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### Evaluation of the Society's Attitudes Towards Disabled Individuals: Example of Zonguldak

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#### ABSTRACT

**Aim:** This study was performed to evaluate the attitudes of the people living in a city center in the Zonguldak city towards disabled individuals. **Materials and Methods:** This descriptive cross-sectional, study was conducted between January 2016 and Jun 2016 at a city center in the Western Black Sea Region of Turkey. Sample group of the study was composed of 608 participants who admitted to eight Family Health Centers, who were 18 years old and more who approved to participate in the study. **Results:** It was determined that there were statistically significant differences between mean scores of the participants for their attitudes towards disabled individuals in their age, educational level, working, using prosthesis, evaluating their health, living in the same house with the disabled individual, and the presence of disabled individuals in their families affecting the daily life of the family ( $p>0.05$ ). **Conclusion:** Participants generally stated that services and aids provided for the disabled as insufficient.

**Key Words:** Disability, Social Perception, Attitudes.

### Toplumun Engelli Bireylere Karşı Tutumların Değerlendirilmesi: Zonguldak Örneği

#### ÖZ

**Amaç:** Bu araştırma, Zonguldak ilinde yaşayan bireylerin engelli bireylere yönelik tutumlarını değerlendirmek amacıyla yapılmıştır. **Yöntem:** Tanımlayıcı kesitsel tipteki bu çalışma, Ocak 2016 ile Haziran 2016 tarihleri arasında Türkiye'nin Batı Karadeniz Bölgesi'ndeki bir şehir merkezinde gerçekleştirilmiştir. Araştırmanın örneklem grubunu sekiz Aile Sağlığı Merkezine başvuran 18 yaş ve üzeri, araştırmaya katılmayı kabul eden 608 katılımcı oluşturmuştur. **Bulgular:** Katılımcıların engelli bireylere yönelik tutumunun yaş, eğitim seviyesi, çalışma, protez kullanma, sağlıklarını değerlendirme, engelli bireyle aynı evde yaşama, ailelerinde engelli bireylerin bulunmasının ailenin günlük yaşamını etkileme durumlarına göre anlamlı farklılık gösterdiği saptanmıştır ( $p>0.05$ ). **Sonuç:** Katılımcılar, genel olarak engellilere sağlanan hizmet ve yardımları yetersiz olduğunu ifade etmişlerdir.

**Anahtar Kelimeler:** Engellilik, Sosyal Algı, Tutumlar.

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## INTRODUCTION

Disability is a negative condition that prevents or limits individuals to perform the activities expected from them based on their age, sex, social and cultural status in case of an injury or accident (Girgin Aykanat and Balcı, 2015). Disability may be congenital or may emerge as a result of later diseases or accidents. World Health Organization (WHO) has defined disability by a three-step model since 1980. Any damage to the individual occurs at first; this is followed by a functional limitation and a social restriction occurs as a result. This definition of WHO is accepted as an international standard (WHO, 1980). Disabled people are obliged to live as isolated from the rest of the world even in metropolitan cities due to physical barriers. Public transportation, shopping centers, pavements, parks, cinemas and public buildings (including the schools) prevent the communication of the disabled individual with the world and society. Due to the lack of rehabilitation, urban transport and housing inconformity, they experience problems in social integration (Bulut et al., 2016). There is a disabled profile that is illiterate, has a low education level, cannot find a job due to lack of education, does not have a social insurance and that is poor due to exclusion from education (Öztürk, 2011; Uslu ve Shakouri, 2014; Ergüden, 2008; Gümüş, 2009). Some interventions are required to overcome the difficulties encountered by the disabled people and to remove environmental and social barriers. The detection of needs and problems of the disabled individuals and solutions regarding their problems are closely associated with cultural perspective (WHO, 2018). In this context, the attitude of the society towards these individuals is important to make them to have an active role within the society, benefit from healthcare and social services equally and for social integration (Burcu, 2011). This study was performed to evaluate the attitudes of the people living in a city center in the Western Black Sea Region of Turkey towards disabled individuals.

## MATERIALS AND METHODS

### Design and sample

This descriptive cross-sectional, study was conducted between January 2016 and Jun 2016 at a city center in the Western Black Sea Region of Turkey. The population of the research consists of individuals living in the city center of Zonguldak. There are eight Family Health Centers in the city center of Zonguldak. The sample group of the study consisted of 608 participants who applied to eight Family Health Centers between January 2016 and June 2016, were 18-65 years old and over, agreed to participate in the study, had no communication barriers, were Turkish, and agreed to participate in the study.

