

PUBLIC SPACES PREFERENCES AMONG THE PEOPLE WITH DISABILITIES FROM COMMUNITY-BASED REHABILITATION CENTRES IN KUCHING, SAMARAHAN, AND SERIAN, SARAWAK

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ABSTRACT

Public spaces are all those parts of the built environment where the public has free access, such as natural environments, human-made structures, and even societal gatherings. In Malaysia, people with disabilities were rarely seen in these public spaces due to their impairments that limit physical activities and other participation restrictions. The presence and participation of people with disabilities in public spaces not only fulfil a basic human need to socialise and interact but it has also been proven to be an important factor in improving their health status. The objective of this survey was to identify the preferences of common public spaces among people with disabilities. This survey was conducted among people with disabilities from the community-based rehabilitation centres in the divisions of Kuching, Samarahan, and Serian by a self-administered questionnaire. Responses were recorded using the Likert scale to identify their preferences of public spaces. Cluster sampling technique was applied for the questionnaire distribution, and a total of 458 respondents were involved. Data were coded and analysed using Microsoft Excel and Statistical Package for Social Science Version 23. In descending order, the respondents would prefer to go to religious buildings, health facilities, recreational areas, eateries, education centres, commercial centres, private gatherings, sports venues, information facilities, public gatherings, and lastly, entertainment places. The identified public spaces preferences among people with disabilities should be acknowledged and addressed accordingly. The people in charge of the most preferred public spaces should take initiatives in providing the necessary friendly and enabling environment for this group of citizens. Hindrances and barriers have to be identified and removed. In their places, facilities and assisting designs and devices could be emplaced to facilitate the presence and participation of people with disabilities. Thus, people with disabilities could be a visible part of society and play a more contributing role. Being healthier mentally, physically, and spiritually would uplift their social, economic, and health status to support the aspirations of our country.

Key words: People with disabilities, public spaces, participation.

INTRODUCTION

Public spaces are all those parts of the built environment where the public has free access (Navickas, 2019). For example, natural environments like beaches and gardens, human-made structures like commercial centres and health clinics, and even societal gatherings like weddings and concerts. In Malaysia, people with disabilities were rarely seen in these public spaces due to their impairments that limit physical activities and other participation restrictions (WHO, 2011). People with disabilities should be given the opportunities to go to their place of preference according to their reasonings and justifications. For this reason, those who want to pray should be able to present themselves in the places of worship while those who enjoy films should be able to watch their favourite shows in the theatre as well.

The presence and participation of people with disabilities in public spaces not only fulfil a basic human need to socialise and interact but has also been proven to be an important factor in improving their health status. Scientific evidence showed that health outcome could be affected negatively when there is a lack of social integration between people regardless of their disability status (Umberson & Karas Montez, 2010). This negative health outcome also affects the people with disabilities and their whole wellbeing are at risk and can lead to mental or physical illness, creating bad health habits and bringing mortality risks higher.

Laws and regulations were formed and gazetted by the government to provide the inclusive environment, but advocacy for the people with disabilities can be challenging, and better approaches should be made to improve the appearance of people with disabilities in public spaces. The objective of this survey was to identify the preferences of common public spaces among people with disabilities. Preferences of public spaces depend on individuals and the people with disabilities are included where they are able to agree or disagree with all options. Once the public spaces that are commonly preferred by the people with disabilities were identified, more efforts can be made for these places to be a friendly environment for the people with disabilities and consequently, improve their participation with communities in their preferred places.

PREVALENCE OF THE PEOPLE WITH DISABILITIES

Over a billion people on our earth are estimated to live and survive with some form of disability; the figure corresponds to about 15% of our world's population. The estimated figure will make one in every seven people living on this planet is having impairment and disability (WHO, 2011). Despite the given prevalence, people with disabilities are rarely seen among us in public spaces. In a commercial centre during the public holiday, for example, people with disabilities are rarely seen although hundreds of visitors are causing the building to be crowded. Meanwhile, labour force among the people with disabilities in Malaysia is deficient including the public sector with less than one per cent (Ministry of Women, Family and Community Development, 2017). This showed that people with disabilities are rarely involved in community activities and indirectly leading to their low appearance in public spaces.

