

## **CHAPTER IV**

### **DATA EXERCISE**

**An Rapid Assessment on the Practice in Home Management of Mothers / Care  
Takers with Cerebral Palsied Child in Kamphaeng Saen District, Nakhon Pathom  
Province, Thailand.**

#### **4.1 Introduction**

The purpose of the study is to complement findings from the literature review in other country with focus on mothers who play the main role in home management for the children with cerebral palsy.

Based on the purpose of the study and limitations in terms of time, a rapid assessment approach has been selected. This approach allows flexibility, is pragmatic in nature, and provides sufficient direction to further develop an intervention proposal.

In this chapter researcher aim to explore the practices of mothers in home management for children with cerebral palsy. The data collection took place at their house in the village. The outcome is also complementary to the searched literature conducted for the essay on the problem of home management for children with cerebral palsy.

This chapter will describe the process of collecting data and will discuss the findings, including the limitations and lessons learned.

## 4.2 Objectives

- To pretest the instrument for data collection technique
- To carry out preliminary of practice in different research and implement tool
- To explore socio-economic , cultural and environment and KAP in mothers /caretakers toward home management

## 4.3 Preparation for Data Exercise

Middle of February 2001, instruments such as guidelines for in depth interview, observation checklist, and the structured questionnaire were developed. An official letter was prepared and sent to the director of the Christian Care Foundation for Children with disabilities (CCD) in order to inform the purpose of the study, and request a letter of cooperation from the CCD project coordinator at the Community Based Rehabilitation (CBR) project in Kampaeng Saen District, Nakhon Pathom Province.

After getting permission from CCD the researcher started the data collection work from 9<sup>th</sup> March to 16<sup>th</sup> March 2001. The participant observation and structured questionnaire were planned for collecting the data at the mothers children's house with

cerebral palsy children's house and in depth interview was planned to conduct at the Christain Care Foundation for Children (CCD)'s office and health station office

#### **4.3.1 Introduction to the CCD's Community Based Rehabilitation Project in Kamphaeng Sean District, Nakhon Pathom Province.**

In 1998 the CCD has designed to implement a CBR project in Kamphaeng Sean district, which is situated on the north of Nakhon Pathom province. In this district there is a strong club of people with disability, gathering to help each other and to advocate for rights, opportunities and basic services. After the survey on disabled people in Kamphaeng Sean district by this club and the CCD, they have estimated that there are at least 250 disabled children ages from 1-15 years which are the target population of the CCD's CBR project.

According to this project there are families want to raise up and rehabilitate their disabled children so the CCD plan to do health education program with cooperation of the health staff in the community.

#### **4.4 Data Collection Methods and Instruments**

Qualitative data collections were participant observation and in depth interview and quantitative data collection using structured questionnaire.

Guideline questions (see Annex) were used for the in depth interview with key

information for collecting information on the health service provision for mothers in home management for children with cerebral palsy.

An observation checklist was used to assess the practices of 30 mothers in positioning for their children at home.

A structured questionnaire with opened end questions were administered by in depth interview with 30 mothers on home management for their children with cerebral palsy.

#### **4.5 Participants and Procedure**

The population of interest in this study are the following:

- All thirty (30) mothers/care takers with cerebral palsied children (aged 1-15) who in the list of the CCD were visited for observation of their actual practice of positioning for their children at home and in the meanwhile they were interviewed and one mother was selected for in depth interview
- One key informant from CCD who has work as a coordinator for the disable people in the community for 10 months and had 2 years worked experience in public welfare at Kamphaeng Saen district and had quite deep understanding of the situation in area were selected for in depth interview.
- One key informant from Don Koy health station who has work in this community for 3 years and she is familiar with the people in the community.

## **4.6 Data Analysis**

- A descriptive qualitative analysis has been used for data from in depth interview.
- A simple descriptive quantitative analysis has been applied for frequency calculation and distribution by using SPSS software for the questionnaire and observation checklist.

## **4.7 Findings**

### **4.7.1 Result from in Depth Interview**

#### **4.7.1.1 Result from in Depth Interview on the key informants and mothers**

##### **\* Service on health education for mothers with CP child at the community hospital/health station**

Both the key informants and mothers explained that the community hospital and health station do not have any activities on health education and specific health service for mothers with cerebral palsy child. So, the cerebral palsy children were always referred to the provincial hospital, which has physical therapy service. It is very unfeasible for the mothers to visit the physical therapist frequently at the provincial hospital because most of the mothers with cerebral palsy children are very poor. Actually the mother with CP child will get free physical therapy service at the

provincial hospital but for transportation fee which she has to pay and it is quite expensive when they travel from the village to the hospital. Sometimes if she could not be on time for the appointment, the health staff could not give service for her child also because there are many patients waiting for such service. For these reasons many children with CP lost follow up and the mother miss the chance to learn how to manage the CP child at home.