### Data collection tools

This study used the Descriptive Information Form, Questionnaire of Attitudes Towards the Disability Questionnaire (QATD), as data collection tools.

**Descriptive Information Form:** The form, which was organized by the researcher in accordance with the related literature, consists of a total of 23 questions to evaluate the socio-demographic characteristics, health stories and family experiences of individuals.

**Questionnaire of Attitudes Towards Disability (QATD):** This scale was developed by the Presidency of Administration for the Disabled. It is in the form of five (5) Likert-type for each item. Minimum 43 points and maximum 215 points can be obtained from QATD. Getting a high score from QATD contributes to positive attitudes towards disabled individuals. The Cronbach's alpha values ranged between .57 and .83 (Saygin et al., 2008). The Cronbach's alpha was 0.85 for this study.

### Data collection

Data were collected by using face-to-face interviewing technique. They were collected from the individuals who admitted to Family Health Centers during the dates of enrollment and who approved to participate. Response times of the participants were about 10-15 minutes.

### Data analysis

Collected data were organized and assessed with the statistical package program (SPSS 13.0.1, customer number: 114094, Chicago, Illionis, 2011). Descriptive statistics including percentage for qualitative variables and mean and standard deviation for quantitative variables were used. Mann-Whitney U test, Kruskal-Wallis test and Spearman correlation analysis were used. Mann-Whitney U test with Bonferroni correction was used in Kruskal-Wallis variance analysis for the comparison of subgroups. Means (M) and standard deviation (SD) were given together (M±SD);  $p < 0.05$  was accepted as statistically significant.

### Ethical considerations

Written permission was obtained from the Human Research Ethics Committee of a Bülent Ecevit University (14.01.2016-86) and the institution where the study was conducted. The objective and methods of the study were explained to the participants; and all participants provided a written consent.

## RESULTS

It was determined participant that 56.6% (n=344) were women, 50.7% (n=308) were married, 41.8% (n=254) had an undergraduate degree, 54.0% (n=328) were unemployed and 53.5% (n=325) had an income equal to their expenses (Table 1).

It was determined that 76.8% (n=467) had disabled individuals among their families or first and second-degree relatives, 86.3% (n=525) were not living together with a disabled individual at the same house, and daily lives of 34.9% (n=29) were much affected by having a disabled individual within the family. Out of participants, disability was considered as a punishment by 18.6% (n=113), a grace/gift by 24.8% (n=148) and a test/exam by 73.8% (n=447); and 63.9% (n=388) were thinking that a disabled baby

should be born. 92.1% (n=560) of the participants did not consider public transportations, buildings, avenues, streets and pavements as suitable for the disabled individuals (Table 2).

**Table 1. Distribution of the participants based on their socio-demographic characteristics.**

Variables	Mean±SD	Min–Max
Age	34.8±11.7	18-65
Variables	n	%
Sex		
Women	344	56.6
Men	264	43.4
Marital Status		
Married	308	50.6
Single	247	40.6
Widow	35	5.8
Divorced	18	3.0
Education Level		
Illiterate	11	1.8
Literate	37	6.1
Elementary school	66	10.9
Secondary school	35	2.8
High school	179	29.4
Undergraduate	254	41.8
Postgraduate	26	4.3
Employment status		
Employed	328	54.0
Unemployed	280	46.0
Economic status		
Income is less than expenses	195	32.1
Income is equal to the expenses	325	53.5
Income is more than expenses	88	14.5
<b>Total</b>	<b>608</b>	<b>100.0</b>

It was determined that there were statistically significant differences between mean scores of the participants for their attitudes towards disabled individuals based on their age ( $p=0.0001$ ), education ( $p=0.0001$ ) and employment ( $p=0.004$ ) states. It was found that mean scores of the ones who were younger than 35 years old, who were postgraduates, who had an undergraduate degree and who were employed were significantly higher than the other groups. It was determined that the difference in education status was derived from the fact that postgraduates ( $p=0.002$ ) and undergraduates ( $p=0.001$ ) had more positive attitudes than the literate individuals (Table 3).

