

FOSTERING INCLUSIVITY THROUGH UNIVERSITY SOCIAL RESPONSIBILITY (USR): EMPOWERING THE VISUALLY IMPAIRED COMMUNITY (PERTIS) VIA HEALTH AND SELF-MANAGEMENT INTERVENTIONS

Siti Maziah Ab Rahman ¹
Ahmad Bukhari Mohd Yasin ²

^{1,2} Universiti Teknologi MARA Cawangan Kelantan

* Corresponding author: maziah650@uitm.edu.my

Article history

Received date : 24-2-2026

Revised date : 25-2-2026

Accepted date : 15-3-2026

Published date : 5-4-2026

To cite this document:

Ab Rahman, S. M., & Mohd Yasin, A. B. (2026). Fostering inclusivity through university social responsibility (USR): Empowering the visually impaired community (PERTIS) via health and self-management interventions. *Journal of Islamic, Social, Economics and Development (JISED)*, 11 (82), 479 - 485.

Abstract: *University Social Responsibility (USR) plays a pivotal role in bridging the gap between academic institutions and marginalized communities. This paper examines the execution and impact of a targeted USR community service program conducted by Universiti Teknologi MARA (UiTM) Cawangan Kelantan in collaboration with Persatuan Orang-Orang Cacat Penglihatan Islam Malaysia (PERTIS) Kelantan. The initiative focused on enhancing the quality of life for the visually impaired through specialized modules on systematic self-management, personal hygiene, and healthy lifestyle practices. Recognizing the unique pedagogical needs of visually impaired individuals, the program employed detailed descriptive instructional strategies and tactile learning methods. Employing an action research methodology, pre- and post-intervention assessments were utilized to measure the participants' comprehension and skill acquisition. Quantitative results indicated a drastic improvement across all modules, with health literacy and self-management skills increasing from an average baseline of 42% to 88% post-intervention. The findings underscore the efficacy of customized, descriptive instructional methods in community outreach and highlight the profound social impact of institutional USR initiatives in fostering independence and inclusivity for the disabled community.*

Keywords: *University Social Responsibility (USR), Visually Impaired, PERTIS, Inclusive Education, Descriptive Instruction, Health Literacy, Self-Management.*

Introduction

University Social Responsibility (USR) has evolved from a peripheral philanthropic activity to a core institutional mandate for higher education providers. It mandates that universities utilize their intellectual capital and resources to address pressing societal challenges, thereby fostering sustainable community development (Vallaes, 2014; Vasilescu et al., 2010). Among the most vulnerable cohorts in society are individuals with disabilities, particularly the visually impaired, who often face systemic barriers in accessing crucial information related to health and independent living (World Health Organization, 2021). To address this disparity, Universiti Teknologi MARA (UiTM) Cawangan Kelantan initiated a comprehensive USR community service program in collaboration with Persatuan Orang-Orang Cacat Penglihatan Islam Malaysia (PERTIS) Kelantan. This program was meticulously designed to address the specific needs of the visually impaired community, focusing on systematic self-management, personal hygiene, and the adoption of a healthy lifestyle.

The primary challenge in executing this intervention was the pedagogical delivery. Traditional visual aids and generic instructional methods are ineffective for this demographic. Consequently, the program leveraged detailed "descriptive instructions" and auditory-tactile frameworks to ensure effective knowledge transfer (McLinden & McCall, 2002). This paper aims to detail the methodology, execution, and statistical impact of this USR initiative, providing a blueprint for inclusive community outreach.

