Original Article 02

Quality of Life in Physically Challenged Children of Ahmednagar District – A Survey

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Abstract

Introduction: Disability amongst children is increasing day by day. It affects their quality of life. There is no such assessment for assessing the affection of their quality of life. KIDSCREEN-52 are used as a multidimensional and comprehensive model of health with several domains. According to author's knowledge, there is paucity of studies wherein KIDSCREEN-52 has been used to assess quality of life amongst disabled students hence, this study was conducted. Methodology: KIDSCREEN-52 questionnaire was administered amongst disabled children who met with the inclusion and exclusion criteria. Result and Conclusion: The study concludes that quality of life is significantly affected amongst disabled children.

Keyword: Kidscreen, physically challenged life

Introduction: Being a disabled child is the hardest thing to live with. Living with unclear ideas and a mind regarding why I can't do a task with that ease as others can, it's like being mentally an amputee. The focus is not just on them being physically challenged but also on the attitude of people towards them and their beliefs. (1)

Wright has correctly quoted, "Disability is often what we perceive; it is in the mind of the perceiver. But in a developing country like India, where people are struggling to survive and feed themselves, go through all kind of exploitations and

degrading experiences. Poverty, illness, illiteracy have lead to a severe competition to the diminishing resources. Having a glance at this scenario, people with disability appear to be the most vulnerable group that suffers. Hence, in order to understand their health related quality of life there is a need of a detailed assessment.

Health-related quality of life (HRQoL) is used as a multidimensional and comprehensive model of health with several domains. The World Health Organization (WHO) defines health as a state of complete physical, emotional and social well being, associated with the individual's perception of their position in life and not just the mere absence of illness.⁽³⁾

The measurement of HRQoL in children and adolescents holds importance for the pediatric and adolescent care. There are several new methods now available for use in these age groups. Changes in emotional and cognitive development in children and adolescents must be recognized and addressed. Recent studies show that the children and the adolescent group are able to answer the HRQoL questionnaires reliably if their emotional development, cognitive capacity, and reading skills are considered. Monitoring HRQoL in children and adolescents is useful for the evaluation of health services. The generic KIDSCREEN-52 HRQoL questionnaire is administered in children and adolescents which is developed in several different countries and tested in a large group of children and adolescents thereby helping to provide a broad perspective on the understanding and interpretation of HRQoL across different countries. Psychometric properties such as validity and reliability of the KIDSCREEN- 52 HRQoL questionnaire have been assessed and its crosscultural comparability and psychometric properties have been found satisfactory. (4)

This questionnaire is commonly found to be used amongst healthy children but 'there is found paucity of studies wherein the same questionnaire is used for physically challenged children whose mental and psychosocial abilities are intact. Hence, the purpose of this study is to find out health related quality of life in physically challenged children using KIDSCREEN-52 questionnaire.

Aim and Objective: To evaluate health related quality of life using KIDSCREEN-52 questionnaire in physically challenged children.

Hypothesis

- KIDSCREEN-52 can be used to evaluate quality of life in physically challenged children.
- KIDSCREEN-52 cannot be used to evaluate quality of life in physically challenged children.

Material and Methodology: In this observational study, there were 52 participants, which were recruited only if their age was between 8-18years, were physically challenged and were willing to participate in the study. Participants were excluded if their age was less than 8 or more than 18years. One's which were mentally challenged, unable to speak and not willing to participate were excluded from the study. An informed consent was obtained from their respective parent/guardian.

KIDSCREEN-52 questionnaire is a self-reporting questionnaire but as the students were physically challenged, the examiner assisted them and tried to make them understand the questions in the best possible language.

The questionnaire consisted of 9 domains

Result:

Table-1	Mean Age	Physical activities and health						
	Age	Q No.1	Q No.2	Q No.3	Q No.4	Q No.5	Total	
Mean ± SD	11±2.3	3.14± 1.13	3.27± 1.46	2.80± 1.55	2.49± 1.55	3.39± 1.25	15.09± 5.34	

- In question no.1 the children general health was good.
- In question no.2 the children were moderately felt fit and well.

- In question no.3 the children were slightly physically active.
- In question no.4 the children were slightly able to run well
- In question no.5 the children were quite often felt full of energy.

