Arab Prophylactic Measures to Protect Individuals with Disabilities from the Spread of COVID-19

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ABSTRACT

This descriptive research is aimed to assess the prophylactic measures used to deal with individuals with disabilities (IDs) during the COVID-19 pandemic in Arab countries. The United Nations Economic and Social Commission report for Western Asia (ESCWA, 2020) has been reviewed. The report included prophylactic measures employed to protect IDs during the COVID-19 pandemic in 15 Arab countries. The methodology of the research included using an analysis method to identify the nature and viability of the prophylactic measures used in Arab countries during the pandemic. The result showed that 65% of the prophylactic measures were governmental, and 35% were non-governmental. 55% of these measures dealt with all disability categories, 30% with hearing impairment, 10.83% with intellectual and developmental disabilities, and 4.17% with visual impairment. Saudi Arabia and Jordan were the two Arab countries that provided the most prophylactic measures to IDs during the COVID-19 pandemic.
INTRODUCTION

The Coronavirus pandemic (COVID-19) is a global emergency affecting societies around the world. As a result, this pandemic has caused international concern and a state of health, psychological, and social emergency due to the potential for transmission of the virus from one person to another (Abdelfattah et al., 2021). Consequently, COVID-19 has become widespread and transcends international borders. It also became prevalent in rich and poor societies and among adults and children, males and females. The Covid-19 pandemic has revealed challenges in meeting health, education, and employment needs of IDs and in integrating them into various Arab countries. This pandemic provided an opportunity to reflect on the reconstruction of an inclusive society for IDs through a systematic change in the social, economic, educational, and health dimensions.

Countries around the world have implemented a set of prophylactic measures and issued instructions to limit the spread of the virus. Therefore, these countries have resorted to obliging people to social distance, home quarantine, and quarantine for those infected with the virus (Wilder-Smith & Freedman, 2020), as well as closing down public and private institutions (Lim et al., 2021). The large numbers infected with the virus contributed to affecting health services and may lead to humanitarian disasters and human, economic and financial losses (Usher et al., 2020).

Countries of the world must provide preventive measures that limit the spread of the virus to the socially marginalized. IDs and the elderly were subjected to marginalization and social exclusion before this pandemic. The policy of social exclusion of IDs is still practiced in some societies. The low opportunities for participation and interaction and their social marginalization are evidence that societies are still following this policy (Al-Otaibi et al., 2015). The programs and services provided to IDs in special education centers need to highlight social justice, job opportunities, and health care (Al-Zoubi & Bani Abdel Rahman, 2017).

The IDs, whose number amounts to around one billion worldwide, are among the groups most at risk of being affected by coronavirus. (Armitage & Nellums 2020). IDs are highly susceptible to respiratory diseases and complications (Proesmans, 2016), that are often a result of being infected with diseases associated with disability. Likewise, IDs face obstacles that make them vulnerable to infection due to unhygienic lifestyles, such as rubbing, careless handwashing, and other daily activities (Cannella-Malone et al., 2011). Some of them have difficulty describing their health problems and symptoms of their illnesses to healthcare professionals (Ward et al., 2010). Individuals with visual impairment need to touch objects to obtain information (Withagen et al., 2013), while individuals with physical and health disabilities need physical support through occupational and physical therapy (Morris & Jenkins, 2018). These things may expose IDs to infection. Thus, educational programs based on multimedia contribute to teaching handwashing and other daily skills to IDs (Lee & Lee, 2014).

Internationally, IDs suffer from health inequalities, and their health needs are not met compared to persons without disabilities (Doherty et al., 2020). In this regard, parents of IDs expressed low satisfaction with telehealth, televisitation sessions, and telerehabilitation services that were provided to their children during the COVID-19 pandemic (Murphy et al., 2021). This pandemic may pose a threat and exert a negative influence upon the health and well-being of IDs, since they needed to be administered more medicines during the pandemic (Masi et al., 2021). The pandemic has negative educational, health, and social repercussions for IDs and their families, and these have not been adequately addressed internationally, whereas there have been numerous discussions dedicated to the elderly (Houtrow et al., 2020).

The IDs may face difficulties in adhering to social distancing and self-isolation due to their need for other forms of support. They are affected more than others by the pandemic due to the sudden halt of many of the services they depend on. They face significant barriers to accessing relevant health information and messages making it difficult for them to decide on how to protect themselves and how to obtain essentials and services during the quarantine period. For these reasons, concerted efforts must be made to prevent the neglect of IDs and to take advantage of preventive measures to protect against the spread of the COVID-19 pandemic. Moreover, the efforts should be also doubled to ensure that IDs have full access to the necessary information, health care services and forms of supports they need so that they may enjoy good health and safety.

