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A Profile of Antenatal, Natal and Postnatal History of Clients with Uni-Disability and Multiple Disability Attending Services at Tertiary Treatment Center

1. Dr. Lakshmana G, 2. Ms. Gayatri Kate,
3. Dr. Channaveer RM, 4. Mr. Rajesh Ramachamdran

Abstract

Background: There exists a multitude of factors contributing to the occurrence of disability, thus necessitating a comprehensive examination of the characteristics and demographics of individuals with disabilities who actively seek assistance from diverse treatment facilities.

Methodology: The primary aim of this study was to examine the Antenatal, Natal, and Postnatal records of individuals with disabilities and provide a comprehensive picture of this population. The research design employed in this study was descriptive and cross-sectional in nature. A random sample method was employed to choose 100 patient files from the hospital registration of the National Institute of Empowerment of Persons with Multiple Disabilities (NIEPMD) during the period of 2012 to 2014. The data was gathered using a semi-structured schedule. The data was analysed using descriptive and inferential statistics.

which was afterwards followed by an analysis and interpretation of the data to derive the conclusions of the study.

Results: The findings indicate that a majority of the participants (66%), hailed from rural backgrounds. Additionally, 47% of the respondents belonged to backward groups, while 57% fell between the age range of 6 to 18 years. The antenatal history reveals that a significant majority of mothers (99%) completed regular antenatal check-ups. However, a small minority, comprising just 1% of the sample, experienced episodes of bleeding during their pregnancies and refrained from taking any form

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1. Associate Professor, Department of Social Work, University of Delhi, lakshmanagsagar@gmail.com
2. Well-being Manager - Genpact, Hyderabad, gayatritelang123@gmail.com
3. Professor, Department of Social Work, Central University of Karnataka, Kalaburagi,
4. Rehabilitation Officer, National Institute of Empowerment of Persons with Disabilities Chairman

of medication to address this issue. Approximately 99% of the individuals surveyed did not possess a prior medical record of Hypertension, whereas approximately 98% did not have a history of Diabetes. There was an absence of any documented instances of trauma during this particular stage. The historical data pertaining to the Natal stage reveals that a significant majority (96%) of childbirths occurred within a hospital setting. Additionally, approximately 36% of these deliveries were conducted through Caesarian section, while approximately 7% of deliveries experienced extended labor. Approximately 34% of the observed population of children had delayed birth cry, whereas a majority of 77% demonstrated a birth weight within the usual range of 2.1kg to 3.5kg. In the historical context of the Postnatal stage, it is evident that a majority of children, specifically 94% did not experience any form of infection. However, a notable percentage of clients, about 17%, did encounter seizures during this period. It is worth noting that no instances of trauma was reported among the children. Additionally, a significant proportion, approximately 34%, required admission to the Neonatal Intensive Care Unit (NICU) following birth.

Discussion: The stages of Antenatal, Natal, and Postnatal development are of significant importance in the realm of human growth and development. Numerous studies have documented that complications arising during these stages can result in various forms of handicap. The results of the study do not provide evidence in favor of this argument. There is an argument positing that in addition to this, there exist numerous more factors that have the potential to induce impairment, hence necessitating comprehensive study.

Conclusion: There is a need to study the reasons for disability other than the conventional approach and mindset.

Keywords: Disability, Uni-disability, multi-disability, antenatal, prenatal, postnatal

Introduction

According to the Rights of Persons with Disabilities Act, 2016 (RPwDA, 2016) “person with a disability” means “a person with long-term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.” Disability is one of the problems, which is challenging to an individual, family, and community. The causes of disability are multifaceted. Studies report that Prenatal, Natal, and Postnatal aspects contribute significantly to causing the disability (Nurochim, Indarto, & Prayitno,2016; Halfon, Houtrow, Larson, & Newacheck, 2012; Shawky, Abalkhail, & Soliman, 2002). As per 2011 Census, 2.6 crore people (2.21%) in India suffer from one or the other kind of disability (Office of the Registrar General & Census Commissioner, 2019), whereas, the disability sector estimates 4-5%, while World Bank estimates 4-8% disability prevalence in India (Keefe, 2009, CRPD Alternate report of India, 2019). As per the Ministry of Social Justice and Empowerment (2015), 70% Persons with Disabilities (PwDs) were rural inhabitants, 40% were literate and only 25% were employed.

Halfon et al, (2012), used the statistics from U.S. National Health Review Survey (2008-09) and reported that per 1,00,000 children 423 children had a disability due to birth defects. Further, Das (2006) also reported that according to the 58th round National Sample survey (July-December 2002), 3.01% of birth/pregnancy-related problems caused mental disability. About 8.48% and 6.1% of persons with disability belong to rural and urban areas, 10.63% were having more than one type of disability, 84% were mentally retarded and 82% of persons with speech impairment were born with a disability, 11% of persons with disability of age 5-18 year were enrolled in the special school in the urban as compared to even less than 1% in the rural areas.

