



Statistical overview of people with Disabilities in the State of Qatar

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The State of Qatar gives special attention and care for people with disabilities. This is demonstrated since the early seventies, where the Ministry of Labor and Social Affairs established the Social Welfare Department, also the Ministry of Education opened its first classroom for students having auditory disabilities. This attention and care developed significantly in the early eighties when Al Amal Institute for Males was established followed later by Al Amal Institute for Females. Both were turned afterwards into intellectual education and auditory schools. As such, achievements continued ever since to reach, quantitatively and qualitatively, a peak in the nineties where centers and institutions serving people with special needs were established; particularly the Shafallah Center, in addition to expanding the span of medical and rehabilitative services rendered to people with special needs.

The state of Qatar founded the Supreme Council for Family Affairs, as a vital effort to provide attention and care for the Qatari family in general and for people with special needs in particular. The Council endeavors to adopt policies, plans and programs and to launch initiatives that help preserving the family entity, protecting its members and developing their abilities including persons with special needs. One of the most important achievements of the Council in this field is ensuring their rights through the issuing of different legislations, in particular through issuing Law on Persons with Special Needs No. (2) of 2004. The law defined persons with special needs as "any person suffering from total or partial permanent sensory, physical, cognitive or mental impairment to an extent limiting his ability to learn, to receive rehabilitation or training. The State of Qatar has also signed the Convention on the Rights of Persons with Disabilities in 2007.

The Study is divided into six main chapters:

Chapter One: presents a general introduction, study methodology, objectives and scope in addition to survey respond rate.

Chapter Two: Presents key demographic and social characteristics of persons with special needs.

Chapter Three: Presents key characteristics of persons with special needs in relation to education and rehabilitation.

Chapter Four: Presents key characteristics related to health conditions of persons with special needs. Disabilities were analyzed according to their type, causes and severity in addition to analyzing other factors influencing the phenomenon, such as the degree of consanguinity between the parents and the childbearing circumstances.

Chapter Five: display the relation of persons with special needs with work, along with analyzing key characteristics of active persons in work environments. Also, determine obstacles obstructing their participation in work environments and key characteristics of those inactive persons.

Chapter Six: Presents most important results and recommendations of the study.

Objective of the study can be summarized as to provide accurate and comprehensive information about people with special needs in the State of Qatar and to determine their characteristics. In particular, provide information about disability spread rate in the State of Qatar, its types, causes and severity, in addition to the social and economic characteristics of disabled people.

The methodology used by the study was to carry out a field survey covering all families in the State of Qatar that is divided into two phases. The first of which was a preparatory phase designated to count disabled persons in the Qatari society. The second phase however included carrying out a survey on persons with special needs whom were counted in the first phase. Thus, the respond rate of the survey reached 90.9%, which began in March 2007 and continued for two months and during which the Special Needs Form was applied.

The Special Needs Form was further divided into five different parts. The first part includes general questions covering residential conditions of disabled persons. The second part of the Form includes questions pertinent to the demographic and social characteristics of disabled persons. The third part includes questions relating to disabilities itself as well as devices and equipment necessary to ensure easy movement and mobility for disabled persons. The fourth part of the form deals with the general health condition of disabled persons, while both fifth and sixth parts deal with the most important characteristics appertaining to educating and rehabilitating disabled persons in addition to their economic characteristics.

The study has reached significant results such as that the number of disabled persons who declared themselves attained 4321 persons, which constitute 0.35 % of the total population.

This is a low percentage age compared to international disability spread rate which reaches 10% of the population. This can be due to a number of factors, the most important are the methodology used to survey disabled persons that enables the consideration of the disability degree whether low, medium or high. In addition to the conservative attitude that generally characterize Qatari citizens and leads to concealing such facts and matters that are considered personal and not for disclosure. Furthermore, the family failure to recognize disabilities suffered by some of its members, especially minor and common disabilities such as simple behavioral disorders and others.

The disabled persons of Qatari nationality constitute 75% of the total number counted in the survey, compared to the non-Qatari/expatriates disabled persons who constitute 25%. This can be explained as most of non-Qatari/expatriates are of young immigrant workers who have passed tests of physical fitness. The percentage of disability is higher among males, as there are 6 disabled males compared to 4 females out of ten for all samples of all ages.

