

# IMPACT OF COMMUNITY-BASED REHABILITATION PROGRAM (CENTRE-BASED CARE VS. HOME-BASED CARE) ON HEALTH OUTCOMES AMONG CHILDREN WITH DISABILITIES IN EAST COAST REGION ON PENINSULAR MALAYSIA

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## Introduction

Community-based rehabilitation (CBR) is an implementable and necessary program to improve health outcomes of vast numbers of people with disabilities, including children.

In Malaysia, CBR was established since 1984 in Malaysia with two approaches: centre-based and home-based care (Department of Social Welfare Malaysia, 2023). The goals of therapy program frequently involved identification, maintaining and reducing the disorder, improving functioning ability and independence, assisting in overcoming barriers to play a full and appropriate social role, ameliorating the emotional and reduce physical burden (Olaogun et al., 2010).

However, measuring the impact of CBR on health outcomes are still questionable and lacking due to limited assessment tools available to assess the outcomes among children with disabilities.

## Methodology

Cross-sectional study design

Compared health outcomes between centre-based vs. home-based care

East Coast region: Pahang, Terengganu & Kelantan

Barthel Index, DD-CGAS, HRQoL (EQ5D-3L)

- 297 children with disability
- Multi-stage sampling & universal sampling

SPSS 23.0  
Median (IQR), Chi-square  
Mann-whitney

## Discussion & Conclusion

All health outcomes measured showed improvement in centre-based care group as compared to home-based care group. The median EQ-5D-3L index score for centre-based care was higher compared to home-based care programme (0.83 vs. 0.53)

The health outcomes measured influenced by the duration of conducting activities, age, knowledge and skills of the caregivers and types of disability (Enderby et al., 2000; Jolly et al., 2015; Brown et al., 2014; Robertson et al. 2012).

Improvement in quality of life of child participated in centre-based care than home-based care in performing daily activity such as eating, talking and dressing.

Centre-based care had better impact on health outcomes compared to the home-based care.

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## References

- Brown, T. W., van Urk, F. C., Waller, R. & Mayo-Wilson, E. 2014. Centre-based day care for children younger than five years of age in high-income countries ( Review ) SUMMARY OF FINDINGS FOR THE MAIN COMPARISON (9). doi:10.1002/14651858.CD010543.pub2.www.cochranefulltext.com
- Collin C, Wade DT, Davies S, H. V. 1988. Barthel Index of Activities of Daily Living. Int Disabil Stud 10(2): 1–2.
- Department of Social Welfare. 2013b. Program Pemulihan Dalam Komuniti (PDK). [http://www.jkm.gov.my/content.php?pagenam=program\\_pemulihan\\_dalam\\_komun-ti\\_pdk&lang=bn](http://www.jkm.gov.my/content.php?pagenam=program_pemulihan_dalam_komun-ti_pdk&lang=bn). [13 February 2014]
- Enderby, P., John, A., Hughes, A. & Petheram, B. 2000. Benchmarking in rehabilitation: comparing physiotherapy services. British Journal of Clinical Governance 5(2): 86–92. doi:10.1108/14664100010343890
- Euroqol Group. 2009. EuroQol Group EQ-5DTM Health Questionnaire. <http://www.euroqol.org/Eq-5D-Products/How-To-Obtain-Eq-5D.html> 3.
- Jolly, K., Taylor, R., Lip, G. Y., Greenfield, S., Raftery, J., Mant, J., Lane, D., et al. 2015. The Birmingham Rehabilitation Uptake Maximisation Study (BRUM). Home-based compared with hospital-based cardiac rehabilitation in a multi-ethnic population: cost-effectiveness and patient adherence. Health technology assessment (Winchester, England) 11(35): 1–118. doi:10.3310/hta11350
- Olaogun, M., Nyante, G. & Ajediran, A. 2010. Overcoming the Barriers for Participation by the Disabled: An appraisal and global view of community-based rehabilitation in community development. African Journal of Physiotherapy and Rehabilitation Sciences 1(1): 24–29. doi:10.4314/ajpr.v1i1.51312
- Robertson, J., Emerson, E., Hatton, C. & Yasamy, M. T. 2012. Efficacy of Community-Based Rehabilitation for Children with or at Significant Risk of Intellectual Disabilities in Low- and Middle-Income Countries: A Review 143–154.
- WHO. 1998. WHOQOL: measuring quality of life. Psychol Med 28(3): 551–558. doi:10.512