A key informant from health station revealed that she willing to help in providing home management education service but she has inadequate knowledge on it.

**\* Service of home management for mothers with cerebral palsy by the Christian Care Foundation for Children with Disabilities (CCD)**

The key informant from CCD stated that in order to help the mothers for home management, CCD invited a physical therapist from out side to come to visit and give individual home management program for the child once a month. The CCD take the responsibility for only 12 children with cerebral palsy because CCD has only 2 staff who act as coordinator for the Community Based Rehabilitation project. This was agreed by mothers with cerebral palsied children that the home visit of the physical therapist is very helpful and individual instruction is useful for their children.

**\* The material of home management for mothers with cerebral palsy child**

The key informant revealed that only the mothers who participate in CBR project of the CCD received the individual written instruction from physical

therapy during the monthly home visit. The material about home management for mothers with cerebral palsy child such as leaflets, posters, and manual guide books have never been produced and distributed for the mothers with cerebral palsy child in Kamphaen Saen District. The mothers also accepted that since the CCD provide the home visit service, they have got the individual written instruction for their child almost every month.

#### 4.7.2 Result of KAP Structured Questionnaire

##### Demographic Characteristics of Respondents

**Table 4.1 Distribution Age of Respondents**

<b>Age of Respondents</b>	<b>Frequency</b>	<b>Percentage ( % )</b>
20-25 years old	2	6.6
25-30 years old	1	3.4
30-35 years old	3	10
35-40 years old	15	50
Over 40 years old	9	30
<b>Total</b>	<b>30</b>	<b>100</b>

Most of the mothers' range between 35-40 years old represents 50% of the mothers with cerebral palsied child.

**Table 4.2 Distribution of Education of Respondents**

<b>Education of Respondents</b>	<b>Frequency</b>	<b>Percentage(%)</b>
Elementary level	24	80
High school level	6	20
Over high school level	-	-
<b>Total</b>	<b>30</b>	<b>100</b>

Eighty percent (80%) of the respondents had an elementary level which means that the educational materials to be used must be explained at their level of understanding, words and words usage.

**Table 4.3 Distribution of Occupation of the Respondents**

<b>Occupation of Respondents</b>	<b>Frequency</b>	<b>Percentage(%)</b>
Farmer	9	30
Laborer	11	36.7
Housewife	2	6.6
Small business	8	26.7
<b>Total</b>	<b>30</b>	<b>100</b>

There are only 7% of respondents are housewives and majority are doing labor followed by 30% are farmers. These cases occurred when majority of the mothers have to work on seasonal basis and barely have time to look after their child who has cerebral palsy. Other members of the family have to take care of the CP child in the absence of the mother.



**Table 4.4 Distribution of the Number of Children of the Respondents**

<b>Number of Children</b>	<b>Frequency</b>	<b>Percentage(%)</b>
1 child	1	3.3
2 children	1	3.3
3 children	18	60
4 and more children	10	33.4
<b>Total</b>	<b>30</b>	<b>100</b>

Most of respondents have 3 children, it means that the mothers have to take care of other children not only their cerebral palsy child.

**Table 4.5 Distribution of Family Income of Respondents**

<b>Family income per Month</b>	<b>Frequency</b>	<b>Percentage(%)</b>
Less than 2,800 Baht	21	70
2800-5,000 Baht	6	20
5,000-8,000 Baht	3	10
<b>Total</b>	<b>30</b>	<b>100</b>

This is an evident that seventy (70%) of the respondents with cerebral palsy child live on poverty which is very difficult for them to pay extra amount to let their child to avail the health service.

**Knowledge, Attitude and Practice in home Management for**

**Children with Cerebral Palsy**

**Table 4.6 Distribution of Knowledge of the Respondents on Child with Cerebral Palsy**

<b>Knowledge of Respondents</b>	<b>Frequency</b>	<b>Percentage(%)(n=30)</b>
Know what is cerebral palsy	4	13.4
Know the causes of cerebral palsy	12	40
Know how the child with cerebral palsy can be managed	12	40
Know how the contractures and deformities of the child can develop by inappropriate practice	8	26.7
Know secondary conditions of CP	8	26.7

Only 40% of the respondents know how to manage their cerebral palsied child and 26.7% also know the secondary conditions of a child.