The total percentage of primary, secondary and higher education admission of disabled persons in the State of Qatar reached 74.5%. This means that 74.5% of the disabled persons at education age (6-24) were already admitted to one of the educational levels. Illiteracy percentage among disabled persons (at the age of 10 or older) reached 50%, which means that five persons out of ten (at the age of 10 or older) do not know how to read or write.

Mental retardation disability comes in the first place in the Qatari society, followed by speech impediments which constitute 26.3% and 8.25% respectively of the total number of disabilities in the Qatari society, compared to 26.6% for speech impediments and 24.5% for mental retardation disabilities for the non-Qatari community.

Disabilities for congenital reasons are the most common in the Qatari society constituting 51%, followed by disabilities for illness reasons with 37.3% and then accident disabilities with 6.8%. The most important factors influencing the disability phenomenon in the state of Qatar include:

- Emergence of some disorder symptoms during childhood that could not be recognized at an early stage by parents, and consequently were not cured till developed into a permanent disability. The number of children suffered from a disability during the first two years of their life due to diseases constitutes 36% of the total number of disabilities caused by diseases. This gives an indication about parents' awareness and ability to detect symptoms of specific diseases and eventually cure them before aggravating.
- Home accidents are considered one of the important factors causing several disabilities among children. Children with disabilities under the age

of two years constituted 20% of the total accident disabilities. Also, children under the age of seventeen constituted 45% of the total accident disabilities.

- Traffic accidents play an important role in causing disabilities, especially among young persons, where the percentage of persons who suffered disabilities during their youth, especially at ages of 18-39 reached 37% of the total accident disabilities.
- Consanguineous marriage, especially among Qatari people. This explains the high disability spread rate in the Qatari society, particularly mental retardation and cognitive disabilities genetically transmitted in most of cases.

There is an inverse relationship between the order of the disabled person among his sibling and the rate by which the disability spreads. The later birth order means a lesser possibility to have a disability, and as an evidence for this fact, disabilities among firstborn children constitute approximately 30%. Reasons for this might however be as follows:

- Childbearing at an early age.
- Lack of awareness among women pregnant for the first time, which consequently leads to non-utilization of health care services or other relevant services at an advanced stage of pregnancy.
- Mother's unawareness of some genetic diseases which she might be carrier to them.

There is no noticeable relationship between the manner by which a mother gives birth to the disabled child (natural vaginal delivery or caesarean birth) and the disability spread rate in the Qatari society. Meanwhile, there is no noticeable relationship between timing of natural childbirth (i.e. before or on the estimated delivery time) and the disability spread rate in the Qatari society, or among expatriate communities residing in the State of Qatar. This indicates the presence of other more influential reasons affecting the disability spread phenomenon, particularly, internal factors leading to congenital and genetic disabilities. Hence, the absence of the abovementioned relationship confirms the previous results with respect to the types of the disabilities widely spread in the society, as well as their main causes.

Most disabilities emerge during childhood (under the age of 18), as the spread rate of disabilities emerging during such period reached 77% of the total number of disabilities. This fact indicates the necessity of early diagnosis of diseases causing disabilities during childhood and to give appropriate care for approved vaccinations.

Finally, rate of active disabled persons (at the age of 15 or older) reached 23.1%, while inactive disabled persons constituted 77%. The rate of working males (employed) of disabled persons triples that of working females (employed), where male employment rate reached 24.5% compared to 8.6% for females. This can be attributed to a number of reasons including:

- Females usually receive less education and rehabilitation than males who consequently find more job opportunities.
- Low female contribution to Qatari workforce in general, apart from having any disability.
- The manner by which the society perceives disabled persons in general and disabled women in particular, a matter which precludes them from work to avoid embarrassment.

According to professional disability researches, 50% of disability cases could have been avoided through simple and inexpensive protective measures. Although disability is usually the responsibility of medical institutions providing health care services, many entities in the society play a significant role in preventing disability, mainly family, school and mass media. Therefore, our recommendations come in light of the results so concluded, and the most important includes the following:

