IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

Handicap Preventive Measures among Children in Port-Harcourt, Rivers State, South-South Nigeria: A Cross Sectional Study

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ABSTRACT

Title/Objective: This study aimed at determining handicap preventive measures among Children in Port-Harcourt, Rivers State. **Methodology:** A cross-sectional descriptive survey was conducted with 48 caregivers (parents/significant family members) from two children's homes in Port Harcourt. Respondents were selected using cluster sampling based on Taro Yamane's formula. Data was collected through a self-designed questionnaire and analysed using SPSS (version 20.1) to spread the data. **Findings**: The study highlighted amongst others the importance of universal safety measures in preventing handicap in children.

Recommendations were that, it is crucial to determine the preventive measures and raise public awareness about handicap prevention issues.

Key Words: *Children, handicap; preventive measures*

Background of Study.

Literarily, "handicap" means a hand in a cap, traceable to an English word (which connotes one`s incapability to work effectively to achieve a task because, a hand is raised to support a cap). In recent years, handicapping situations in children is on the increase. Handicap includes, but not limited to hard-to-hearing-deafness; inability to see-blindness; inability to walk/work-paralysis, and poor intellectual as well as mental disabilities. Which could be congenital or acquired. In whichever form the child`s condition presents, the effects are enormous to both family, immediate and distant environment: significant family members would have particular mindset towards the child, which in most cases metamorphoses to overall mental/emotional health issues and negative attitude toward the child Al-Sayed *et al.,* (2020. Reason (s) for the apathy towards the child often is are: the parents develop sense of guilt on account of them been labelled or stigmatized by people around; and in very obvious cases the handicap child is outrightly not accepted into the family folk. Which inadvertently affect the behaviour of the child, the child's personality development and overall mental state as he/she grows. Without determining the preventing measures, it would be uphill to embark on preventing further occurrence of such conditions. Or to put it differently, a preventative measure put in place to combat a specific risk can also serve to prevent additional handicap situations in children (Hamimes *et al* 2022). Thus, there is need to determine or identify measures aimed at preventing handicap in children.

Measures; as concepts, are strategies that needs adoption to prevent occurrence of condition(s) (good or bad). Whereas, **preventive measures** of handicapped conditions are processes or procedures made for deterrence of handicap rather than therapy of handicap condition. In this context, the prevention of the handicap spans from primordial, primary, secondary, and tertiary preventive levels (Marcus & Russell, 2023).

Primordial Preventive measures are the form of prevention that has to do with ensuring the risk factors do not emerge via health promotion. Examples include the enhancement of sanitation to mitigate exposure to infectious agents, the formation of healthy communities, the promotion of healthy lifestyle during youth through initiatives such as free school meals or early childhood development programs, and the advancement of green energy strategies (Virchow 2024). In recent time, premarital counselling and adequate care of the girl child, especially on reproductive health education.

In contrast, *Primary Preventive measures* deviates a bit from the primordial prevention. These are steps made before the commencement of handicapping scenario to guarantee handicap does not exist, such as precautionary measures against occurrence of purposeful or inadvertent damage. Typically, screening (mass or individual), vaccination against childhood illnesses that could be risk factors, such as: poliomyelitis, measles-German or rubella and tuberculosis (TB), adequate prenatal care to support healthy development and delivery of kids, optimal diet notably iron, iodine and vitamin A (Virchow 2024; Kisling and Joe 2023).

Secondary Preventive measures: This aspect of prevention comes after the initial step. It includes early detection, diagnosis and rapid treatment to terminate the development of debilities and prevention of consequences as well as frequent monitoring (Kisling and Joe 2023).

Whereas, the *tertiary Preventive measures*; the word "tertiary" can refer to a sector that provides services that come after primary and secondary and before quaternary, quinary, senary, septenary, octonary, nonary, and denary, amongst others. Or simply the third in order of importance, depending on the context of prevention. In this context, it could be referred to as rehabilitation. Depending on the type required or aims at reducing the

number or impact of complications, it involves therapy and rehabilitation strategies that includes, but not limited to: provision of prostheses and medical devices to enable child recover function, independent and take part in daily social life; follow-up of chronically ill to ensure adherence to medication regimen, monitor changes, and assist the handicap in maintaining independence in daily life and prevention of further complications through appropriate medication (Virchow 2024: Mladenov, 2021). Notable examples are: physical therapy: occupational therapy: speech therapy: respiratory treatment: cognitive therapy, also known as cognitive behaviour, which is a psychotherapy technique to enhance memory, thinking and reasoning abilities. (National Institute of Health (2022). Whereas, Kisling and Joe (2023), WHO, (1995), Khasnabis (2010), and Menon, *et al.*, 2009 propose vocational treatment and intersectoral collaboration as tertiary preventive measures at different times.