**Table 4.7 Distribution of Knowledge of Respondent on Home Management for Cerebral Palsied Child**

<b>Knowledge of Respondents</b>	<b>Frequency</b>	<b>Percentage( %)(n=30)</b>
Know handling for cerebral palsied child	2	6.9
Know positioning and seating for cerebral palsied child	2	6.9
Know how to prevent contractures and deformities of cerebral palsied child	12	40
Know how to encourage the daily activities & self care of cerebral palsied child	8	26.7

The respondents of forty (40%) has the knowledge of how to prevent contractures and deformities of cerebral palsy child followed by twenty (27 %) percent know how to encourage the daily activities and self care of cerebral palsied child. While seven (7 %) percent of the respondents know how to give handling, positioning and seating the cerebral palsied child.

**Table 4.8 Distribution of Attitude of Respondents on Improvement of Cerebral Palsy Child by Home Management**

<b>Cerebral Palsied Children get better by Home Management</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly agree	9	30
Agree	8	30
Undecided	10	33.4
Disagree	2	6.6
Strongly disagree	-	-
<b>Total</b>	<b>30</b>	<b>100</b>

Sixty (60 %) percent of the respondents agree that their children get better from receiving appropriate home management. A few or seven percent (7%) disagree and still thirty three percent (33 %) are undecided if their child will improve when receive appropriate home management. One of the reasons that the mothers/caretakers were undecided whether their CP children will get better by home management due to the fact that they have a limited knowledge. Considering also that their educational level is low.

**Table 4.9 Distribution of Attitude of Respondents of the Feasibility in doing Home Management for Cerebral Palsied Child by Themselves**

<b>It is feasible for the mothers/care takers to do home management for cerebral palsied child</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly agree	-	-
Agree	25	83.3
Disagree	4	13.4
Strongly disagree	-	-
Undecided	1	3.3
<b>Total</b>	<b>30</b>	<b>100</b>

There are eighty three percent (83 %) of the respondents has a positive attitude of feasibility of doing home management at home with their cerebral palsied child and on the other hand three percent (3 %)are undecided and thirteen percent (13 %) disagree of doing the home management in their respective home.

**Table 4.10 Distribution of Attitude of Respondent on Education Service needed on Home Management for the Cerebral Palsied Child**

<b>Needed of Home Management for Cerebral Palsied Child</b>	<b>Frequency</b>	<b>Percentage ( % )</b>
Strongly agree	15	50
Agree	9	30
Disagree	3	10
Strongly disagree	-	-
Undecided	3	10
<b>Total</b>	<b>30</b>	<b>100</b>

A positive attitude among the respondents of eighty percent (80 %) are responsive on educational service need on home management for cerebral palsied child. A handful or ten percent (10%) are undecided and disagree that health education service is the priority needs in home management for cerebral palsied child.

**Table 4.11 Distribution of Belief of Respondent onto Service Providers regarding Home Management Guidance**

<b>Belief</b>	<b>Frequency</b>	<b>Percentage ( % ) (n=30)</b>
Health staff of NGO's	25	83.3
Health staff of health post	25	83.3
Village health volunteer	15	50
Others ( doctor, senior person)	10	33.3

The respondents of eighty three percent (83 %) put their hand on the health staff of some NGO's in the locality to give assistance on home management guidance and it was evident that fifty percent (50%) believe from the health staff from the health post and volunteers while thirty three percent (33 %) trusted doctor and senior person.

**Table4.12 Distribution of Intended Practice of Mothers / Care Takers  
in Home Management**

<b>Practices of Respondents</b>	<b>Frequency</b>	<b>Percentage(%) (n=30)</b>
Do passive movement and stretching exercise of all joints of the child every day	15	50
Change the position of the child for preventing pressure sore and deformities	15	50
Do movement stimulation such as teach the child to sit , to stand , and to walk every day	8	26.7

Fifty percent of the respondents (50 %) intended to practice their cerebral palsied children on passive movement and stretch exercise of all the joints and do relaxation or massage for reducing the stiffness everyday. Other or twenty seven percent (27 %) intended to do stimulation such as teach them how to sit. stand and walk while fifty percent (50%) intended to change the position of the child for preventing pressure sore and deformities.



