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Abstract

The Government of Bangladesh along with the development partners including NGOs, Disable People's Organization (DPOs) and civil societies have been taking a wide range of initiatives in implementing disability activities in the country but the access of children with disabilities. Physical medicine and rehabilitation (PMR) is evolving in low- to middle-income countries. Although established as a separate specialty in Bangladesh 40 years ago, there has been no formal documentation of the history and current state of PMR, or associated disability issues in Bangladesh. The study adopted a cross-sectional methodology targeting 108 caregivers in the Southern Town of Dhaka. Data analysis involved descriptive statistics. The specific descriptive statistics included means and standard deviations. Results showed that majority of caregivers earned less than Tk 10,000 a month. Accessing rehabilitation therapy for children with disabilities requires sufficient income which majorities of caregivers are unable to rise. Size of income is essential in seeking medical services for seek persons including disable children. Income earned by caregivers was not sufficient to meet medical therapy for the disable children. The study makes a recommendation to the Ministry of Health and Family Welfare in subsidizing medical expenses and bills for the disable persons.

Key words: *Income, Rehabilitation Therapy, Children, Disabilities, Dhaka*

1. Introduction

Official government websites were established for statistics related to disability, and informal interviews with Bangladeshi government officials and rehabilitation professionals provided more insights. The reported disability prevalence in Bangladesh varies widely from 5.6% to 16.2%. Currently, there are 130 physiatrists, and over 1400 physiotherapists, 190 occupational therapists, and 200 speech and language therapists (Uddin, Islam, Rathore & O'Connell, 2019). A developing economy, maldistributions of wealth, illiteracy and a rising prevalence of chronic diseases add to the burden of the existing disability. Legislations have been passed with an aim to protect the rights and dignity of persons with disability (PWD), but there are major barriers in implementing the acts (Nuri, Ghahari, Aldersey & Huque, 2020). Social stigmatization of PWD is still unaddressed, with low rates of community reintegration. PWD also face accessibility issues and mobility barriers. PMR and other rehabilitation services are improving, but disability management is largely considered a social issue rather than a medical problem. While advocating for the rights of PWD, it is important

to involve all stakeholders in disability handling to improve medical rehabilitation and enhance delivery of services.

Most of people in Bangladesh live in rural areas as it is one of the most densely populated countries in the world. Over the last few decades, Bangladesh has made important development in reduction of poverty. Based on the international poverty line of $1.90 a day, it has made significant progress in reducing poverty from 44.2 percent in 1991 to 14.8 percent in 2016/17 (Nuri, et al., 2020). Fast development has enhanced Bangladesh to attain the lower middle-income country status in 2015 (Nuri, Aldersey, Ghahari & Huque, 2020). Despite this success, the country still faces daunting challenges, as approximately 24 million people are still living below the poverty line (Al Imam, 2021). There is no reliable data pertaining the prevalence of disability in Bangladesh. Nonetheless, the estimated prevalence of disability in Bangladesh ranges from less than 1.4% [23] to 17.5% (UNICEF, 2014).

Rehabilitation is a goal-oriented process, with the intention of allowing people who are disabled intellectually to attain a maximum physical, mental and/or social functional level, thereby making them with the device needed to change their lives (Sechoaro, Scrooby & Koen, 2014). The philosophy behind rehabilitation is that rehabilitation focuses more on reduction and prevention of impairment of handicap than on treatment of diseases. It is grounded strongly on the tradition in the empowerment of disabled persons and it shows the personal objectives on the grounds that a target is improved to attain these objectives (Grech, 2016). It plays a significant role in reducing the effect of impairments on the practices of daily life and participation in their communities of persons with disabilities (World Health Organisation [WHO], 2011). Nevertheless, access to rehabilitation therapy is affected by many variables including income.

