Health, 2015, 7, 633-638
Published Online May 2015 in SciRes. http://www.scirp.org/journal/health
http://dx.doi.org/10.4236/health.2015.75075

Socio-Economic Profile of People with Disabilities: A Health Impact

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Received 28 April 2015; accepted 23 May 2015; published 26 May 2015

Abstract

The objective was to compare the socioeconomic profile and the repercussions for effects on the health of people with physical, hearing and visual of the main Ceará state associations in Brazil. Quantitative study carried out from March to August 2012 through a structured questionnaire with 120 subjects. Variables were: gender, age, education, family income and marital status. Studies are necessary to examine the effects of sociodemographic characteristics on health. The results indicate that the three deficiencies have different distributions in all age groups (p = 0.001), and auditory and visual obtained the highest percentage in the age group of 18 - 29 years (67.5% and 40%, respectively), while motor in the range of 30 - 49 (60%), if no association between level of education and disability was found (p = 0.553). Family income showed a statistically significant difference between disability (p = 0.044), with lower income in hearing loss (45%) and higher in the visual (42.5%). Studies have demonstrated that people with disabilities are not homogeneous. It is important to examine socioeconomic indicators, and individual needs and characteristics to plan effective action.

Keywords

Disabled Persons, Health Promotion, Nursing

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How to cite this paper: de Oliveira, P.M.P., Mariano, M.R., Pagliuca, L.M.F., da Silva, J.M., de Almeida, P.C. and Oliveira, G.O.B. (2015) Socio-Economic Profile of People with Disabilities: A Health Impact. *Health*, **7**, 633-638.
http://dx.doi.org/10.4236/health.2015.75075

1. Introduction

It is estimated that more than a billion people worldwide have some type of disability, and about 20% live in poor socioeconomic conditions. According to the report, actions to respond to the needs of those living with disabilities have been little explored in recent years [1].

Historically, people with disabilities are excluded by the media and information, and despite the search for accessibility, there are difficulties in their inclusion in everyday environments and activities [2]. Among these aspects, it is emphasized the context for health promotion actions that may not be able to reach this population; therefore there is a need for quantitative and qualitative evaluation of the sociodemographic characteristics to adopt appropriate measures and effectively inclusive.

A document analysis for the concept construction of the person with disabilities, covering public policy documents of health, pointed out the difficulty to education access, discrimination and denial of rights [3]. It is believed that identifying the level of education, age and family income, in addition to gender issues can contribute to resolutive interventions.

Poor socioeconomic characteristics can lead people with disabilities to social isolation, which in turn is presented as a contributing factor to the lack of health promotion, limited access to services and unequal treatment, identified by the difficulty in scheduling appointments, barriers in accessing information and failure in communication [1]. Thus, the need for promoting the health of people with disabilities is unquestionable, and should be treated as a priority both in political level and in supporting health services.

Health professionals should add knowledge on the current health policies as well as its main guiding principles in order to promote attention focused on the population's needs through inclusive actions, corresponding to the principles of universal access to health [4].

Socioeconomic profile of people with disabilities strongly influences their health context. Studying it, the professionals will have concrete elements to reflect about their work process, in compliance with the guidelines governing health actions. Thus, this enables the construction of an affordable health service that meets the needs of this population.

Therefore, it emphasizes the importance of knowing the profile of different types of disabilities. So, the objective of this research is to analyze the socioeconomic profile of people with physical, hearing and visual disabilities and its possible health impacts.

2. Method

Descriptive, quantitative study with non-probability convenience sampling, understood when selecting individuals who are more accessible to the study [5]. Inclusion criteria: be over 18 years old, considering full age, responsibility and autonomy. Data collection was carried in people with visual, hearing and physical disabilities schools and associations in 2012.

A structured questionnaire developed for this study was applied; it included variables such as gender, age, education, family income and marital status. For the visually impaired, an interview was held; the deaf interpreter responded with intermediation of sign language translator, the physically disabled answered without aid.

For the systematization and analysis data were used the Statistical Package for Social Sciences, version 20.0, and license No. 10101131007. Associations between type of disability and socioeconomic variables were performed with χ^2 and probability ratio tests. The significance level was fixed in $p < 0.05$.

