

## **The Plight Of Children With Disabilities In Selected Areas In Bohol Province: A Proposed Integrated Rehabilitation Program**

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The essence of childhood is growing up to be a well-functioning adult. However, children with abnormalities become handicapped adults. According to NCSO (2000), there are about 6.5 million Filipinos who have some form of disability. Seventy five percent of them live in rural and semi- urban areas, where rehabilitation services are limited or non existent. In the Province of Bohol, access to information on the status of children with disabilities (CWD) is difficult due to limited information base. This prompted the University of Bohol, College of Allied Medical Science (UBCAMS) to conduct a research on the status of CWD and their families in the City of Tagbilaran and in three municipalities, determine the extent of their children's disabilities and design a proposed Integrated Rehabilitation Program. This study will alert the civil society, the local government units and government line agencies concerned to give attention to the problem of CWD and provide the necessary assistance. It will also help the UBCAMS to expand its community based rehabilitation services.

**Key words:** children, disabilities, rehabilitation

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### **INTRODUCTION**

The goal and aspiration of childhood is growing up to be a well-functioning adult. However, children born with abnormalities or deformities may suffer functional impairments that would bar them from realizing this goal. If the disabilities occur in later childhood, the child tends to have difficulty in adjusting to the change effected by the malady. Handicapped children become handicapped adults and, as adults, they need to be able to function in society. This includes not only physical abilities but also the intellectual, psychological and social skills needed to achieve the most optimal lifestyle possible.

There are about 6.5 million Filipinos who have some form of disability, either physical or mental, according to the NCSO data of year 2000. Seventy five percent of them live in rural and semi-urban areas, where rehabilitation services are limited or non existent. In the province of Bohol, access to information on the status of the children with disabilities (CWD) is difficult due to limited information base. This prompted the University of Bohol College of Allied Medical Science (UBCAMS) to conduct a research on the status of CWD and their families in the City of Tagbilaran and four nearby municipalities to determine the extent of their children's disabilities and to design a proposed Integrated Rehabilitation Program. This study will determine the status of CWD in Tagbilaran City and in four nearby municipalities. It hopes to set up a baseline data of the CWD in the areas in terms

of age, gender, educational attainment, conditions related to birth and current difficulties. It will also look at the profile of the parents of the CWD in terms of age, education and means of livelihood. Further, the research will conduct a physical assessment and diagnosis of the CWD.

It is hoped that findings of this research will bring about awareness on the plight of CWD in the Province of Bohol. This will alert the civil society, the Local Government Units and Government Line Agencies concerned to give attention to the problems of CWD and provide the necessary assistance. It will also help the UBCAMS expand its community based rehabilitation services.

## RESEARCH METHODS

The main method used was the descriptive normative survey with the aid of a self-constructed questionnaire. The interviewed parents of CWD were advised to come to the health center at scheduled dates for physical assessment and diagnosis of their children. The locale of the study comprised the City of Tagbilaran and its neighboring towns of Baclayon, Dauis and Panglao. The subjects were the families with CWD in these areas. There was a total of 210 respondents of which 132 of them brought their CWD to the health center for assessment and consultation. Focus group discussions (FGD) were conducted among mothers of CWD.

Data were encoded and processed using Microsoft Excel Database. Frequencies for nominal variables and cross tabulations of relevant variables were done using the same program.

## FINDINGS AND ANALYSIS

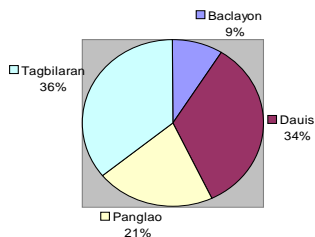
### Distribution of CWD Cases.

Figure 1 shows that a total of 210 cases were surveyed in three municipalities and 1 city in Bohol. More than one-third of the CWD cases are found in Tagbilaran City. Among the peripheral towns, the Municipality of Dauis has the highest cases with 34%, while Panglao and Baclayon have 21% and 9% respectively.

### Profile of CWD

To ascertain the seriousness of the problem of CWD a look was made into their profile. This covered their age, educational attainment, the manifestations of their disabilities, the conditions relative to their birth and their mothers' term of pregnancy, the size of their families and the CWD's ordinal status.

Figure 1: Distribution of CDW Cases



It can be noted that of the 210 Surveyed CWD cases, a total of 132 or 63% of them underwent physical assessment by the Physiotherapist. The Survey was the initial study that looked into the prevalence of the CWD cases in the research locale at the same time established contact with the CWD families and informed them to participate in the physical assessment. Those who failed to participate during the visit by the Physiotherapist have expressed concerns such as unavailability of guardians to assist the CWD as main concern.

