

Knowledge and attitude of Mothers with Disabled Children towards Community based Rehabilitation

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Abstract- Introduction and objectives: In India, one third of the disabled population comprise of children, which accounts for about 25 million of our population. Though Community Based Rehabilitation (CBR) has been advocated for more than 30 years to improve the quality of life of persons with disabilities, it has been reported that only 2 percentage of disabled children utilize its services. This study was intended to assess the knowledge, attitude and utilization of mothers with disabled children towards Community Based Rehabilitation, and to determine associations between these with selected demographic variables. **Method:** Descriptive survey approach was adopted and by using structured interview schedule, data was collected from 100 mothers of disabled children, who were selected by quota sampling technique at urban slums adopted by Mobility India. **Results:** It was observed that 80% of the subjects had moderate knowledge, 85% had favorable attitude and 81% were using the services moderately. A positive correlation was seen between knowledge and attitude ($r=0.526, p<0.05$), between knowledge and utilization of services ($r= 0.497, p<0.05$) and between attitude and utilization of services ($r=0.7, p<0.05$). **Conclusion:** Community Based Rehabilitation Programme for disabled people represents a simple cost-effective approach for the delivery of disability prevention and rehabilitation services, particularly in areas that have little access to such services

Keywords- Knowledge; attitude; utilization of services; mothers; disabled children; Mobility India; urban slums

I. INTRODUCTION

Population increase is the bottleneck for development in most developing countries especially India and disability related issues take back seat often. Recently both government and non-government movement in the country are trying to address institution-based rehabilitation through establishing special schools and special residential setting to empower people with disability. But it is estimated that these existing attempts reach only 3-5% of disabled population¹.

In 1976, World Health Organization (WHO) introduced the Community Based Rehabilitation (CBR) strategy as part of its goal to accomplish "Health for all by the year 2000". CBR is a community development programme,

which is multidisciplinary and addresses all areas that are central for the improvement of quality of life of persons with disabilities^{3,4}. Community-based rehabilitation (CBR) developed as a response to the need to reach people with disabilities at the community level⁵. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and with appropriate health education, social and vocational services^{3,4}. The participation and influence of disabled people and their families are seen as a precondition for the successful implementation of Community Based Rehabilitation programme.

According to United Nations International Children's Emergency Fund, there are about 600 million disabled people out of whom 150 million are children. It is estimated that 6 to 10% of children in India are born disabled⁶. Karnataka is home for one million disabled people⁷. Despite efforts by government and non-government organizations, it has been reported that nearly only 2% of the total disabled children in Karnataka utilize the services of Community Based Rehabilitation¹.

Though community health rehabilitation for disabled people was initiated three decades ago, it still remains in its infancy with it being implemented in limited areas and lack of awareness amongst people of its approach and the services offered by it to the disabled people¹. A study conducted to assess the unmet health, welfare and educational needs of disabled children in South Africa found that limited awareness about community-based rehabilitation and the services offered was the cause for low utilization of available services and resources⁸. Another study conducted in Jamaica showed that parents generally felt positive about the community-based rehabilitation programme and thus the utilization was better⁹. The statistics in rehabilitation centers, related literature review and my personal experience in the community with parents motivated the conduct of this study that aimed to assess the knowledge, attitudes and utilization of mothers of disabled children towards Community Based Rehabilitation. It also aimed to find out the relationship between these variables as well as with selected demographic variables.

II. MATERIALS AND METHOD

To accomplish the objectives of the study, a descriptive design was adopted. The population of the study included mothers of disabled children with specific disabilities such as locomotor, visual, intellectual, communication and multiple disabilities. Thus 100 mothers with such children (<18 yrs.) residing at the urban slums adopted by Mobility India were selected using quota sampling technique. The study was conducted at Banashankari, Rajendranagar, B. G. Halli, L.R. Nagar, Havelahalli urban slums adopted by Mobility India, Bangalore. Structured interview schedule was used to collect the data which consisted of 4 parts:

□ Part 1: Dealt with demographic data such as age of the mother, educational status, mother's occupation, family income, religion, type of family, number of children, order of child birth, gender of the child, family history of disability, type of disability and source of information.