Globally, the Convention on the Rights of the Child defines a "child" as a person below the age of 18, unless the relevant laws recognize an earlier age of majority (UNICEF, 2022). Regardless of the health status, UNICEF as the principal agency for children in the UN system, striving to save children's lives, believes the child should be defended in terms of their rights, and to help them reach their potential from early childhood through adolescence. Meaning, every kid is born with the same inherent right to a healthy start in life, an education, and a safe, secure childhood - all the essential opportunities that convert into a productive and prosperous adulthood are supposed to be granted even to the handicapped child.

Statistically, the global prevalence indicates that in 2016, 52.9 million children from low- and middle-income countries (95% uncertainty interval: 48.7–57.3), representing 8.4% (7.7–9.1) of children under five years old (54% male), experienced at least one handicapping condition, compared to 53.0 million (49.0–57.1; or 8.9% (8.2–9.5) in 1990 (Olusanya *et al.* 2018). However, most notable of these is sub-Saharan Africa (71.3%), which includes Nigeria and Rivers State is in the picture imperceptibly (Olusanya *et al.* 2018).

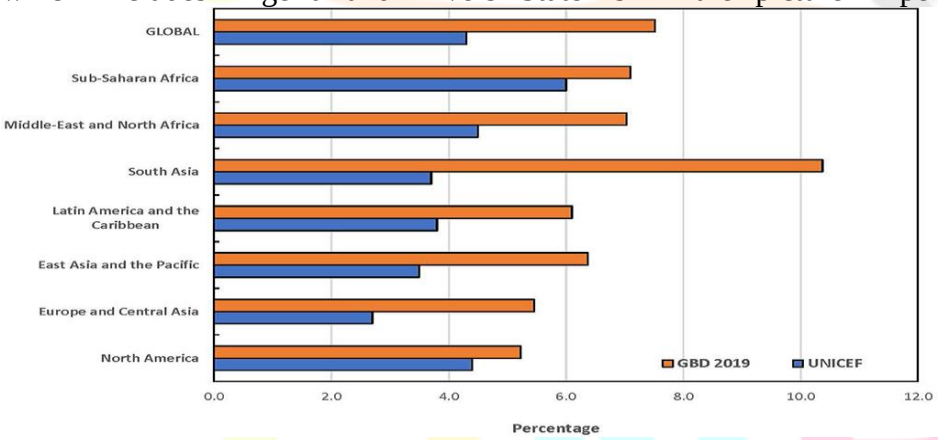


Figure 1. *Prevalence estimates of handicapped children under 5 years by UNICEF and GBD 2019. Source: Olusanya (2022).*

According to Eurostat, roughly 5% of European homes have a kid with a handicap, regardless of gender. This breaks down to 9.4% of females and 7.5% of boys. Furthermore, 80% of these families live in prosperous nations, while the remaining 20% dwell in low-income countries. The findings again assent that handicap among children and adolescents are huge particularly in the Sub-Sahara Africa, which supports the stance of the World Health Organisation (WHO) (2011), which estimates 15% of the global population has some type of handicap, and within that 15%, 2-45% have major issues in their capacity to operate. Though in same instance, WHO further opined that the high prevalence is due to improved healthcare technology that increases longevity; ageing and protracted disease and improved methodologies used to measure handicap conditions have enabled survival of handicaps` thereby increase their population (WHO, 2011).

In Africa, roughly 4% of the population is afflicted by impairments, comprising a range of between 60 - 80 million individuals, including children (Disabled Word, 2022). It was categorically stated that every day in Africa, a child is said to be exposed and made handicap by certain conditions, such as: lack of food, emerging and re-emerging disease, environmental hazards, natural occurrences, road traffic and occupation related accidents of the parent, political, religious or other civil conflicts/wars (Disabled Word, 2022). similarly, an international organisation, "Save the children international" estimates 32 million people in Nigeria including children live with one form of handicap challenges, therefore confronting with restricted access to key social services like health care and education (Ibrahim, (2022) in Ohamadike, (2022). Meaning

handicap strikes all locations, however not in similar magnitude, so a large number of families live not without effects. A considerable number of children persisted with the impairment until school age and beyond. The care and support of vulnerable disabled children in the community has been in many patterns since the 19th and 20th century, but it was officially adopted as a working document in Port Harcourt on the 29th May 1974 by the Federal government of Nigeria. It subsequently asks for research of this sort to discover handicap preventative methods among children to boost knowledge.

Having known the concept handicap and brief statistics, it is equally critical to conduct this study to ascertain the preventive measures to handicapping conditions in children, firstly, to increase knowledge, so the children can stay healthy. Secondly conditions can be detected before and antenatally to detect handicapping conditions early before they cause other issues or develop a poor prognosis of children with handicap.