**Age, Gender and Highest Educational Attainment of the CWD.** Survey shows that there are 60% male and 40% female CWD cases in the area. Further, Table 1 below points that 183 (87%) of the CWD are considered within the school age range of 4years old and above. However, a cross analysis of the educational attainment of the CWD and their age indicates that majority (75%) of the CWD cases had no schooling. There are only 31 out of 113 CWD aging from 7 to 15 years old who have achieved elementary education. In the focus group discussion with the parents of the CWD, they revealed that disabilities curtailed the children from attending classes. Parents also shared their anxiety that their children will be made laughing stock of other kids. Access of the families with CWD to special schools is also limited to urban centers, thus most if not all CWD in rural areas are left out and would tend to grow up without basic skills in reading, writing in addition to their disabilities.

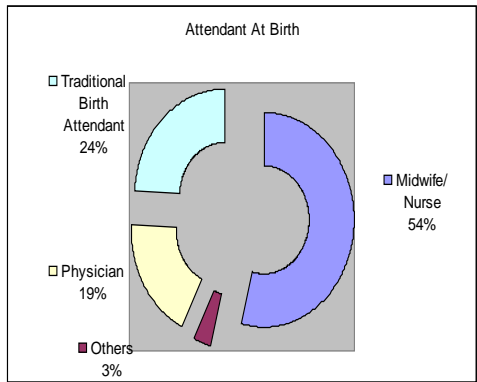
**Table 1: Age Group by Highest Educational Attainment of CWD**

<i>CWD Age group</i>	<i>Pre-elementary</i>	<i>Elementary Graduate</i>	<i>Elementary level</i>	<i>High School level</i>	<i>NONE</i>	<i>Not Applicable</i>	<i>Grand Total</i>	<i>% to total</i>	<i>% to SAC</i>
Less than 1 year						6	6	3%	3%
1 to 3 years old						21	21	10%	11%
4 to 6 years old	3				42		45	21%	25%
7 to 9 years old	2		6		29		37	18%	20%
10 to 12 years old	2		12		28		42	20%	23%
13 to 15 years old		1	8	5	17		31	15%	17%
Above 15 years old		1	5		22		28	13%	15%
Grand Total	7	2	31	5	138	27	210	100%	100%
% of Total	3%	1%	15%	2%	66%	13%			
% of SAC*	4%	1%	17%	3%	75%	15%			

\*SAC - School age children aging 4 years to 15 years old

N=210

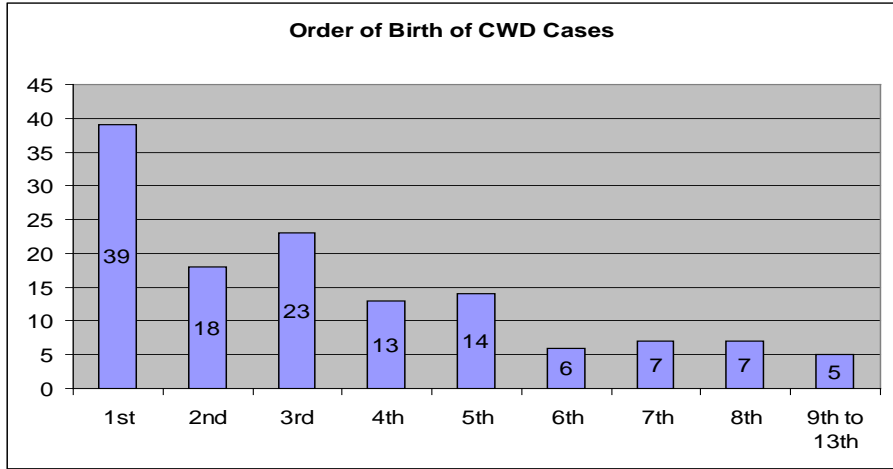
**Conditions Relative to the CWD Birth.** The conditions that surrounded the CWD's birth could have been the mitigating factors that caused their deficiencies. On this premise these conditions were investigated.



**Attendant at birth.** As shown in Figure 2, 54% or 114 CWD were delivered by a midwife or nurse; fifty-one or 24%, by a traditional birth attendant (TBA); while thirty-nine 19%, were delivered by a physician. Most of the deliveries were attended to by trained personnel. The usual practice in the health center is that TBA's are supervised by the midwife when they attend to deliveries. Data also indicates that more than half of the

CWD (67%) were born in their own homes. The rest were delivered either in a hospital (31%) or maternity clinic. In terms of mothers' term of pregnancy, findings reveal that 95% percent of the total CWD were born full term while the rest were pre-mature at birth. Most of these babies were presumed to be normal at birth.