Access to rehabilitation is not just limited to health care but also includes nutrition, education and general social wellbeing. This are also determined by access to information, traditional or cultural beliefs and caregivers level of education which, in this study, are going to be determined as other dynamics of poverty (Hussey, MacLachlan & Mji, 2017). Roncancio, 2015, continues to say that, "persons that are impaired deals with extra barriers and costs in their access to servicers related to health care, like technical aids and rehabilitation; they are socially excluded from employment and education and have to assume direct, indirect and opportunity costs, which undesirably impact their consumption as well as income. Income of the family has been illustrated to have an influence on access to perceived need and services related to health (Bright, Wallace & Kuper, 2018). Families with adequate source of income are able to seek rehabilitation therapy for their disable children compared to households with no or less income.

3. Materials and Methods

The research shall adopt cross-sectional study, from May to June 2020. Cross-sectional study was used to gather information on a population at a single point in time. The study was conducted in Southern Town of Dhaka targeting 108 children with disabilities. Census of all the 108 children with special needs shall be undertaken as the study population is small and manageable. Primary data were collected using semi-structured questionnaires. Caregivers were asked to fill questionnaires on behalf of the sick/disable children. Data analysis was undertaken using Statistical Package of Social Science (SPSS) version 23 for analysis. Descriptive statistics including frequency, percentages and mean were employed during data analysis.

4. Results and Discussion

A total of 108 questionnaires were administered and a sum of 76 questionnaires were duly filled and returned representing 70.4% response rate. The study sought to determine caregivers' level of income and whether income has some influence in their abilities of accessing rehabilitation therapy for the disable children. The results are presented in the subsequent sections using pie charts, bar graphs and a table.

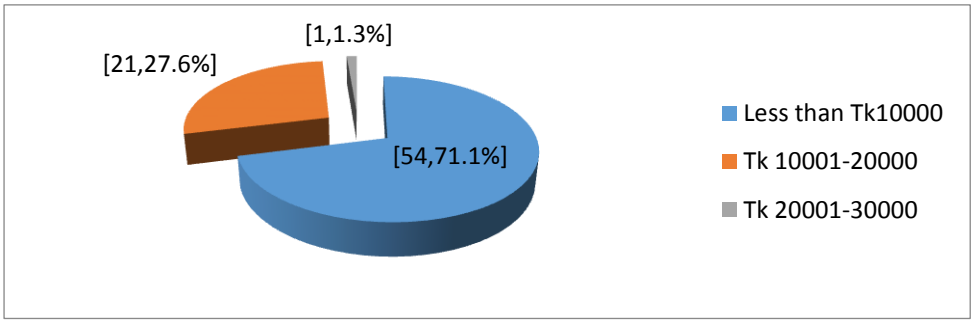

Figure 1: Monthly size of household income in Tk

Results in figure 1 showed that majority 71.1 percent of caregivers earned less than KES 10,000 a month. The results thus imply that majority of caregivers are unable to meet medical expenses of seeking rehabilitation therapy for children with disabilities. Accessing rehabilitation therapy for children with disabilities requires sufficient income which majorities of caregivers are unable to rise. Size of income is essential in seeking medical services for seek persons including disable children. The results agree with Muderedzi, Eide, Braathen and Stray-Pedersen (2017) who researched perceptions and treatment of children with cerebral palsy among the Tonga of Binga in Zimbabwe and indicated both useful and undesired behaviour and attitudes towards children with disabilities; and the complicacy of these impacted by their life cultural, experiences, economic factors, historical background and social. The results agree with Uddin, et al. (2019) that access to adequate family income impacted access to quality rehabilitations services from children with disability. Figure 2 shows sources of income for various caregivers. Al Imam, et al (2021) also noted that there is remarkable undesirable linkage between monthly income of the family and rehabilitation service uptake was seen in our cohort.