The universal principles of ethics for research with humans are respected, and the study was approved by the Ethics Committee of the Federal University of Ceará, with report No. 297/10.

3. Results

120 subjects took part in the study, 40 subjects per each deficiency in the study. **Table 1** describes the socioeconomic profile of the participants.

Men and women are distributed similarly in the three categories of disability, with no significant difference ($p = 0.349$). There were dispersed with a significant difference among the three groups in terms of age ($p = 0.001$). No association was found between level of education and disability ($p = 0.553$). Family income with a significant difference between the disabilities ($p = 0.044$), also present in the marital status in the three deficiencies ($p = 0.015$).

Table 1. Distribution of number of subjects according to socioeconomic characteristics and type of disability.

Characteristics	Disability						
	Hearing		Visual		Motor		
	No.	%	No.	%	No.	%	p
Gender							0.349[(1)]
Feminine	21	52.5	15	37.5	16	40.0	
Masculine	19	47.5	25	62.5	24	60.0	
Age							0.001[(2)]
18 - 29	27	67.5	16	40.0	12	30.0	
30 - 49	11	27.5	15	37.5	24	60.0	
50 - 79	2	5	9	22.5	4	10.0	
Education							0.553[(1)]
Up to secondary	5	19.2	10	30.3	13	35.1	
High school	12	46.2	11	33.3	10	27.0	
Superior	9	34.6	12	36.4	14	37.8	
Family income							0.044[(1)]
Up to 1.0	18	45.0	17	42.5	10	25.0	
1.1 - 2.0	6	15.0	6	15.0	11	27.5	
2.1 - 7.2	5	12.5	17	42.5	13	32.5	
Marital status							0.015[(1)]
Married/stable union	13	32.5	10	25.0	22	55.0	
Not married	27	67.5	30	75.0	18	45.0	

[(1)]χ^2 test; [(2)]Probability ratio test.

4. Discussion

All over the world, women represents three quarters of people with disabilities in low- and middle-income countries [6]. The majority of the total population with disabilities is made up of women, which can be related to the fact that male mortality is higher than female in the country. Among the deficiencies, hearing is more prevalent in females while the motor affects most male [7].

Through the results, the predominant gender in visual and motor disabilities was male (62.5% e 60.0%), while in hearing loss there is a higher percentage of women (52.5%), although it was not found statistically significant differences within the three groups. Despite the divergence to predominate men, the findings support regarding the distribution of women and men in the types of disabilities.

Gender social imagery reinforces distinctions between men and women related to health care, men are in a not caring, missing, little participative, impatient position, while women are assigned greater presence and greater adherence to care proposals [8]. Thus, the higher search for health services among women may be related to the prolonged life expectancy and thus present in greater numbers with a disability.

Increased life expectancy has enabled the disabilities to be increasingly related to non-communicable chronic diseases such as hypertension, diabetes mellitus, acute myocardial infarction, stroke, cancer and osteoporosis. These conditions occur mainly in older ages [9]. Research among adults with a disability showed that the subjects were aged ≥50 years (61.4%) [10]. Disabled Brazilians are found predominantly at older ages than in youth and adulthood [11].

In this study, however, people with disabilities are represented at all levels, predominantly in ages 18 - 29

years in the three types of disabilities, hearing (67.5%), visual (40%) and motor (30%), finding related to the profile of respondents, in which most participate in recreational and social associations, and mid-level educational institutions.

Regarding to education, study in 30 countries showed that children with disabilities are less likely to begin the school and presents lower attendance and transition to higher levels. Furthermore, the quality of education provided in this population is often inadequate [12]. Education influences in the inclusion process in society. Unfortunately, the disability is a sociological phenomenon which is manifested by numerous restrictive social barriers, such as low education [13].

The isolation is one of the consequences of low education in this population, because this people does not circulate in streets, schools or have access to work [14]. Among other factors, the lack of education is directly related to a precarious health services access by people with disabilities [15].

