused by accidents or occupations, either congenital or genetic or because of chronic diseases, so that they can focus on occupational safety or the education of mothers before and during pregnant, screening, preventing the disease and alerting people to more care. Another important limitations is that there are no registry system for disability in Isfahan.

[Block 5]: References

Hakim G, Jaganjac N. A note on disability issues in the Middle East and North Africa.

World Health Organization. World report disability, Geneva; 2015.

Statistical Center of Iran(2015).

Rad EH, Afkar H, Farmanbar R, Nasiri BF. Estimating relationship between type of disability and labor force participation: a community based study in Iran. Gazi Medical Journal. 2017 Mar 29;28(2).

World Health Organization. (2001). International classification of functioning, disability, and health. Geneva: World Health Organization.

Nasiri Pour A, Tabibi S, Afkar A, Kamali M. [Effect of community-based rehabilitation program implementation on disabled people living conditions in Iran (Persian)]. Journal of Knowledge and Health. 2012; 7(4):174-178.