In rural communities, special education services for IDs were significantly disrupted during COVID-19.
Factors that contributed to this were related to high rates of poverty, lack of funding and staffing for health care, chronic illnesses and barriers to e-learning due to lack of access to the internet and technology (Running Bear et al., 2021). The World Health Organization (WHO) has launched a policy to ensure that IDs benefit from the COVID-19 pandemic response plan and recover from it. The policy covered the inclusion of persons with disabilities, providing access to information, facilities, services and programs, and ensuring meaningful consultation with IDs and the need for their active participation, inclusion and use of mechanisms at all stages of the response and recovery process (United Nations, 2020). To achieve this policy, WHO divided these measures into three groups: measures directed to IDs, measures directed to the caregivers and measures which are the responsibility of the governments (WHO, 2020).

More than 100 million people with a percentage of 15%, in the Eastern Mediterranean Region, whose countries are members of the World Health Organization, suffer from some form of disability according to WHO statistics (World Health Organization, 2020). The data of the organization's global report on disability indicates that 50% of individuals with disabilities are unable to afford the costs of health care services as they face challenges that prevent them from getting access to those services. With the COVID-19 pandemic, it is imperative for all people, including IDs, to follow the basic measures to protect them from being infected with the virus. Social distancing and self-isolation are difficult for some individuals with disabilities. All caregivers must ensure that these individuals are not denied access to health services and various forms of care during COVID-19, but are treated with respect and dignity, without any form of discrimination.

In this context, the Economic and Social Commission for Western Asia (ESCWA), as part of its efforts to support Arab countries, integrates IDs into its policies and plans by conducting an analysis of the precautionary measures and preventive actions taken by the Arab governments, and by creating awareness materials, governmental and non-governmental websites that are relevant and accessible to IDs. This initiative motivated many stakeholders in Arab countries to take additional measures to overcome the barriers faced by IDs during COVID-19. As a result, more governmental measures were implemented and a large amount of appropriate educational, enlightening, and outreach materials were produced (ESCWA, 2020).

**ARAB PROPHYLACTIC MEASURES**

According to the report of ESCWA (2020), Arab state governments (ASG) and Arab nongovernmental organizations (NGOs) have taken a set of preventive measures against the spread of COVID-19 in IDs. These measures focused on disseminating awareness among IDs and their caregivers. The following is a summary of the Arab measures against the spread of COVID-19 among IDs (ESCWA, 2020).

- **Hashemite Kingdom of Jordan:** The governmental institutions and NGOs joined efforts in presenting a set of health, social, educational and mass communication measures. These measures included the adaptation of general and higher education curricula, examinations, computerized educational programs, and educational channels on YouTube for IDs and their families. The Higher Council for the Rights of Persons with Disabilities enhanced the rights of Jordanian IDs during this pandemic. Additionally, the council has issued directives to the Ministry of Health on healthcare for IDs. It also had an effective role in facilitating the access of IDs to e-learning systems, in collaboration with the Ministry of Education and the Ministry of Higher Education.

- **United Arab Emirates (UAE):** The UAE has adopted a health program to protect IDs from COVID-19 and follow them in their homes. The program includes applying distance education through government institutions and associations. The Sharjah City for Humanitarian Services provided many services to IDs and their families, and the Dubai Future Foundation published educational material for IDs to preserve their health and safety of their family during Covid-19 pandemic.

- **Kingdom of Bahrain:** The Bahraini government has allocated an additional budget to support IDs and their families through the Ministry of Social Development. The Ministry of Education has activated distance education and contact with parents of IDs via WhatsApp.

- **Republic of Tunisia:** The Ministry of Social Affairs allocated a financial budget to IDs and their families. The media contributed to translating the Ministry of Health’s instructions into sign language. Several Tunisian organizations, institutions and associations, in collaboration with UNESCO, have launched an online platform for IDs and their families.

- **Republic of Sudan:** The Ministry of Health and Sudanese associations provide health awareness campaigns and instructions in sign language for individuals with hearing impairment.
• Republic of Iraq: The Iraqi media and the WHO have contributed to spreading and promoting health awareness among individuals with hearing impairment about the pandemic by using sign language in television programs.

• Sultanate of Oman: The Ministry of Education launched the distance learning initiative in order to transfer the e-learning means among IDs. The decisions of the Omani committee in charge of dealing with COVID-19 pandemic were translated into sign language.

• State of Palestine: Preventive measures are the result of joint efforts between the Ministry of Health and the Ministry of Social Development, in collaboration with the United Nations. These measures aim at promoting the health rights of Palestine IDs during the pandemic. The associations and organizations of community-based rehabilitation (CBR) have also contributed to providing all forms of support to IDs and their families.

• State of Qatar: Implementing distance education for IDs in Qatari general and higher education institutions. The Ministry of Health launched an electronic platform to train families of children with autism spectrum disorder. In addition, psychological, educational and health services and counseling to families of IDs is provided through special education centers.