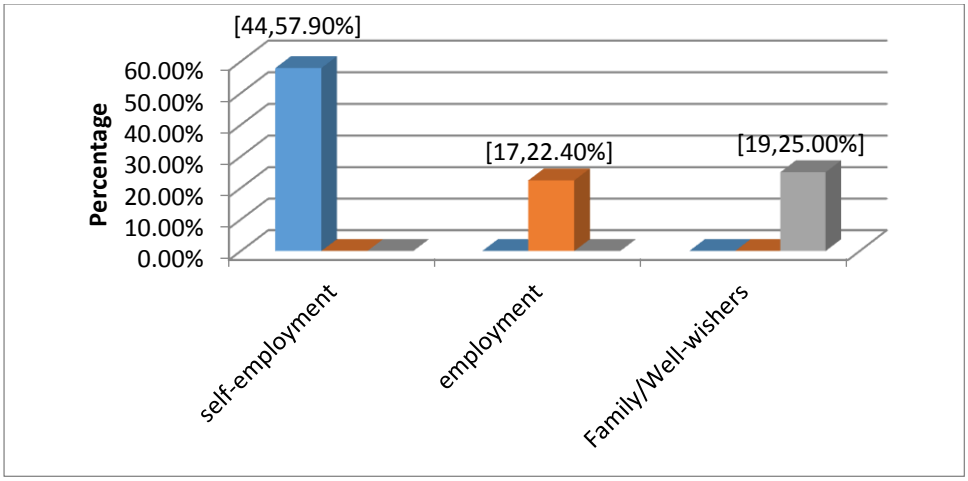

Figure 2: Sources of income

Figure 2 show that majority 57.90 percent of caregivers was self-employed, 22.04 percent were in some form of employment and 25.00 percent raised income to seek rehabilitation

therapy for children with disabilities from family and well-wishers. The results imply that most people rely on self-employment to earn a living. Figure 4.8 sought to indicate whether caregivers were taking care of other children apart from the disable.

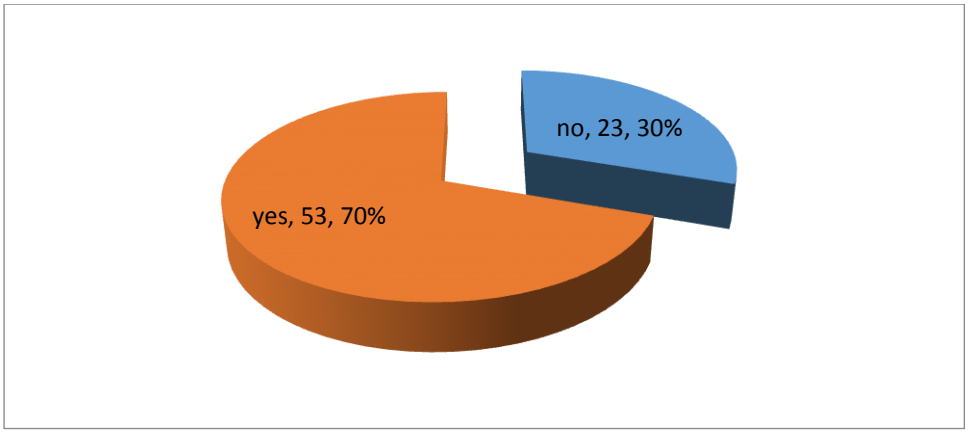

Figure 3: Other children being taken care of

The results in figure 3 showed that majority 70 percent of caregivers were taking care of other children. The results imply that the little income and attention was being shared among the other healthy children and the disable one (s). Table 1 shows the number of other children being taken care of by caregivers

Table 1: Number of other children being taken care of

Number of other children being taken care of	Count	Minimum	Maximum	Mean
If Yes, How many?	53	1	7	3

Table 1 shows that some of caregivers were only taking care of 1 other children while others were taking care of 7 children apart from the disable one (s). The average number of other children being taken care of was 3 children. The results imply that the little income and attention was being shared among the other healthy children and the disable one (s). Figure 4 shows the sufficiency of income by caregivers in meeting medical and other requirements for children rehabilitation service