- Survey results showed that a great number of disabilities are due to illness reasons experienced during childhood and developed into a permanent disability. In this context, the study extends the following recommendations:
- It is necessary to raise awareness of families, in particular of mothers, about the different disabilities, especially the common ones, in order to watch over their children, early detect and cure any unnatural symptoms and to take advantage of available early intervention programs.
- Giving children the comprehensive vaccination against common childhood diseases which cause permanent disabilities.
- Expanding the Early Intervention Programs to cover the greatest possible number of communities of the society, and developing the same with special emphasis for fair geographic distribution.
- Introducing the special education courses as well as knowledge related to early intervention into curricula of the faculty of education, in order to instruct teachers on how to identify disorders or behaviors requiring professional help at early stages.
- The distribution of population in general, and the distribution of disabled persons in particular, among municipalities gives indications about the need of each municipality for various public services, including special services, intended for certain grouping of the society (the elderly, handicapped, disabled persons and children), and their distribution. In this context, we recommend the following:
- Expanding public transport services (buses, taxies, limousine services, etc.) to cover all municipalities and densely populated areas with higher percentage of disabled persons. These services should also be

extended to public places in the State (airports, commercial complexes, hospitals, etc.) and should be equipped with facilities for disabled persons.

- Expanding special education schools and developing their curricula to suit the capabilities of disabled persons according to their respective skills.
- Providing the state public schools in such areas with academic support units to serve students with minor disabilities, especially students having learning difficulties.

- In view of the fact that a strategy for academic integration was delineated by the State of Qatar in 2004, and ever since has been applied by the Ministry of Education. It is recommended to assess the academic integration experience in public schools to determine how far it was successful and to identify its constraints from school's point of view as well as parents of children who were so integrated.

- Adopting the idea of having at the classroom an Assistant Teacher or "Teacher Aide" specialized in special education field, especially at integration schools which have at each grade a limited number of students with disabilities.

- Encouraging the formation of Family Support Groups (comprised of parents of disabled persons). As a sole mission, these groups will be responsible for exchanging information with and providing psychological support to families having disabled persons and protecting their common rights. In many occasions, those supporting groups become local association and establishments, at the same way as the "Qatari Association for Guardians of the Disabled" which has become well-known since 2007.
- In context of disability prevention (first level), considering reducing the probability of being exposed to any disease which might develop in a later time into a disorder and consequently into a disability, the following is recommended:
 - To issue a document named "Mother's Record" having all results of the Maternal Care Program (MCP) that are mostly recorded in the pregnant woman's medical record under sole discretion of the gynecologist, and to be carried by the pregnant woman throughout her pregnancy period.

 - To provide a comprehensive care program for all mothers, especially mothers with risk pregnancy (previously having disabled children, pregnant at an advanced age, having genetic disorders, having misused medications during pregnancy, suffering from serious diseases and repeated miscarriages) in order to prevent diseases and disabilities.

- To provide specialized medical supervision for high-risk pregnancies, and not depending only on the available nursing staff, to prevent any complications during childbearing (such as, Hypoxic-ischemic encephalopathy, forceps birth, etc.).
- In context of disability prevention (second level), considering preventing illness from developing into a disorder and consequently into a disability, which include early diagnosis and treatment of diseases whether by surgeries, medications or early intervention, we:
- Emphasize the importance of medical examinations of newborn babies undertaken in the first two days after birth to diagnose at early stages and cure any disorders suffered by the child before developing into a permanent disability.
- Recommend surveying school students to identify the spread rates of learning difficulties or behavioral disorders. Also preparing school cadres to differentiate between cases of delay in achievement (lassitude) and learning difficulties or other disorders suffered by students. This is however with a view to providing such students with solid support through special programs at school or at specialized schools designated for this purpose, instead of dropping them from the educational system.
- Home and traffic accidents constitute one of the reasons for disabilities of a certain category of disabled persons. In this context we see the following:
 - Executing awareness programs directed to mothers about home accidents and ways for preventing the same as well as measures to be followed in case of any such accident.
 - Evaluating traffic law of 2007 and its role in reducing the rate of traffic accidents, which in many cases have lead to disabilities or even death.
- Introducing traffic culture, especially for pedestrians, into early childhood education (field training on traffic lights and pedestrian lines) in coordination with the Ministry of Interior.
- Survey results showed a lower disability spread rate in the Qatari society compared to the international spread rate, whose reasons were previously analyzed. In this context, we recommend coordinating with the institutions concerned with disabled persons, including health institutions, to reach a unified test for determining type and severity of the disability. The assessment of this unified test will be used as a criterion for:

- Determining the requirement for academic integration.
- Identifying academic support requirements necessary for students.
- Determining the need for an early intervention as well as its type for children under the age of six years.
- Determining number, type and distribution of special education schools required.
- Determining size and type of rehabilitation services required.