

Prevalence of Disability among Adult Population at Maraimalai Nagar, Kancheepuram District

M. Hemamalini*, Kanmani**

Abstract

The prevalence of disability is growing due to population ageing and the global increase in chronic health conditions. Patterns of disability in a particular country are influenced by trends in health conditions and trends in environmental and other factors such as road traffic crashes, natural disasters, conflict, diet and substance abuse. The objective of the present study was to assess the prevalence of disability among adult population. Quantitative approach and descriptive cross sectional design was adopted for this study. The study was conducted among the adults who were residing in Maraimalai Nagar. The sample size was 250. Non-probability purposive sampling technique was adopted. Census Questionnaire was used to assess the prevalence of disability tool was used. The results of the present study revealed that, Among the adult population, with respect to difficult in seeing, only 4 (1.6%) have always difficult in seeing. Considering the difficult in hearing, 4 (1.6%) persons always have difficult in hearing. Considering difficult in walking and climbing 32 (12.8%) have always difficult in walking. Regarding remembering and concentration 9 (3.6%) persons have most of the times difficult in remembrance and none of them have always difficult in concentration and remembrance. Considering the difficult in self-care 24 (9.6%) have always difficult in self-care. Considering the difficult in communication none of them reported difficult in communication.

Keywords: Disability; Prevalence; Population; Adults.

Introduction

In recent decades the move has been away from a medical understanding towards a social understanding. Disability arises from the interaction between people with a health condition and their environment. The prevalence of disability is growing due to population ageing and the global increase in

chronic health conditions. Patterns of disability in a particular country are influenced by trends in health conditions and trends in environmental and other factors –such as road traffic crashes, natural disasters, conflict, diet and substance abuse.

In rural India, the prevalence of disability was much higher (2.21%) as compared to that in its urban counterpart (1.93%). Again, among males, the prevalence of disability (2.37%) was significantly higher than that among females (1.87%).

Disability is more common among women, older people and households that are poor. Lower income countries have a higher prevalence of disability than higher income countries. No population-based study has been conducted at the national level to provide authentic data on the prevalence and incidence of disability in India. Therefore we must rely on the projections made by sample surveys.

Author's Affiliations: *Vice Principal, Hindu Mission College of Nursing, West Tambaram, Chennai, Tamil Nadu 600045, India. **Assistant Professor, SRM College of Nursing, SRM Nagar, Kattankulathur, Tamil Nadu 603203, India.

Corresponding Author: M. Hemamalini, Vice Principal, Hindu Mission College of Nursing, West Tambaram, Chennai, Tamil Nadu 600045, India.
E-mail: hemasrini1979@yahoo.com

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The National Sample Survey Organization (NSSO) 2001, estimated that approximately 100 million Indians are affected with one or more disabilities. This projected nearly 10% of Indians with some disabling condition. However, according to the Census 2001, approximately 5% of people in India are affected with impairment or disability. The three most common causes of disability continued to be arthritis or rheumatism (affecting an estimated 8.6 million persons), back or spine problems (7.6 million), and heart trouble (3.0 million). Women (24.4%) had a significantly higher prevalence of disability compared with men (19.1%) at all ages. For both sexes, the prevalence of disability doubled in successive age groups (18-44 years, 11.0%; 45-64 years, 23.9%; and ≥ 65 years, 51.8%). The number of adults reporting a disability likely will increase, along with the need for appropriate medical and public health services, as more persons enter the highest risk age group (≥ 65 years). To accommodate the expected increase in demand for disability-related medical and public health services, expanding the reach of effective strategies and interventions aimed at preventing progression to disability and improving disability management in the population is necessary

Research Methodology

The research approach in this study was Quantitative approach, which focused on the assessment of prevalence of disability. The research design selected for the present study was a descriptive cross sectional study design. The variables of the study includes demographic variables and study variable. Demographic variable comprises of age, sex, marital status, type of family, education, occupation and income. Prevalence of disability among adults was the study variable. The study was conducted among the adults who were residing in Maraimalainagar. Target population comprises of adults whose age was between 20 to 50 years. Accessible population comprises of adults whose age is between 20 to 50 years who were available at the time of data collection. The sample size was 250. Non- probability purposive sampling technique was used as sampling technique.