### 4.7.3 Result of participant observations

**Table 4.13 Distribution of Actual Practice of Respondents in Home Management by participant observation**

<b>Practice of mother at home:</b>	<b>Frequency</b>	<b>Percentage(%) (n=30)</b>
Manage their child in an appropriate position	6	20
Having appropriate seat for their child	8	26.7

Twenty percent (20 %) of the respondents practice an appropriate position at home with their child with cerebral palsy. Twenty six percent (26 %) have appropriate seat for their cerebral palsy child.

## 4.8 Discussion and Conclusion

### *In depth interview*

Although the CBR project of CCD which has a limited staff try to provide health service for the cerebral palsied child. In order to be success in home management guidance for the mothers with cerebral palsied child , the public health service has to

consider this situation and need to re-enforced the health education service for mothers with cerebral palsied child at the community hospital or health post .

### ***KAP Questionnaire***

#### Demographic Characteristic of Respondents

This study has been carried out in Kampaeng Saen District ,which is a rural area and majority of respondents are categorized as living in a poverty level and their educational level are elementary. These are one of the important factors to consider in preparing the health educational program. Most of the respondents have 3-5 children in their families and it should take into account that their ability of doing home management for their cerebral palsy child. Since, most of the respondents are poor, home management could be influenced by this factor

#### Knowledge Attitude, and Practice of Mothers/Caretakers on Home Management

Some the mothers know that the child with cerebral palsy can be improve by home management. Only 26.7% know how contractures and deformities can develop by inappropriate home management and 13.4% know what is cerebral palsy. Most of the respondents don't know how to stimulate the daily activities and self care, how to handle and give good position for cerebral palsied child ,and how to prevent contractures and deformities.This finding indicate that the essential needs for mothers on knowledge on home management are: (1) handling and positioning ,(2) stimulate the

daily activities and self care, and (3) prevent contractures and deformities for the child with cerebral palsy.

From the finding on attitude in home management ,60% of the respondents agree that the child with cerebral palsy can be improved by giving home management and 83% accept that it is feasible to do home management by themselves. The first priority need among the respondents is health education on home management .

Majority of respondents are intended to practice passive movement and stretching exercise of the joints of the child every day and intend to practice on preventing the contractures and deformities but this result could not be confirm in reality of the mothers' practice. In home management for the cerebral palsied child, the movement stimulation such as teach how the child to sit, to stand, and to walk are important but the finding of this practicing is only 26.7%. This refer to the inappropriate on home management,which affect to the child development.

Most of the respondents belief in health education guidance from health staffs and the health staffs from CCD because these staff are the familiar with the people in community .CCD such an NGO's which has few staffs could not take the responsibility for all cerebral palsied children in this district so the public health provider should be the key player for home management guidance.

In short information derived from KAP questionnaire revealed that the knowledge and practice of mothers in home management for their cerebral palsied

children are low but the attitude toward home management is quite positive. Thus the knowledge and practice of mothers in home management need to be improve .

#### **4.9 Limitation**

This data exercise was done in order to test the research tools and implement the tools used. The participants may not be the representative for the whole mothers with cerebral palsied children in Kamphaeng Sean District. Therefore, information derived from this data exercise can not represent generalized to the entire population. The broader aimed of the program as proposed in this chapter could only be met by a combination of appropriate sample of population of both qualitative and quantitative data collection techniques. The information generated by this data exercise can now be used in preparing proposal especially for designing the activities that will help in targeting the proposed activities to be most effective

#### **4.10 Lessons learned**

From data exercise, it was found that the participant observation in short time was not adequate to achieve all the information needed on the actual practice of mothers in home management when compared to the actual practice, the actual practice came out that it is more reliable, for example, the result from KAP questionnaire indicate that 50% of respondents change the position for preventing the child deformity but the finding from the participant observation is only 20% of the respondents who are giving their children an appropriate position.

For in depth interview of CCD Staff, health station staff, and mothers, the researcher used the triangulation by interviewing the same question among them and the result of the in depth interview were the same. Such method was used to identify the discrepancy of the reliability of the results.

Researcher have learned that the constructed questionnaire is difficult for the respondents to comprehend because some of the questions can have another meaning for the respondents. I've consulted an expert to test the pre-test questionnaire for its reliability and validity to be test in a population who have the similar characteristics.

Most of the respondents in the community are good and cooperative and opened minded, this is one of the advantages in conducting the study in rural community.