

Disability And Socio-Demographic Factors In Adults From Sincelejo, Sucre

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ABSTRACT

The present article aims to relate disability and socio-demographic factors in adults from Sincelejo city in Colombia. It is a correlational study in nature. A non-probabilistic sample was made up of 125 people with disabilities, older than 20 years with a limitation of more than six months. The World Health Organization Disability Assessment Schedule version 2.0 was used to make a disability evaluation. It was validated by the World Health Organization. The global disability mean (scale from 0 to 100) was 26.53 ± 15.4415 points. Regarding the areas evaluated by WHODAS 2.0, the one with the highest average score was mobility 44.60 ± 32.3139 , while the area with the lowest average score was relationships with 11.26 ± 13.7280 points. In the results, it was found that for the socio-demographic variables, there is a high positive correlation between the current occupation variables and the disability and global disability domains. Conclusion: The occupation showed a greater impact on the disability score by area and overall.

Keywords: Disability, socio-demographic characteristics, disability assessment, adults.

1. INTRODUCTION

Disability is a generic term to designate the negative aspects of the interaction between an individual who has a health condition and the contextual factors against which it evolves. In this reference frame, disability is not equivalent to deficiency, nor to a functional type of limitation. Disability is a social participation restriction that corresponds to interaction negative results between individual characteristics and the characteristics of the environment itself (Cuenot, 2018). In this sense, this perspective coincides with what is stated by the International Classification of Functioning, Disability, and Health (ICF), the WHO, and the Convention on the Rights of Persons with Disabilities (CRPD), which find in the biopsychosocial model their greatest epistemic foundation focus on disability from this perspective. It forces us to understand it as a social determinant of health (SDH) since these are characterized by being the contextual aspects in which a person develops (is born, grows, lives, works and ages). And the habits that condition decision-making related to health. They

are subject to the economy, power, and existing resources at the local, national, and global levels, absolutely influenced by the policies implemented. Disability is considered a DSS insofar, as it is generated by situations that restrict participation, generate exclusion, and increase the risk of poverty (Bagnato & Córdoba 2020). On the other hand, for some time now, with the World Report on Disability (2011), the situation faced by people belonging to this group has been shown in the different human development spheres such as health, rehabilitation, assistance support, environment, education, and employment, evidencing a not very encouraging panorama at present despite having a vast and robust normativity and knowledge from different perspectives and existing approaches. The society historical evolution product, the reality is far from that ideal construct.

In the Colombian context, according to Fernández et al., (2021), in the 2018 census. DANE measured the number of people with disabilities in the country. This figure was 3,134,036, equivalent to 6.5% of the census population (48,258,494 people). However, the information on the socioeconomic characteristics of these people, they are relatively limited. Therefore, it does not allow for an analysis that goes beyond counting how many people with disabilities there are in our country. According to the Population Bulletin: Persons with Disabilities, by August 2020, there were a total of 1,319,049 Persons with Disabilities identified and located in the official registry of the Health and Social Protection Ministry. Within the population with a registered disability, there is a higher percentage of men (50.1%), mostly older adults 39%, and 76.84% of people with disabilities registered in the RLCPD are affiliated with the Social Security Health System -SGSSS, mostly with the subsidized regime (Cubillos & Perea 2020). In accordance with the above, the Situational Chamber for Disability 2019 (2020) reports that from the group of people with disabilities over 24 years at the registration time: 42% had Primary School as their last approved educational level and those who reported being out of school, 66,511 (65%) reported that the reason they do not study is because of their disability. As well, 1,188,669 (80%) of the people with disabilities in the RLCPD reported belonging to socioeconomic strata one and two; likewise, 64.32% of people with disabilities do not have any type of income, and 20.5% receive less than \$500,000 pesos per month.