## Results

Table 1: Socio-demographic characteristics of children with disability

Variables	Centre-based care (N= 160) Mean±SD or Frequency (%)	Home-based care (N= 137) Mean±SD or Frequency (%)	t-test or Chi-square test	P-value
Type of CBR	160(53.9)	137(46.1)		
Gender			$\chi^2 = 1.834$ , df= 1	0.176
Female	60 (37.5)	62 (45.3)		
Male	100 (62.5)	75 (54.7)		
Age, years	8.64±3.75	11.85±4.37	$t = -6.723$	< 0.001*
0-12 years	131 (82)	72 (52.6)		
13-18 years	29 (18.2)	65 (47.4)		
Type of disability			$\chi^2 = 8.170$ , df= 4	0.086
Hearing	1 (0.6)	1 (0.7)		
Visual	3 (1.9)	2 (1.5)		
Physical	26 (16.3)	47 (34.3)		
Learning	35 (21.9)	20 (14.6)		
Multiple	95 (59.4)	67 (48.9)		

\*Significant value at  $p \leq 0.05$ , df= degree of freedom

Table 3: Comparison of Barthel Index Score categories between groups

Barthel Index	Categories	Centre-based (N = 160) Frequency (%)	Home-based (N = 137) Frequency (%)	$\chi^2$ value	P value
Pre- score	Very severe	26 (16.3)	57 (41.6)	31.108, df= 4	< 0.001*
	Severe	26 (16.3)	29 (21.2)		
	Moderate	55 (34.4)	29 (21.2)		
Post- score	Mild	29 (18.0)	13 (10.0)	34.630, df= 4	< 0.001*
	Independent	24 (15.0)	9 (6.6)		
	Very severe	23 (14.4)	56 (40.9)		
	Severe	27 (16.9)	30 (21.9)		
	Moderate	56 (35.0)	29 (21.1)		
	Mild	26 (16.2)	12 (8.8)		
	Independent	28 (17.5)	10 (7.3)		

\*Significant at  $p \leq 0.05$

Table 4: Comparison of total pre-score and post-score of Barthel Index assessment between groups

Barthel Index assessment	CBR programme Centre-based Median (IQR)	Home-based Median (IQR)	Z-value	P-value
Pre-score	12.00 (9)	7.00 (12)	-5.527	<0.001*
Post-score	12.00 (10)	8.00 (12)	-5.606	< 0.001*

\*Significant value at  $p \leq 0.05$

Table 5: Comparison of total Developmental Disability–Children Global Assessment Scale (DD-CGAS) scores between CBR groups

Variables	Centre-based care (N = 160) Median(IQR)	Home-based care (N = 137) Median(IQR)	Mann Whitney, Z	P-value
DD-CGAS Functioning Score	6.00 (3) <sup>a</sup>	8.00 (1) <sup>b</sup>	-6.071	< 0.001*
DD-CGAS level of impairment score	3.00 (1) <sup>c</sup>	4.00 (0) <sup>d</sup>	-5.246	< 0.001*

a = moderate impairment score, b = severe impairment score.

c = moderate level of impairment, d = severe level of impairment

Table 6: Health Related Quality of Life (EQ-5D) scores between centre-based and home-based

Variables	Centre-based care Median (IQR)	Home-based care Median (IQR)	Mann Whitney Test, Z	P-value
EQ-5D utility score	0.83 (0.32)	0.53 (0.39)	-7.894	< 0.001*
EQ-5D VAS	80.00 (20)	70.00 (20)	-4.454	< 0.001*
QALY	60.52 (21.39)	38.78 (31.20)	-7.623	< 0.001*

\*Significant level at  $p \leq 0.05$