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A study on Availability and Priority of Rehabilitation Services for Children with Intellectual Disability in Ibb, Yemen

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Abstract

The aim of this study is to investigate "Availability and Priority of Rehabilitation Services for Children with Intellectual Disability in IBB, Yemen". It employed a survey design, which involved 85 stakeholders including teachers, administrators and parents of CWID in the age range of 4-18 years. The result of the study can be presented in two parts, the first part is based on the availability of rehabilitation services, which is reflected in the results as 85% sample indicated that services are not available while 15% sample reported the existence of rehabilitation services which is distributed in four dimensions i.e. policies and schemes, vocational rehabilitation, therapeutic services and special education and the obtained percentage is 24, 11, 12 and 7 respectively. The second part reveals the priority of the same wherein the response goes above 80% and 4 of mean score and below 70% and 3.5 of the mean score in view of most important and least important. Based on the data gathered, researcher's own experience of working there (Ibb city, Yemen) for two years as a special educator and experiences shared by her colleagues (special educators and parents) she attributes the prime cause of this outcome to civil war and economic imbalance in the country. This research paves a way to further researches to be conducted for providing rehabilitation services pertaining to Children with Intellectual Disability, more so, need based and cost-effective services might be provided for their all-round development.

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I. INRODUCTION

Yemen is a country located in the south-western corner of the Arabian Peninsula. The total population of the country is approximately 20 million with a GDP per capita of $2,335 (UNDP Human Development Report, 2009) where approximately 41.8% of the population lives below the national poverty line. The lack of access to, and participation in, education in Yemen is significant and related to poverty. According to the World Bank, 87% of poor people in Yemen are illiterate or have not completed primary school (SINTEF, 2006). The number of persons with disabilities in Yemen can only be categorized as an "estimate" at best. Even though efforts have been made to determine the prevalence of disability in the country, the variance in the range of prevalence statistics is considerably large. Different estimates range from 0.4% to 12% (Shamsan, 2009). Most recently, the 2004 Population Census reported 1.9% of the 19.68 million total population of Yemen are persons with disabilities. This is a total of 379,822 (2.1% male and 1.7% female). The Household Budget Survey (HBS) of 2005 estimated a total number of 407,977 persons with disabilities. Of particular interest from the Household Budget Survey (2005) is the fact that the prevalence rate of disability is almost twice as high in the lowest income decile (56,316) as it is in the highest income decile (31,216). At the same time, the prevalence of disability is considerably much higher in the rural areas where access to health facilities is limited. Recent research suggests that the number of persons with disabilities is 3.3 times higher in rural areas than that of urban areas (YDC, 2003; Suraimi, 2009). Metts (2006) has estimated the population with disabilities in Yemen to be approximately 776,197 by applying the 2005 population data to the disability estimate of the National Population Survey of 1999. By breaking this figure into rural (25%) and urban (75%) population distributions, one might estimate that 582,148 persons with disabilities live in rural areas while 194,049 live in urban areas. Several important studies have been conducted over the past several years on the current status of disability and the service delivery system in Yemen. Generally speaking, service provision in Yemen for persons with disabilities needs further improvement primarily because it is urban-based and, for many, inaccessible. Estimates suggest that as few as 1.5% of the population with disabilities in Yemen has access to services according to the 2003 MENA Report on the Situation of Children, Women and Early Childhood Development (Metts, 2006). As a means by which to increase service coverage Coleridge (2004) advocates for the promotion and adoption of a community-based rehabilitation (CBR) service delivery approach because of its potential to increase service provision to the underserved populations with disabilities in rural areas of Yemen. In support of this service delivery approach, the Social Fund for Development (2008) has increasingly provided financial support to community-based rehabilitation programmes. CBR programmes are playing an increasingly important role in both preventative as well as curative services. According to Suraimi (2009), without the support from the SFD all efforts that focus on detecting and limiting disability would be greatly affected because government financed programmes in this domain are non-existent.

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The first legislation in Yemen regarding welfare and rehabilitation of persons with disabilities was Republican Decree No. 5 (1991). In this Decree, a Supreme National Committee for the welfare and rehabilitation of persons with disabilities was established. Unfortunately, this Committee was not provided with clear terms of reference and/or functions (Buraihi, 2009) and as a result had very little impact. The establishment of the Committee was followed by Public Law No. 61 (1999), the Law on the Welfare and Rehabilitation of the Disabled, which guarantees the right to health care, employment, higher education, rehabilitation services and barrier-free access to new public buildings. This same law states that every person with a disability should be provided with free medical assistance. Unfortunately, Public Law No. 61 did not enhance the role of the Supreme National Committee because it did accommodate it in the law.