The problem is, report indicates that, handicap conditions in children is a phenomenon that is on the increase due to myths and misconceptions. As part of these misconceptions, is whether or not the handicap child would exhibit their talents and perform optimally as much as those children not affected by any handicapping condition.

Other misconceptions are that, the handicap child is considered a punishment due to the sins committed by child`s parents or child himself. Consequently, the handicap children are abused, neglected and exploited compared to their counterparts (non-handicapped children). Again, the handicap children are also more likely to be institutionalized and encounter hurdles accessing justice basically stems from parents` mentality.

On the other hand, from Coughlin, & Sethares, (2017) perspective, parents of children with handicap conditions develop 'chronic sorrow' characterized by periodic sadness, guilt, shock and pain. They are also plagued by feelings of pessimism, hostility, and shame. Others are: denial, projection of blame; guilt, grief and withdrawal. These narratives result in dis-empowerment of a number of children with handicap conditions heightened missed opportunities and work. In reaction to these, children became aggressive resulting from low self-esteem, social isolation, and consequently to stigmatization, discrimination, marginalization, and recurring negative health outcomes that prolong the discomfort of handicap children and also create a substantial social burden (Daniel, *et al.*, 2021). These acts relegate the handicapped children, thereby making them vulnerable to societal ills (Daniel, *et al.*, 2021). Being a public Health Nurse, experience shows that, some handicap children suffer relegation, thus are kept at homes without any form of training or acquire any skill, making them to depend on caregivers perpetually. At other times, with particular reference to the sub-urban or urban areas the handicapped child is pushed out to become destitute or popularly known as beggar, which creates perpetual nuisance and commit crime in the society. If these trends continuous, it would worsen the child`s condition, create more burden on society as some may be more aggressive and violent sequel to poor/inadequate care and support; inferiority complex as well as low self-esteem. These in turn encourage the handicapped children dissociate from other of their counterparts who are handicap free, prolonged hospital stays with more burden on caregivers and depreciate finances continually in families that care. Although much have been researched on this, yet there is need for further study on this to update further knowledge. Again, rather than having handicap children that would be menace to parents and society and even dehumanize the children, it is apt to prevent the occurrence of the handicapping situation. It was against this background that this study sought to ascertain handicap preventive measures among children in Port Harcourt Local Government Area, Rivers State, Nigeria, with relevant stakeholders.

Empirically, in a study undertaken by Lalonde (2016) titled "**Prevention of disabilities".** The research was aimed at discovering preventative ways to decrease impairments. The research utilised a descriptive survey approach. The research was done at an SSTA Research Centre London with a sample size of 30 handicapped children via assessment of the cost of services needed by persons with disabilities and their families. Current preventative efforts were evaluated and public education determined to be an effective strategy to avoid the emergence of disability or handicap condition and minimise the impact of existing and handicaps and was advised on the need to put up to train kids in grade 7 to 9 about the prevention of occurrence and amelioration of disability effect.

Another study also completed by Sawhney (2016) named "Disability: Prevention management and rehabilitation. The research was a descriptive survey design done in India with sample size of 60 challenged children. The tool for data collection was a structured questionnaire with a 4-point Likert scale of (Strongly Agree, Agree, Disagree and strongly disagree) correspondingly. The outcome of the research indicates that disability may be avoided in 3 phases; first the avoidance of the emergence of impairment; second decrease in development in functional restriction; finally transitional functional limitation of disability. The research indicates that solutions should include: antecedent cue control, self-instruction and self-monitoring. Others are: self-evaluation and self-reinforcement.

In summary, both empirical evidences indicate previous studies. Secondly, both studies adopted descriptive survey, children were the population of interest with adequate sample sizes. In this study, the authors decided to adopt same descriptive survey, however the target population is caregivers who are significant family members to elicit responses with regards to prevention of handicap conditions in children.

Theoretical Review

Theory of Reasoned Action/planned Behaviour

The Theory of Planned Behaviour (TPB), also known as the Theory of Reasoned Action (TRA), was proposed first by Fishbein, 1967, went through metamorphoses and arrived at Icek Ajzen and Martin Fishbein, 1980. These inextricable theories explain how behaviour is governed by intents or behaviour is controlled mostly by attitudes (beliefs about a behaviour), and subjective norms (beliefs about others' attitudes toward a behaviour). Later in 1991, Icek Ajzen significantly expanded this approach in 1991 as part of his concerted endeavour to forecast human behaviour more correctly. To put it otherwise, the theories maintain that 1. A person`s health task is intentional and 2. Norms that are subjective are as a result of environment, person's appearing influence over the behaviour and the likelihood of intentions to change a behaviour.

Application of Theory to the Study

The goal of the Reasoned Action/Planned Behaviour Change Program is to reduce infection rates and, ultimately, prevent disabilities among children. The program employs strategies such as small-group training sessions, which focus on education and awareness-raising approaches. Its components emphasize preventive measures aimed at enhancing knowledge and modifying attitudes, beliefs, and behaviours, grounded in the framework of the Theory of Planned Behaviour. These theories serve as a foundational reference for predicting

reductions in disability rates among children and for informing the planning and implementation of effective preventive programs.

