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Attitude and behavior of parents toward rehabilitation needs of their disabled child: A cross-sectional survey

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Abstract: According to World Health Organization (WHO), the inability of a child to live their life as a normal individual due to the impairment that influences the function of their body is known as Disability. The aim of our study is exploring parent's attitudes and behaviors toward the rehabilitation needs of their disabled child in Karachi, adressing the regional gap. A cross-sectional survey was conducted between January 2025 to September 2025. The sample size was 304 selected through a non-probability purposive sampling technique. The data were collected by using an adopted questionniare assessing emotional responses(frustation, pride), perception of child behavior and utilization of rehabilitation services. The data was analyzed through SPSS version 23.0. Among the sample size of 304 parents, 137(45.1%) were fathers. The maximum age of parents was in the age group of 36-40 years, with 78 (25.7%), and the minimum age group was 20-25 years, with 35 (11.5%). There were 78 (37.7%) male children and 33 (34.0%) female children in the category of physical disability. A significant association was observed between parental emotional response and child support services (P<0.05). Overall parents showed a positive and supportive attitude towards their childs rehabilitation needs, despite emotional challenges.

Keywords: Disability, Perception, Mental Retardation, Handicapped, Rehabilitation, Special child

1. Introduction

The delivery of a child is the most memorable moment for every parent in their life. But unfortunately, around 4% of parents get bad news about their children's health status. Almost every 3.5 minutes, parents receive their child's health status regarding their impairment, medical issues, mental problems, and dysfunction.[1] It is a big challenge for every parent to accept the reality of their children's physical and mental disabilities. WHO defines the term disability that it is an incapability of a child to live their life as a normal person because of their impairments that hinder the normal activities of daily living.[2] The American Health Association also describes the term disabled child as one who is not able to achieve their milestones at their normal age, and they are not able to do different things like learning, playing, eating, etc. In other words, a child is unable to use their abilities in a normal way for different reasons.[3] The special needs of children are easily visible in physical, psychological, and emotional disabilities. In Turkey, approximately 9 million children aged zero to eighteen years of children had any impairment or disability. In Turkey families, every 7th to 8th family has

1 member with their specific disability.[4] Parenting these types of children is a very big task because it needs a lot of time to fulfill their demands. Parents face stress and anxiety to thinking about the future of their child.[5] Parents were depressed when they learned about their children's disability. When parents accept the reality of their special child, they face mixed emotions. The reaction of parents can be categorized into 3 main divisions: primary, secondary, and tertiary reactions.[6] Shock, suffering, and depression are the primary reactions. When the parents and their family members hear the news of their child's disability, they feel very bad, and they are in a panic situation because they are mentally ready for this. Most parents go through depression, do not respond, or are mentally disturbed.[7] One of the studies conducted in Turkey showed that most of the parents faced emotional, hopeless, and distress situations in these cases.[8] Suffering and depression. The expectation of parents was destroyed regarding their normal child when they saw their special child. To promote the family's attitude to accept the reality of their special child called suffering. Disturbance of their mental state means the process of suffering is at the end stage.[9] The Strength of the parents was suppressed because they thought that they couldn't take care of their child. That's why they want to go for outings and make them isolated. Not sure about whether they cope with their problems or not, it may vary from family to family.[10]

Secondary reactions include feelings of guilt, indecision, and anger. Feelings of Guilt. Most of the parents and their families thought that they had this type of special child as some punishment given by god for their faults they had committed. Some parents can't control their anger against their special child. Studies showed that parents and their family members manage their children's defects.[11] The Majority of people can accept the reality of their disabled child, but some do not accept this. Indecision is about the circumstances of blaming the family or avoiding one another.[12] To accept the child's reality, anger is an important hurdle for every parent. Normally, two types of anger are faced by parents. Firstly, they were asking each other why god chose us. And secondly, parents showed their anger toward those who are not responsible for this. They showed their anger toward special children, which was not accepted by society[13], and tertiary includes bargaining, acceptance, and adaptation. It is the hardest thing for parents to believe in this condition of their child. Parents expect that a doctor, therapist, or any other person who has any power or magic to make their child normal.[14] After entering into the acceptance phase now parents understand and resolve their child's problem in this stage, but they are not forgetting the child's impairment. Adaptation is an expansion of the acceptance stage. Behavior is mostly affected by parents in this adaptation phase. When parents and their family members believe in this reality of their disabled child, the adaptation stage begins.[15] Parents and their family members can suffer due to the child with a disability because their financial status was disturbed, their relationships, their routine of daily living, and most importantly, their plans. Many types of research showed that this type of child is present in any family that suffers from stressful conditions, problems achieving their milestone, health issues, and also for child independence.[16] Despite a number of researches on parental reactions to disbility of child the data from pakistan specially from karachi is limited. Although cultural beliefs, challenges of finance, and rehabilitation access may impact the attitude of parents differently in developing countries. The aim of the study is to explore parent's attitude and behviors towards the rehabilitation needs of their disabled children in karachi, addressing this important regional gap.