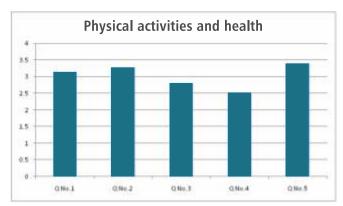


Table-2	Mean Age			Fe	elings			
	ngc	Q No.1	Q No.2	Q No.3	Q No.4	Q No.5	Q No. 6	Total
Mean ± SD	11± 2.3		3.96± 1.08		3.90± 1.04	3.78± 1.23	3.68± 1.12	22.86± 5.78

- In question no.1 the children moderately feel there life enjoyable.
- In question no.2 the children moderately felt that their life is enjoyable
- In question no.3 the children moderately felt satisfied with their life.
- In question no.4 the children quite often in a good mood.
- In question no.5 the children quite often felt cheerful.
- In question no.6 the children quite often had fun.

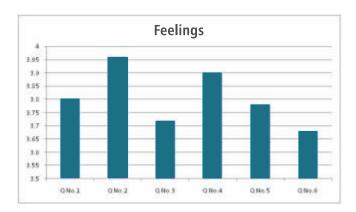


Table	Mean Age				Gener	al Mood			
-3	Age	Q No.1	Q No.2	Q No.3	Q No.4	Q No.5	Q No. 6	Q No. 7	Total
							2.68± 1.38		16.33± 5.51

- In question no.1 the children never felt that they do everything badly.
- In question no.2 the children rarely felt sad.
- In question no.3 the children rarely felt so bad that they didn't want to do anything.
- In question no.4 the children rarely felt that everything in their life goes wrong.
- In question no.5 the children rarely felt fed up.
- In question no.6 the children rarely felt lonely.
- In question no.7 the children rarely felt under pressure.

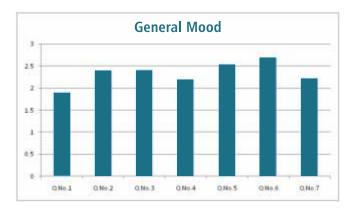


Table-4	Mean Age	About Yourself					
	Aye	Q No.1	Q No.2	Q No.3	Q No.4	Q No.5	Total
Mean ± SD	11±2.3	3.59± 1.25	3.98± 1.10	3.10± 1.40	3.18± 1.28	3.41± 1.55	17.25± 3.92

- In question no.1 the children quite often happy with the way they are.
- In question no.2 the children quite often happy with their clothes.
- In question no.3 the children quite often worried about the way they look.
- In question no.4 the children quite often felt Jealous of the way other girls and boys look.
- In question no.5 the children quite often would like to change something about their body.

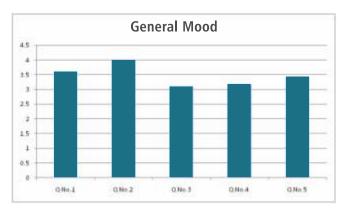


Table-5	Mean Age	Free time					
	Age	Q No.1	Q No.2	Q No.3	Q No.4	Q No.5	Total
Mean ± SD	11±2.3	3.82± 1.23	3.80± 1.25	3.61± 1.20	3.70± 1.20	3.90± 1.25	18.84± 4.92

- In question no.1 the children quite often had enough time for them.
- In question no.2 the children quite often able to do the things that they want to do in their free time.
- In question no.3 the children quite often had enough opportunity to be outside.
- In question no.4 the children quite often had enough time to meet friends.
- In question no.5 the children quite often able to choose what to do in their free time.



Table	Mean Age			Famil	y and Ho	me Life		
6	Age	Q No.1	Q No.2	Q No.3	Q No.4	Q No.5	Q No. 6	Total
Mean ± SD	11± 2.3				3.98± 1.12		4.35± 0.95	25.08± 4.36

- In question no.1 the children parent understands them very much.
- In question no.2 the children's felt loved by their parents very much.
- In question no.3 the children's happy at home very much.
- In question no.4 the children's parents had quite often enough time for them.
- In question no.5 the children's parents very often treated them fairly.
- In question no.6 the children very often able to talk with their parents when they wanted to.

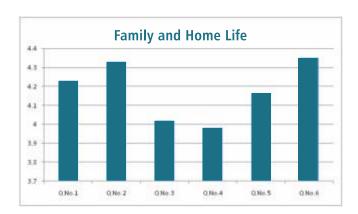


Table-7	Mean Age		Money	matters	
	Age	Q No.1	Q No.2	Q No.3	Total
Mean ± SD	11±2.3	3.33±1.12	3.45±1.19	2.98±1.17	9.76±2.88

- In question no.1 the children quite often had enough money to do the same things as their friends.
- In question no.2 the children quite often had enough money for their expenses.
- In question no.3 the children slightly had enough money to do things with their friends.



