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**Influence Caregivers' Education Level on Access to
Rehabilitation Therapy for Children with Disabilities In Mingora
City, Pakistan**

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Influence Caregivers' Education Level on Access to Rehabilitation Therapy for Children with Disabilities in Mingora City, Pakistan

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Abstract

Access of rehabilitation services for children with disabilities remains a problem in Mingora City Pakistan. In addition, the level of education of caregivers impact access to rehabilitation services. However, many caregivers are not aware of the rehabilitation services as others cannot read and write. The study adopted cross-sectional study, from May to September 2020 in Mingora Paksitan. Stratified random sampling based on the regions in Mingora was used to select 108 children with disabilities. Semi-structured questionnaires were used to collect primary data. Caregivers were asked to fill questionnaires on behalf of the children with disabilities and data analysed using SPSS version 23.0. Descriptive statistics including frequency, percentages and mean were utilized and results [resented using tables and figures. The study concludes that caregivers' education level influence access to rehabilitation therapy for children with disabilities. Most caregivers had attained secondary level of education and primary education. Level of education may imply the level of awareness and understanding about nature of disabilities and access to rehabilitation therapy among children. Most caregivers had attained secondary level of education and primary education. Level of education may imply the level of awareness and understanding about nature of disabilities and access to rehabilitation therapy among children. Rehabilitation centers may need to come up with training programmes for caregivers with disable children. These rehabilitation centers may be financed by the government and other organizations to be conducting periodic training and awareness on disability and rehabilitation therapy.

Keywords: *Education, Rehabilitation Therapy, Children with Disabilities, Mingora City*

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1. Introduction

Pakistan as a developing country faces major problems related to access to basic health care facilities. For the population with disable population access to rehabilitation health services remains a major problem (Rathore, New& Iftikhar, 2011). Rehabilitation programmes for children with disabilities also remains underdeveloped. Pakistan's health indicators, level of funding, and health infrastructure are generally poor, especially in urban informal area and rural areas. Only 2% of gross domestic product is spent on health. The lack of trained health care professionals and basic health infrastructure is an important limiting factor for more effective health care. In addition, the level of education of caregivers impact access to rehabilitation services. However, many caregivers are not aware of the rehabilitation services as others cannot read and write.

Rehabilitation has emerged as a comprehensive approach with a combination of treatment modalities that have the purpose of addressing multiple impediments and overcoming disabilities (Mirza, Tareen, Davidson & Rahman, 2009). Rehabilitation is a goal-oriented process, with the aim of enabling intellectually-disabled people to reach an optimum mental, physical and/or social functional level, thereby providing them with the tools required to change their lives (Sechoaro, Scrooby & Koen, 2014). Rehabilitation plays an essential role in minimizing the impact of impairments on the activities of daily life and participation in their communities of persons with disabilities (World Health Organisation [WHO], 2011).

A caregiver who is well educated and informed about disability and understands the need for intervention approaches to disability in their children. This depicts a lack in factual information that will definitely influence access to rehabilitation. Edie & Ingstad, (2013), studies on disability and poverty, have together established a unique regional database and a baseline with comprehensive statistical information on the situation amongst individuals with disability and households with disabled members. The studies demonstrate substantial gaps in services, for instance, assistive technology, with nearly half of those who need a device not having access to one. Major gaps are seen on education, mental and physical health, employment, socio-economic status. According to Bunning et al 2017, information on the causes of childhood disability is not widely available across communities in low-income countries. Hence limited support services and poor access to knowledge may be contributing factors to poor access to rehabilitation

2. Materials and Methods

The study adopted cross-sectional study, from May to September 2020 in Mingora Paksitan. Mingora is a city in Swat District of Khyber Pakhtunkhwa province with population of 331, 354 people. Cross-sectional study was adapted. Stratified random sampling based on the regions in Mingora was used to select 108 children with disabilities. Semi-structured questionnaires were used to collect primary data. Caregivers were asked to fill questionnaires on behalf of the children with disabilities and data analysed using SPSS version 23.0. Descriptive statistics including frequency, percentages and mean were utilized and results [resented using tables and figures.

