CHILDREN WITH SPECIAL NEEDS IN KLANG DISTRICT: ARE WE DOING ENOUGH?

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OUTLINE

- INTRODUCTION
- OBJECTIVES
- METHODOLOGY
- RESULTS
- DISCUSSION
- CONCLUSION
- RECOMMENDATION
INTRODUCTION

- International effort and research have led to substantial reductions in the mortality rates of children <5 years old; however, research and progress in the area of childhood disability has been seriously lagging.
  - Ahmad OB et al, 2004

- An estimated 150 million children suffer from some kind of disability, and most live in the poorest parts of the world.
  - United Nation Children Fund, 2005

- Moreover, a majority of these children suffer the double burden of disability and its associated stigmatization, leading to a marginalized life.
INTRODUCTION

- In Malaysia, for Ministry of Health provision of rehabilitation services at health centers for children with special needs (CWSN) began in 1996, in line with the 7th and 8th Malaysian Plan where decentralization of rehabilitation services was part of the activities identified.

- Rehabilitation & development program for CWSN in Klang district was started on 4th October 1997 at Klang Health Centre (clinic-based rehabilitation or CBR).

- The vision is to develop skills and abilities of children with special needs based on their individual potential to achieve maximum quality of life.
KLANG HEALTH CLINIC
INTRODUCTION

- The mission is to provide comprehensive health services for children with disabilities from birth by increasing awareness, knowledge, skills and cooperation between health care workers and other agencies.

- The objectives of the program:
  - To provide appropriate rehabilitation services for children with disabilities at primary care level. (clinic based rehabilitation)
  - To strengthen community services by cooperation between government agencies and non-government agencies.
ACTIVITIES

- Early detection and early intervention of disabilities.
- Training:
  - Normal and abnormal child development.
  - Management of children with gross motor / fine motor delay, visual / speech / communication impairment at primary care.
- Multidisciplinary team sessions once in 1–2 months has been introduced.
- Involves Klang Hospital & Health Clinics in Klang district:
  - Paediatrician
  - Family Physician
  - Medical & Health Officer
  - Dentist
  - Rehabilitation Physician
  - Occupational Therapist
  - Physiotherapist
  - Speech Therapist
  - Nurses, dental nurse
  - Welfare Officer
  - Education Officer
MDT ACTIVITY

- Case discussion and assessment to help nurses in health clinics conduct intervention / rehabilitation activities using equipments available.
- Discussion on parental concerns and provide moral support for the family.
- Facilitates referral to specialist clinics & other agencies when necessary.
MDT – Patient Assessment
MDT ACTIVITIES

DISCUSSION WITH PAEDIATRICIAN

PHYSIOTHERAPY

DENTAL NURSE

OCCUPATIONAL THERAPY
OBJECTIVES

General Objective:
- to evaluate the rehabilitation and early intervention services for children with special needs for the past three years.

Specific Objectives:
- To describe socio-demographic characteristic
- Prevalence of type of disabilities.
- To evaluate proportion of cases referred to MDT.
- To describe pattern of follow up
METHODOLOGY

Material & methods
- Health clinic based
- Retrospective descriptive study
- Conducted at all health clinic in Klang District
- All CBR cases registered from 2008-2010 were analysed.

Inclusion criteria.
- All patients < 18 years old registered for CBR program were included in the study.

Exclusion criteria
- Records which not complete.
METHODOLOGY

- Data Collection
  - A data collection sheet was designed which record the information such as socio demographic, type of disabilities, age entering program, person who identified problem, involvement of MDT, welfare referral and status of the patient were identified.

- Definition: Types of disabilities were identified based on classification of disabilities in the welfare registration form.

- Data were analyzed using SPSS.
RESULTS

- 192 new cases were reviewed.
  - Table 1: Distribution of new cases

![Bar Chart]

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28</td>
<td>77</td>
<td>86</td>
</tr>
</tbody>
</table>
### TABLE 2: DISTRIBUTION OF SOCIODEMOGRAPHIC CHARACTERISTIC CWSN