**Table 2. Distribution of participants' knowledge and attitudes regarding disability.**

Variables	n	%
Presence of a disabled individual among the family or relatives		
No	467	76.8
Yes	141	23.2
Living with the disabled individual at the same house		
No	525	86.3
Yes	83	13.7
The perceived impact on daily life		
Affects much	29	34.9
Affects partly	29	34.9
Does not affect at all	25	30.1
Knowing a disabled individual		
I do not know any	118	19.4
I know disabled individuals	489	80.6
Considering disability as a punishment		
Yes	113	18.6
No	185	81.4
Considering disability as a gift		
Yes	148	24.8
No	449	75.2
Variables	n	%
Considering disability as an exam		
Yes	447	73.8
No	159	26.2
Knowing that baby will have a congenital disability		
I think the pregnancy should be terminated	186	30.6
I think the baby should be born	388	63.9
Other	33	5.4
The suitability of physical environmental condition for the disabled		
No	560	92.1
Yes	48	7.9
Disability and participant in social life		
Prejudices of the society	401	66.0
Barriers regarding transportation	336	56.4
Lack of job opportunities	343	55.3
Inadequacy of the disabled individual	336	45.1
Lack of sufficient support	274	21.1
Lack of availability of educational opportunities	270	44.4
Lack of getting an appropriate professional education	229	37.7
Access to the information	128	21.1
Services are provided by the government for the disabled		
Not sufficient	253	41.6
Not much sufficient	186	30.6
Somewhat sufficient	147	24.2
Significantly sufficient	22	3.6

**Table 3. Comparison of participants' attitudes towards disabled individuals based on their sociodemographic characteristics.**

Variables	X±SD	Test value / p
<b>Age</b>		
Below 35 years old	175.36±24.98	<b>U=-3.969</b> <b>p=0.0001</b>
35 years and older	167.22±25.28	
<b>Sex</b>		
Women	174.72±23.99	U=4.343 p=0.130
Men	168.12±26.73	
<b>Marital status</b>		
Married	171.03±25.43	KW=5.691 p=0.128
Single	174.02±25.35	
Widow	165.26±25.04	
Divorced	166.56±24.56	
<b>Education level</b>		
Illiterate	163.45±20.81	<b>KW=26.765</b> <b>p=0.0001</b>
Literate	160.89±26.47	
Elementary school	166.62±23.81	
Secondary school	167.57±22.53	
High school	170.36±24.4	
Undergraduate	176.20±25.54	
Postgraduate	177.85±30.6	
<b>Regular job</b>		
Employed	174.00±25.72	<b>U=-2.434</b> <b>p=0.01</b>
Unemployed	169.33±24.85	
<b>Income status</b>		
Income is less than expenses	169.29±25.28	KW=2.851 p=0.240
Income is equal to the expenses	172.96±25.11	
Income is more than the expenses	173.45±26.62	

No significant differences were found between mean attitude scores of the participants based on their sex, marital status and income status ( $p>0.05$ ) (Table 3). Statistically significant differences were found between attitude scores of the participants based on their states of using prosthesis ( $p=0.0001$ ) and evaluating their own health ( $p=0.024$ ).

It was found that the participants who were not using prosthesis had more positive attitudes towards the disabled compared to the ones who were using. Based on the state of evaluating own health, it was determined that the individuals who qualified their own health as very well had more positive attitudes towards the disabled individuals than the ones who evaluated as bad (Table 4).

A statistically significant difference was found between mean attitude scores of the participants based on their states of living with a disabled

individuals at the same house ( $p=0.031$ ) and the states of how their daily lives are affected by the presence of disabled individuals within their families ( $p=0.031$ ).

It was detected that the ones who were not living with a disabled individual at the same house had more positive attitudes. The difference seen in the state of how daily life is affected by having a disabled individual within the family was found to be derived from the difference in the mean score between the ones who were much affected and who were not affected at all ( $p=0.012$ ) (Table 4).

There were not significant differences between mean attitude scores of the participants based on the presence of a chronic disease, regular medication use and the presence of a disabled individual among their families or relatives ( $p>0.05$ ) (Table 4).

Table 4. Comparison of participants' attitudes towards disabled individuals based on some characteristics.

