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# Acceptance of Inclusive Health and Rehabilitation Services Running in Government Health Complexes in Bangladesh

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## ABSTRACT

**Background:** The concept of inclusive Health & Rehabilitation is new in the context of Bangladesh, as here these services are separately delivered by the authority at government health complexes by the initiatives of NGO. **Purpose:** The main objective of this study was to explore the acceptance of inclusive health and rehabilitation program among the beneficiaries, government and non-government stakeholder in 3 districts of Bangladesh. **Methods:** Cross-sectional in-depth interviews have been conducted to collect information from 100 participants including Patients, caregivers, professionals. Both qualitative and quantitative data have been collected by following a structured & semi-structured questionnaire and data analysis done by SPSS. **Results:** To avail inclusive health and rehabilitation services for the patients, different types of perceptions ranging from 0-100% have been found from the respondents. **Discussion:** The study mainly finds out the acceptance, understanding, and recommendations for further development of the Health and Rehabilitation program running in government health complexes. **Conclusion and Recommendation:** The reorientation of health services towards a social model of disability, health issue needs to consider as rights of persons with disabilities and involve rehabilitation professionals in hospital settings to ensure comprehensive health and rehabilitation services for the persons with disabilities.

*Keywords: inclusive health, rehabilitation, government health services, persons with disabilities*

## INTRODUCTION

According to WHO, 15% of the world's total population suffer from some sorts of disabilities; among them, nearly 200 million have substantial functional difficulties. Persons with disabilities are among the most marginalized and vulnerable human groups in the world as they show multiple limitations in the context of health, education, and economic activities. The accessing mainstreaming social and health care services is always difficult for them due to facing barrier mainly who are living in developing countries.

Like many other developing countries in the world, the percentage of persons with disabilities in Bangladesh is quite high. The Population Census 2011 reported a prevalence rate of 1.4% persons with disability but the 2010 Household Income and Expenditure Survey (HIES) reported a higher prevalence of 9.1%. According to the HIES 2010, there were over 14 million people in Bangladesh who had some sorts of disabilities. Bangladesh Protibandhi Kallyan Somity reported the prevalence at 7.8% (Bangladesh Bureau of Statistics, 2011, p. 137), while another survey conducted by Action Aid Bangladesh showed about 14% of people in Bangladesh were suffering from some sort of impairment. Statistically, it shows that there are many persons with disabilities in Bangladesh (Bangladesh Bureau of Statistics,2015, p.3). In other words, it can be said that a large number of people in the total population have limitations in terms of health, educational and economic activities (WHO & World Bank, 2011).

In Bangladesh, persons with disabilities issue especially their health and social cares are being dealt with the Ministry of Social welfare where disability and its rehabilitation link with the health directly. A study by Disabled Rehabilitation and Research Association (DRRA) showed that overall 87% of persons with disabilities sought general healthcare while only 46.4% sought healthcare for their disabilities. The percentage of persons with disabilities who sought general health care was found to be highest in Manikganj (98.3%), followed by Satkhira (88.3%), Chittagong (86.9%) and lowest in Dhaka (57.7%). A higher percentage of women with disabilities sought general health care (89.8%) and disability-related care (50%) than male persons with disabilities (84.9% and 43.7%, respectively) (DRRA, n.d.).

These findings encouraged DRRA, and CBM to implement an inclusive health and rehabilitation program namely

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'Promoting Inclusive Health and Rehabilitation Services (PIHRS) for people with disabilities in Satkhira, Manikgonj and Chittagong districts in Bangladesh' with the financial support of Australian Govt. in 3 districts of Bangladesh in 2015. This study attempts to find out the common perception as well as acceptance of this program among the beneficiaries, government and non-govt. stakeholder after running 2 years of this program which may influence the govt. heath sector for taking this type of initiative in their settings and will be helpful for further development of this type of program for the long term run (DRRA, 2016).. It was also expected that the program outcome will influence govt. to the replication of health and rehabilitation for persons with disabilities program other Upazila (sub-districts) Hospital.