World Report on Disability suggests that enrolment rates in schools vary among the deficiencies, where those with physical disabilities usually have higher adherence than those living with sensory disabilities[1]. In contrast, the three groups individuals have similar distribution ($p = 0.553$), although in the hearing loss the high school level is predominant (46.2%), while in visual and motor disabilities predominates the higher education (36.4% e 37.8%). Regular school teachers have difficulties to follow the school curriculum of deaf students, leaving them on the margins of inclusion in the educational process [16]. The lower education on hearing loss is largely related to the educational institutions to students with this type of disability unpreparedness.

Communication and access barriers are also noticeable in the context of health for people with disabilities. Professionals who use tools to achieve these patients, such as the Libras Course—sign language, are punctual records and not routed proposal for planned programs and policies, aimed at the demand of these people according to their needs [17].

Regarding income, the deaf people (37.5%) with >10 years of age receive a minimum wage, differing from the visually impaired (36.7%). As for motor disability (67.8%) they receive up to two minimum wages [7]. There are still people without paid work and among those that have, the most receive low wages and occupies less important functions than a non-disabled person with the same education [18]. Based on a salary of $380, the family income of study subjects ranged from 1 to 7.2 wages, and obtained a statistically significant difference among the three groups ($p = 0.044$). Being smaller in the hearing, followed by visual, and better among the ones with physical disabilities, those with incomes from 2.1 to 7.2 wages (32.5%).

Disabled person with per capita family income of less than a quarter of the minimum wage is entitled to Continuous Cash Benefit, which guarantees a minimum wage. Despite the initiative, deep changes in the education sector and the labour market is needed to alter that reality; the equation: low education, low wages and other difficulties induces the person to choose to continue receiving a benefit, rather than venturing into the labour market, with insecurities and difficulties [19].

Comparison between people with and without disabilities showed that the disabled person in working age, experienced significant disadvantages in the labour market and worse results in this area. On average, employment rates (44%) were a little more than half of those of people without disabilities (75%). The inactivity rate was approximately 2.5 times higher among people without disabilities (49% and 20%, respectively) [20]. Regarding the type of disability, the visually impaired when evaluating job opportunities, reported difficulty being hired (60%). The highest percentage was composed of individuals with 11 years of schooling, others have higher level. So, there is opportunity but for those who have high level of education, and these are few [14].

Facing barriers to employment is possible with the adoption of laws capable of providing a starting point to promote inclusion in employment, where employers obey the law and make reasonable accommodation such as accessible procedures of recruitment and selection, adaptations in work environment, changes in working hours, and offer assistive technologies [1].

In analogy, between access to the labour and health services market, the lack of adequate structure to the specific characteristics of users with a disability meets the constitutional principle of social justice to hamper and even to preclude access to health services [21]. In the field of public health, the situation of assistance to the disabled person still has a fragility, dislocation and discontinuity of actions profile, with a marginally inserted assistance in the health system [15]. Thus, the strengthening of existing policies and the enforcement of specific laws is necessary.

As the employers, health professionals need to be aware of the problems of people with disabilities. It is a citizenship duty to know the laws that support these people and the incentive to fight for their rights, by provid-

ing information that can enable and facilitate the exercise of the right to social inclusion in the run to overcome discrimination [22].

As for marital status in the institution for social care, health and education of the visually impaired, all subjects were single, which indicates isolation, since the vision limitation can have a negative influence on social skills and interpersonal relations [23]. Among seniors with disabilities 93% had no companion which requires different family arrangements which causes most of the time a living with children or alone [24]. Among the results, it was also noted that there are differences in marital status of the three deficiencies, and most individuals with hearing and visual impairment are not married, while in motor disability married/in a stable relationship predominates.

5. Conclusions

People with disabilities are not a homogeneous group; they show different socioeconomic and manifestations, that should also be treated this way. Men and women were distributed similarly in the three categories of disabilities; there as a distribution with a significant difference among the three groups in terms of age groups, no association was found between level of education and disability; however there was no difference in family income and marital status.

Knowing the socioeconomic indicators of persons with disabilities, their peculiarities and needs, contributes to the planning of effective action. Recognizing that health promotion is developed while considering social conditions, such as gender, age, level of education, employment income, and marital status permits a broader view of the health goals. Recognizing implications of these indicators enhances desired results in health promotion for people with disabilities.

