

Purpose

- The purpose of this review is to examine the environmental barriers to accessing rehabilitation services for disabled children in low- and middle-income countries (LMICs) and to discuss potential holistic rehabilitation interventions for the future.

Background

- According to the International Classification of Functioning (ICF) approach, childhood disabilities (developmental disabilities) refer to the limitations in mental, social, and/or physical function relative to age-specific norms [9].
 - Can influence the following domains: cognition, movement, consciousness, language, speech, vision, hearing, and behavior
- Globally, an estimate of 150 million children under the age of 18 years live with a disability, and roughly 80% of those children live in LMICs [8].
- Consequences of childhood disability in LMICs: Disabled children are among the most vulnerable populations in society. They are subject to maladaptive health and living conditions.
- What is rehabilitation? A cross-sectoral set of measures designed to optimize functioning of individuals with impairments, serving those who have or are likely to experience disability [10].
 - Health professionals such as occupational therapists, physical therapists and speech therapists work in conjunction with specialists of education, social welfare and other fields. In LMICs, non-specialists workers may also contribute – for example, community-based rehabilitation workers [10].
- Literature demonstrates a critical lack of access to rehabilitation for disabled children in LMICs: A study of a district in rural Kenya showed a 6.1% prevalence of disabled children who needed rehabilitation services; a survey done in the area revealed that only 0.3% of those children in the area had rehabilitation coverage [5].



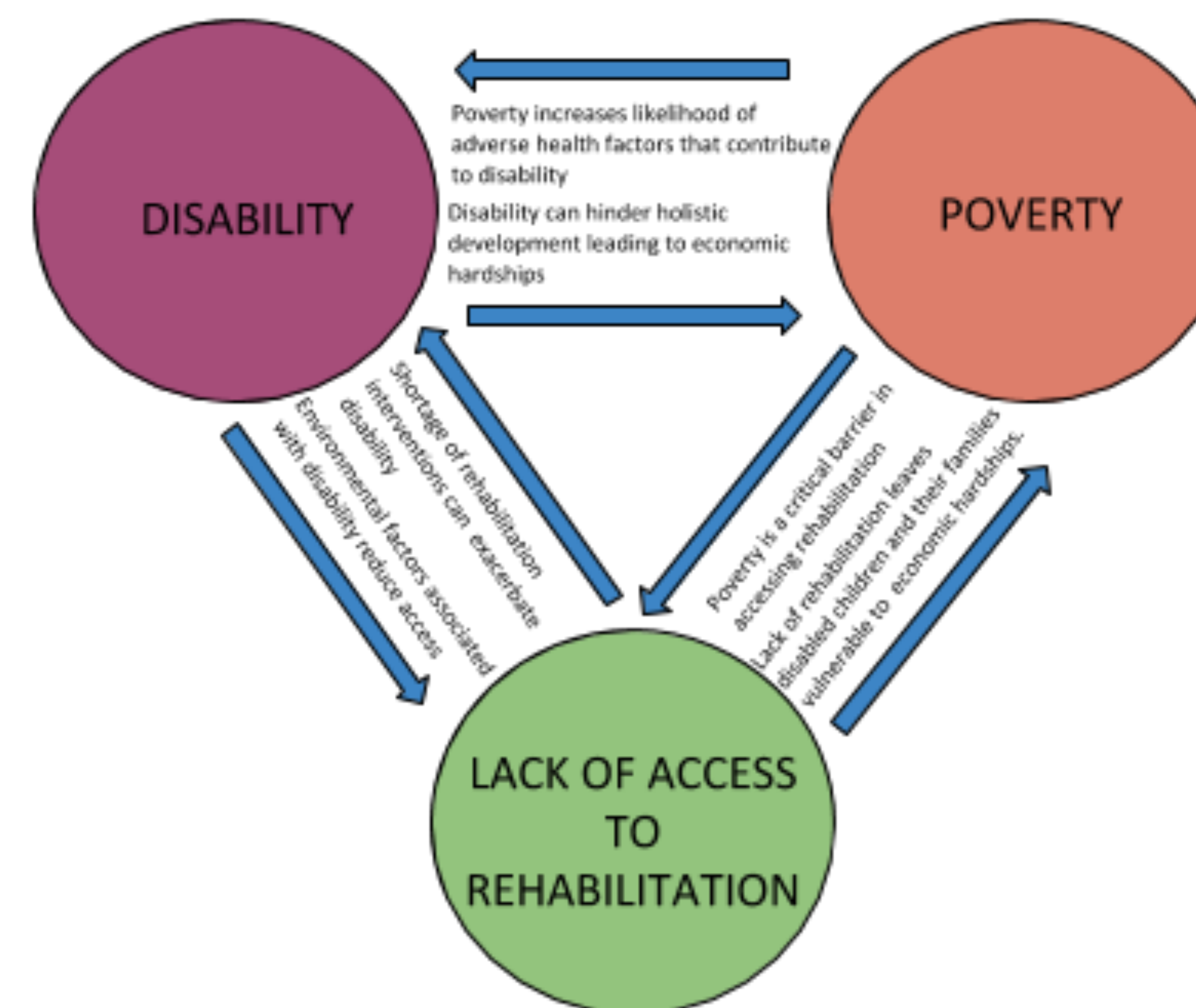
Photo Credit: UNICEF



Results

TABLE 1: Potential Barriers to Accessing Rehabilitation Services	
All information derived from literature review (1,2,3,4,5,6,7,8,9,10)	
Physical Access	<ul style="list-style-type: none"> Disabled children located in rural areas live outside of treatment centers Lack of public transportation and knowledge of available services
Availability of Rehabilitation Resources and Staff	<ul style="list-style-type: none"> Insufficient facilities, equipment, and support materials Shortage of treatment providers
Financial Capacity	<ul style="list-style-type: none"> Cycle of poverty, disability and lack of rehabilitation minimizes access to rehabilitation treatment Prohibitive costs of care
Stigma	<ul style="list-style-type: none"> Double burden of disability and its associated stigma results in marginalization Exclusion from education, healthcare, society, and even family due to stigma

Cycle of Poverty, Disability, and Lack of Rehabilitation Services



Interventions

- Increasing availability and awareness of cost-effective services related to distinct categories of disabilities through the provision of effective community-based rehabilitation centers that provide essentials for disabled children [5].
- Incorporation of global and local programs tailored to specific rehabilitation resource needs of the population
- Balanced distribution of rehabilitation workers across rural and urban settings and implementation of home visit [8].
- Integrate stigma-reducing measures within primary care, public education, and community awareness [7].
- Government involvement in increasing social awareness, intersectoral collaboration, and critical policies that protect children with disabilities [7].
- Essential involvement of child's family and community in services related to management and awareness of disabilities.



Photo Credit: UNICEF

Conclusion

- Barriers of physical access, availability of rehabilitation providers, financial capacity, and stigma hinder disabled children from accessing
- The lack of access to rehabilitation services can have significant implications on health outcomes of disabled children as well as affected families, communities, and overall society.
- Rehabilitation interventions must be designed and delivered to target the various barriers specific to disabled children.
- Further evaluation of maladaptive effects of barriers and possible interventions may aid global health professionals in improving and generating efficacious implementation of rehabilitation services that are cost-effective and catered to the disabled population.