## LITERATURE REVIEW

Disability has always been an important concern of human condition which deserved much more global attention but has not been accorded accordingly. Since the 1975 UN declaration on the Rights of Persons with disabilities, the matter has increasingly but intermittently been gaining attention within the global policy discourse. Of these, the UN declaration of "International Persons with Disabilities' day" and "Rules on the Equalization of Opportunities for Disabled Persons" (Priestley 2001) was a remarkable international attempt. Apart from these, the adoption of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2006 further consolidated international engagement on this important human health aspect and placed the issue in the global agenda firmly (United Nations, 2006).

During the course, an important shift has been made from the way disability used to be viewed; narrow medical perspectives have given way to a better appreciation of the social determinants of disability. Though some have argued to counter-pose a 'medical model' to a 'social model' in understanding the disability issue, practitioners on the ground have upheld the value of a balanced approach that focuses on the dynamic interplay of health conditions and other contextual determinants including the social factors in understanding and addressing disability (WHO & World Bank 2011). Similarly, The International Classification of Functioning, Disability and Health (ICF) developed by the WHO in 2001 has mentioned health condition, environmental and personal factors which influence and manipulate the inert-connected aspects of the disabilities such as impairments, activity limitations and participation restrictions. (WHO & World Bank 2011).An additional qualifying dimension according to the ICF was the level of severity of disabilities; which could be static, episodic or degenerating and might require a wide range of services; from relatively minor and inexpensive interventions to complex and costly procedures. Thus, the diversity of disability is also an important qualifying dimension for planning and implementing services for persons with disabilities.

Advocacy plays a significant role in establishing human rights along with global disability agenda. However, advocating rights orientation in the disability agenda has had an unintended result; the preventive aspect of disability gained lesser attention than what should have been the case (Priestley, 2001). In contrast, some specific medical measures have become blessings for the prevention of forming disability since the middle of the 20th century. For example, pediatric surgery can correct birth defects at the very beginning of life and institutionalization of early screening has been identified as an important preventive approach in several recent studies (Poenaru, D. et al., 2015 & Banu, T. et al., 2014) which help to avert future disabilities. Likewise, the World Report on Disability (2011) also reported the importance of inclusion of preventive approaches for a more holistic disability agenda and highlighted a public health approach that combines health promotion (primary prevention), early screening (secondary prevention) and redressing birth defects (tertiary prevention) (WHO & World Bank, 2011).

While greater policy recognition has been a welcome development, transforming ground realities in terms of availability and quality of service as well as enabling social attitudes has remained a far bigger challenge. The severity of disabilities always stresses a debate between the availability and quality of services. It also manipulates the perception of community people about the disability. The higher the severity, the more negative perception of disability. Because A wide range of factors determines health status, including individual factors, living and working conditions, general socio-economic, cultural and environmental conditions, and access to healthcare services (WHO 2008). WHO reported 80% of people with disabilities live in developing countries. Similarly, 70 to 80% of adults with disabilities are without employment and live in great poverty (UN, 2007; ILO, 2007).

The scale of the unmet needs of health care services related to persons with disabilities is a sobering one. Ground realities might, of course, differ from region to region, and country to country in terms of the significance of unmet needs, the severity of deprivation and so on. For example, Malawi shows about 92% unmet need for welfare services (WHO & World Bank, 2011), where Bangladesh is the most deprived of healthcare among other services. As a result of unmet needs, over-reliance on traditional healers is commonly seen in rural communities which is a visible example of health inequalities faced by persons with disabilities of developing countries.

To seek the health care issues of a person with disabilities, primary health condition, secondary condition, co-morbid conditions, general healthcare needs and specialist healthcare needs were identified as the contents of the framework by the World Report on Disability 2011. In addition to these, research conducted in developing countries reported cost, lack of service in the locality and transportation difficulties as the three major factors that could hinder the persons with disabilities from accessing healthcare services (WHO & World Bank 2011).