The disability must be worked considering the life of the individual "with" it and not "despite of" it, providing opportunities for exercise of the citizenship, in various contexts, including their health. It is expected to contribute to disclose information about people with disabilities, to promote discussion, to sensitize society and prompt health professionals in improving health care for these clients.

Funding

Funded by the Conselho Nacional de Desenvolvimento Científico e Tecnológico and Coordenação de Aperfeiçoamento de Pessoal de Nível Superior.

References

[1] World Health Organization/The World Bank (2011) World Report on Disability. http://www.who.int/disabilities/world_report/2011/report/en/index.html

[2] Pessini, A., Citadin, J., Kemczinski, A. and Gasparini, I. (2013) Avaliação da acessibilidade das funções de privacidade do Facebook com pessoas com deficiência visual. *Revista Latino-Americana de Inovação e Engenharia de Produção*, **1**, 76-91. http://dx.doi.org/10.5380/relainep.v1i1.31887

[3] Baptista, R.S. and Pagliuca, L.M.F. (2009) Disabled Person an Evolutionary Perspective: Conceptual Analysis. *Online Brazilian Journal of Nursing*, **8**, 3. http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2009.2511/551 http://dx.doi.org/10.5935/1676-4285.20092511

[4] Aquino, P., Ximenes, L.B. and Pinheiro, A.K.B. (2010) Políticas públicas de saúde voltadas à atenção à prostituta: Breve resgate histórico. *Enfermagem em Foco*, **1**, 18-22. http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/4

[5] Polit, D. and Beck, C. (2011) Fundamentos de pesquisa em enfermagem: Avaliação de evidências para a prática da enfermagem. Artmed, Porto Alegre.

[6] UE & Internationales (2011) Women More Prone to Disability than Men, and Particularly Vulnerable to Discrimination and Violence. http://www.womenlobby.org/news/european-international-news/article/women-more-prone-to-disability?lang=fr

[7] Brasil. Ministério da Saúde (2012) DATASUS-Departamento de Informática do SUS. Óbitos por ocorrência segundo sexo. http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sim/cnv/obt10uf.def

[8] Machin, R., Couto, M.T., Silva, G.S.N., Schraiber, L.B., Gomes, R. and Figueiredo, W.S., *et al*. (2011) Concepts of Gender, Masculinity and Healthcare: A Study of Primary Healthcare Professionals. *Ciência & Saúde Coletiva*, **11**,

4503-4512. http://dx.doi.org/10.1590/S1413-81232011001200023

[9] Mertins, S.M., Scarton, J., Kolankiewicz, A.C.B., Loro, M.M., Rosanelli, C.L.S.P. and Gomes, J.S. (2011) Consulta de enfermagem: Um relato de experiência. *Revista Contexto & Saúde*, **10**, 837-840. https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/1670/1389

[10] Chun, S.M., Hwang, B., Park, J.-H. and Shin, H.-I. (2012) Implications of Sociodemographic Factors and Health Examination Rate for People with Disabilities. *Archives of Physical Medicine and Rehabilitation*, **93**, 1161-1166. http://ac.els-cdn.com/S0003999312001062/1-s2.0-S0003999312001062-main.pdf?_tid=773da188-e2ad-11e4-b555-00000aacb35f&acdnat=1429019718_bf155039ee3b59fb238503f4b55ffb11 http://dx.doi.org/10.1016/j.apmr.2012.02.012

[11] Instituto Brasileiro de Geografia e Estatística (2010) Censo demográfico 2010: Características gerais da população, religião e pessoas com deficiência. http://biblioteca.ibge.gov.br/visualizacao/periodicos/94/cd_2010_religiao_deficiencia.pdf

[12] Kuper, H., Monteath-Van, D.A., Wing, K., Danquah, L., Evans, J., Zuurmond, M. and Gallinetti, J. (2014) The Impact of Disability on the Lives of Children; Cross-Sectional Data including 8,900 Children with Disabilities and 898,834 Children without Disabilities across 30 Countries. *PLoS ONE*, **9**, 107300. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0107300 http://dx.doi.org/10.1371/journal.pone.0107300

[13] Bernardes, L.C.G., Maior, I.M.M.L., Spezia, C.H. and Araújo, T.C.C.F. (2009) Persons with Disabilities and Brazilian Healthcare Policies: Thoughts about Bioethics. *Ciência & Saúde Coletiva*, **14**, 31-38. http://www.scielo.br/pdf/csc/v14n1/a08v14n1.pdf http://dx.doi.org/10.1590/S1413-81232009000100008