The following instruments were used by the researcher for the study. The tool consists of two parts:

Section A : Demographic variables: Age, gender, marital status, educational status, type of family, occupation, income.

Section B: Census Questionnaire to assess the prevalence of disability tool was used in this study.

Table 1: Frequency and percentage distribution of adult population with respect to type of disability

Type OG Disability		Distribution	
		N	%
Difficult in seeing	No	191	76.4
	some times	43	17.2
	most of the time	12	4.8
	Always	4	1.6
	No	217	86.8
Difficult in Hearing	some times		11.2
	most of the time	1	0.4
	Always	4	1.6
Difficult in walking and climbing	No	189	75.6
	some times	21	8.4
	most of the time	8	3.2
	Always	32	12.8
Difficult in remembering and concentrating	No	205	82.0
	some times	36	14.4
	most of the time	9	3.6
	Always	0	0
Difficult in self care	No	204	81.6
	some times	16	6.4
	most of the time	6	2.4
	Always	24	9.6
Difficult in communicating	No	244	97.6
	some times	5	2.0
	most of the time	1	0.4
	Always	0	0

The research proposal was approved by the dissertation committee and Dean of S.R.M College of nursing, S.R.M University, Kattankulathur, Kancheepuram District. Permission was obtained from the ward counselor, maraimalainagar where the study was conducted. Informed consent was obtained from the study participants. The investigators had collected data for one week. Before conducting data collection, formal approval was taken from the Authority. Informed consent was taken. Data collected from the adults who were residing at Maraimalai nagar.

Discussion

The results of the present study revealed that, Among the adult population, with respect to difficult in seeing, 191 (76.4%) have no difficult in seeing, and only 4 (1.6%) have always difficult in seeing. Considering the difficult in hearing, 217 (86%) have no difficult in hearing 28 and 4 (1.6%) persons always have difficult in hearing. Considering difficult in walking and climbing, 189 (75.6%) have no difficult in walking and climbing and 32 (12.8%) have always difficult in walking. Regarding remembering and concentration 205 (82%) adult have no difficult in remembrance and concentration, 9 (3.6%) persons have most of the times difficult in remembrance and none of them have always difficult in concentration and remembrance. Considering the difficult in self-care 204 (97.6%) persons have no difficult in self-care and 24 (9.6%) have always difficult in self-care. Considering the difficult in communication 244 (97.5%) disabled persons have no difficult in communication. and none of them reported difficult in communication.

Similar study was conducted by *Marianne Holmgren, Anna Lindgre, Jeroen de MunterFinn Rasmusse and Gerd Ahlstrom 2014* on association of mobility disability with overweight status and obesity in a large population-based Swedish. It included 13,549 randomly selected individuals aged 18–64 years who answered questions about mobility disability, weight, height, health-related quality of life and participation in society in the Stockholm Public Health Survey 2002 and 2010. The respondents both with and without mobility disability increased in BMI, but with no significant difference in the longitudinal changes Presence of mobility disability increased the risk of low health-

related quality of life and lack of participation in 2010. The risk of pain and low general health (parts of health-related quality of life) increased for every 5 units of higher BMI reported in 2010.

Conclusion

The present study assessed the prevalence of disability among adults The results of the present study revealed that, Among the adult population, with respect to difficult in seeing, only 4 (1.6%) have always difficult in seeing. Considering the difficult in hearing, 4 (1.6%) persons always have difficult in hearing. Considering difficult in walking and climbing 32 (12.8%) have always difficult in walking. Regarding remembering and concentration 9 (3.6%) persons have most of the times difficult in remembrance and none of them have always difficult in concentration and remembrance. Considering the difficult in self-care 24 (9.6%) have always difficult in self-care. Considering the difficult in communication none of them reported difficult in communication. Hence awareness should be created among the adult population on type of disabilities and the resources available to manage the disabilities.

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