According to the context described above, the evidence has shown how the health social determinants gain strength in the health condition and individual's disability, specifically in socio-demographic determinants characteristics. Whose foundation lies in the fact that they are qualities established in the lifestyle, resulting from the interaction with the environment, closely related to suffering diseases risks, life expectancy, and the disability presence, directly affecting the life quality of the individual (Gil et al., 2018). In this order of ideas, the disability must be viewed from a holistic, multifactorial, and systemic perspective. This must be addressed with a multidimensional and cross-sectoral character, whose resilience is mediated by the environment in which the person develops. It can be framed in the bio-

psychosocial sphere, permeated by internal and external factors, for which it is imperative to carry out a complete evaluation that allows obtaining valuable information, based on the findings obtained, and that contributes to the policies construction, plans, and programs focused on social inclusion of this group by its operation and contextual facilitators, minimizing environmental barriers existence. Based on this, the ICF defines disability as a decrease in each functioning domain; however, it is impractical to assess and measure disability in everyday life. For this reason, the WHO developed WHODAS 2.0 as a generic and practical instrument that can measure disability and health in the population and in clinical practice, capturing the functioning level in six domains, providing a total functioning and disability measurement, reliable, with solid theoretical support, psychometric properties and intercultural applicable (WHO, 2015). This study's purpose was to determine the existing correlation between disability and socio-demographic variables in adults with disabilities from Sincelejo Sucre in Colombia. The WHODAS 2.0 application constitutes a valuable contribution to the design and normative postulator's implementation that tend towards a real and effective inclusion according to the population characteristics of this group.

2. MATERIALS AND METHODS

2.1 Type of Study

This research was developed under an analytical empirical approach. The study was a cross-sectional descriptive and correlational that established the relationship between disability and some socio-demographic factors in adults with disabilities from the Sincelejo Sucre.

2.2 Population and Sample

People over 20 years with disabilities in Sincelejo Sucre. The people population projection with disabilities over 20 years in the participating cities corresponds to information from the location and characterization registry of people with disabilities reported by the Municipal Health Secretariat as of 2016. The sample calculation was estimated with the formula for the bilateral test ("estimation of a linear relationship"), considering a confidence level of 95%, a statistical power of 90%, and an expected linear correlation of 0.3 considered by Mukaka (2012), as acceptable for this study type. In accordance with the above, the sample consisted of 125 people with disabilities in Sincelejo city. A non-probabilistic sampling was executed with volunteer subjects over 20 years from institutions, associations, and people groups with disabilities in the municipality, using the snowball technique; using the formula for finite populations.

2.3 Information Collection Techniques

- a) Survey: General information, socio-demographic aspects
- b) WHO DAS 2.0 Questionnaire: WHO Disability Assessment Instrument (World Health Organization Disability 2.0).

2.4 Process

- a) Informed consent acceptance and signature.
- b) Socio-demographic survey application and disability evaluation instrument
- c) Systematization, tabulation, graphing, and analysis of information.
- d) Discussion of results.
- e) Final report

2.5 Statistic Analysis

Information processing was done using SPSS software version 23.0 (Statistical Package for the Social Science). Univariate analysis: The sample was characterized by considering socio-demographic and disability variables. For qualitative variables, the proportions were calculated, and for quantitative variables, central measures tendency and dispersion. Bivariate analysis: Relationships were established between disability variables by areas, global with socio-demographic variables. For this, Pearson or Spearman correlation coefficients were applied, depending on the variable behavior. Normality tests were previously obtained with Kolmogorov-Smirnov. For all cases, statistical significance was accepted with a value less than or equal to 0.05.

2.6 Declaration on Ethical Aspects

The research complied with the Declaration of Helsinki ethical principles and with Resolution 008430, article 11; it was considered “minimal risk research” due to the non-manipulation of biological variables.

3. RESULTS

3.1 Descriptive Analysis of Socio-demographic Factors

According to the findings obtained, the socio-demographic profile denotes a predominantly male population (51.2%), a representative age group of 20 to 29 years (28.0%), and single

marital status (57.6%); the highest education level achieved was a complete secondary school (28.8%), with affiliation to the subsidized social security system (59.2%), belonging to socioeconomic stratum 1 (47.2%); mostly self-employed (30.4%), with family income below the current legal minimum wage (44.0%). (Table 1).