Method

Quantitative study, utilizing a cross sectional descriptive survey design was conducted to determine some preventive measures, judging, this approach can offer valuable insights into the population's characteristics aimed at advancing knowledge.

This study was conducted in two institutions:

The first institution, *Port Harcourt Children's Home*, under Nigeria's Ministry of Social Welfare, was established on May 29, 1974, after the Civil War (1967–1970) to care for misplaced and vulnerable children. Located at one (1) Nembe Street, Port Harcourt, it employs 20 staff members, including social and non-social health workers, focusing on child care, rehabilitation of handicapped children, and improving education. Originally an orphanage, it was renamed to reduce stigma. The second institution, *Port Harcourt Leonard Cheshire Home*, is an international charitable organization founded after the Civil War to support injured and amputated soldiers. Established in 1973 by Justice Ambrose E. Alagoa and directed by Lady F.N. Alagoa, it operates globally but in Port Harcourt, it is located in New Market Layout Town. The organization is a place of rehabilitation of handicap children. Thus, these settings are the most appropriate for this study to elicit responses from the caregivers who have interacted with both parents and inmate (handicap children) in the home.

Target population

Fifty-four (54) caregivers from the two selected children`s homes in Port Harcourt, Rivers State is the target population.

They are as follows:

Name of Institution	**Population**
Port Harcourt Children's Home	28
Port Harcourt Leonard Cheshire home	26
Total	54

Sample size

Sample size is the subset of the target population (Ben-Shlomo, *et al*., 2013). This study determined the sample size from the entire 54 populations using Taro Yamane's Framework below. Where $n = \frac{N}{1 + Ne^2}$

Where n=sample size: N=population size; E=error of sampling (0.05)

$$n = \frac{54}{1 + 54\,(0.05)^2} \qquad n = \frac{54}{1 + 54(0.0025)}$$

$$n = \frac{54}{1 + 0.135}$$

$$N = \frac{54}{1.135}$$

n = 47.6

n = 48 approximately. Therefore, sample size for each children home is as follows:

S/N	Name of Institution	Population	Sample size
1	Port Harcourt Children's Home	28	25
2	Port Harcourt Leonard Cheshire home	26	23
	Total	54	48

Sampling Technique

This study used purposive/clustered sampling technique to enable researchers reach out to both selected children`s homes on specified dates and times (Ben-Shlomo, *et al.*, 2013).

Instrument for Data Collection

The instrument used for this study was a Likert five-point scale with 22 items developed by the second researcher and acquiesced by all to elicit information from respondents that was previously used (Rosenthal & Rosnow, 1991) Appendix 2. The instrument is divided into three sections:
Section A consists of demographic information of respondents, used Likert five-point scale of Strongly Agree (SA), Agree (A), Strongly Disagree (SD), Disagree (D) and undecided (UD). ***Section B*** borders on questions regarding possible preventive measures adopted to limit the occurrence of handicap conditions.

Validity of Instrument

To guarantee that each item selected for inclusion in the questionnaire was capable of eliciting responses needed to test the established objectives for the study, the item was looked at by the authors, for face, construct and content and adopted earlier (Zohrabi, 2013).

Reliability of Instrument

The instrument's reliability was evaluated using the test-retest approach (Drost 2011). The instrument was administered to twelve carers at a neighbouring children's home in Port Harcourt, Rivers State, over the course of two weeks. It was re-administered and collected within two days. The Pearson Product Moment Correlation Coefficient was employed to evaluate the reliability of the two tests, resulting in a coefficient of 0.85, which indicates dependability. The formula below was adopted.

$$r = \frac{n(\sum xy) - (\sum x)(y)}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]}}$$

The method was that, respondents were well-informed of the purpose of study (academic reasons), consents were obtained to ascertained their voluntary participation as well as withdrawal at any point. The third researcher administered the questionnaire, read/explained the instructions to the respondents who were given adequate time to complete the questionnaire instantaneously and were assured of confidentiality despite the offer to read or write for illiterates within three weeks, during visiting hours from 4-6 pm and during one Parents/Guardians Association meetings.

Method of Data Analysis

To logically present data, the data was analysed with descriptive statistics using frequency tables and percentages with the aid of statistical package of social sciences (SPSS Version 20.1).

Ethical consideration

To adhere to the highest standard of practice in research, the data collection started with obtaining, a letter of introduction from the Faculty of Nursing Sciences to the Social Welfare in Rivers State, which gave authorization to perform the study- Appendix 1. Ethical approval

The principles that guided research designs and practices were maintained, particularly, since the study focus was on vulnerable humans. Consent forms were dully signed by respondents, confidentiality ensured, and data was protected in lead researcher`s had bag under lock and the key was kept save.