2. Materials and Methods

It is a cross-sectional survey conducted among the parents of disabled children from Karachi. The purpose of the study is to determine the attitude of parents towards disabled children. The study was conducted between January 2025 to September 2025. followed by a non-probability purposive sampling technique. The sample size of 304 in our study was calculated by using OpenEpi software with a 95%confidence interval,5%margin of error, and estimated prevalence of 50%., The participants of the study were collected from rehabilitation centers, special education schools, and outpatient pediatric departments in Karachi. our study, the inclusion criteria of our study are parents between the ages 20 to more than 40 years, and parents who have at least one child with any disability mentioned in the questionnaire. Those parents were excluded from our study that were un-willing to participate. The questionnaire was adopted from Nancy Govender's 2002 study and modified for contextual relevance. Content validity was ensure through expert review by two senior therapist and research methodologist. Internal consistency, reliability was evalyuated by using cronbach's alpha which showed acceptable reliability (α=0.78). The data was analyzed through Statistical Package of Social Sciences (SPSS) version 23.0. Descriptive statistics were reported as frequencies and percentages. The significance of two variables was checked by using the chi-square test and the Fisher's exact test. P-value < 0.05 is considered to be statistically significant.

3. Results

There were 304 parents included in this study, of which 137(45.1%) were fathers. The maximum age of parents was in the age group of 36-40 years, with 78 (25.7%), and the minimum age group was 20-25 years, with 35 (11.5%). Private occupation parents were 153 (50.4%). Several children were asked about their parents; their response was categorized as that they had 3 to 6 children, 139(45.7%), followed by 112(36.8%). There were different types of disability observed concerning children in 111 (36.5%), with physical disability followed by multiple disabilities in 45 (14.8%), and acquired brain injury was 38 (12.5%). When gender was compared with the child disability type, it was observed that male children were more disabled as compared to female children. There were 78 (37.7%) male children and 33 (34.0%) female children occurring in the category of physical disability, followed by an insignificant p-value of 0.055.

Questions asked " Do I feel frustrated when I can't help my child were agreed by 112 (65.5%) parents who were proud of his / her child; however, no one replied strongly disagree, followed by a significant p-value<0.0001.

When asked about therapy services provided were compared to the Use of parents/aides to assist children. The agreement level was observed in 141 (75.0%) parents, with only 2 (1.1%) with disagreement, followed by a significant p-value<0.0001.

When asked, Most children with special needs are well behaved compared with traveling to school with siblings. Agreement level was observed in 89 (65.0%), while disagreement was observed in 6 (4.4%), followed by a significant p-value<0.0001.

Table 1: Types of Disability among Gender of child

		Gender of child			
		Female	Male	Total	P-value
Disability type	Acquired brain injury	12	26	38	0.055
		12.4%	12.6%	12.5%	
	Autism	3	13	16	
		3.1%	6.3%	5.3%	
	Hearing disabilities	0	2	2	
		0.0%	1.0%	0.7%	
	Intellectual disabilities	8	11	19	
		8.2%	5.3%	6.3%	
	Learning difficulties/attention deficit hyperactivity disorder	15	25	40	
		15.5%	12.1%	13.2%	
	Multiple disabilities	18	27	45	
		18.6%	13.0%	14.8%	
	Physical disabilities	33	78	111	
		34.0%	37.7%	36.5%	
	Speech and language disorder	4	24	28	
		4.1%	11.6%	9.2%	
	Undiagnosed	2	1	3	
		2.1%	0.5%	1.0%	
	Visual disabilities	2	0	2	
		2.1%	0.0%	0.7%	
Total		97	207	304	
		100.0%	100.0%	100.0%	

Table 2: Response of Parents regarding child performance

		I am proud of his/her accomplishments.					
		Agree	Disagree	Neutral	Strongly agree	Total	P-value
I feel frustrated when I canâ€™t help my child	Agree	112	2	36	36	186	0.000
		65.5%	50.0%	73.5%	45.0%	61.2%	
	Disagree	3	0	0	2	5	
		1.8%	0.0%	0.0%	2.5%	1.6%	
	Neutral	43	2	12	12	69	
		25.1%	50.0%	24.5%	15.0%	22.7%	
	Strongly agree	13	0	1	29	43	
		7.6%	0.0%	2.0%	36.3%	14.1%	
	Strongly Disagree	0	0	0	1	1	
		0.0%	0.0%	0.0%	1.3%	0.3%	
Total		171	4	49	80	304	
		100.0%	100.0%	100.0%	100.0%	100.0%	

Table 3: Response of Parents regarding Physical Therapy and aides to assist children