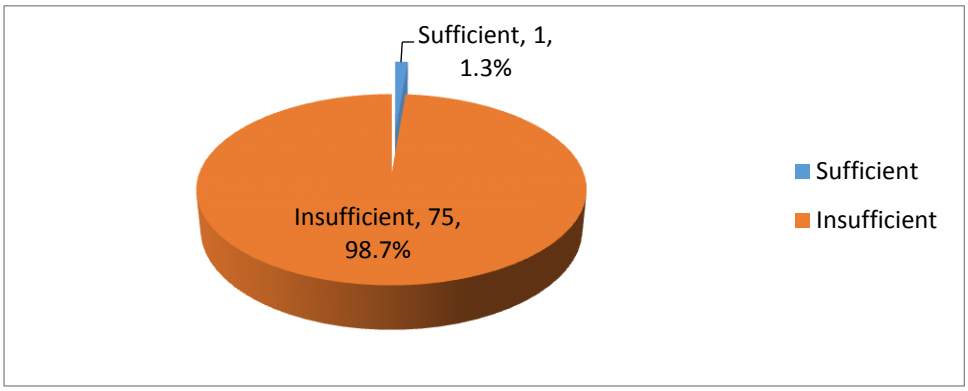

Figure 4: Sufficiency of income in meeting rehabilitation medical services for the disable children

The results in figure 4 show that majority 98.7 percent of caregivers felt that the income was insufficient in meeting rehabilitation medical services for the disable children. Income of the family has been indicated to have an impact on access to perceived need and health services.

Families with adequate source of income are able to seek rehabilitation therapy for their disable children compared to households with no or less income. The results agree with Porterfield and McBride (2017) who studied the impact of poverty and caregiver education on perceived need and access to health services among children with special health care needs and established lower-income were less likely than higher income and more-educated parents to say their special needs children needed specialized health services. Further, the study sought to indicate whether caregiver's level of income influence access to rehabilitation therapy for the disable children or not. The results are presented in figure 5.

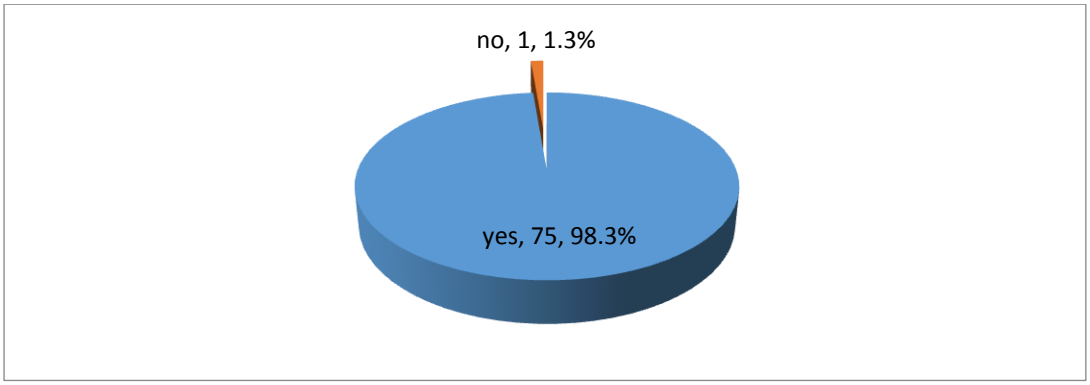

Figure 5: Caregiver's level of income influence access to rehabilitation therapy for the disable children

The results in figure 5 showed that majority of caregivers 98.3 percent agreed that caregiver's level of income influence access to rehabilitation therapy for the disable children. The size of income determines the ability of parents/ caregivers in seeking medical services and facilities for the disable children. Accessing quality rehabilitation therapy for the disable children require a lot of finance support.

5. Conclusion

The study concludes caregivers' level of income influence access to rehabilitation therapy for children with disabilities. Accessing rehabilitation therapy for children with disabilities requires sufficient income which majorities of caregivers are unable to rise. Size of income is essential in seeking medical services for seek persons including disable children.

6. Recommendations

Accessing rehabilitation therapy for children with disabilities requires sufficient income which majorities of caregivers are unable to rise. Size of income is essential in seeking medical services for seek persons including disable children. Income earned by caregivers was not sufficient to meet medical therapy for the disable children. The study makes a recommendation to the Ministry of Health in subsidizing medical expenses and bills for the disable persons. The programme should target areas of low income areas of Southern Dhaka.

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