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Editorial

The Physically Disabled in Singapore

E H Kua

There is a dearth of information on physically disabled people in Singapore and this handicaps the planning and organisation of services to improve their quality of life. Disabled people are not a homogeneous group; they have different impairments, disabilities and handicaps⁽¹⁾. Unfortunately, they are often classified together and this masks the special needs of the individual groups. It is important to understand the nature of disabilities, and more importantly, to emphasise the abilities of the disabled. They encounter problems in education, training and work; and are subjected to social prejudice and stigma which limit their capacity to enjoy a full life. Most of them live with their families – we do not know much about their family life, home environment and how the family caregivers are coping.

The Society for Aid to the Paralysed (SAP) is a voluntary welfare organisation for the physically disabled. In 1997, SAP commissioned the Department of Psychological Medicine, National University of Singapore, to conduct a study on the needs of the members. The study sought to highlight not just the problems of disabled people, but also their abilities and needs, and family issues related to care.

The SAP Report was published in October 1998⁽²⁾ and the findings had generated enormous public interest. In general, the members were mainly young people below 50 years and predominantly men. About half of them had only primary education, a third were married and 90% lived in HDB flats. Their disabilities were varied, although the majority were paraplegics. About 60% of members worked full-time or part-time and they were largely semi or unskilled workers.

Symptoms of anxiety and depression were elicited in 26% of the sample. The majority had low dependence, as measured by the Berthel Modified Index. Their popular leisure activities were watching television or listening to the radio. About 60% of members had expressed an interest in a social club and would prefer that the social club be situated in a HDB estate.

Family caregivers were parents, spouses or siblings. The concern of the family was future care when they are either too old or when they are no longer around. Many carers were coping well, although about 20% had high scores on the GHQ⁽³⁾. Assisting and encouraging family caregivers are important because, when they are under stress, the well-being of the disabled person will also be affected. Two-thirds of the families earned less than \$1,000, which would be insufficient if the needs of the disabled person increased.

Physically disabled people may have lost abilities and attributes which cannot be replaced, such as physical beauty or ease of movement. They need to acquire a new body-image, adjust to life at a slower pace and allow others to help with intimate bodily functions. Sometimes they feel depressed about their situation because they have developed negative attitudes about disability both before and after becoming disabled. In addition, people who have substantial impairments frequently experience serious problems with their relationships. Many people describe the impact of ageing as representing the onset of a 'second disability'. Older disabled people may also perceive themselves as ageing more rapidly than their non-disabled contemporaries.

Lack of accessible buildings and a hostile physical and social environment inhibit access to employment, education and leisure to lead a full life. Further barriers

are created by the negative or misguided attitudes and behaviour of others and their lack of knowledge about disability and impairment. Regarding the possibility of establishing intimate and family relationships, there is probably still a prevailing attitude in our society that disabled people cannot, or indeed should not, become involved in normal marital and sexual relationships. Disabled people have a minority status and if they are denied access to normal social activities, they will have different experiences from those of their able-bodied peers and will therefore interpret, perceive, think, feel and talk about the world differently.

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Cover photo

The Singapore Blood Transfusion Service (SBTS), established in 1946, is responsible for collecting, processing and distributing blood and its components to all hospitals in Singapore. The SBTS operates on a system of voluntary blood donation with a philosophy that blood is a gift of life, which should be freely available to all patients who need it, regardless of race or creed.

The SBTS received 287 voluntary donations in its first year of operation and has since increased to a current average of 60,000 units. Due to the current economic crisis, the national blood collection has suffered a dip from about 63,000 in 1997 to 56,000 last year.

The SBTS would like to appeal to the medical community to help increase our blood stock by coming forward to donate blood. If you are interested in donating blood or organising blood donation drives, visit us at the National Blood Centre, 11 Outram Road. For more information, please call our Toll-Free Hotline at 1800-742-9087 or simply visit our website at <http://www.gov.sg/moh/sbts>.

Dr Veronica Tay