COMMUNITY PARTICIPATION AND HEALTH STATUS

Although the general community may come up with reasonable assumptions about the barriers that inhibit their appearances in public spaces on behalf of the people with disabilities, the opinions and voices from the people with disabilities should be heard as well. They can share their views, opinions, and suggestions about solving their problem as well, especially in deciding the preferred public spaces (Bezyak, Sabella, & Gattis, 2017). Apart from the fact that some people with disabilities that are mentally incapable of describing their barriers, the rest of them can identify the barriers that hinder them from community participation. When there is a lack of social integration between people regardless of their disability status, scientific evidence showed that health outcome could be affected negatively even until the worst extends (Umberson & Karas Montez, 2010). This negative health outcome also affects the people with disabilities and their whole wellbeing are at risk and can lead to poor mental or physical illness, creating bad health habits such as smoking, alcoholism, and substance abuse, and bringing mortality risks higher. For these reasons, people with disabilities are considered as one of the most vulnerable minority group in Malaysia (Moore & Bedford, 2017).

METHODOLOGY

Study design and population

This cross-sectional survey was done in the Sarawak divisions of Kuching, Samarahan, and Serian. The study population includes all the people with disabilities attending all of the 24 established community rehabilitation centres in these divisions and cluster sampling method was applied. The respondents were the independent attendees aged 18 years old and above with good and functional mental capacity to respond independently, family members as proxies for attendee aged 18 years old and above without good mental capacity to respond independently, and family members as a proxy for attendee aged below 18 years old.

Data collection and analysis

A self-administered questionnaire was developed after discussions with a panel of experts which comprised of public health consultant, councillor and welfare officer. The questionnaire components consisted of 11 items asking respondents about their agreement on their preferences of different public spaces. A 5-point Likert scale was used to record the responses. Scores of "1", "2", "3", "4" and "5" were used for "Strongly Disagree," "Disagree," "Neutral," "Agree" and "Strongly Agree," respectively. Data were coded and analysed using Microsoft Excel and Statistical Package for Social Science Version 23. A pilot test was performed to establish the reliability of the questionnaire was performed by distributing the questionnaire to 30 people with disabilities who were not included in the actual study but having similar characteristics. The Cronbach alpha obtained from the analysis was 0.92, which indicates that the tool has good reliability.

RESULTS

The mean (SD) age of the respondents was 21.55 (11.08) years old with a minimum age of 2 years old and the maximum age of 59 years old, while the majorities are from 21 years old and above. More than 90% were single, in which more than 47% were Malays with the religion of Islam. Meanwhile, 62% of the respondents never had any formal education. Socio-demographic characteristics of the respondents were presented in the following Table 1.

Table 1 Socio-demographic characteristics of the respondents (n=458)

Characteristics	Frequency	Percentage	Statistics
Age			
12 and below	102	22.3	Mean = 21.55 SD = 11.08 Min = 2 Max = 59
13 to 17	50	10.9	
18 to 20	63	13.8	
21 and above	243	53.1	
Gender			
Male	264	57.6	

Female	194	42.4
Marital status		
Single	433	94.5
Others	25	5.5
Race		
Malay	219	47.8
Chinese	45	9.8
Other Bumiputra	194	42.4
Religion		
Islam	225	49.1
Christian	187	40.8
Others	46	10.1
Education level		
No formal education	285	62.2
Primary school	78	17.0
Secondary and tertiary education	95	20.7

Among the respondents showed in Table 2, learning disability was the prominent category of the highest percentage (61.6%) followed by the category of multiple disabilities with (15.7%). The third rank was the group with a physical disability (15.1%) followed with the speech category (2.6%). The category of vision and mental both were at the same rank (1.7%), and lastly, the lowest percentage among them was the category of hearing (1.5%).

Table 2 Category of disabilities among respondents (n=458)

Category of Disability	Frequency	Percentage
Learning disability	282	61.6
Multiple disabilities	72	15.7
Physical	69	15.1
Speech	12	2.6
Vision	8	1.7
Mental	8	1.7
Hearing	7	1.5

As depicted in following Table 3, the most preferred public spaces by the respondents were the religious buildings with mean (SD) score of 4.03 (0.745), followed by health facilities with mean (SD) score of 3.99 (0.716). Recreational areas were ranked at the third among the respondents with the mean (SD) score of 3.90 (0.782). Following that, eateries were preferred by the respondents with the mean (SD) score of 3.89 (0.801). On the other hand, the public spaces with the lowest mean (SD) score were the entertainment places with a mean score of 2.79 (1.217). Slightly above the mean (SD) score of entertainment places were the public gatherings and information facilities with a mean score of 3.19 (1.076) and 3.58 (0.911) respectively.