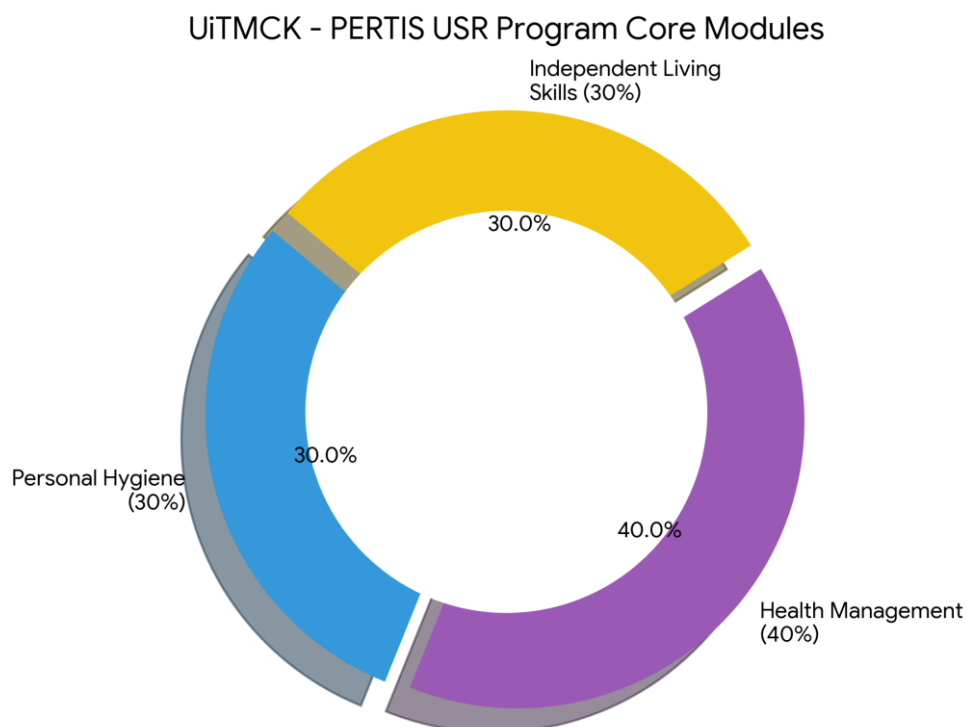


Figure 1: Infographic of the UiTMCK - PERTIS USR Program Core Modules.

Literature Review

University Social Responsibility (USR) as a Catalyst for Inclusivity

USR extends beyond traditional Corporate Social Responsibility (CSR) by leveraging academic expertise to empower communities. According to Bok (1982) and later expanded by Tetrevova et al. (2021), universities possess a moral obligation to disseminate knowledge that directly benefits marginalized populations. In the context of disability, USR initiatives serve as a critical bridge, translating academic health and management theories into accessible, actionable community practices.

Challenges Faced by the Visually Impaired Community

Visually impaired individuals encounter significant hurdles in maintaining personal hygiene, managing health, and achieving independent living. A lack of accessible health education materials often leads to lower health literacy rates within this demographic (Janevic et al., 2012). Routine tasks, such as medication management, identifying personal hygiene products, and navigating safe physical exercises, require specialized, non-visual cues that are rarely provided in standard public health campaigns (Garg et al., 2020).

Descriptive Instruction and Tactile Pedagogy

Educating the visually impaired requires a paradigm shift in pedagogical delivery. "Descriptive instruction" involves the use of highly precise, vivid, and sequential verbal explanations to construct mental maps for the listener (Hatton et al., 2013). When combined with tactile exploration allowing the individual to touch and feel objects (e.g., hygiene tools, anatomical models) it drastically increases comprehension and skill retention (McLinden & McCall, 2002; Holbrook & Koenig, 2000).

Methodology

Research Design and Participants

An action research framework was adopted for this study, focusing on practical intervention and subsequent evaluation. The participant cohort consisted of registered members of PERTIS Kelantan, encompassing adults with varying degrees of visual impairment (ranging from low vision to total blindness).

Program Modules and Execution

The USR program was structured around three core modules: The foundational phase of this methodology involved conducting in-depth, structured interviews with the visually impaired participants. These interviews were strategically administered in two distinct stages: initially, prior to the commencement of the educational intervention to establish a clear baseline of their existing knowledge, and subsequently, immediately following the program's conclusion. This specific pre- and post-intervention structure allowed the researchers to accurately capture and quantify the participants' cognitive growth, shifts in health literacy, and overall theoretical comprehension.