Over the years the government has established a number of special funds as an attempt to improve the delivery of services to poor people (Metts, 2006). First, in 1997 the Social Fund for Development (SFD) was created by Law No. 10. The Social Fund for Development (SFD) was established as part of a social safety net scheme that contributes to poverty alleviation by improving living conditions and income generation of poor people in Yemen. The Social Fund for Development (SFD) has the mandate to respond directly to the needs of local communities in the areas of social services, e.g., health, education, as well as with rural roads, water and microfinance. The policy of the SFD is to encourage community-driven development by responding to local demands. With respect to issues of disability, the SFD works with government (MoSAL), non-governmental organizations, and Disabled Persons' Organizations (DPOs).

Intellectual Disability (ID, also known as mental retardation) is a condition of arrested or incomplete development of the mind. ID is especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities (WHO, 1992). For a definite diagnosis, lower intellectual functioning should lead to reduced ability to adapt to the needs of daily living. ID is known by different names in different countries. According to data collected from 147 countries, some common terminology is: mental retardation (most common term in 76% of the countries), intellectual disability (57%), mental handicap/ disability (40%). Other terms like learning/developmental disability and mental deficiency/subnormality are also used (WHO, 2007).

II. STATEMENT OF THE PROBLEM

Rehabilitation services are important for the CWID. Accessibility of services for CWID is denied due to lack of knowledge therefore, it is important to identify the availability of rehabilitation services provided to CWID and the essential rehabilitation services that are required for them to find out the gap between the availability and priority of the rehabilitation services for CWID. Therefore, the present study is entitled as, A study on Availability and Priority of Rehabilitation Services for Children with Intellectual Disability in Ibb Governorate, Yemen.

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III. STUDY OBJECTIVES

1. To find out the availability of rehabilitation services provided to CWID.
2. To find out the priority of rehabilitation services required for CWID from the perspective of their parents.

IV. RESEARCH QUESTIONS

1. What is the available rehabilitation services provided to CWID?
2. What is the sequential order of the Rehabilitation Services that need to be provided to CWID according to the priority of services from the perspective of parents?
3. Will there be any difference in the Priority Rehabilitation Services required for CWID based on the gender of the child (male & female)?
4. Will the Priority Rehabilitation Services required for CWID differ based on the level of disability (mild, moderate & severe)?
5. Will the Priority Rehabilitation Services required for CWID differ based on the age group (4-9 yrs, 10-13yrs, & 14-18 yrs)?

V. METHODOLOGY

This study aims to investigate the availability of rehabilitation services from the point of view of teachers and administrators, and priority of rehabilitation services from the point of view of parents for CWID in Ibb city, Yemen. Therefore, it is considered to be appropriate to adopt the survey research design to answer all research questions.

VI. RESEARCH TOOLS

In order to obtain the objectives of the present study, the following tools were developed:

1) Questionnaire on the availability of rehabilitation services (ARS) which consist of four domains which are Schemes and polices, Vocational Rehabilitation, Therapeutic Services, and Special Education.

2) Questionnaire on the Priority of Rehabilitation Services (PRS) which consists of six domains which are Basic Needs, Vocational Rehabilitation, Special Education, Psychological Rehabilitation, Social Rehabilitation and Health Care.

VII. DESCRIPTION OF THE TOOL

1. Questionnaire No. 1 (ARS) was distributed among 35 the teachers and administrators to measure the availability of rehabilitation services for CWID at 'Ambition' (Name of the institution, Ibb city). The questionnaire had three options which are Available = 3, Available but not enough = 2 and Not available = 1
2. Questionnaire No. 2 (PRS) was distributed among 50 parents of CWID to measure the priority of rehabilitation services for CWID at 'Ambition' (Name of the institution, Ibb city). The questionnaire had five options which are Extremely important = 5, Important = 4, Moderately important = 3, Not important = 2 and Not important at all = 1

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VIII. DATA COLLECTION AND DATA ANALYSIS

The quantitative analysis of the numerical data was done using the appropriate statistical techniques mentioned below:

1. **Frequencies and Percentages**: To analyze the collected data to answer the research question no. 1 & 2.
2. **Chi Square Test:** To analyze the collected data to answer the research question no. 3, 4 & 5.