Table 1: Descriptive summary of socio-demographic variables (Most representative values of each variable)

Variable	Subvariable	FA	%
Sex	Male	64	51.2
Age range	20 a 29 age	35	28.0
The highest level of studies achieved	High School	36	28.8
Marital Status	Single	72	57.6
Current occupation	Work for your own account (Independent)	38	30.4
Affiliation to social security in health	Subsidized	74	59.2
Household income	Less tan 1 SMMLV	55	44.0
Socioeconomic Strata level	Strata level 1	59	47.2
n=125			

3.2 Descriptive Analysis of Disability

The global disability mean (scale from 0 to 100) was 26.53 ± 15.4415 points. Regarding the areas evaluated by WHODAS 2.0, the one with the highest average score was mobility 44.60 ± 32.3139 . The area with the lowest average score was relationships with 11.26 points. (Table 2).

Table 2: Descriptive statistics global score and by WHODAS 2.0 areas

Areas and Global Disability	Media	Desv. Tip	Minimum	Maximum
Cognition	12.64	16.0841	0.00	75.00
Mobility	44.60	32.3139	0.00	100.00
Personal Care	17.44	23.8579	0.00	100.00
Relations	11.26	13.7280	0.00	58.33
Daily life activities	32.48	26.6293	0.00	100.00

Activities of dily living-Paid work	17.85	19.3640	0.00	78.57
Stake	36.53	16.9262	4.17	83.33
Global Disability Score -WHODAS 2.0-	26.53	15.4415	4.35	79.35

Source: self-made

Regarding global disability re-coded from the 6 WHODAS 2.0 areas, it was found that 48% of the respondents presented mild disability. (Table 3).

Table 3: Degree of Disability WHODAS 2.0

Discapacity Grade	FA	%
None	2	1.6
Mild	60	48.0
Moderate	54	43.2
Severe	9	7.2
Extreme	0	0.0
Total	125	100.0

Source: self-made

The degree highest proportion of extreme disability was for the area of mobility with 7.2%. The relationship area showed less commitment with 47.2%; Regarding Activities of daily living-paid work, it reflected a higher proportion of mild disability with 62.4%; while participation showed a moderate degree of commitment with 54.4%. (Table 4).

Table 4: Degree of disability by WHODAS 2.0 areas

AREAS	GRADE	FA	%
Cognition	None	46	36.8
	Mild	53	42.4
	Moderate	20	16.0
	Severe	6	4.8
	Extreme	0	0
	Total	125	100.0
Mobility	None	16	12.8
	Mild	28	22.4
	Moderate	17	13.6
	Severe	55	44.0
	Extreme	9	7.2
	Total	125	100.0
Personal Care	None	53	42.4

AREAS	GRADE	FA	%
	Mild	36	28.8
	Moderate	21	16.8
	Severe	13	10.4
	Extreme	2	1.6
	Total	125	100.0
Relationships	None	59	47.2
	mild	39	31.2
	Moderate	23	18.4
	Severe	4	3.2
	Extreme	0	0.0
	Total	125	100.0
Activities of daily living-unpaid work	None	30	24.0
	Mild	21	16.8
	Moderate	35	28.0
	Severe	34	27.2
	Extreme	5	4.0
	Total	125	100.0
Activities of daily living-paid work	None	22	17.6
	Mild	78	62.4
	Moderate	17	13.6
	Severe	8	6.4
	Extrema	0	0.0
	Total	125	100.0
Participation	None	0	0.0
	Mild	31	24.8
	Moderate	68	54.4
	Severe	26	20.8
	Extreme	0	0.0
	Total	125	100.0

3.3 Relationship between Socio-demographic Variables and Disability

Occupation is the variable that was significantly associated with areas and global disability. The rest of the association results were not accepted by this study, some of which were statistically significant because they showed a strength of less than 0.3. (Table 5).