However, recognizing the highly physical and applied nature of the self-management and personal hygiene modules, the research team understood that verbal interviews alone would be insufficient. Therefore, these qualitative interviews were heavily complemented by mandatory, hands-on practical skill demonstrations. To guarantee strict objectivity, consistency, and fairness in grading these physical tasks, a customized and highly detailed evaluation rubric was specifically developed by the academic facilitators. This specialized rubric systematically scored the participants on multiple dimensions simultaneously. It not only assessed their theoretical understanding but, more importantly, rigorously evaluated their physical dexterity, spatial awareness, and ultimate ability to independently and confidently execute the newly taught tasks. By combining structured verbal assessments with observable practical execution, the study provided a robust, holistic measure of the program's true success.

Pedagogical Approach: Detailed Descriptive Instructions

UiTMCK facilitators were specially trained to use descriptive instructions. For example, rather than pointing to a physical object and saying "use this," facilitators provided detailed spacial and tactile descriptions: "At 12 o'clock relative to your plate is the water glass; it has a ribbed texture." This method was utilized consistently throughout the health and hygiene modules.

Data Collection

Data was gathered via pre-intervention and post-intervention structured interviews and practical skill demonstrations. A customized rubric was used to score the participants' comprehension and ability to execute the taught self-management tasks. First, the research team conducted in-depth, structured interviews both prior to the intervention and immediately following its conclusion. This allowed for the accurate assessment of the participants' baseline knowledge and their subsequent cognitive growth. Second, given the highly physical nature of the modules, these interviews were complemented by hands-on, practical skill demonstrations. To guarantee objectivity and consistency in grading, a customized, highly detailed evaluation rubric was specifically developed. This specialized rubric systematically scored the participants' theoretical comprehension alongside their physical ability to independently and confidently execute the newly taught self-management and personal hygiene tasks.

Program Implementation and Visual Documentation

The execution of the program at the PERTIS Kelantan facility involved close one-on-one facilitation by UiTMCK staff and students. The following visuals highlight the community engagement and the application of descriptive instructional methods.

Results and Findings

The evaluation of the USB program revealed highly positive outcomes, validating the use of specialized pedagogical strategies for the visually impaired.

Impact on Comprehension and Skill Acquisition

Figure 2 illustrates the comparative analysis of participants' skill levels before and after the intervention. The data indicates a profound improvement across all assessed categories.