Table	Mean Age				Friends			
8	rige	Q No.1	Q No.2	Q No.3	Q No.4	Q No.5	Q No. 6	Total
	—				4.08± 1.21			23.72± 4.89

- In question no.1 the children quiet often spent time with their friends.
- In question no.2 the children quite often done things with other girls and boys.
- In question no.3 the children very often had fun with their friends
- In question no.4 the children and their friends very often helped each other.
- In question no.5 the children very often able to talk about everything with their friends.
- In question no.6 the children very often able to rely on their friends.

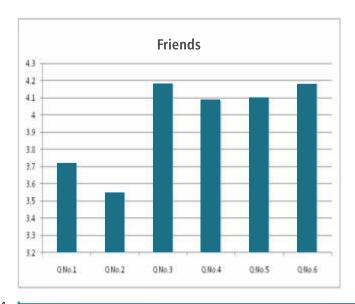


Table	Mean Age		Money	matters	
9	Age	Q No.1	Q No.2	Q No.3	Total
Mean ± SD	11±2.3	4±1.26	1.43±1.97	3.47±1.40	8.90±3.34

- In question no.1 the children very much happy at school.
- In question no.2 the children children not at all well at school
- In question no.3 the children moderately satisfied with their teachers.

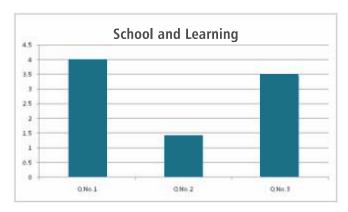


Table 10	Mean Age	Final Score/230
Mean ± SD	11±2.3	157.86±24.24

Discussion: The current study on Health Related Quality of Life in physically challenged children of Ahmednagar district using The generic KIDSCREEN-52 HRQoL questionnaire shows that the physically challenged children have an impact of their disability on their quality of life.

The KIDSCREEN HRQoL questionnaire is developed by a Group Europe, this questionnaire is used to monitor the perceived health status of an individual for planning, monitoring and evaluating health related interventions in the community. With the help of this questionnaire, screening for promotion of health-related quality of life in children and adolescents can be effectively implemented. (5)

This study uses the KIDSCREEN-52 HRQoL

questionnaire in specially abled children, which is helpful in evaluating the perceived health status of specially abled children to implement, improvise, monitor and evaluate health related interventions in the specially abled children. (6,7)

Amongst the components assessed using the questionnaire, the following components in each series were affected as compared to others. In Physical activities and health, running and physical activity was affected. In Feelings, the component of fun and satisfaction with life was affected; In General Mood it showed affection leading to loneliness and feeling fed-up. In About Yourself showed subjects worried about the way they look. In Free time showed subjects don't have enough time to meet friends. In Family and Home Life showed that parents did not have enough time for them, and the parents did not treat them fairly, they were less happy at home. In Money matters showed they don't have enough money to do things with their friends. In Friends showed they are not able to do things with other girls and boys, and they have less time to spend with their friends. In School and Learning showed they don't get on well at school.

The health related quality of life was considerably affected in specially abled children.

The daily activities of the children with disability is most likely to get hampered, the physical independence gets affected, and over all the role in society gets affected, along with the family activity, general health is more likely to get hampered. These changes are mostly associated with additional health or developmental abnormality like vision abnormality, hearing and cognitive abnormalities⁽⁸⁾.

There are several conditions and diseases which are most likely to affect children's health which leads to lowering the physical function of a child with disabilities. There are several studies which concluded that the health related quality of life of a specially abled child get's hamper due to the disease or any abnormality occurred during developing stages of a child or an infant.

This study showed that the HRQoL in specially abled children in Ahmednagar district is significantly affected due to the disability they had.

This study for HRQoL of specially abled children has highlighted importance of perceived health of a specially abled child.⁽⁹⁾

This will help healthcare workers, family members and the community to understand and help improve overall functioning of a specially abled Child and his role in the community. By understanding the HRQoL we can motivate the children to overcome their disability and enhance independence and change the view of community and family members towards them.

Conclusion: From the results of our study we conclude that physically challenged children are significantly affected with health related Quality of life in both physical and psychological domains.

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