Data Analysis/Presentation

Data analysis is the systematic application of statistical and logical methods to characterise, summarise, and evaluate data. Whereas, data presentation is the technique of visually portraying data sets to effectively communicate information to a target audience using tables, diagrams, graphs, and charts. Below is the demography of respondents.

Section A: Table 1. Demographic data of respondents

	Variables	Frequency (f)	Percentage (%)
Sex	Male	23	48
	Female	25	52
	Total	**48**	**100**
Age	18-27 yrs.	7	15
	28-37 yrs.	10	21
	38-47 yrs.	16	33
	48-57 yrs.	14	29
	57 and above	1	2
	Total	**48**	**100**
Educational	FSLC	4	8
	SSCE	10	21
	OND/HND	18	38
	Bachelor	13	27
	Masters	3	6
	Doctorate	0	0
	Total	**48**	**100**
Marital status	Single	4	8
	Married	31	65
	Divorced	4	8
	Widowed	9	18
	Total	**48**	**100**
Type of Family	Nuclear family	30	63
	Extended family	16	33
	Single parents	1	2
	Same sex	-	
	Non	1	2
	Total	**48**	**100**
Years of Experience	1-5	4	8
	6-10	21	44
	11-15	18	38
	15-20	5	10
	Others		
	Total	**48**	**100**
Religion	Christianity	47	98
	Islam	1	2
	ATR	0	0

Table 1. above shows frequency distribution of demographic information of respondents. The results show that 23(48%) of the respondents are male while 25(52%) of the respondents are female. In other words, there more women than men in the four selected children home in Rivers State. Concerning age distribution of

respondents, the table shows that 7(15%) of the respondents are between 18-27 years, 10(21%) of the respondents are between 28-37 years, 16(33%) of the respondents are between 38-47 years, 14(29%) of the respondents are between 48-57 years while 1 respondent, representing 2% falls between 57 years and above. On educational qualification of respondents, 4(8%) of the respondents attended primary school, 10(21%) of the respondents are SSCE holder, 18(38%) of the respondents has OND/HND, 13(27%) of the respondents has bachelor's degree, while 3(65%) of the respondents has master's degree. On marital status of respondents, the results show that 4(8%) of the respondents are single, 31(65%) of the respondents are married, 9(19%) of the respondents are divorced. On family type, 30(63%) of the respondents are from nuclear family, 16(33%) of the respondents are from extended family, 1(2%) of the respondents are single parents and another 1(2%) of the respondents opted for non. On year of experience of respondents, 4(8%) of the respondents has 1-5 years' experience, 21(44%) of respondents has 6-10 years' experience, 18(38%) of the respondents has 11-15 years' experience while 5(10%) of the respondents has 15-20 years' experience. Finally, on religious affiliations of respondents, 47 respondents, representing 98% are Christians while the remaining 1 respondent, representing 2% is a Muslims.

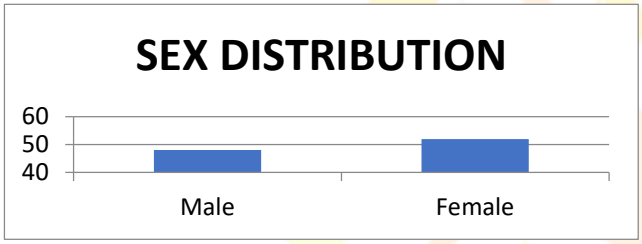
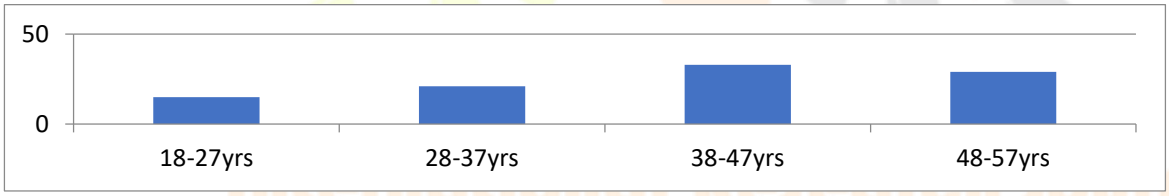


Figure 2. Graphic representation of sex distribution of respondents



These figures indicate the age distribution of the sex of respondents.