Qualitative analysis was also done for the narrative data.

IX. ANALYSIS AND INTERPRETATION OF RESEARCH QUESTIONS

1. **Research Question:** *What is the available rehabilitation services provided to CWID?*

To know the availability of rehabilitation services, frequency was tabulated; mean and percentage were found to get the availability of rehabilitation services in each domain of the questionnaire was used. Percentage analysis was taken into consideration for interpreting the result.

Table 1- Frequency and percentage of each domain

S.N	Domain	No. of items	Frequency	Percentage
1	Policies and Schemes	11	385	24%
2	Vocational Rehabilitation	14	490	11%
3	Therapeutic Services	10	350	12%
4	Special Education	6	210	7%

Interpretation

Table No.1- shows that 24% responses were for the availability of policies and schemes for rehabilitation services provided to CWID were available, while 76% responses clearly said that there were no regulations for providing rehabilitation services to CWID.

11% responses went in favor of availability of vocational rehabilitation services whereas 89% indicated that there were no vocational rehabilitation services for CWID. And 12% responses were for the availability of therapeutic Services while 88% reported that those services are not available. Only 7% reported the existence of special education services, while 93% reported the absence of special education services for CWID.

2. **Research Question:** *What is the sequential order of the rehabilitation services that need to be provided to CWID according to the priority of services from the perspective of parents?*

The researcher used mean and percentage to get the sequential order of rehabilitation services for CWID according to the priority. Table No. 2- elaborates sequential order of the rehabilitation services.

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S.N	Items	Level of Importance					Mean	Percentage
		Most	Important	Moderate	Note	Not at all		
1	Psychiatric care.	48	2	0	0	0	4.96	99.2
2	Providing best and conducive environment for PWID.	47	3	0	0	0	4.94	98.8
3	Immunization (Tetanus, Hepatitis, Typhoid, measlesetc)	46	4	0	0	0	4.92	98.4
4	Speech therapy	46	3	1	0	0	4.9	98
5	CWID should learn toilet skills.	45	5	0	0	0	4.9	98
6	CWID should learn about dressing.	45	4	1	0	0	4.88	97.6
7	Health and medical care.	44	5	1	0	0	4.86	97.2
8	Recreation and leisure time.	44	5	1	0	0	4.86	97.2
9	Adequate arrangements for safety and security.	43	6	1	0	0	4.84	96.8
10	Individual counseling.	41	9	0	0	0	4.82	96.4
11	Marital counseling for PWID.	42	6	2	0	0	4.8	96
12	Special education Care and Rehabilitation Centers.	39	11	0	0	0	4.78	95.6
13	CWID should learn about moral values.	39	10	1	0	0	4.76	95.2
14	Life skills (Exposure to daily life activities)	37	12	1	0	0	4.72	94.4
15	Functional calculation	37	12	1	0	0	4.72	94.4
16	Clinical services non-Gov.	38	10	1	1	0	4.7	94
17	Home based program	36	13	1	0	0	4.7	94
18	Contagious diseases	35	13	2	0	0	4.66	93.2
19	CWID should learn about bathing.	35	12	3	0	0	4.64	92.8
20	Parental counseling	31	19	0	0	0	4.62	92.4
21	CWID should learn basic communication.	31	16	2	1	0	4.54	90.8
22	Hospitals (Gov. & private)	30	17	3	0	0	4.54	90.8
23	Counseling and treatment	28	20	2	0	0	4.52	90.4
24	CWID should learn fine motor skills.	31	14	5	0	0	4.52	90.4
25	Preventive counseling (genetic counseling)	26	23	1	0	0	4.5	90

