ABSTRACT

Globally, 120 to 150 million children and young people are living with disability. India has about 2.68 crore disabled people among them 35.29% are disabled children and the prevalence of locomotor disability among different kind of disabilities is highest in the country. Children living with disability are often at increased risk for the development of secondary conditions that can lead to further decline in functional status, health status and overall quality of life. The present study was conducted to evaluate the effectiveness of health promotion intervention in improving the quality of life among physically challenged children in selected schools of Punjab.

To accomplish the objectives a quasi-experimental study with pre interventional and post interventional control group design was conducted at Blind and Handicapped Development Society Special School, Hoshiarpur (study group) and Vocational Rehabilitation Training Centre, Ludhiana (control group) district of Punjab. The sample were 120 physically challenged children suffering with locomotor disabilities in the age group of 10 to 19 years, out of them 60 were in study group and 60 were in control group. The sample were selected through non-probability purposive sampling technique. The data collection tool consisted of two sections. Section A: structured questionnaire for assessing demographic and clinical variables of physically challenged children and Section B: Quality of life questionnaire to assess the quality of life among physically challenged children. Health promotion intervention consisted of health teaching on diet, personal hygiene
and exercise programme. Content validity of tool and intervention was established by submitting the proposed draft and obtaining valuable opinion and suggestions along with content validity certificate from the sixteen experts in the field of paediatrics, orthopaedics, physiotherapy, and paediatric nursing.

A pilot study was conducted in month of January 2013 for the duration of one month to assess reliability of tool, feasibility and practicability of the study. The main study was conducted from April 2013 to March 2014. The pre interventional assessment of quality of life was done at baseline for both the study and control group. After this the study group received health promotion intervention provided by qualified physiotherapist and investigator as per plan of intervention for the duration of 36 weeks but control group received routine care. A practice diary was maintained to confirm regular practice of health promotion intervention. The post interventional assessment of quality of life was done at 12th week, 24th week, and 36th week for both the study and control group by using the same questionnaire. The sample of control group did not receive the health promotion intervention during the course of study; however, on completion of the study, they also received health promotion intervention for the duration of one week and instructional manual on health promotion intervention was distributed to them. Ethical aspects of study were maintained through the study.

The collected data was tabulated and analyzed in accordance with the objectives of study by using descriptive and inferential statistics through Statistical Package for the Social Sciences version 16 software (SPSS Inc., Chicago, IL, USA) and Instat.
The major findings of the study

1. There was no statistically significant difference found in baseline values of overall quality of life, and physical, psychological and social domains of quality of life between study and control group (p > 0.05).

2. There was very high statistically significant difference found in quality of life mean score in post interventional I (t=4.64), post interventional II (t=11.62) and post interventional III (t=12.62) after health promotion intervention at p=0.001 level between study and control group.

3. There was very high statistically significant difference found in physical domain of quality of life mean score in post interventional I (t=4.86), post interventional II (t=9.34) and post interventional III (t=10.61) after health promotion intervention at p=0.001 level between study and control group.

4. There was statistically significant difference found in psychological domain of quality of life mean score in post interventional I (t=2.21, p=0.01), post interventional II (t=6.08, p= 0.001) and post interventional III (t=6.88, p=0.001) after health promotion intervention between study and control group.

5. There was statistically significant difference found in social domain of quality of life mean score in post interventional I (t=1.98, p=0.05), post interventional II (t=4.84, p= 0.001) and post interventional III (t=5.74, p=0.001) after health promotion intervention between study and control group.

6. There was statistically very high significant difference found between the pre interventional and post interventional quality of life mean score among physically challenged children in study group (F=338.8, p=0.001), whereas, in control group, no significant difference was noted (F=2.14, p=0.6).
7. There was statistically very high significant difference found between the pre interventional and post interventional mean scores of physical domain (F=351.17 p=0.001), psychological domain (F=139.28 p=0.001), and social domain (F=158.17 p=0.001) of quality of life among physically challenged children in study group, whereas, in control group, no such significant difference was noted.

8. Mean gain score from baseline (pre interventional ) till 36th week (post interventional III) in study group was 18.0 (13.7%) for physical wellbeing, 8.18 (19.9%) for psychological wellbeing, 5.74 (13.9%) for social wellbeing, 31.92 (14.9%) for overall quality of life, whereas, in control group was 0.46 (0.3%) for physical wellbeing, 0.50 (1.2%) for psychological wellbeing, 0.40 (1.0%) for social wellbeing and 1.36 (0.6%) for overall quality of life.

9. There was significant association found between mean difference score of quality of life, physical wellbeing, psychological wellbeing and social wellbeing of physically challenged children with age, family income, residential area, level of locomotor disability and duration of locomotor disability in study group.

CONCLUSION

The regular practice of health promotion intervention for the duration of 36 weeks was found to be very highly effective in improving overall quality of life among physically challenged children in study group. No adverse events were reported. This is a simple, appropriate and affordable intervention can be practiced regularly. Health care professionals, parental and teacher training and motivation are necessary for their role in effective implementation of this intervention among physically challenged children in hospital, community, home and school settings.