Figure 3. Graphic representation of Age distribution of respondents

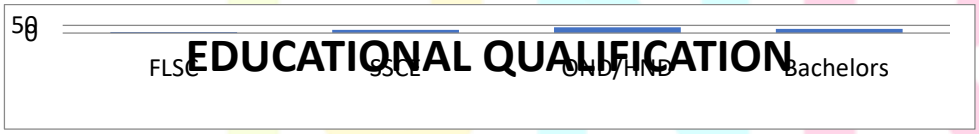


Figure 4.3 Graphical representation of educational qualification of respondents

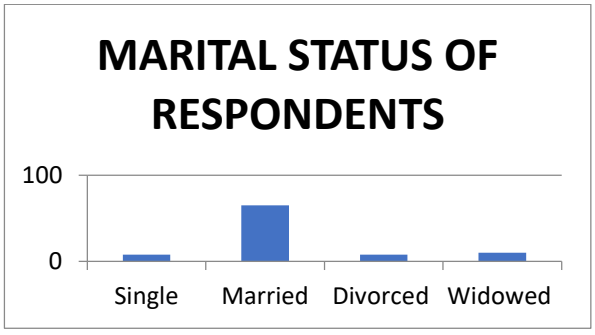


Figure 4. Graphical representation of religious affiliation of respondents

Section B: Possible preventive measure adopted to limit the occurrence of handicap conditions.

Table 2. Frequency distribution of Possible preventive and control measure adopted to limit the occurrence of handicap conditions

S/N	ITEMS	SA	A	SD	D	UD	TOTAL
13	Public support and rehabilitation	33 (68.8%)	7 (14.6%)	4 (8.3%)	3 (6.3%)	1 (2.1%)	48 (100%)
14	The universal safety precautions are essential tools in minimizing the risk of	23 (47.9%)	13 (27.1%)	5 (10.4%)	5 (10.4%)	2 (4.2%)	48 (100%)
15	Adequate nutrition, meal plan and prescribed	32 (66.7%)	11 (22.9%)	1 (2.1%)	2 (4.2%)	2 (4.2%)	48 (100%)
16	Handicap children are restored to health and higher quality of life through rehabilitation	26 (54.2%)	8 (16.7%)	8 (16.7%)	3 (6.3%)	3 (6.3%)	48 (100%)
17	Evaluation of the rehabilitation paradigm through meta-analysis is important.	23 (47.9%)	24 (50.0%)	1 (2.1%)	1 (2.1%)	0 (0.0%)	48 (100%)
18	Screening and identifying disease at the earliest stage can prevent handicap condition	4 (8.3%)	42 (87.5%)	1 (2.1%)	1 (2.1%)	0 (0.0%)	

Source: Field Study 2021

Table 2 indicates frequency distribution of feasible preventative and control action used to restrict the emergence of handicap circumstances. The findings suggest that 33(68.8%), 7(14.6%), 4(8.3%) and 1(2.1%) of the respondents strongly agreed, agreed, strongly disagreed, disagreed and chose for undecided that public support and rehabilitation. The findings also suggest that 23(47.9%), 13(27.1%), 5(10.4%), 5(10.4%) and 2(4.2%) of the respondents strongly agreed, agreed, strongly disagreed, disagreed and chose for undecided that the universal safety measures are crucial instruments in decreasing the risk of disability. In item 15, the results show that 32(66.7%), 11(22.9%), 1(2.1%), 2(4.2%) and 2(4.2%) of the respondents strongly agreed, agreed, strongly disagreed, disagreed and opted for undecided that adequate nutrition, meal plan and prescribed medications are incredibly essential in influencing handicap conditions. Furthermore, in item 16, 26(54.2%),

8(16.7%), 8(16.7%), 3(6.3%) and 3(6.3%) of the respondents of the respondents strongly agreed, agreed, strongly disagreed, disagreed and chose for undecided that handicap children are restored to health and greater quality of life via rehabilitation. In 17, 23(47.9%), 24(50.0%), 1(2.1) and 1(2.1) of the respondents strongly agreed, agreed, strongly disagreed, disagreed that assessment of the rehabilitation paradigm using meta-analysis is necessary. Finally, the findings suggest that 4(8.3%), 42(87.5%), 1(2.1%) and 1(2.1%) of the of the respondents strongly agreed, agreed, strongly disagreed, disputed that screening and diagnosing illness at the earliest stage helps avoid handicap condition.

DISCUSION OF FINDINGS

This section discusses the findings, implication of the study to nursing practice conclusion, recommendations, summary of the findings and limitation of the study suggestion for further studies.