## METHODOLOGY

To explore the acceptance of the inclusive health and rehabilitation program among the beneficiaries, government and

non-government stakeholder in Bangladesh, cross-sectional in-depth study design both in qualitative and quantitative nature was used in the inclusive health and rehabilitation program running in 9 Upazila under 3 districts of Bangladesh namely Shibalaya, Daulatpur and Harirampur Upazila from Manikganj District, Debhata, Assasuni, Sadar from Satkhira District, and Patiya, Banshkhali, Raozan from Chattogram District. A stratified purposeful sampling technique was used to get 100 participants from different backgrounds such as Upazila Health Complex (UHC) staffs (Medical professionals / Upazila Health & Family Planning Officer, Nurses), community clinic staffs (Community Health Care Provider-CHCP), mothers/caregivers of beneficiaries, direct persons & children with disabilities) physiotherapist(PT) and occupational therapist (OT). All targeted participants' numbers were evenly collected from the respective areas. 3 medical professionals, 3 nurses, 6 CHCP, 9 mothers or caregivers, 2 physiotherapists, and 1 occupational therapist in each district had been selected as the participants of the study. In regards to direct beneficiaries, 9 from 2 districts &10 from 1 district were taken part in this study. Receiving health and rehabilitation services for at least 3months from the Upazila health complex was considered as the inclusion criteria of the direct beneficiaries (patients, parents or caregivers) of the program. On the other hand, working periods in the same place, engaging in related programs for at least 6 months, and training on disability under the health and rehabilitation program were considered as the inclusion criteria for the UHC staffs, NGO or rehabilitation professionals, and CHCP respectively. Structured, semi-structured and secondary data review were used to extract data for this study.

Of these, the structured questioner was applied to mother or caregivers, and Persons with disabilities, the semi-structured questioner was used for UHC staffs, rehabilitation professionals and CHCP. Apart from this, 28 persons with disabilities' file in the UHC was reviewed to cross-check the participants' response. Data preservation and its statistical analysis and calculation were carried out in statistical packaged for social science (SPSS) for Windows 16 (version 20) to relate the variables according to the objectives of the study.

## RESULTS

### Socio-demographic status of respondents

Table 1: Socio-demographic status of respondents

| Respondent Variables | Patient or caregiver | Community clinic staff | Doctor & Nurse | NGO staff (PT & OT) |
|---|---|---|---|---|
| Frequency | 55 | 18 | 18 | 9 |
| Mean Age | 31.2 | 32.7 | 41.3 | 23.2 |
| Sex | | | | |
| Male | 17 | 8 | 10 | 17 |
| Female | 38 | 10 | 8 | 2 |
| Education | | | | |
| Illiterate | 7 | 0 | 0 | 0 |
| Primary | 21 | | | |
| Secondary | 22 | 7 | 0 | 0 |
| Diploma | 0 | 0 | 8 | 6 |
| Graduation | 3 | 7 | 6 | 2 |
| Post-graduation | 2 | 4 | 4 | 1 |
| Trained on disability & rehabilitation | 0 | 17 | 1 | 6 |

There were four types of respondents such as patient or care-giver, NGO staff (PT & OT), hospital staff (Doctor & Nurse) and CHCP, and the mean age was 31, 23, 41 and 33 respectively. In terms of educational qualification, the respondents showed illiterate to postgraduate qualifications. The primary and illiterate among them were observed only between patients and their caregivers. Among other respondents, no education qualification was found below the diploma. Except for patients and caregivers, at least one respondent in each category received training on disability and rehabilitation.