Table 3 Public spaces preferences among respondents

Public Spaces	Mean	SD
Religious Building	4.03	0.745
Health Facilities	3.99	0.716
Recreational Area	3.90	0.782
Eateries	3.89	0.801
Education Centers	3.87	0.777
Commercial Centers	3.79	0.838
Private Gathering	3.72	0.836
Sports Venue	3.69	0.924
Information Facilities	3.58	0.911
Public Gathering	3.19	1.076
Entertainment Places	2.79	1.217

DISCUSSION

Although the disabled children were legally supposed to attend school, barriers from the environment are inhibiting the children from getting formal education (Moore & Bedford, 2017). On top of that, not all family members are in favour of sending their healthy disabled children to school (Reichman, Corman, & Noonan, 2003). Among the single respondents, more than half of them belong to the adult age group. Findings from the National Health and Morbidity Survey 2015 also revealed that people with

disabilities from the adult age group were still single (Ahmad et al., 2017). They were still single and yet needed to be attached to anyone due to their disability (Li & Singleton, 2016).

Majority of the respondents were from the category of learning disability, and this finding corresponded to the statistical records of the welfare department of the state where the prevalence of the learning category was the highest among all categories of disabilities (Sarawak Welfare Department, 2016).

The possible reason behind the top preference to go to religious buildings was the adherence of Malaysian citizens to the first national principal that everyone does believe in God (Department of National Unity and Integration, 2018). For this reason, people with disabilities were included and eager to fulfil the callings of their religion. The second most preferred were the health facilities such as the health clinics, hospitals, and even massage centres were preferred as healthcare is one of the human rights that should be experienced by them as well (Shakespeare, Bright, & Kuper, 2018). On the other hand, the possible reasons behind the lowest preference for entertainment places were the stereotyping or impression of entertainment places such as the karaoke centres, entertainment clubs, and bars that were commonly associated with immoralities, illegal activities, and other negative influences (Ngesan & Karim, 2012; Wadds, 2013). Apart from that, their safety in such places could be compromised (Johnson, Voas, Miller, Byrnes, & Bourdeau, 2016).

The strength of this study derived from the aspect of the selection of the respondents where we had limited research that was carried out among the people with disabilities as the primary respondents (Abbott & Mcconkey, 2006). In addition, this survey can be a channel for them to voice out both, their opinion and desires. On the other hand, this study cannot be generalised for the whole disabled community nationwide since the population of this study was only confined to the community rehabilitation centres. In Malaysia, only around 1.4% of the total population were officially registered as people with disabilities (Department of Social Welfare, 2017). This percentage was much lesser than the expected amount of 15% that was mentioned by the World Health Organisation (WHO, 2018). Despite the limitation, this study provided valuable information that could be used for the betterment of the people with disabilities.

CONCLUSION

The identified public spaces preferences among people with disabilities should be acknowledged and addressed accordingly and appropriately. The top-ranked public spaces should be emphasised more in providing the inclusive environment towards the people with disabilities in addition to the current advocacies. For this reason, the people in charge of the most preferred public spaces should take the initiatives in providing the necessary friendly and enabling environment for this group of citizens. For example, religious building such as the temple and church should be supported and encouraged to take a lead role in welcoming the people with disabilities into their compound or premise by starting with breaking the most common barriers one by one in a joint effort by the religious community. The similar efforts should be carried out by the city councils and other related government agencies to make sure that the clinics, hospitals, recreational parks, public beaches, restaurants, food courts, and more public spaces shall comply with the requirement of providing a welcoming environment for them. Endeavours should not merely focus on the physical environment but also the friendly attitude towards everyone, especially people with disabilities. All type of hindrance and barrier have to be identified and removed. In their places, facilities and assisting designs and devices could be emplaced to facilitate the presence and participation of people with disabilities. Thus, good health outcomes can be obtained when people with disabilities could be a visible part of society and play a more contributing role. Being healthier mentally, physically and, spiritually would uplift their social, economic and health status to support the aspirations of our country. Therefore, the most emphatic way to define disability is by refocusing it as a condition where an able person is unable to enable the disabled.

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