Discussion of Findings

This objective(s) was to determine handicapping conditions preventive measure among children in Port-Harcourt and the aim was achieved. A number of the responses were elicited. For instance, this objective(s) was to determine measures that would prevent the handicapping situation among children in Port-Harcourt River State, Nigeria. A number of the responses were elicited. For instance, the Universal Safety precautions are essential tools in minimizing risk of infection and handicap. See extract of table

The universal safety precautions are essential tools in minimizing the risk.	**SA**-23 (47.9%)	**A**-13 (27.1%)	**SD**-5 (10.4%)	**D**-5 (10.4%)	**UD**-2 (4.2%)	Total-48 (100%)

Based on the analysis of results, the study finds out that 83.4% of the respondents are of the opinion that public support and rehabilitation can limit the occurrence of handicap conditions. The findings also reveal that 75% of the respondents asserted that the universal safety precautions are essential tools in minimizing the risk of disabilities. Further findings also reveal that 89.6% of the respondents asserted that adequate nutrition, meal plan and prescribed are incredibly essential in influencing handicap conditions. In the same vein, the findings reveal that 70.9% of the respondents agrees that handicap children are restored to health and higher quality of life through rehabilitation. Additionally, the findings reveal that 97.9% of the respondents agrees that evaluation of the rehabilitation paradigm through meta-analysis is important. Finally, 95.8% of the respondents opined that screening and identifying disease at the earliest stage can prevent handicap conditions. This finding correlates with the findings of Menon *et al.,* (2009) that strategic preventive measures to curb handicap conditions includes public support for rehabilitation, evaluation of the rehabilitation paradigm through meta-analyses, multi-systemic therapy, functional family therapy, promising programs with institutional setting, multi-dimensions treatment to foster care and promising programs within the community.

Nursing Implication

People with intellectual disabilities have greater health needs than the general population, however they also experience greater inequality in accessing healthcare. Registered nurses have a primary role in ensuring prevention handicap among children, given they interact with parents premaritally, during antenatal, natal and postnatal periods of the women`s life, to ensure the healthcare mother and child`s optimal health.

Limitation of the study

It was the intention of the researchers to conduct this study in broader scope, however, there were lots of financial and time constraints.

Summary

The study, titled “handicap preventive measures among: a cross sectional study" was conducted among children in Port-Harcourt, Rivers in Port Harcourt, aimed to identifying handicap preventive measures among children. Researchers conducted a cross-sectional descriptive survey with 54 caregivers from two children's homes in Port Harcourt, utilising cluster sampling to choose 48 respondents. A- five-point scale with 22 items developed by the second researcher was the tool for data collection and acquiesced by all to elicit information from respondents a structured and analysed using SPSS version 20.1. A cross-sectional descriptive survey was conducted with 54 caregivers from two children's homes in Port Harcourt, employing cluster sampling to pick 48 respondents. Data was acquired using a structured questionnaire and analysed using SPSS version 20.1. Findings also suggested that parents generally have favourable attitudes for their handicapped children. The findings also underscored the necessity of universal safety practices in minimising the prevalence of impairment amongst several other preventive measures.

Recommendations

The study, titled " The study, titled “handicap preventive measures among: a cross sectional study" was conducted among children in Port-Harcourt, Rivers in Port Harcourt, aimed to identifying preventive measures for handicap conditions. Government and non-government agencies should redouble efforts to ensure the provision of adequate adolescent health services, robust antenatal services, sanitation and adequate infrastructures such as environmental health promotion, nutrition, and control of drugs. Again, the research findings underlined the relevance of universal safety procedures in lowering the incidence of disability. Lastly, it is crucial to determine the preventive measures and raise public awareness about handicap prevention issues.

Suggestions for further findings

Further studies should be conducted on other methodologies, for instance, a systematic review be conducted for broader knowledge on prevention of handicapped conditions in the society.

Conflict of interest

Researchers assert no conflict of interest.