### Perception of PT and OT

Table 2: Percentage of perception of PT and OT

| Perception of PT and OT | Percentage |
|---|---|
| Less enough space of therapy room | 88.90 |
| Motivational therapist attitude | 94.40 |
| Inadequate therapy materials | 100 |
| Aware about referral mechanism | 100 |
| Need speech therapist | 88.90 |
| Received training on disability and rehabilitation | 27.80 |
| Positive responses in case of working different professionals | 95 |
| Usefulness of the services to beneficiaries | 100 |
| Therapy equipment | 88.90 |
| Development device | 11.10 |
| Parallel Bar | 100 |
| Sensory integration therapy set-up | 75 |
| ADL Corner | 25 |

Almost 98% of NGO staff agreed that beneficiaries are being benefitted through this service as 99% opined that they refer patients to other medical professionals in case of needs and they don't face any difficulty in working with them. Although they require speech therapists, parallel bars, sensory integration therapy, ADL corner for providing quality services to all types of persons with disabilities. In addition, it was pointed by them that the therapy room has less space and inadequate materials.

### Perception of CHCP

Table 3: perception of CHCP

| Perception of CHCP | Percentage |
|---|---|
| Aware about the services | 100% |
| Aware about referral mechanism | 100% |
| Want the center's advanced therapy services | 0 |
| Received training on disability and rehabilitation | 100% |
| Therapist require to improve the skills | 55.65% |
| Aware community due to project activities | 100% |
| Positive responses in case of working different professionals | 0 |
| Usefulness of the services to beneficiaries | 100% |

It has been found that almost 100 % of CHCP agreed that the community became aware of the services due to current activities run the program. Besides, all of them were informed about the services and referral mechanism which has been set up by the program.100 % of CHCP admired the usefulness of the services towards beneficiaries. However, 52 % recommended that therapists require updated skills.

**Perception of Hospital staff**

Table 4: Perception of Hospital staff

| Perception of Hospital staff | Percentage |
|---|---|
| Inadequate therapy materials | 67% |
| Transportation incurs difficulty in getting treatment | 94.40% |
| Aware about referral mechanism | 100% |
| Want the center's advanced therapy services | 50% |
| Happy with overall management of therapy and rehabilitation center | 100% |
| Positive responses in case of working different professionals | 89% |
| Usefulness of the services to beneficiaries | 100% |

It has been noticed that almost 100% of the hospital staff were aware of the referral mechanism. Out of these, 88% of them were satisfied in the case of working with other professionals. In addition, approximately 100 % of the hospital staff were happy about the overall management of the therapy and rehabilitation centre, and the same number of respondents agreed on the usefulness of the services to beneficiaries. Although, inadequate therapy materials and backdated therapy services were found by the 65% and 48% respondents respectively.

**Perception of patients and care-givers**

Table 5: Perception of patients and care-giver

| Perception of Patients and care-giver | Percentage |
|---|---|
| Aware about the services | 51.93% |
| Less enough space of therapy rom | 63.60% |
| Suitable environment of therapy center | 65.50% |
| Motivational therapist behavior | 96.40% |
| Motivational therapist attitude | 89.10% |
| Inadequate therapy materials | 45% |
| Transportation incurs difficulty in getting treatment | 67.30% |
| Aware about referral mechanism | 100% |
| Want the center's advanced therapy services | 51% |
| Happy with overall management of therapy and rehabilitation center | 98.20% |
| Fewer therapist | 31.80% |
| Usefulness of the services to beneficiaries | 98% |

It has been found that about 50% of patients and caregivers were aware of the services. However, nearer to 100% of this respondent was happy in regards to therapist behaviour and attitude, overall management and services of the centre, and referral mechanism. Small therapy room, less therapist, transportation problem and inadequate therapeutic material was identified by 62 %, 32%, 67 % and 43 % of respondents respectively. Center's advanced therapy services were recommended by 53% respondent.

## DISCUSSION

In the discussion, mainly participant's opinions relevant to the program such as its acceptance, effectiveness, accessibility, and role in raising awareness or sensitization are discussed and analyzed.