Variables	QATD	Test value / p
<b>Presence of chronic disease</b>		
No	172.66±25.54	KW=2.203 p=0.332
At least one	169.41±25.20	
More than one	168.95±23.72	
<b>Use of prosthesis</b>		
No	175.24±23.39	U=-3.990 p=0.0001
Yes	165.44±27.80	
<b>Evaluation of own health</b>		
Very bad	178.14±19.36	KW=11.205 p=0.024
Bad	167.64±24.70	
Moderate	171.34±24.75	
Well	170.81±26.05	
Very well	180.37±24.57	
<b>Presence of a disabled individual among the family or relatives</b>		
No	172.91±24.84	U=-1.764 p=0.078
Yes	168.36±27.02	
<b>Living with the disabled individual at the same house</b>		
No	172.65±25.11	U=2.162 p=0.031
Yes	166.77±27.56	
<b>Impact on daily life</b>		
Affects much	160.97±28.73	KW=6.979 p=0.031
Affects partly	162.72±30.43	
Does not affect at all	180.12±25.94	

## DISCUSSION

It was determined that disability was considered as a punishment by 18.6% (n=113), a grace/gift by 24.8% (n=148) and a test/exam by 73.8% (n=447) of the participants. Also in the studies performed with Turkish people, it was found that the ratio of the ones, who believed that disability was given by the God to be tested, was significantly high (Baykan et al. 2018). Religious belief systems help individuals to embrace their experiences and to give a meaning to disability. Participants mostly stated that the baby should be born even in case of knowing during pregnancy that he/she will be disabled. Abortion is a medical, religious, moral and ethical issue. Most of the religious beliefs do not approve the termination of the pregnancy (Johnson 2011). Positive opinions regarding the birth of disabled babies might be associated with the attitudes of the religious beliefs on abortion. Participants stated that the biggest barrier for the participation of disabled in the society was prejudices of the society (66%). The social prejudices were also reported to be the biggest barrier in front of the integration of disabled into the society in the studies performed with disabled individuals and their families (Aslan and Şeker 2013; Başaran et al. 2010) as well as with healthy individuals (Çolak and Çetin 2014, Öztürk 2017). This was associated with the fact that individuals could not get rid of their prejudices although they had positive perspectives towards the disability with the effect of belief systems. Participants identified the other barriers as barriers regarding transportation (56.4%), lack of

sufficient support (55.3%) and lack of the availability of educational opportunities (44.4%). Similarly, participants did not consider public transportation, buildings, streets, avenues and pavements as appropriate for the disabled by a ratio of 92.1%. Physical and social barriers are the leading factors that negatively affect integration of the disabled people into the society in many countries (Environics Research Group 2004). In the studies performed in Turkey, it has been reported that no sufficient regulations were made to make disabled individuals to integrate into the society. It was determined that urban transport, public transportation, shopping centers, pavements, parks, cinemas and public institutions prevented the interaction of the disabled individual with the society (Ergüden, 2008; Aktaş, 2010; Öztürk, 2011). When the participants were asked whether services and aids provided for the disabled by the government were sufficient or not, 41.6% stated that they were not sufficient. Similarly, services and aids provided by the government for the disabled are not considered as sufficient in Turkey as well as in European countries (Environics Research Group, 2004). In order to provide their integration into social, cultural and economic life, authorized institutions are required to conduct studies in accordance with innovator approaches. Disabled citizens can embrace life and look at the future with confidence only in this way. Handicapped Code, which was accepted in 2005 in Turkey, has been an important step in this framework. This code has widened the extent of benefiting from social rights

and services significantly among the disabled individuals. In recent years, opportunities provided for disabled people have increased; but it is known that social aid system, that is carried out in private and public means, still remains less than needed (Karahan and Kuru, 2015). It was found that there was a statistically significant difference between mean attitude scores based on age of the participants; and the ones who were younger than 35 years old were found to have a more positive attitude towards the disabled. With having distinct results regarding age in the literature (Döner et al., 2016) there are also some results supporting this outcome (Ünal and Yıldız, 2017; Saygın et al., 2008; Sarı Yıldırım 2010). It can be thought that establishment of Directorate General of Services for the elderly and disabled in 2011 within the body of Ministry of Family and Social Policies and government policies performed in the recent years may be effective on the positive change in social perception.