[14] Vianna, L.M.B.P., Tardelli, P.G.A.S. and Almeida, L.I.R. (2012) Inclusão e mercado de trabalho: Uma análise das dificuldades enfrentadas por pessoas com deficiência em ingressar no mercado de trabalho da Grande Vitória (ES). *Destarte*, **2**, 95-109. http://revistas.es.estacio.br/index.php/destarte/article/view/111/111

[15] Girondi, J.B.R. and Santos, S.M.A. (2011) Physical Disability in the Elderly and Accessibility on Primary Health Care: Integrative Review of the Literature. *Revista Gaúcha de Enfermagem*, **32**, 378-384. http://dx.doi.org/10.1590/S1983-14472011000200023

[16] Pedrosa, V.S., Beltrame, A.L.N., Boato, E.M. and Sampaio, T.M.V. (2013) The Experience of Physical Education Teachers in the Process of School Inclusion of the Deaf Student. *Revista Brasileira de Ciência e Movimento*, **21**, 106-115. http://portalrevistas.ucb.br/index.php/RBCM/article/view/3703/2599

[17] Sales, A.S., Oliveira, R.F. and Araújo, E.M. (2013) Inclusion of Persons with Disabilities in a Reference Center for STD/AIDS of a Town in Bahia, Brazil. *Revista Brasileira de Enfermagem*, **66**, 208-214. http://dx.doi.org/10.1590/S0034-71672013000200009

[18] Maia, L.M., Camino, C. and Camino, L. (2011) People with Disabilities in the Labor Market: An Analysis of the Prejudice Based on the Conceptions of Human Resource Professionals. *Pesquisas e Práticas Psicossociais*, **6**, 78-91. http://www.ufsj.edu.br/portal2-repositorio/File/revistalapip/volume6_n1/Maia_et_al.pdf

[19] Pereira, A.C.C. and Passerino, L. (2012) A Study on the Profile of Disabled Employees in an Organization. *Revista Brasileira de Educação Especial*, **18**, 245-264. http://dx.doi.org/10.1590/S1413-65382012000200006

[20] Organisation for Economic Co-operation and Development (2010) Sickness, Disability and Work: Breaking the Barriers. A Synthesis of Findings across OECD Countries. http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf

[21] Lopes, M.J.M., Soares, J.S.F. and Bohusch, G. (2014) Disabled People in Primary Healthcare: Professionals' Discourse and Practice in a Healthcare Teaching Center. *Revista Baiana de Enfermagem*, **28**, 4-12. http://www.lume.ufrgs.br/bitstream/handle/10183/104336/000938480.pdf?sequence=1

[22] Aragão, A.E.A., Ponte, K.M.A., Pagliuca, L.M.F., Monteiro, M.A.A., Ferreira, A.G.N. and Sousa, P.C.P. (2010) Profile of Disabled People of a Parish in the Diocese of Sobral-Ceará: Quantitative Study. *Online Brazilian Journal of Nursing*, **9**, 1-10. http://www.objnursing.uff.br/index.php/nursing/rt/printerFriendly/2834/647 http://dx.doi.org/10.5935/1676-4285.20102834

[23] Julião, C.H., Paiva, M.A.M., Shimano, S.G.N., Conti, V. and Santos, Z.C. (2013) The Visual Impairment and the Process of Construction of Citizenship: A Study in the Institute for the Blind of Brazil Central of Uberaba, Minas Gerais, Brazil. *Revista Família, Ciclos de Vida e Saúde no Contexto Social*, **1**, 42-49. http://www.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/606/425

[24] Marin, M.J.S., Lorenzetti, D., Chacon, M.C.M., Polo, M.C., Martins, V.S. and Moreira, S.A.C. (2013) Health and Living Conditions of Disabled People over 50 Years Old and Their Caregivers in a Municipality of São Paulo State, Brazil. *Revista Brasileira de Geriatria e Gerontologia*, **16**, 365-374. http://dx.doi.org/10.1590/S1809-98232013000200016