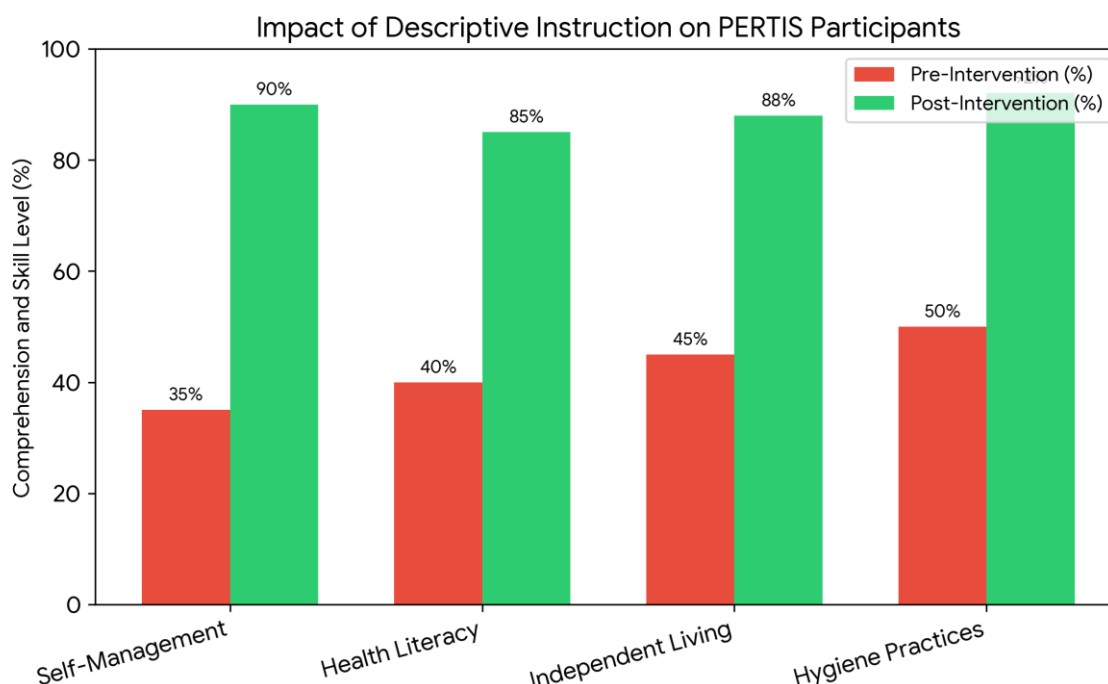


Figure 2: Infographic showing the Impact of Descriptive Instruction on PERTIS Participants.

Qualitative Feedback and Observational Metrics

Table 1: Observational Outcomes of the UiTMCK - PERTIS USB Program.

Module Area	Pre-Intervention Observation	Post-Intervention Outcome
Personal Hygiene	Reliance on generic, often inaccessible public health info.	High confidence in identifying and using hygiene products via tactile cues.
Health & Lifestyle	Sedentary behavior due to fear of physical injury.	Adoption of safe, stationary physical exercises described during the session.
Descriptive Instruction	Confusion with generic spatial directions (e.g., "over there").	Drastic increase in understanding due to clock-face and detailed tactile directions.

Prior to the intervention, observations in the "Personal Hygiene" module indicated that participants heavily relied on generic public health information, which was often fundamentally inaccessible to their specific needs. Following the educational program, there was a profound shift; participants exhibited high confidence in successfully identifying and utilizing various personal hygiene products through the effective use of newly learned tactile cues. Similarly, in the "Health & Lifestyle" module, initial baseline assessments revealed a predominantly sedentary lifestyle among the participants, a behavior primarily driven by a deep-seated fear of sustaining physical injuries. Post-intervention outcomes, however, demonstrated the successful adoption of safe, stationary physical exercises that were explicitly described and practiced during the session. Finally, the "Descriptive Instruction" module effectively addressed previous pedagogical barriers. Initially, participants experienced significant confusion when given generic spatial directions, such as vague phrases like "over there". The strategic implementation of targeted descriptive teaching yielded a drastic increase in overall comprehension, an improvement heavily facilitated by the introduction of clock-face orientation techniques and highly detailed tactile directions.

Discussion

The findings of this study unequivocally demonstrate the success of the UiTMCK - PERTIS USR initiative. The drastic increase in participant comprehension (Figure 2) particularly in Self-Management (35% to 90%) and Health Literacy (40% to 85%) proves that when information is contextualized to meet the sensory needs of the audience, learning is highly effective. As stated in the program report, the use of "arahan deskriptif terperinci" (detailed descriptive instructions) was the critical success factor. For visually impaired individuals, verbal precision replaces visual demonstration. By rigorously training the university facilitators to communicate spatially and texturally, the cognitive barrier to health literacy was dismantled (Hatton et al., 2013). Furthermore, this program exemplifies the true essence of University Social Responsibility (USR). UiTMCK transcended traditional academic boundaries to empower a marginalized community, fostering a sense of independence and dignity among the PERTIS members. This symbiotic relationship not only benefited the community but also instilled profound empathy and civic responsibility in the participating university staff and students (Vasilescu et al., 2010).