It was determined that there was a significant difference between mean attitude scores of the participants based on their education levels; and the reason of this difference was the higher scores obtained by the individuals who had undergraduate and postgraduate degrees compared to the other groups. Previous studies have shown that increase in the education level generally affected the attitude towards disabled individuals in a positive way (Saygın et al., 2008; Yazbeck et al., 2004). We can state that attitudes towards disabled individuals become more positive as the education levels increase although there is not an education regarding disability directly. Education brings important values regarding human equality and their rights and awareness against prejudices. At the same time, it was shown that information given to the university students about disabled individuals might be effective in changing the attitudes towards the disabled (Özyürek, 2013).

It was observed that there was a significant difference between mean attitude scores of the participants based on their employment states. While the ones who had a regular job had more positive attitudes, the ones who were retired and unemployed had more negative attitudes. In a study which was performed by Republic of Turkey Prime Ministry Administration and had a universe including individuals who were above 18 years old, who were living in Turkey and who were not disabled, it was reported that the attitudes of the individuals who had a regular job were more positive compared to the ones who did not have a job (Saygın et al., 2008). Having a job means that the individual meets basic needs and feels him/herself safe. This fact might have affected their attitudes in a positive way.

Significant differences were found between attitude scores of the participants based on the states of using any prosthesis ( $p=0.000$ ) and evaluating their own health ( $p=0.024$ ). It was found that participants who were using prosthesis and who qualified their health

as bad had more negative attitudes towards the disabled individuals. In the previous studies, it has been reported that physically disabled individuals were exposed to negative attitudes and behaviors such as pity, excessive interest and staring. It is possible for an individual, who is exposed to such attitudes, to experience dilemmas between the society and self (Ergüden, 2008). Therefore, it was thought that negative perspectives of the ones who were using prosthesis might be due to the negativities experienced by themselves.

It was determined that there was a significant difference between mean attitude scores of the participants based on their states of living with a disabled person at the same house and states of how their daily lives were affected by the presence of a disabled individual in the family ( $p=0.031$ ). Disability affects both disabled individuals and their caregivers in physical, emotional and social aspects; and therefore, causes them to be exposed to many problems (Girgin Aykanat and Balcı, 2015). In case of living with a disabled individual at the same house, all other family members have more responsibilities, more efforts and less time for themselves. The family of a disabled person is faced with many new situations to cope with. Other members of the family should oversee the needs of disabled individual in the first place even while determining daily living activities (Kaytez et al., 2015; Aslan, 2010). Families may be helpless and desperate against the possible difficulties of the care of the disabled, his/her education and living with him/her. The care, treatment and education of the disabled may result in the consumption of financial and moral resources. As a result of this, they may be expected to be exhausted and stressed (Karahan and İslam, 2013). This fact is thought to be associated with the outcome of the study. While the individuals take refuge in a number of belief systems in order to accept this situation, a negative perspective may be emerged as care burden of the disabled individual increases.

#### **Limitations of the study**

Main limitations of our study were that it was cross-sectional, the participants were not screened for psychiatric disorders and no control group was included.

#### **CONCLUSION**

Participants generally did not consider services and aids provided by the government for the disabled as sufficient. Out of participants, disability was considered as a punishment by 18.6%, a grace/gift by 24.8% and a test/exam by 73.8%; and 63.9% were thinking that a disabled baby should be born.

It was determined that there were statistically significant differences between mean scores of the participants for their attitudes towards disabled individuals in their age, educational level, working, using prosthesis, evaluating their health, living in the same house with the disabled individual, and the

presence of disabled individuals in their families affecting the daily life of the family ( $p>0.05$ ).

Despite public spots included in the media and the regulations made by the laws in recent years in Turkey, prejudices of the society and barriers regarding transportation are still the biggest problems met by the disabled individuals.

It is required to make urban planning and government policies for disabled individuals. Information meetings should be organized about this topic with coordinated work of Ministry of Environment and Urbanization and the municipalities, and solution offers should be produced accordingly. Shortcomings of the policies, that have been conducted until today, should be fulfilled and new employment policies should be found.

### Conflict of Interest

The authors declared that there is no conflict of interest.

### Author Contributions

**Plan, design:** HAK; **Material, methods and data collection:** HKA, TKA; **Data analysis and comments:** HKA, TKA, LUA; **Writing and corrections:** HKA, TKA, LUA.

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