**Ordinal status of CWD.** The place of CWD among the siblings could likewise affect the amount of time, patience and effort given to their care. As shown in Figure 3, thirty-nine of the diagnosed CWD were found to be first-born babies. There is also a significant number of CWD born on 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> order. This should have made the parents more cognizant of the need to seek rehabilitation measures for their children.



**Figure 3: Order of Birth CWD Cases**

**Physical Difficulties of CWD.** In the survey of 210 respondents, the parents were asked to identify the obvious physical disabilities of their children. Table 2 gives us an idea of the difficulties according to pervasiveness. Of the total CWD cases, 70% (114 cases) exhibit difficulty in speech and communication. Other disabilities experienced were walking/mobility (39%), dressing (30%), bathing (30%) and eating (26%).

**Table 2: Current Difficulties/Disabilities of the CWD Cases**

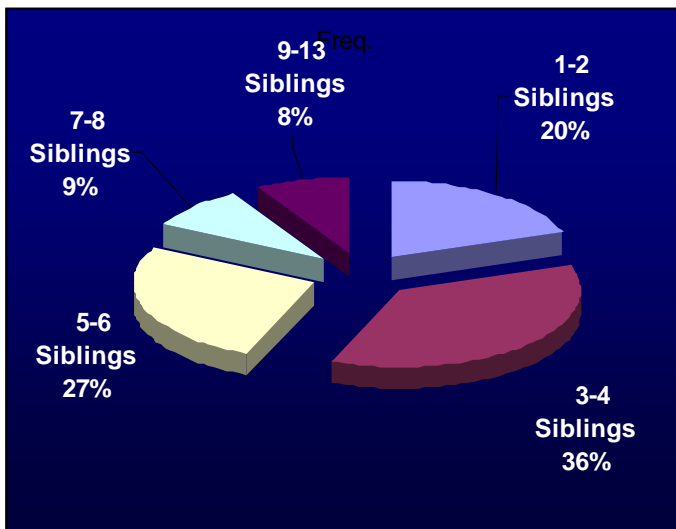
Current Difficulties/Disabilities	Total Cases	% of N
Speech/Communication	147	70 %
Walking/Mobility	81	39%
Dressing	64	30%
Toileting	63	30%
Bathing	63	30%
Eating	54	26%
Seeing/visual	5	2%
Others	4	2%
Grand Total	481	
N = 210		

The difficulties that the CWD are currently exhibiting are important in analyzing the level of their dependency to other members of their families. On the average, each CWD in the research area experiences 2 to 3 different kinds of difficulties in their activities of daily living (ADL). Further analysis of their difficulties shows that these could have been alleviated if the parents or community health workers were trained on how to deal with them. The lack of awareness among parents on the proper handling of CWD prevent them from providing rehabilitative care which makes the lives of the CWD all the more difficult. In the same way, those parents experienced additional burden in caring for their children who are not able to perform ADL.

**Status Of Families Of CWD.**

The condition of the families of the CWD is a major factor in their care and rehabilitation. The survey looked into age, educational status and occupation of the parents.

The size of families in terms of number of children to attend to could influence the amount of care and attention given to the CWD. Figure 4 shows that 36% of the families have 3 to 4 siblings, 27% have 5-6 siblings and 20% have 1-2 children. A few families have 7-8 siblings (9%) and another 9% have 9 to 13 children. Mean average size of family of CWD is 5 to 6 siblings. Most of the CWD belonged to large families. But those who belong to small families had parents

