



## Profile of Children with Disabilities Receiving Rehabilitation Services in A Tertiary Care Hospital

### KEYWORDS

Children, disability, socio-demographic characteristics

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**ABSTRACT** Each child born is an asset for future. Future of family as well as nation lies in the hands of our children. Thus they should be nurtured and cared right from inception. If this doesnot happen then responsibility bearer himself becomes a burden to the community. Childhood disability is one such example. It is a preventable morbidity. Thus it is essential to know about the factors which contributes to its occurrence. This hospital based study finds 64.1% children with disabilities were in age group 1 to 5 years and majority had either locomotor disability (35.8%) or mental disability (26.9%). They mostly belonged to social class V and VI(34.6% and 32.0% respectively) with 40% fathers and 50% mothers had either education below primary or had no education. 67% of them reside in rural areas.

### Original article

#### Introduction

Childhood disability is an emerging global health problem. A nationwide survey conducted by the National Sample Survey Organization has estimated that the population with disability in India is approximately 1.9% of the total population and 5.3% and 3% of 0-14 years age group are suffering from physical and mental disabilities respectively.<sup>(1)</sup>

Disability may be defined as difficulty in performing one or more functions that are generally accepted as normal and essential in daily life, such as self care, engagement in social relationship and earning a living. It has been estimated that there are some 300-400 million disabled people in the world. Affecting 10% of world's population, disability must be considered as a major medical, social and economic problem.<sup>(2)</sup>

**Aim of the study:** To know the profile of children with disabilities receiving rehabilitation services in a tertiary care hospital.

#### Methodology

A cross-sectional, institution based study was conducted in the child rehabilitation clinic of Pediatric department, Kamlia Raja Hospital, Gwalior. It is a tertiary care hospital attached to Gajra Raja Medical college. The study was done for a period of 1 year from jan 2012 to dec2012. The study group consisted of all disabled children of age between 0-14 years attending the clinic during this period and their parents willing to participate in the study. Parents were interviewed using a pretested pre-designed proforma. The questionnaire included information about type and onset of disability, total income of family, education of parents and place of residence. Clearance for the study was taken from the ethical committee of the institute from where it was conducted.

For study purpose, National Sample Survey Organization (NSSO) criteria was taken as operational definition. NSSO considered disability as "Any restriction or lack of abilities to perform an activity in the manner or within the range considered normal for human being". It excludes illness /injury of recent origin (morbidity) resulting into temporary loss of ability to see, hear, speak or move.<sup>(3)</sup>

#### Results

Out of 78 children with disabilities, majority (64.1%) were in age group 1 to 5 years, 19.2% were in age group 5 to 10 years, 8.9% children were less than one year and 7.6% were

in age between 10-15 years .

#### Profile of subjects:

It was found in the study that a childhood disability usually presents in combination of disabilities in which one may predominate. Disability predominantly present among these children was- locomotor disability in 35.8%, mental disability in 26.9%, speech disability in 24.3%, hearing disability in 6.4% and visual disability in 2.5%. 3 children had combination of 2 or more disabilities, of which none can be pointed as predominant one. (table-1)

**Table 1: Distribution of children according to age and type of disability.**

Variable	Number of children(N=78)	Percentage
Age of children (in years)		
<1	07	8.9
>1-5	50	64.1
>5-10	15	19.2
>10-15	06	7.6
Type of disability		
Mental	21	26.9
Locomotor	28	35.8
Visual	2	2.5
Hearing	5	6.4
Speech	19	24.3
Multiple disability	3	3.8

Table 2 shows that majority of children belonged to social class V and VI( 34.6% and 32.0% respectively), almost 40% fathers and 50% mothers had either education below primary or had no education.

With regards to the place of residence, it was observed that majority ( 67% ) of them reside in rural areas and 32% of them live in urban areas. Profile of parents occupation and employment was also studied. 29.4% children had unemployed father and 67.9% children had unemployed mother. (table-2)

**Table 2: Socio-demographic characteristics (N=78)**

Variable	No. of children	%
Socio economic status Class (based on per capita income)		
• Class I (>12836.00)	03	3.8
• Class II (6418-12835)	10	12.8
• Class III (3851-6417)	13	16.6
• Class IV (1925-3850)	25	32.0

• Class V (<1925)	27	34.6
Education of father		
• No education	13	16.6
• Primary pass	20	25.6
• Middle pass	15	19.2
• Higher secondary pass	20	25.6
• Graduate and above	10	12.8
Education of mother		
• No education	18	23.0
• Primary pass	22	28.2
• Middle pass	15	19.2
• Higher secondary pass	18	23.0
• Graduate and above	05	6.4
Residence		
• rural	53	67.9
• urban	25	32.0
Occupation of father		
• Unemployed	23	29.4
• Employed	55	70.5
Occupation of mother		
• Unemployed	53	67.9
• Employed	25	32.0

### Discussion:

The future hopes of the family and nation lies in children. They must grow as healthy and independent individuals so that they can bear the responsibilities. Despite all efforts, we find sufficient number of disabled children in the community. The proportion of disabled ones is higher in developing countries. According to 2002 data 57.50 per cent of the disabled were suffering from loco motor disability while 10.88 per cent were blind, 4.39 per cent were people with low vision, 16.55 were having hearing impairment, 11.65 per cent had speech disability, 11.33 per cent were mentally retarded and ill.<sup>(3)</sup>

In present study, locomotor disability was most common among children, followed by mental and speech disability. These children belonged to lower socio-economic group and

primarily were residents of rural areas. The findings of our study were consistent with other studies. According to NSSO data available on disabled children as per the place of residence criteria shows that 20 of every 1000 children in rural India are disabled as compared to 16 of 1000 urban children.<sup>(3)</sup>

J Padmamohan et al observed that out of 98 participants, 63.3% children had locomotor disability including 25.5% children with multiple disabilities. 19.3% children had speech and hearing disability, 15.3% had mental retardation and 2.3% had visual disability. 21.2% mothers and 27.7% fathers of these children were educated below high school; 34.0% belonged to low socioeconomic status.<sup>(4)</sup>

A South Indian study was able to demonstrate that disability was found to be more common among the children of families with monthly incomes of US\$ 10-15 (17.2%) when compared with children of families with monthly incomes of US\$ 32-42 (8.4%); odds ratio (OR) of 2.36 (95% CI = 1.08-3.64). The bivariate and multiple logistic regression analysis showed a significant and meaningful relationship between area of residence as an indicator of social status and childhood disability (OR = 2.39; 95% CI = 1.85-3.09). The results suggested that comparatively small differences in social status can be associated with significant differences in the health status. (Natale et al 1992).<sup>(5)</sup>

Similarly, the World Bank reported in 2007 that in India, disability is associated with lower socio-economic status. Survey data from villages in Uttar Pradesh and Tamil Nadu in 2005 showed a clear decline in the proportion of people with disabilities of all severity as the wealth of households' rises.<sup>(6)</sup>

### Conclusion

In India majority of the causes for childhood disabilities falls in preventable group. The study finds social and economical factors as an important determinant associated with it. Hence if efforts are directed to change the environment by creating awareness and motivation, the burden can be reduced.

### REFERENCE

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