Direct beneficiaries and their caregivers or mothers are well aware of the therapeutic services provided by programs such as physiotherapy and occupational therapy. It was noted that they are motivated by the therapist's behaviour, attitude, and time allocation at the time of receiving the service. Also, they have been satisfied with the environment of the therapy centre. However, fewer therapist, inadequate therapeutic material and narrow space in the centre are disrupting quality services. In addition, local transportation costs sometimes make it difficult to get therapy services from the centre regularly. Although most hospital staff and direct beneficiaries and their caregivers are well aware of the existing referral mechanism in the health complex, almost half of them want the centre's advanced therapy services. In the overall management of therapy and rehabilitation centres, most respondents showed their happiness.

It was obvious that the effort to mainstream disability in general healthcare facilities is still lacking. The neglect of these important issues reflects limited understanding in human rights-based approach in healthcare as required by the UNCRPD and the functional dimension of health as indicated in the ICF framework that internationally accredited standards are still "disability –neglected" should be of crucial concern to the healthcare community and to all those concerned with ensuring the rights to health of persons with disabilities (Srisuppaphon, et al., 2016).

In line with the hospital staff, therapists have a good manner and professionalism in serving persons with disabilities in the centre. The need for speech therapists at the centre has been strongly emphasized by them though. In regards to the referral mechanism, it has been identified as a helpful procedure which is often applied by them for the betterment of persons with disabilities. Distance to the centre and lack of transportation is one of the challenges for patients receiving regular treatment from the centre. In respect to the overall management and current set-up of the centre, a satisfactory and positive response along with some recommendations, has been found by the staff of health complex.

To achieve the goal of disability-inclusive healthcare service through hospital accreditation, there needs to be a revision of the general hospital standard, mainstreaming systems of care that recognize and support persons with different abilities, and identify and deliberately remove barriers to services throughout the range of care processes. Emphasis should be given to participation by persons with disabilities who are patients in care provision, both in general health care and rehabilitation (Srisuppaphon et al., 2016).

It is found that only 27.8% of the hospital staff received the program providing training on disability, but 100% CHCP received this training and which is helping them to find out persons with potential disabilities and refer them to the centre which is very rewarding and useful for them. To sensitize the local folk about the disability issues, the community mobilizer of the program has regularly conducted various activities in contact with clinics and patients which have played a significant role in the overall improvement of the patients. Although on the

overall services of the rehabilitation centres, 55.65% said that the therapist required some improvement in terms of providing services.

According to rehabilitation professionals like PT and OT, working with medical professionals has not been identified as a daunting task. Similarly, it has been identified by medical professionals that they work closely with rehabilitation professionals to establish a referral mechanism. Similar remarks have been received from rehabilitation professionals as beneficiaries and their caregivers regarding the integration of centre space. In the overall services, they have shown their need for some specialized services such as materials (therapy materials and development materials), professionals such as speech and language therapist, and sensory integration therapist, Prosthetic & Orthotist. They claimed that they needed some settings to deal with all types of children, such as neuro-developmental disability (NDD) children.

Substantial action needs to be taken by all stakeholders to realize the mainstreaming of health service provision, and the reorientation of health services towards a social model of disability. The inclusion of persons with disabilities should not only consider as active participants in the health care services but in strategic decisions regarding the funding and planning of health services.

## CONCLUSION

Health is determined by a broad range of factors, most of which are outside the health sector. Social, economic and environmental factors are the main external determinants of health. Persons with disabilities who experience disproportionately high rates of poverty often face conditions that impact negatively on their health.

The study conducted to find out the conception of the inclusive health and rehabilitation services among the stakeholders and also the service receiver. All the statement from the respondent was in a positive way to make the available services for the persons with disabilities in a mainstream hospital to make the health services inclusive. In terms of the full inclusion of persons with disabilities and for the anti-discrimination respondent has been provided with a different recommendation to make the inclusive health services for persons with disabilities.

## LIMITATION

As per standard methods of sampling,384 participants were required for this study, but the data sampling was restricted to 100 due to time constraints and unavailability of Health & rehabilitation professionals like Doctor, PT, OT in the Upazila hospital. On the other hand, there were no other researches like this study found available in the search engine. There may be a reason behind this, rehabilitation is already part of the health program and it is managed by a multi-disciplinary team worldwide.

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