• State of Kuwait: The Committee on the Rights of Persons with Disabilities has developed awareness-raising materials and published them through social media. This Committee launched an initiative to prevent IDs from the COVID-19, in collaboration with institutions, associations and the United Nations Organization.

• Lebanese Republic: The Ministry of Health has translated awareness messages on ways to prevent COVID-19 into sign language. It Included IDs in the distance learning platform of the Ministry of Education and Higher Education.

• Libyan Arab Republic: The Libyan government has provided reports to support IDs during COVID-19. The National Planning Council prepares an emergency strategy to prevent COVID-19 outbreaks among IDs.

• Arab Republic of Egypt: The country has given special leave with full pay to IDs working in government sectors and mothers of children with disabilities. The National Council of Persons with Disabilities explains symptoms of the COVID-19 in sign language. Media programs, posters and educational leaflets about the pandemic are designed for IDs. Joint efforts are being undertaken by the Egyptian institutions, associations and centers of special education to protect persons with visual and hearing impairments and autism from the pandemic.

• Kingdom of Morocco: The Ministry of Solidarity, Community Development, Family and Equality in Morocco, in partnership with the United Nations, launched a program to support IDs. This ministry, in partnership with national organizations and associations, has issued measures to support and ensure the continuity of education for IDs.

• Kingdom of Saudi Arabia: Institutions, associations and Authority for Persons with Disabilities have contributed to the issuance of educational and awareness-raising materials on the COVID-19 pandemic. The Ministry of Health provided health reports in sign language. Distance education has been provided to IDs, in addition to holding lectures and seminars on the methods of preventing the pandemic.

METHODS

Methodology

The analytical descriptive approach was used to determine the prophylactic measures taken by Arab countries to prevent the spread of COVID-19 among IDs. This approach used the content analysis method of the report issued by ESCWA (2020).

Participants

The participants consisted of 15 Arab countries. The report of ESCWA (2020) included only those Arab countries which provided precautionary and prophylactic measures for IDs during the COVID-19 pandemic.

DATA COLLECTION

A content analysis card was designed. The card includes three elements related to the type of disability, level of measures, and the country that issued these prophylactic measures to verify the face validity. Three faculty members at Sultan Qaboos University have reviewed this card. Subsequently, 95% of reviewers indicated that the card elements were consistent with the contents of the ESCWA's report. Inter-rater reliability was used to assess the reliability of the card. The authors of this research applied card elements to the ESCWA report. The mean of the agreement between authors reached 87% using Cooper’s test.
RESULTS

Table 1 showed the percentage and the frequency of the Arab prophylactic measures according to the level of measures. The percentage of the governmental institutions was 65% as opposed to 35% of non-governmental organizations in Arab countries.

Table 2 showed differences in the percentage of the Arab prophylactic measures according to the type of disability. Table 2 indicates that 55% of prophylactic measures were intended for all disability categories. However, merely 4.17% was intended for individuals with visual impairment.

Table 3 showed differences in the percentage of the Arab prophylactic measures according to the country. Table 3 indicates that 20.83% of the Arab prophylactic measures were undertaken in the Kingdom of Saudi Arabia, while it was 1.67% in Bahrain, Lebanese, Libyan, and Sudan.

DISCUSSION

Results showed that Arab prophylactic measures undertaken by the governments to safeguard IDs from the spread of COVID-19 are more comprehensive and accessible than those of the nongovernmental organization. This means that the category of IDs, similarly to other non-disabled people, is receiving the same attention and interest when it comes to prevention and measures applied to the COVID-19 pandemic in Arab countries. Governmental measures included considerable efforts undertaken to protect IDs from COVID-19 when compared with the non-governmental ones due to many factors: firstly, the governments have diverse financial resources required to cover the costs of these measures, secondly, the governments have the political and military authority that should be imposed in order to implement the necessary restrictive measures and maintain the public order. Thirdly, the governments have authority and supervision over the majority of institutions of special education. Fourthly, the governments also have the authority over the general and higher education institutions, mass media, social media, and the Internet. Moreover, the governmental measures occupied bigger space due to the fact that COVID-19 turned into a pandemic, and constituted a human and health crisis worldwide. Therefore, the governments of Arab countries imposed more severe and restrictive measures related to social distancing, comprehensive closure, and curfew. These measures seem effective in containing the spread of the virus and infection in individuals with and without disabilities. Arab countries realized that the deprived, the poor, the IDs, and the disadvantaged are the categories that bear the heaviest burdens because of the negative health, psychological, and social effects of the pandemic.
Arab governments also realized that the health care needs of IDs surpass those of individuals without disabilities. Consequently, Arab governmental institutions have taken the prophylactic measures mentioned earlier in the ESCWA report (2020), which implies that IDs need more urgent health and rehabilitation services. This interest is due to the lack of professional providers and caregivers in special education. The pandemic led to more complications for IDs in getting access to these services. These complications placed a heavy burden on IDs and their families working as caregivers.