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26	Special education schools (day school)	31	12	7	0	0	4.48	89.6
27	CWID should learn about eating.	27	19	4	0	0	4.46	89.2
28	CWID should learn about functional academic.	27	19	4	0	0	4.46	89.2
29	Surgeries if needed	23	27	0	0	0	4.46	89.2
30	Earning livelihood	28	16	6	0	0	4.44	88.8
31	Treatment with medicines.	23	25	2	0	0	4.42	88.4
32	Regular medical checkup such as blood check up, and digestory system.	22	26	2	0	0	4.4	88
33	Music therapy	25	18	7	0	0	4.36	87.2
34	Exposure of working in self help group	22	23	5	0	0	4.34	86.8
35	Assistive devices for rehabilitation	17	29	4	0	0	4.26	85.2
36	CWID should be given community orientation.	24	15	11	0	0	4.26	85.2
37	CWID should learn about grooming.	17	28	5	0	0	4.24	84.8
38	Follow up of the cases.	15	30	5	0	0	4.2	84
39	Behavioral therapy	20	20	10	0	0	4.2	84
40	Avenues for vocational placement of PWID	19	18	13	0	0	4.12	82.4
41	Directorates and offices of social development in the governorates and districts.	16	23	11	0	0	4.1	82
42	physical therapy	13	25	11	1	0	4	80
43	CWID should learn about money concept.	17	16	17	0	0	4	80
44	Group counseling	3	44	2	1	0	3.98	79.6
45	Guiding PWDs in the light of available vocational training and employment.	8	33	9	0	0	3.98	79.6
46	Special education schools (Boarding)	15	19	15	1	0	3.96	79.2
47	Using assistive devices wherever needed.	6	35	9	0	0	3.94	78.8
48	CWID should learn about self awareness.	9	28	11	2	0	3.88	77.6
49	Drama therapy	9	26	15	0	0	3.88	77.6
50	Full accommodation, which includes housing, food and	12	20	18	0	0	3.88	77.6

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	clothing.							
51	CWID should learn gross motor skills.	11	16	22	1	0	3.74	74.8
52	CWID should learn about meal time activities.	8	21	20	1	0	3.72	74.4
53	Training for transition.	6	24	20	0	0	3.72	74.4
54	CWID should learn about brushing.	10	16	24	0	0	3.72	74.4
55	CWID should learn domestic activities.	9	17	24	0	0	3.7	74
56	Availability of Group home.	9	15	25	1	0	3.64	72.8
57	Savings (bank account/ Post Office/ Piggy bank)	6	17	27	0	0	3.58	71.6
58	Training to plan budget.	7	13	30	0	0	3.54	70.8
59	Job placement as per the interest and level of the child.	6	14	30	0	0	3.52	70.4
60	Regular schools.	2	11	36	1	0	3.28	65.6
61	Integrated setup for CWID	3	14	28	3	2	3.26	65.2
62	Inclusive setup	3	7	17	19	4	2.72	54.4

Interpretation

The above mentioned tables show that majority of responses refers to (above 80% and 4 of mean) that is reflected in items (from no. 1 to 43).

- The explanation of the significant percentage 4 mean score of the related items is given below:
- Item no. 1 the response gained was highly significant mean: 4.96, percentage: 99.2 which is psychiatric care. It is states that there is an urgent need for psychiatric care for CWID of their life.
- Mean score of Item no. 2: 4.94, percentage: 98.8 meaning that providing the suitable environment is very much needed to receive all the services.
- Mean score of item no. 3: 4.92, percentage: 98.4 which reflect higher need of health care.
- Mean score of Item no. 4: 4.9, percentage: 98), which reflects the priority of rehabilitation services for CWID to communicate and request the needs.
- Mean score of Item no. 5: 4.9, percentage: 98 from sample's response which is considered the high need for CWID to be independent.
- Mean score of Item no. 6: 4.88, percentage: 97.6 meaning that it is very much needed to make the child totally independent.
- Mean score of Item no. 7: 4.86, percentage: 97.2 meaning that health is very much needed as a priority of rehabilitation services to make CWID able to meet his other needs.

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- Mean score of Item no. 8 occupied high level of the priority of rehabilitation services which is 4.86, percentage: 97.2 meaning that it is very important to meet their recreation and leisure time.
- Mean score of Item no. 9: 4.84, percentage: 96.8 which is basic need to provide a safe and comfortable environment.
- Mean score of Item no. 10: 4.82, percentage: 96.4 that focusing on the principle that each child is unique, has different needs and ability hence counseling for the family members is equally required.The results above show that majority of response goes above 70% and 3.5 of the mean that is reflected in items ranging from no. 44 to 59. These items have occupied the second level of significance that is, the priority of rehabilitation services for CWID. The explanation of the significant percentage 3.5 mean score of the related items is given below:
- Mean score of Item no. 44: 3.93, percentage: 79.6 meaning that the individual counseling is very much needed than group counseling.
- Mean score of Item no. 45: 3.98, percentage: 79.6 means CWID need to be independent and it can be made possible through proper training.