		Use of parents/aides to assist children					Total	P-value
		Agree	Disagree	Neutral	Strongly agree	Strongly Disagree		
Physical Therapy Ser-vices	Agree	141	5	48	5	0	199	
		75.0%	15.6%	66.7%	71.4%	0.0%	65.5%	
	Disagree	2	1	0	0	0	3	
		1.1%	3.1%	0.0%	0.0%	0.0%	1.0%	
	Neutral	26	0	14	2	0	42	
		13.8%	0.0%	19.4%	28.6%	0.0%	13.8%	
	Strongly agree	19	26	6	0	5	56	
		10.1%	81.3%	8.3%	0.0%	100.0%	18.4%	
Total		188	32	72	7	5	304	
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 4: Response of Parents regarding behavior of child towards school with siblings

		Travel to school with siblings					P-value
		Agree	Disagree	Neutral	Strongly agree	Strongly Disagree	
Most children with spe-cial needs are well behaved	Agree	89	18	56	7	6	
		65.0%	30.0%	70.0%	63.6%	42.9%	
	Disagree	6	14	3	0	4	
		4.4%	23.3%	3.8%	0.0%	28.6%	
	Neutral	35	13	21	4	4	
		25.5%	21.7%	26.3%	36.4%	28.6%	
	Strongly agree	7	7	0	0	0	0.000
		5.1%	11.7%	0.0%	0.0%	0.0%	
	Strongly disagree	0	8	0	0	0	
		0.0%	13.3%	0.0%	0.0%	0.0%	
Total		137	60	80	11	14	
		100.0%	100.0%	100.0%	100.0%	100.0%	

Moreover, the overall results showed that the parents have highly involve emotionally. Bur=t the frustration is reported among them.Most of the parents admitted the importance of rehabilitation and their behaviors showed support and positivity towards interventions.

4. Discussion

Parents play a vital role in the growing, caring, and other multiple stages of children. The perception of parents regarding the way of treating children is very important because it develops a sense of security, safety, and confidence in the children.[17] The facilitation of children is a crucial part of a parent's life. So the way they fulfill the needs and requirements of their children is important.[18] The study concluded that disabled children are more emotionally attached to their mothers as compared to their fathers.[19] In comparison to this, our study observed that the relationship between disabled children and with mothers 167 (54.9%) is stronger than compared to fathers. A study revealed that there is a positive association between financial status

on the attitude of parents towards their disabled child. Because those parents who are financially strong can easily afford the treatment and their accessories like walkers, crutches, splints, harnesses, or special shoes.[20] In our study, the parents with government jobs is higher, 108 (35.5%), than in private or other types of occupations.

Furthermore, a study concluded that the level of education did not affect the behavior and attitude of parents towards the special needs of disabled children because parents love nature and the innate process, which is not associated with the education and income of parents.[21] Whereas in our study, the level of education of parents is more on the bachelor's side and less in the population, which was less than matric and intermediate education.which shows there is a positive association between the education of parents with their behavior towards disabled children. According to the study, around one out of five children presented with different developmental disabilities like autism, cerebral palsy, delayed milestones, learning disability, etc.[22] While in our study, 33(34.0%) in females and 78(37.7%) in males children were presented with physical disability, 3(3.1%) females and 13(6.3%) males with autism, and 15(15.5%) females and 25(12.1%) in males found with learning disability.

A study done in 2020 concluded that the behavior of parents and health care services towards children with disabilities is related to each other because a smaller change in behavior can make a big difference in the outcome of the disease and quality of life of children.[23] Moreover, in our study, parents are more frustrated when they are unable to help their child with a disability, as 186(61.2%) parents show the same behavior among 304 research participants.

Another study revealed that congenital disability cannot be cured, but proper training and guidance of parents of disabled children through specialized healthcare professionals can improve their quality of life.[24] whereas in our study, the management of the disabilities of children majority of research participants, 199(65.5%), agree that the use of therapy services is the major need of their children with disabilities to improve their quality of life. According to the study, children learn behavior and attitudes from parents and their siblings, whether their attitudes are positive or negative.[25] In comparison to our study, it was observed that 176(57.9%) research participants think that disabled children are well-behaved among normal children.

4. Conclusions

It has been observed from the present study that the parents of disabled children who seek help from the rehabilitation centers have favorable attitudes and positive responses towards the needs and requirements of their child, and they were frustrated with the problem related to their child, due to not being able to help them. Physiotherapists help them to get out of these problems and face them with a positive attitude.

The findings suggest that although parents experience emotional challenges, they maintain supportive attitudes toward their child’s rehabilitation needs. Rehabilitation professionals should implement structured parental counseling programs to reduce emotional distress and enhance coping strategies. Policymakers should improve access to affordable rehabilitation services in urban and semi-urban areas. Future research should explore longitudinal parental adaptation patterns.

Author Contributions:

Idea, Concept; SRB, Designing; KJ, Manuscript Writing; SRB, KJ, and PL, Literature Search; HJ and PL, Data Collection; HJ and YI, SPSS Data Entry; YI, Analyses and Interpretation of Results; MFF, Review; KA, KJ, PL, Editing; SRB and KA..

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Written informed consent was appropriately obtained from all participants.

Data Availability Statement:

The data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

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Conflicts of Interest:

The authors declare no competing interests.

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