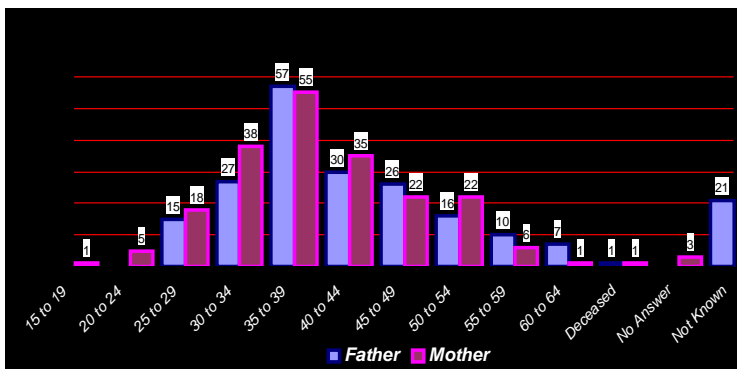


**Figure 4: Number of Siblings of CWD Families**

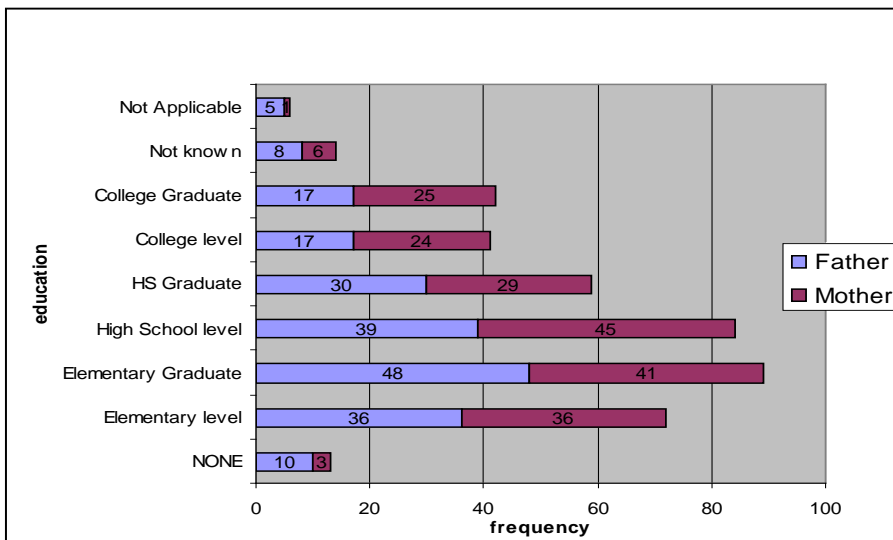
who were still in their young reproductive age. This is a clarion call for more dissemination of the tenets of family planning.

Figure 5 below illustrates the age range of the parents. Most fathers and mothers of the CWD fell within the range of 25 to 54 years of age. Analysis of the data reveals that mean average age range of both parents is at 40 to 44 years of age. The information implies that parents can potentially render home care if given proper training.

In terms of educational qualifications (Figure 6), 72% (304 out of 420) of the mothers and fathers are in the elementary to high school levels. It can also be gleaned from the data that mothers have higher educational status than fathers. The data implies that parents have the basic qualifications to improve their capacities if given skills training opportunities. FGD discussions with parents also showed 95% interest to participate in training programs.



**Figure 5: Age of Parents of CWD**



**Figure 6: Educational Attainment of Parents of CWD**

**Table 3: Occupation of the Parents of CWD**

Occupation of Father	Freq.	%
Skilled Laborers/ Workers	78	37%
Farmers/ Fisherfolks	53	25%
Professionals/ Employed	28	13%
No Answer	16	8%
Others1	12	6%
None	10	5%
Not known	5	2%
Businessman	3	1%
Barangay Tanod	2	1%
Seaman	2	1%
Not Applicable	1	0%
Grand Total	210	100%

In terms of occupation, Table 3 reveals that more than one third of the fathers of CWD are skilled laborers/workers. They are engaged in carpentry, paid labor and other low-paying jobs. One-fourth of the fathers are engaged in

subsistence farming and/or fishing activities. Only 13% of the fathers are gainfully employed either in government or private establishments.

Most mothers (67%) are housekeepers. Few (14%) are engaged in skilled labor such as laundry washing, vending and janitorial activities.

Occupation of Mothers	Freq	%
Housekeeping	140	67%
Skilled Workers/ Laborer	29	14%
None/ Not Known/ No Answer	18	9%
Private Employee	7	3%
Farmer	6	3%
Others	4	2%
Sari-sari store owner	3	1%
Teacher	2	1%
Deceased	1	0%
Grand Total	210	100%