3. Results and Discussion

108 caregivers participated in the study and thus 108 questionnaires were distributed. A total of 76 questionnaires were properly filled constituting a 70.4% return rate. The 70.4 response rate is acceptable. The study sought to determine the influence caregivers' education level has on access to rehabilitation therapy for children with disabilities. Caregivers' level of education may have a significant effect in accessing rehabilitation therapy for the disable children. The results are presented in the subsequent sections using pie charts, bar graphs and

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a table. Majority of the children with disabilities (52.6%) were female while 47.4% were males. The results imply that most females were disposed to disability compared to male, though this might dependent on several other issues that were not under investigation in this study. Most of the children with disabilities (38.2%) were aged 4-6 years and 30.3% were aged 3 years and below. Figure 1 shows the caregivers' level of education.

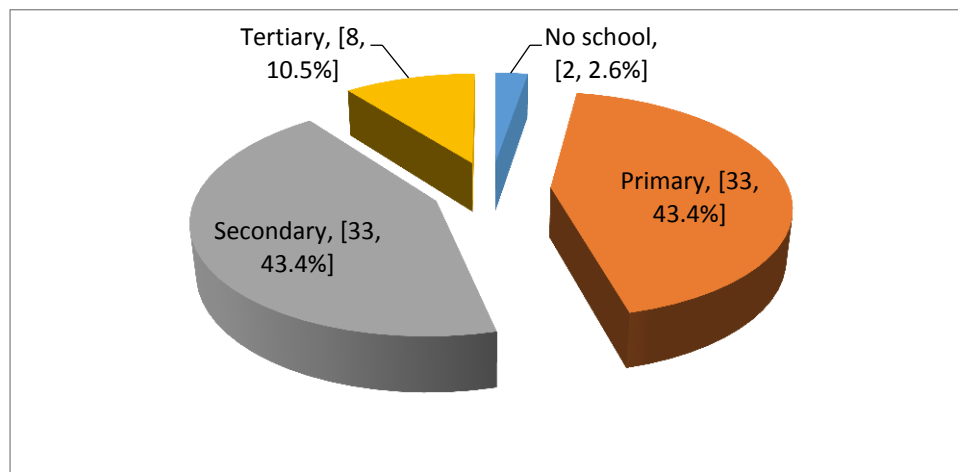


Figure 1: Caregivers' level of education

Results in Figure 1 showed that most caregivers 43.4 percent had attained secondary level of education, 43.4 percent primary, 10.5 percent tertiary and 2.6 percent no education. Level of education may imply the level of awareness and understanding about nature of disabilities and access to rehabilitation therapy among children. Further, caregivers were asked to indicate if they had any skills training on disability management. The results agreed with Rathore, New and Iftikhar (2011) who studied disability and rehabilitation medicine in Pakistan and found that caregivers level of education impacts information access about available therapy for children with disabilities. According to Chabeda-Barthe et al. (2019) parents who are willing to migrate in search of better education and healthcare options for their children who have developmental disabilities (DDs). The study sought to understand if the caregivers possess any skill training on disability management. Results are presented in figure 4.22.

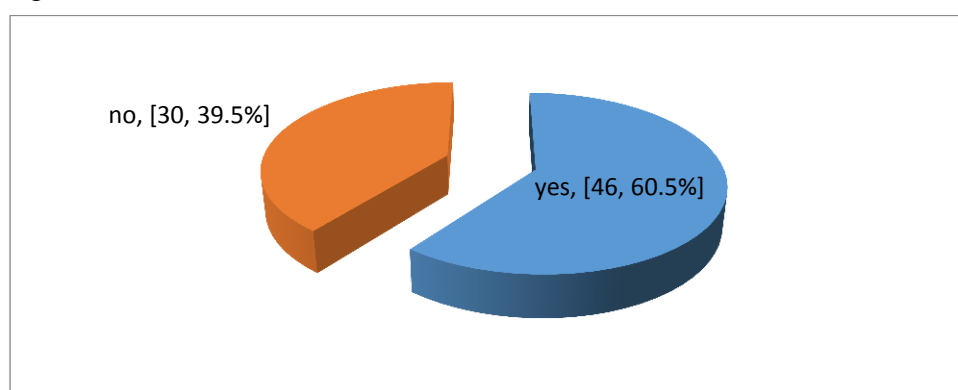


Figure 2: Skills training on disability management

The results in figure 2 show that majority 60.5 percent had received some skill training on disability management. The results imply that majority of caregivers have some form of skills on disability management and are able to offer medication therapy for the disable children. Figure 3 shows when training on disability management was received.