3. Research Question: *Will there be any difference in the Priority Rehabilitation Services required for CWID based on the gender of the child (male & female)?*

For answering this question the researcher used Chi-square to get the difference in the Priority Rehabilitation Services required for CWID based on the gender of the child, and the table no. 3 & 4 elaborate differences:

Table 3-Elaborate differences as per gender

Gender	Observed N	Expected N	Residual
Male	36	25.0	11.0
Female	14	25.0	-11.0
Total	50		

Table 4: Test Statistics (Gender)

Chi-square	9.680[a]
Df	1
Asymp. Sig.	.002

Interpretation: Table no. 3 & 4 display that (Asymp. Sig.) < 0.05 in all items. It shows that there are significant differences between observed frequencies (fo) and expected frequencies (fe) among all questionnaire items for males. Meaning the priority perspective of males is totally different from females.

4. Research Question: *Will the Priority Rehabilitation Services required for CWID differ based on the level of disability (mild, moderate & severe)?*

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For answering this question the researcher used Chi-square to get the difference in the Priority Rehabilitation Services required for CWID based on the level of the child, and the table no. 5 & 6 elaborate differences.

Table 5: Elaborate differences as per Age

	Observed N	Expected N	Residual
Mild	2	16.7	-14.7
Moderate	37	16.7	20.3
Sever	11	16.7	-5.7
Total	50		

Table 6: test Statistics (level)

	Level
Chi-square	39.640[a]
Df	2
Asymp. Sig.	.000

Interpretation

Table no. 4 & 5 display that (Asymp. Sig.) < 0.05 in all items. It shows that there are significant differences between observed frequencies (fo) and expected frequencies (fe) among all the items of the questionnaire for Moderate (option). It means that most items show differences for the children with moderate ID in terms of the priority of the rehabilitation services of children with mild and severe ID.

5. **Research Question:** *Will the Priority Rehabilitation Services required for CWID differ based on the age group (4-9, 10-13, & 14-18)?*

For answering this question the researcher used Chi-square to get the difference in the Priority Rehabilitation Services required for CWID based on the age of the child, and the table no. 7 & 8 elaborate differences.

Table 7: Elaborate differences as per age

	Observed N	Expected N	Residual
4-9	12	16.7	-4.7
10-13	20	16.7	3.3
14-18	18	16.7	1.3
Total	50		

Table 8: Test Statistics

	Age
Chi-square	2.080[a]
Df	2
Asymp. Sig.	.353

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Interpretation

Table no. 7 & 8 display that (Asymp. Sig.) > 0.05 in all items. It shows that there is no significant difference between observed frequencies (fo) and expected frequencies (fe) among all questionnaire items based on age. Meaning, age does not have any effect on the priorities for rehabilitation services provided to CWID.

X. EDUCATIONAL IMPLICATION OF THE STUDY

- The present study would help the rehabilitation service providers and administrators of the institutions offering the programmes in the field of intellectual disability to understand the priority of rehabilitation services to support CWID in the educational and non-educational settings.
- It would help the parents to make them aware about the policies and schemes which enable them to understand the rights regarding rehabilitation services.
- It would help teachers to understand rehabilitation services in a wider perspective and the possibility of helping CWID within the available means.

XI. CONCLUSION

The researcher through this survey study has attempted to bring into light the availability and priority of rehabilitation services for CWID. The findings of the study clearly state the availability of rehabilitation services, in the rehabilitations centers that are required to provide rehabilitation services for CWID. The researcher has prepared two questionnaire ARS and PRS which included four domains (policies and schemes, vocational rehabilitation, therapeutic services and special education). The responses gain from the sample can be explained as:

- The required rehabilitation services for the holistic development of CWID are not sufficient. Many educators working at rehabilitation centers are professionally trained and understand the need of CWID however the scarcity of funds restrict them to initiate new therapies.
- Rehabilitation centers are very few across the city. Therefore accessibility becomes another barrier.
- Educators at rehabilitation centers are highly demotivated and perform their duties monotonously. They are not enthusiastic to think new ideas.
- Many parents of CWID are not aware of the needs and the priority of the services. They are much bothered about the education and training of normal siblings rather than their CWID.
- The long procedure of getting their CWID admitted to the rehabilitation center is so troublesome that eventually the parents tend to keep their CWID at home only.

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