Arab governmental measures came to create and maintain social equity among IDs and individuals without disabilities, in spite of economic, financial and social challenges in some Arab countries. Achieving social equity for Arab IDs came as a response to the International Convention on the Rights of Persons with Disabilities (Al-Zoubi et al., 2021) which was originated to fully protect the rights of these individuals comprehensively. Health was one of the dimensions covered by this convention; according to the Convention, IDs have the right to health services without any bias or discrimination. Additionally, Arab governmental measures were implemented as a response to the Arab Decade for the IDs issued in 2003 by the Arab League (Al-Hadabi et al., 2021). This decade included a set of health services for IDs (Broderick & Ferri, 2019).

The results in table 2 showed that Arab prophylactic measures were directed respectively to all disabilities, hearing impairment, intellectual and developmental disabilities, and visual impairment. This implies that the majority of Arab institutions and centers of special education include all categories of disabilities, so Arab measures have been directed to all disabilities in general. This does not mean that other disabilities have not received sufficient interest and attention from the Arab governments. It is evident that hearing impairment ranked second in receiving preventive measures because people with this impairment primarily need hearing to become familiar with health information issued by government agencies and pandemic knowledge disseminated through the mass media. This requires translation into sign language which is being used in all news and channels. Accordingly, Parents of IDs have played an important role in caring for and teaching their children during this pandemic. There are many reasons why parents prefer home education. Some are not satisfied with the current educational opportuni-

eties while others believe that children are not gaining an advantage in traditional school settings (Martin 2020). Others parents believe that all forms of home education of their children with disabilities during the COVID-19 pandemic are essential (Cahapay, 2020). During the pandemic, parents used sign language to translate to their children with hearing and intellectual disabilities the information coming from the television or the phone messages or to simplify this information for them (Mbazzi et al., 2020). However, individuals with hearing impairment have limited access to important public health information since much of the information was not translated into accessible formats (Qi & Hu, 2020).

Therefore, it is important to provide informational, educational and health materials to limit the spread of this virus among IDs (Jalali et al., 2020). Hence, measures must be also focused on assistive technologies, critical services, adaptive learning methods, and other social services for IDs (Cahapay, 2021). Therefore, digitized societies, digital and social media, and platforms have played a key role in determining how IDs have dealt with COVID-19 (Goggin & Ellis, 2020). In order to enhance facilitative measures for IDs, a sign language interpreter should be used at press conferences during this pandemic (Meng 2020). Furthermore, targeted health education interventions should be directed to this vulnerable population during COVID-19 (Al-Hanawi et al., 2020).

Goggin and Ellis (2020) demonstrated that digital societies, digital and social media, and platforms have played a major role in determining how individuals with disabilities cope with the spread of COVID-19. Qi and Hu (2020) noted that due to the rapid spread of COVID-19, people with hearing impairments had limited access to important public health information since much of this information was not well organized, coordinated, and presented in such a way that it was accessible. They also stressed that the situation only improved when some local organizations and networks of persons with disabilities undertook the initiative to produce informational videos in sign language with accessible texts. To improve the necessary measures that help people with hearing impairments access the valuable information they need in China, the Beijing municipal government held a press conference that was translated into sign language for the first time to make information available to people with a hearing impairment. This conference was considered as a supportive gesture from the government (Meng 2020).
The results also showed that the Kingdom of Saudi Arabia and the Hashemite Kingdom of Jordan are the two Arab countries that have provided the best measures to cope with the pandemic. This may be due to the higher bodies/institutions for IDs, such as the Authority for Persons with Disabilities in Saudi Arabia, and the Higher Council for the Rights of Persons with Disabilities in Jordan. These bodies mainly contributed to the development of health policies in both countries. These policies were positively reflected in all health, social and educational, and psychological services provided for them. Whoever examines the ESCWA (2020) report will notice that this report covers all categories of ID, and this in turn proves that Jordan and Saudi Arabia have outstanding experience in dealing with these categories during the pandemic.

CONCLUSION

Internationally, it seems clear that continuous recommendations of the WHO related to efforts used to combat the spread of COVID-19 worldwide contributed to enhancing the prophylactic measures in all countries. It is noticed that measures used to combat the pandemic worldwide have been taken both governmentally and institutionally. However, these measures may vary in nature, continuity, severity or stringency of implementation, and sustainability. People with disabilities may not receive the same efforts and protections from the COVID-19 pandemic due to the difference in the nature of the education centers for each disability category and the availability of the least restrictive environments. At the regional level, the ESCWA report revealed that this trend is consistent with international trends in dealing with the pandemic. Although the report focused mainly on IDs during the pandemic, it may also be considered an impetus to follow the trend globally.

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