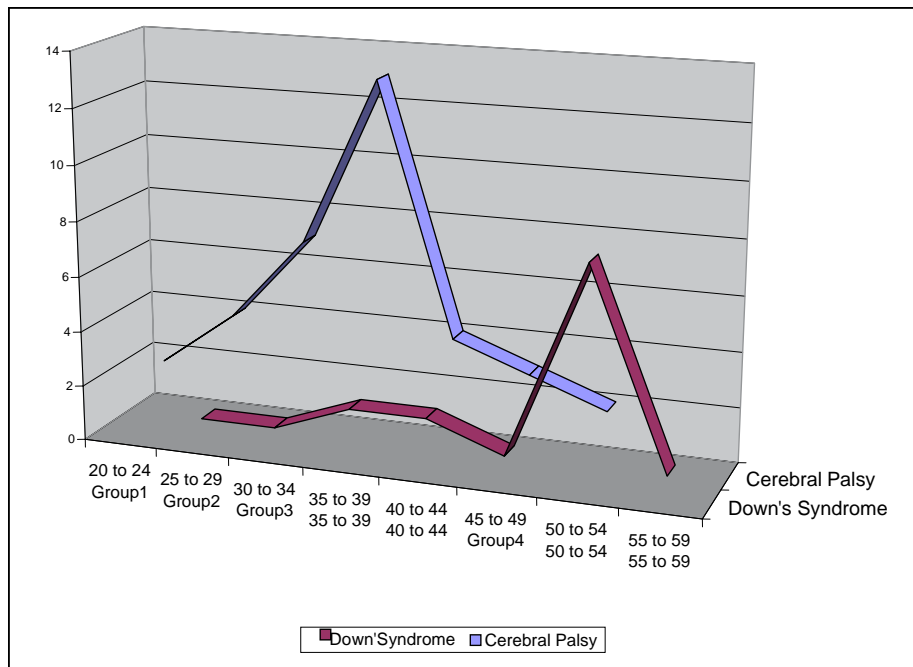
Looking back at the occupation of parents, it can be presumed that their incomes were marginal or barely enough to support their families, much less to shoulder medical expenses and rehabilitation services for their children. Over-all it can be summarized that the status of the families of the CWD are relatively poor.

Table 5: CP & Down Syndrome by Order of Birth

Order of Birth	Cerebral Palsy	%	Down Syndrome	%
1 <sup>st</sup>	15	43%	2	13%
2 <sup>nd</sup>	3	9%		
3 <sup>rd</sup>	9	26%		
4 <sup>th</sup>	3	9%	4	25%
5 <sup>th</sup>	2	6%	1	6%
6 <sup>th</sup>	2	6%	2	13%
7 <sup>th</sup>			1	6%
8 <sup>th</sup>			3	19%
9th to 13th	1	3%	3	19%
Total	35	100%	16	100%

On the other hand, cross analysis of CWD with Down Syndrome showed that 12 of the 16 cases were born of mothers above 38 years old at the time of pregnancy. Further, 87% of the cases belonged to the 4<sup>th</sup> to 13<sup>th</sup> order of birth.





**Figure 7: CP & Down Syndrome by Age of Mother during Pregnancy**

### Needs and Access to Services of CWDs.

The focus group discussion conducted among parents and guardians of the CWD looked into the level access to government services, current needs and concerns services.

Among parents they expressed that most of them visited the Barangay Health Centers or Rural Health Units for consultation and treatment of common illnesses among children. Few of them went to private doctors for consultation. In general, the parents expressed that only select cases of CWD have facilities and services. In Tagbilaran City, a SPED (Special Education) Center caters to children with specials needs. In the peripheral municipalities, there is no access to this similar facility.



*Child with Prognria*

In the face of the ailments, three major needs were expressed namely: material/ financial, medical and equipment. The material and financial needs expressed by the parents were: support for education, food and capital for income generating projects. Their medical needs ere mainly physical rehabilitation therapy, medicines

and vitamins. Some parents expressed the need for assistive devices for their children to overcome difficulties. These included crutches, walkers, wheelchairs and other prosthetic and orthotic devices. However, it can also be noted that most parents were not familiar with many other devices that can assist their children with disabilities.

## CONCLUSIONS

There are many cases of children with disabilities with various forms of difficulties. The families are left to fend on their own with almost no support from both the government and civil society. There is lack of awareness on the benefits of rehabilitation services among families of CWD. Further, the social stigma attached to disabilities has kept the children hidden and unattended. If not addressed, these factors will eventually result to CWD who will become fully dependent adults.

There is an apparent neglect among Government and Civil Society on the plight of the CWD and their families. There is no program to support their needs and concerns. Our country provides for a law that mandates the government to give full support to the improvement of the total well being of disabled persons and their full integration into the mainstream society. This research has come to realize the big disparity in the realities of the mandate of the Law vis-a-vis the current state of the Children with Disabilities in selected areas in Bohol.

## RECOMMENDATIONS

1. Invoke the corporate social responsibility of the University of Bohol, to initiate the implementation of an Integrated Rehabilitation Program for the CWD in partnership with Local Government Units, Government Line Agencies, Civil Society Organizations and Private Sectors. This program can include among others the following features:
  - CBR services at the RHU's to include physical therapy to the CWD and training of mothers on home health care. A machine shop will be put up to manufacture locally needed assistive devices.
  - Livelihood enhancement providing skills training and seed capital for micro-enterprise.
2. Conduct of baseline study on the status of CWD and their families in the whole Province of Bohol as well as database of existing services and facilities
3. Generate multi-stakeholder support for mainstreaming of CWD into the society.

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