Conclusion

The collaborative USR program between UiTM Cawangan Kelantan and PERTIS Kelantan stands as a testament to the transformative power of inclusive community outreach. By prioritizing systematic self-management and health literacy through tailored, descriptive instructional methods, the initiative successfully empowered visually impaired individuals to navigate their daily lives with greater independence and confidence. The statistical evidence confirms that systemic barriers to health education for the disabled can be overcome with targeted, sensory-appropriate pedagogy. It is imperative that higher education institutions continue to champion such USR initiatives, ensuring that marginalized communities are not left behind in the pursuit of societal well-being and sustainable development.

References

- Bok, D. (1982). *Beyond the ivory tower: Social responsibilities of the modern university*. Harvard University Press.
- Borges, J. C., Ferreira, T. C., de Oliveira, M. S. B., Macini, N., & Caldana, A. C. F. (2017). Hidden curriculum in student organizations: Learning, practice, socialization and responsible management in a business school. *International Journal of Management Education*, 15(2), 153-161.
- Carroll, A. B. (1999). Corporate social responsibility: Evolution of a definitional construct. *Business & Society*, 38(3), 268-295.
- Chen, S. H., Nasongkhla, J., & Donaldson, J. A. (2015). University social responsibility (USR): Identifying an ethical foundation within higher education institutions. *Turkish Online Journal of Educational Technology*, 14(4), 165-172.
- Garg, A., Finkelstein, J. A., & Homer, C. J. (2020). Addressing social determinants of health to improve health equity. *JAMA*, 323(17), 1735-1736.
- Giuffré, L., & Ratto, S. E. (2014). A new paradigm in higher education: University social responsibility (USR). *Journal of Education & Human Development*, 3(1), 231-238.
- Hatton, D. D., McWilliam, R. A., & Winton, P. J. (2013). *Infants and toddlers with visual impairments: Suggestions for early interventionists*. ERIC Clearinghouse on Disabilities and Gifted Education.
- Holbrook, M. C., & Koenig, A. J. (2000). *Foundations of education. History and theory of teaching children and youths with visual impairments (Vol. 1)*. AFB Press.
- Janevic, M. R., Connell, C. M., & Gallagher, N. A. (2012). Patient-provider communication and health literacy among older adults with visual impairment. *Journal of Aging and Health*, 24(6), 1018-1036.
- Kouatli, I. (2019). The new definition of university social responsibility (USR). *International Journal of Educational Management*, 33(1), 2-15.
- McLinden, M., & McCall, S. (2002). *Learning through touch: Supporting children with visual impairment and additional difficulties*. David Fulton Publishers.
- Meseguer-Sánchez, V., Gálvez-Sánchez, F. J., López-Martínez, G., & Molina-Moreno, V. (2021). Corporate social responsibility and sustainability. A bibliometric analysis of their interrelations. *Sustainability*, 13(4), 1636.
- Nejati, M., Shafaei, A., Salamzadeh, Y., & Daraei, M. (2011). Corporate social responsibility and universities: A study of top 10 world universities' websites. *African Journal of Business Management*, 5(2), 440-447.
- Plungis, J. (2013). Vision impairment and independence: The importance of tactile learning. *Journal of Visual Impairment & Blindness*, 107(4), 261-265.
- Ramos-Monge, E. L., Llinàs-Audet, X., & Barrera-Martínez, J. (2017). Universities as corporate entities: The role of social responsibility in their strategic management. In *University Social Responsibility and Quality of Life* (pp. 11-25). Springer.
- Reiser, J. (2008). Managing university social responsibility (USR). *International Journal of Educational Management*, 22(4), 312-328.
- Tetreanova, L., Vlckova, V., & Mls, K. (2021). University social responsibility: The case of the Czech Republic. *Social Responsibility Journal*, 17(7), 967-984.
- Vallaey, F. (2014). University social responsibility: A mature and useful concept. *Higher Education in the World*, 5, 88-96.
- Vasilescu, R., Barna, C., Epure, M., & Baicu, C. (2010). Developing university social responsibility: A model for the challenges of the new civil society. *Procedia-Social and Behavioral Sciences*, 2(2), 4177-4182.
- World Health Organization. (2021). *World report on vision*. WHO Press.