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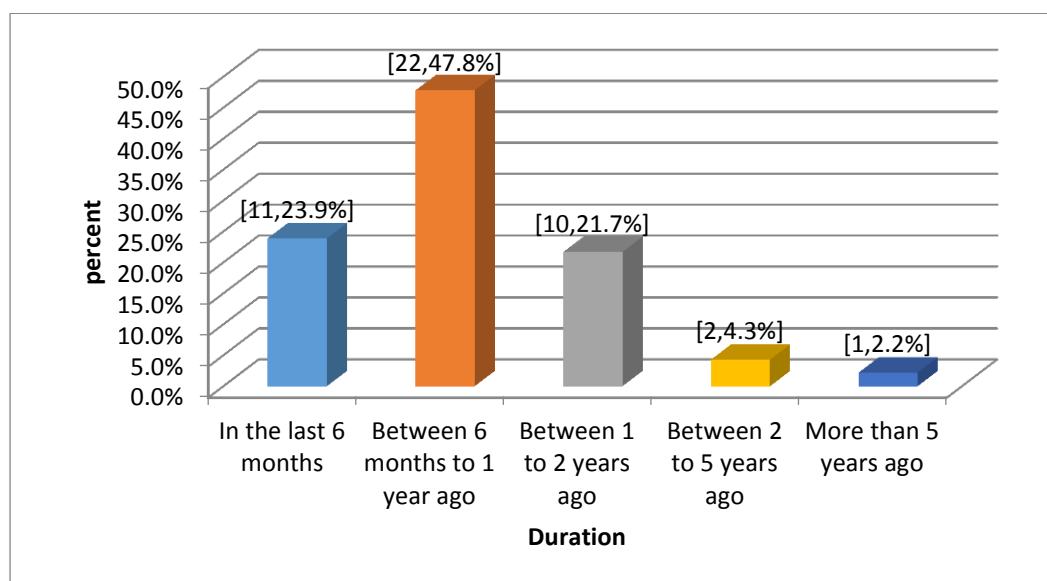


Figure 3: Duration of training

For those caregivers who indicated that they received some form of training on disability management, most of them did it 6months-1 year ago. Further, caregivers were asked to indicate whether they have done any other general skill training. The results are presented in figure 4.

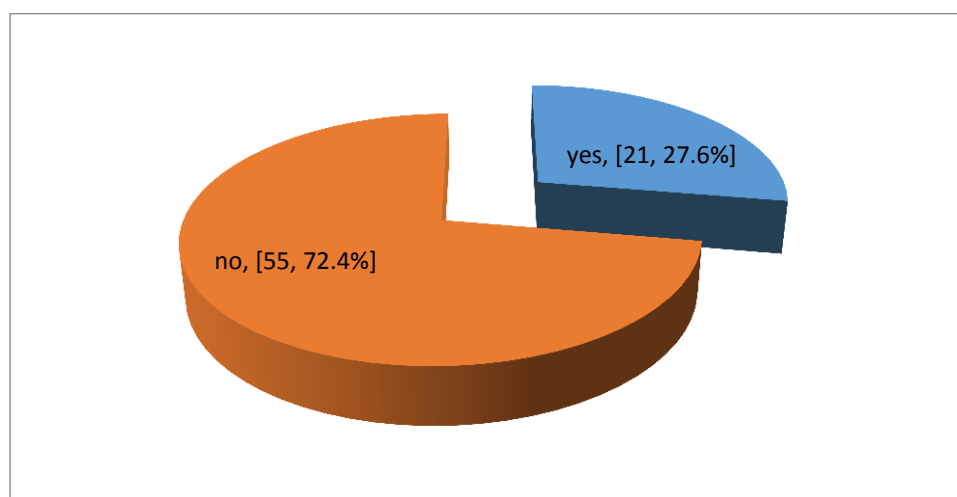


Figure 4: Done any other general skill training

Results in figure 4.25 showed that majority of the caregivers had not done any general skill training. For those who had done general skills training, majority did it on catering, dress making, hair dressing/tailoring, soap making mechanic and welding. The study generally sought to know whether caregivers' level of education influenced access to rehabilitation therapy for children with disabilities in Mingora, Pakistan. The results are presented in figure 5.