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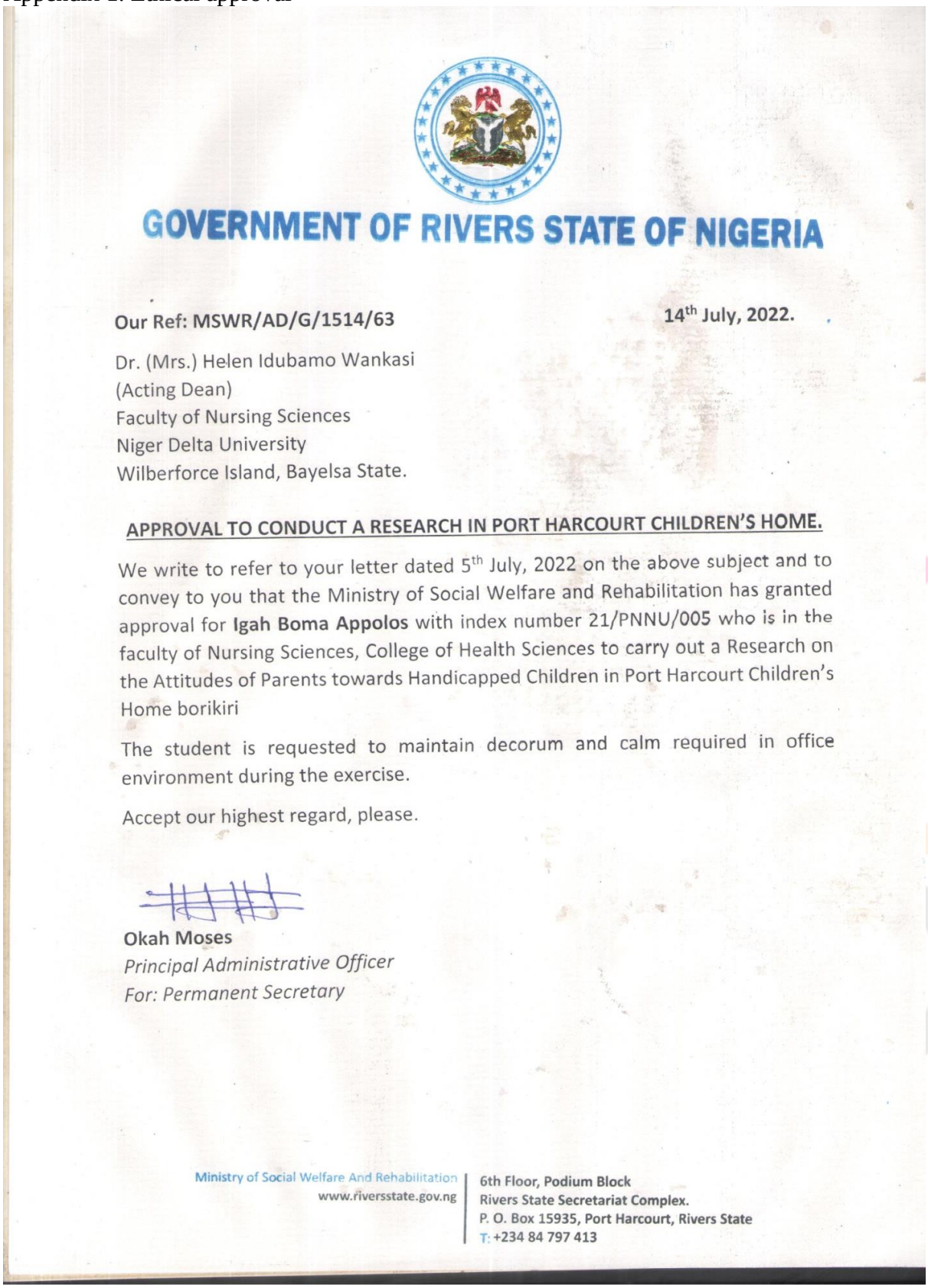
Appendices

Appendix 1. Ethical approval



GOVERNMENT OF RIVERS STATE OF NIGERIA

Our Ref: MSWR/AD/G/1514/63 — 14th July, 2022.

Dr. (Mrs.) Helen Idubamo Wankasi
(Acting Dean)
Faculty of Nursing Sciences
Niger Delta University
Wilberforce Island, Bayelsa State.

APPROVAL TO CONDUCT A RESEARCH IN PORT HARCOURT CHILDREN'S HOME.

We write to refer to your letter dated 5th July, 2022 on the above subject and to convey to you that the Ministry of Social Welfare and Rehabilitation has granted approval for **Igah Boma Appolos** with index number 21/PNNU/005 who is in the faculty of Nursing Sciences, College of Health Sciences to carry out a Research on the Attitudes of Parents towards Handicapped Children in Port Harcourt Children's Home borikiri

The student is requested to maintain decorum and calm required in office environment during the exercise.

Accept our highest regard, please.

Okah Moses
Principal Administrative Officer
For: Permanent Secretary

Ministry of Social Welfare And Rehabilitation
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Appendix 2. Likert-Scale

SECTION A: Demographic Data
Instruction: Please Tick ( ) in where appropriate in the space provided below

Variable		Response
Sex	Male	
	Female	
Age	18-27 yrs.	
	28-37 yrs.	
	38-47 yrs.	
	48-57 yrs.	
	57 and above	
Educational	Flsc	
	SSCE	
	OND/HND	
	Bachelor	
	Masters	
	Doctorate	
Marital status	Single	
	Married	
	Divorced	
	Widowed	
Type of Family	Nuclear	
	Extended	
	Single parents	
	Same sex	
	Non	
	Total	
Years of Experience	1-5	
	6-10	
	11-15	
	15-20	
	Others	
	Total	
Religion	Christianity	
	Islam	
	ATR	

Section B: Possible preventive measures adopted to limit the occurrence of handicap conditions.

S/N	ITEMS	SA	A	SD	D	UD
13	Public support and rehabilitation					
14	The universal safety precautions are essential tools in minimizing the risk of disabilities.					
15	Adequate nutrition, meal plan and prescribed medications are incredibly essential in influencing handicap conditions.					
16	Handicap children are restored to health and higher quality of life through rehabilitation					
17	Evaluation of the rehabilitation paradigm through metanalysis is important.					
18	Screening and identifying disease at the earliest stage can prevent handicap condition					