□ Part 2: Dealt with knowledge questions on Community Based Rehabilitation using multiple-choice questions which consisted of 18 items. The knowledge levels were classified arbitrarily as inadequate (0-50%), moderate (50-75%) and adequate knowledge (75-100%).

□ Part – 3: Consisted of attitude scale having 20 statements which were to be rated on Five Point Likert Scale. The attitude levels were classified as unfavorable (0-50%) and favorable attitude (50-100%).

□ Part 4: Consisted of 12 items on utilization of Community Based Rehabilitation services. The level of utilization was classified as inadequate (0-50%), moderate (50-75%) and adequate utilization (75- 100%)

The prepared tool was validated by experts from different faculty. The reliability of knowledge, attitude and utilization tool was $r = 0.795$, $p < 0.05$; $r = 0.83$, $p < 0.05$; respectively. Pilot study showed that the study was feasible

III. RESULTS

Findings related to knowledge scores on CBR was found that 80% of mothers had moderate knowledge, 15% had inadequate knowledge and only 5% had adequate knowledge regarding Community Based Rehabilitation. The overall mean score was 10.34 (+1.85); with a mean% of 57.44

Findings related to attitude scores on CBR was found that 85% had a favorable attitude and only 15% had unfavorable attitude towards CBR. The overall mean % was found to be 66.87 (+6.34)

Findings related to utilization of CBR services was found that 81% had moderate utilization, 13% had inadequate utilization and only 6% utilized the services adequately. The overall mean score was 7.80 (+1.24); with a mean% of 65.06 Relationship between knowledge, attitude and utilization of services of CBR has positive significant correlation was seen between knowledge and attitude ($r = 0.526$, $p < 0.05$), between knowledge and utilization of services ($r = 0.497$, $p < 0.05$) and between attitude and utilization of services ($r = 0.7$, $p < 0.05$)

IV. DISCUSSION

The study confirmed moderate knowledge level among women despite high rates of illiteracy. The results contradict a previous study¹⁰ that showed increased literacy rate was related to knowledge level This difference between the two studies may be because of the factors such as concern of the mothers towards their children, change in status of women, awareness programs conducted in the area and development in communication media

Mothers had favorable attitude towards CBR and reported that they were happy with the concept of home-based care which helped them to manage their children in their own home settings. Social counselling and advice on daily living skills and mobility by CBR workers were also important factors for favorable attitude

A moderate level of utilization of services was seen which may be because of the regular awareness campaigns done in the area and also because their children's condition improved after utilizing the services. The results are similar to the study¹¹ in Bangkok which showed the utilization of services was good since there was improvement in the condition of the disabled people

Though in this study, knowledge and utilization was found to be higher, there were some issues noticed. Parents had mixed feelings about the impact of inclusive education. Counseling and training are frequently limited to children who can communicate. Intellectually disabled and children having communication disability were mostly neglected. People with disability were still considered as beneficiaries and not as participants with a voice and a choice

V. IMPLICATIONS OF THE STUDY

Nursing Practice:

Nurses can conduct community awareness campaigns and programmes regarding the concept of CBR, services available, ways and means to access these services. Nurse can

help in establishment of self-help groups in the community among the disabled people or among parents of disabled children. Since Community Based Rehabilitation is the newer concept, it can be included in the nursing curriculum. Many ongoing training programmes and in-service education programmes can be planned for the nursing personnel.

Nursing Administration:

Policy makers should work out a comprehensive plan in implementation of CBR and also in allocating the resources effectively. Nurse administrators can work out policies and procedures for public-private partnerships and involve the community effectively in formulating self-help groups. Nurse administrators must support the process to develop a UN Convention on the Rights of People with Disabilities.

Nursing Research:

Research on knowledge and attitude towards disability can be carried out. Different educational and motivational strategies can be tried out for their effectiveness.

VI. CONCLUSION

CBR conceptualizes a means by which the positive aspects of the culture of rehabilitation can be transmitted to the community level. CBR can be further exploited and enhanced as a comprehensive strategy for community development only when users of services and their families are involved in the implementation of CBR.

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