<table>
<thead>
<tr>
<th>Variables (N=192)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>129 (67.2%)</td>
</tr>
<tr>
<td>Female</td>
<td>63 (32.8%)</td>
</tr>
<tr>
<td>2. Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td>128 (66.6%)</td>
</tr>
<tr>
<td>Chinese</td>
<td>36 (18.8%)</td>
</tr>
<tr>
<td>Indian</td>
<td>26 (13.5%)</td>
</tr>
<tr>
<td>Others</td>
<td>2 (1.04%)</td>
</tr>
<tr>
<td>3. Age Group (current age)</td>
<td></td>
</tr>
<tr>
<td>&lt; 5 y.o</td>
<td>100 (52.1%)</td>
</tr>
<tr>
<td>5-10 yo</td>
<td>78 (40.6%)</td>
</tr>
<tr>
<td>&gt; 10 y.o</td>
<td>14 (7.3%)</td>
</tr>
<tr>
<td>4. Family Income (per month)</td>
<td></td>
</tr>
<tr>
<td>&lt;3000</td>
<td>145 (75.5%)</td>
</tr>
<tr>
<td>&gt; 3000</td>
<td>19 (9.9%)</td>
</tr>
<tr>
<td>not known</td>
<td>28 (14.6%)</td>
</tr>
</tbody>
</table>
**TABLE 3: OTHER CHARACTERISTICS OF CWSN**

<table>
<thead>
<tr>
<th>Variables (N=192)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discussion in MDT</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>86 (44.8%)</td>
</tr>
<tr>
<td>No</td>
<td>106 (55.2%)</td>
</tr>
<tr>
<td>2. Welfare referral</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>116 (60.4%)</td>
</tr>
<tr>
<td>No</td>
<td>76 (39.6%)</td>
</tr>
<tr>
<td>3. Follow up FMS</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>106 (55.2%)</td>
</tr>
<tr>
<td>No</td>
<td>86 (44.8%)</td>
</tr>
<tr>
<td>4. Status follow up</td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
<td>65 (33.9%)</td>
</tr>
<tr>
<td>Hospital</td>
<td>65 (33.5%)</td>
</tr>
<tr>
<td>Inactive</td>
<td>62 (32.3%)</td>
</tr>
</tbody>
</table>
### TABLE 4: PREVALENCE TYPE OF DISABILITY

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hearing Impairment</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Visual Impairment</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Delayed Speech</td>
<td>13</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>4. Physical Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Motor Developmental Delay</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>5. Learning Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Developmental Delay</td>
<td>4</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Down Syndrome</td>
<td>6</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>ADHD</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Autism</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Intellectual Impairment</td>
<td>2</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Specific Learning Disability</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DISCUSSION

- The number of children with special needs detected in Klang district has increased this past 3 years.


- This study provided similar socio demographic characteristic as indicated by other studies. Newacheck PW et al 1998, Boyle CA et al 2011

- Consistent findings suggest that
  - CWSN are from low socioeconomic group.
  - Boys are more prevalent among CWSN.
DISCUSSION

- Consistent findings pertaining to the type of disability could be due to:
  - Healthcare providers have more awareness on the problem and prompt intervention has been taken.
  - Better healthcare services has been provided during antenatal to prevent congenital abnormality.
  - Environmental factors during childhood development influences type of disability eg delayed speech- less stimulation from the parents as they are busy.

DISCUSSION

- Almost half of the cases need multi-disciplines team input.

- Other studies showed similar findings and reasons for the benefits of MDT as:
  - Able to offer families a more efficient service, whereby all multi discipline agency in the team.
  - professional development, communication, collaboration with colleagues
  - relationships with families with disabled children.

- Abbot D, Bailey DB, American Academy of Council
CONCLUSIONS

- The number of children with special needs detected in Klang district has increased this past 3 years.
- The multidisciplinary team is useful in the management of CWSN.
- Learning problem is the most prevalent type of disability CWSN in Klang District.
RECOMMENDATIONS

- MDT should be a part of process in managing CWSN.
- Improvement in networking and collaboration with other government agencies and non governmental agencies.
- Training of health care workers and interventions need to be improved especially in the common areas identified.
- Yearly check ups for young children instead of at age of 2 and subsequent 4 years old.
- Improvement in the health promotion and early intervention program should be emphasized to give good quality of healthcare to CWSN.
Last but not least

...........to celebrate

World Disability Day

on 3 Dec....

Thank You
REFERENCES

- Pallab K. Maulik, Gary C. Darmstadt. Childhood Disability in Low and Middle-Income Countries: Overview of Screening, Prevention, Services, Legislation and Epidemiology. *Pediatrics* 2007; 120;S1.
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