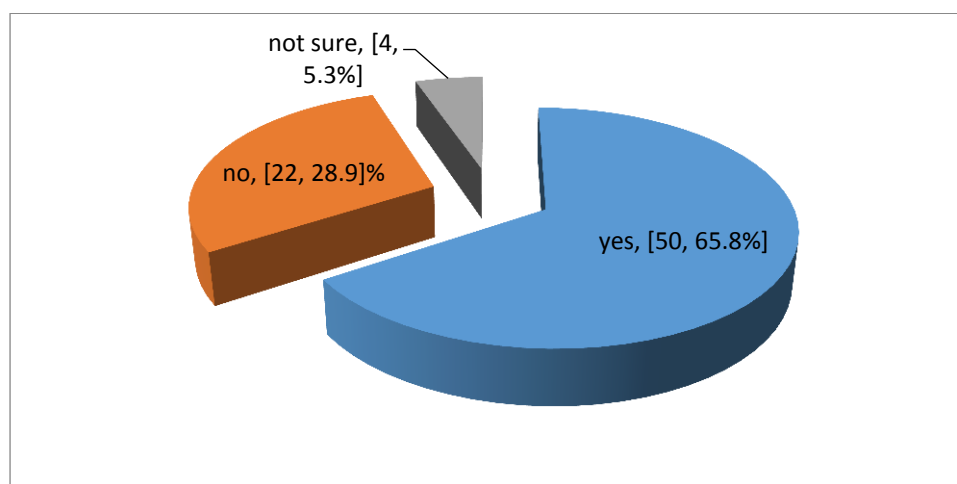


Figure 5: Caregivers' level of education and access to rehabilitation therapy for children with disabilities

Results in figure 5 showed that majority 65.8 percent of caregivers agreed that the level of education influences access to rehabilitation therapy for children with disabilities. Level of education may imply the level of awareness and understanding about nature of disabilities and access to rehabilitation therapy among children. Table 1 outlines the nature of disabilities as mentioned by respondents.

Table 1: Nature of disability

Nature of disability	[Frequency, Percent]
Cerebral Palsy	[22, 40%]
Hydrocephalus	[1, 1.8%]
Spina Bifida	[1, 1.8%]
Autism	[4, 7.3%]
Paraplegia	[5, 9.1%]
Mental Disability	[2, 3.6%]
Down Syndrome	[5, 9.1%]
Hydrocephalus	[2, 3.6%]
Epilepsy	[4, 7.3%]
Club Feet	[3, 5.5%]
Rickets	[2, 3.6%]
Polio	[1, 1.8%]
Filled wrongly	[1, 1.8%]
Burns	[1, 1.8%]
Attention Deficit Hyperactive Disorder (ADHD)	[1, 1.8%]

Most common forms of disabilities were Cerebral Palsy. Other forms of disabilities in Mingora included Autism, Paraplegia, Down syndrome, Epilepsy, Club feet, Mental Disability and Hydrocephalus. Understanding the nature of disability is essential in seeking rehabilitation therapy. It enables caregiver to visit the appropriate medical facility to seek specific care required for the particular condition. It saves time, expenses and stresses associated with moving from one medical facility to another and seeking alternative therapies that may not work.

4. Conclusion

The study concludes that caregivers' education level influence access to rehabilitation therapy for children with disabilities. Most caregivers had attained secondary level of education and primary education. Level of education may imply the level of awareness and understanding about nature of disabilities and access to rehabilitation therapy among children.

5. Recommendations

Most caregivers had attained secondary level of education and primary education. Level of education may imply the level of awareness and understanding about nature of disabilities and access to rehabilitation therapy among children. Rehabilitation centers may need to come up with training programmes for caregivers with disable children. These rehabilitation centers may be financed by the government and other organizations to be conducting periodic training and awareness on disability and rehabilitation therapy.

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