Table 5: Relationship of socio-demographic variables with global disability and by areas

Variables	Disability by areas and global								
	Statistical***	Cognition	Mobility	Personal Care	Relationships	Activities of Daily Living	Activities of Daily Living-	Participation	Global Disability Score
Sex	ETA	0.074	0.210	0.193	0.131	0.138	0.057	0.072	0.164
	P Valor	0.657	0.562	0.609	0.356	0.416	0.686	0.584	0.394
Age (completed years)	Rho / r	- 0.080	0.202*	- 0.033	- 0.211 *	0.095	-0.111	-0.088	0.046
	P Valor	0.374	0.004	0.718	0.003	0.290	0.344	0.330	0.613
Age ranges	Rho / r	- 0.086	0.159	- 0.054	- 0.237 **	0.044	-0.161	-0.143	-0.014
	P Valor	0.341	0.076	0.547	0.000	0.626	0.172	0.112	0.879
Scholarship	Rho / r	- 0.207 *	0.018	0.062	-0.015	0.059	-0.004	0.081	-0.017
	P Valor	0.005	0.842	0.495	0.871	0.510	0.972	0.969	0.849
current marital status	ETA	0.214	0.233	0.238 *	0.185	0.116	0.261	0.123	0.175
	P Valor	0.603	0.740	0.003	0.244	0.112	0.318	0.927	0.440
Current occupation	ETA	0.400	0.487	0.652 **	0.452	0.496*	0.320 *	0.543*	0.655*

	P Valor	0.167	0.043	0.001	0.059	0.005	0.004	0.029	0.049
Health affiliation	Rho / r	0.064	0.202	0.120	0.194	0.129	0.084	0.065	0.139
	P Valor	0.067	0.718	0.496	0.228	0.654	0.699	0.123	0.929
family income	Rho / r	- 0.100	-0.075	- 0.070	-0.113	-0.083	-0.175	-0.111	-0.135
	P Valor	0.268	0.407	0.441	0.209	0.359	0.137	0.218	0.133
Socioeconomic strata level	Rho / r	- 0.059	0.088	0.066	-0.107	0.127	-0.058	-0.036	0.020
	P Valor	0.515	0.329	0.462	0.234	0.157	0.626	0.687	0.823

Source: self-made.

*p value \leq 0.05. ** p value \leq 0.01

*** Expected linear correlation of 0.3 considered by Mukaka as acceptable for this type of study

r: Pearson correlation coefficient

Rho: Spearman's correlation coefficient

4. DISCUSSION

This research purpose was to determine the correlation between disability and some socio-demographic factors in adults from Sincelejo city in Colombia. The findings obtained indicate a male sex predominance, coinciding with studies carried out by López et al (2019), Ponsa et al (2018), Vanegas et al (2020) and Naranjo et al (2019); Similarly, in Colombia, the Situational Chamber for Persons with Disabilities of the Health and Social Protection Ministry, according to data as of June 30, 2019, reported that the majority of people registered in the RLCPD are male.

In relation to marital status, the majority were single and young adults, results consistent with those reported by Gil et al (2016), Gaviria et al (2020), and Moreno (2020). Regarding the

studies achieved level, complete secondary predominated, a situation like that reported by Vinaccia, Quiceno, and Lozano (2017) and consistent with the World Report on Disability (2011), according to which many children and adults with disabilities have been excluded from education, and conventional educational opportunities, coinciding with what is described in the Multidimensional Index of Social and Productive Inclusion for People with Disabilities (2018). It indicates that people with disabilities have more difficulties in accessing education and have illiteracy higher rates in Colombia. This situation has been one of the biggest barriers that this group and their families have faced over the years. Even when there is a legal basis that supports them such as the Convention on the Rights of Persons with Disabilities and Statutory Law 1618 of 2013. In this event, education is assumed as a right of people with disabilities and promotes access and permanence in quality education. However, because of the paradigms strongly rooted in the large part imagination of the population, even though a strong campaign has been deployed in various media and has given way to the emergence of various theoretical models that try to transform and address disability from a bio-psychosocial and interactionist order based on systemic and rights approaches.

Socioeconomic stratum, affiliation to social security in health, and family income were other variables studied, finding greater representativeness of stratum 1. The majority affiliation from this group is to the subsidized regime and with monthly income below the current legal minimum wage. In this sense, the Situational Room for Persons with Disabilities indicates that 64.32% of persons with disabilities do not have any type of income, and only 20.5% receive less than \$500,000 pesos per month. For their part, Gómez et al (2018) and Valenzuela (2017), converge with these observations. They refer in this regard that the disability situation also significantly affects the accessing income possibility for the survival of the person and family survival. People with disabilities perceive access to health services as difficult and inappropriate. Since it depends a lot on the insurance type, economic income, people's lack of time, the geographical area, and the fragmentation of attention among multiple providers, all this apart from the administrative barriers of the same system.

Working life also required unsatisfactory results if it is considered that most of them work as independent workers. This aspect goes hand in hand with what was stated above, with respect to the unsatisfied basic needs mediated by the poverty situation that, unfortunately, and for a long time, overwhelms the disability group. This population vulnerability is not a characteristic per se of the people but stems from the condition of exclusion that has been generated around them by creating barriers that prevent their active participation in society. The limitations are represented by restrictions that range from the employment supply, resulting in low levels of life quality. From an economic perspective, research executed by the World Bank and the United Nations found that the labor exclusion of people with disabilities negatively affects the economy; In countries like Colombia, the unemployment

of people with disabilities represents a loss of gross domestic product (GDP) of between 5.35% and 6.97% (Fernández et al., 2021).

According to the disability evaluation, the present study showed that the highest average score was Mobility; Similarly, Navarrete (2020) and Gaviria (2021) found similar results in this area of the WHODAS. Regarding global disability re-coded from the 6 WHODAS 2.0 areas, it was found that 48% of the respondents presented mild disability, a situation like that found in the studies by Martínez (2021), Mejía (2021), Gamboa et al. al (2021) and Páez et al (2021).

The bivariate analysis was applied between disability by areas and global and socio-demographic variables in the participants from Sincelejo city. It was found that for the socio-demographic variables there is a high positive correlation between the current occupation variable and the personal care domain, finding the same association in the study conducted by López et al (2018). In the same way, it was found that occupation is the variable that was significantly associated with the areas and global disability, that is, the greater the disability, the greater the difficulty in carrying out work activities. This context is in accordance with what was revealed in the study.

Characterization registry and Location of Persons with Disabilities in 2018 are permanently prevented from working, according to which 34.2% of this population, due to their disability, and among these, 89.8% do not receive a disability pension. However, of those who are not prevented from working only 11.8% responded that they were working at the time of registration (11.8% of the sample), although with a critical employment situation, since among these 82.1% work without any labor contract type. This aggravates the employment formality possibilities, which reaches rates as critical as only 1.7% of people with a labor pension (Velandia et al, 2021). Within this context, a person in a vulnerable situation who enters the labor market not only obtains an income that facilitates their subsistence and improves their living conditions and well-being, but also contributes to society's progress, obtains recognition and personal fulfillment, and contributes to equal opportunities and the universality of this right. Regardless of the department where they reside, people with disabilities have lower employment rates and higher percentages of the working-age population, compared to the national average. These indicators show that people with disabilities have strong restrictions to join the labor market (Fundación Saldarriaga Concha, 2017).

5. CONCLUSION

After the disability evaluation, a low level was observed in it, (26.53 of 100 possible points), this shows correspondence with the degree of mild disability that was found in the population.

It was also possible to identify the "Mobility" area as the one with the greatest disability commitment among those studied.

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