A mother should know how to take care of herself and the baby during the Prenatal, Natal, and Postnatal stages. If change happens during these stages, it would be harmful to the mother as well as to the child. Many studies report that if not taken proper care during this stage, the chances of giving birth to children with disability is higher. It has also been observed that the variety of Antenatal, Natal and Postnatal reasons for uni-and multiple disabilities such as poor nutrition, the poor health status of the mother, the unsuccessful attempt of abortion, infection in the mother, chronic disease in the mother, twin pregnancy, injuries and accidents during pregnancy, very young age of the mother, radiation exposure, ways of delivery by untrained persons, prolonged labour marriage within a close relationship, delayed birth cry and seizures (Nurochim, et al, 2016; Shawky, et al, 2002). Apart from this many other causes for disability has been reported. Therefore, it becomes important to study the profile of persons with disability who seek services in various treatment centers**.** Hence, an attempt was made in this direction.

Methodology

The primary objectives of this study were to study the socio-demographic details of the clients with single and multiple disabilities, the second important objectives of this study was to know the Antenatal, Natal, and Prenatal history of the clients with Uni-Disability and Multiple Disabilities and to profile them. The descriptive cross-sectional research design framework was used. The sample was selected from the hospital register, 100 files of the patients, those who attended services at the National Institute of Empowerment of Persons with Multiple Disabilities (NIEPMD) from 2012 to 2014 were selected while using random sampling technique. A semi-structured schedule which was used during registration, was used for data collection. The data was analyzed through IBM SPSS version 20.

Results & Analysis:

Table 1: Socio demographic details

Variable	Category	N& %=100
Age at consultation	0-5years 6-18years 8 years and above	33 57 10
Gender	Female Male	34 66
Community	Backward Class Most Backward Class Not Mentioned Other Backward Class Other Caste	47 23 4 3 6
Religion	Christian Hindu Muslim	4 89 7
Type of family	Non-nuclear Nuclear	22 78
Consanguinity status of marriage	No Yes	57 43
Educational status of respondents	Normal school Special school Not attending	39 32 29

Tables 1 & 2 describe the socio-demographic details of the clients. At the time of approaching NIPMED, about half of the client's age (N = 57) was 6-18 years. About 66% were males, half of them (47%) were from Backward Communities (BC), 89% were Hindus by religion, 66% were hailed from urban areas, 78% were from a nuclear family, 22% were studied up to high school and 29% client's father, 36% clients mother were studied up to high school and 90% respondent's mothers were homemaker. About 43% client's parents were married within a blood relationship. About 39% of clients were attending normal school, 32% were attending special school, and 29% were not attending any type of school.

Table 2: Socio demographic details

Variable	Category	N& %=100
Place of living	Not mentioned Rural Urban	8 26 66
Monthly family income	5000 5001-10000 Above 10000	76 3 21

Father education	Primary education	13
	High school education	35
	Pre-University Or +2	22
	Graduation	11
	Post-graduation	9
	Not mentioned	10
Father occupation	Coolie/Labor	29
	Govt. sector	23
	Self-employment	16
	Driver/conductor	9
	Agriculture	8
	Company/sales man	10
	Not mentioned	5
Mother education	Primary education	15
	High school education	36
	Pre-University Or +2	17
	Graduation	14
	Post-graduation	10
	Not mentioned	8
Mother occupation	Coolie	2
	Government sector	8
	House wife	90

Table 3: Types of Disability

Variable	**Category**	**N& %=100**
Types of disability	Mental Retardation only (MR only) Cerebral palsy only (CP only) CP+MR CP+ Associated Disability Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), ASD+MR Difficulty Breathing (DB), Developmental Disability (DD), Visual Impairment (VI) Multiple Disability (MD) + Associated Disability	35 4 4 33 6 6 12
Type of disability of clients	Uni –Disability	48
	Multiple Disability	52

This table describes that there are various types of disabilities have been found among the clients. The results show that 35 respondents had Mental Retardation (MR) only and 33% had Cerebral Palsy (CP) and associated disability. The majority of them were suffering from multiple disabilities (52%) followed by Uni-disability (48%).

Table 4: Antenatal History

Variable	Category	N& %=100
Underwent antenatal checkup	No	1
	Yes	99
Illness	No	99
	Yes	1
Bleeding	No	97
	Yes	3
Hypertension	No	98
	Yes	2
Medication	No	98
	Yes	2
Diabetes	No	99
	Yes	1
Trauma	No	100

The above Table- 4 depicts the prenatal history of the mothers of the children. Near about 99% of the children's mothers had been to regular checkups in the centres. The majority of the mothers did not have a history of illness, bleeding, hypertension, medication, diabetes, or trauma during the prenatal stage.

Table 5: Natal History

Variable	Category	Frequency (N& %=100)
Place of delivery	Home	4
	Hospital	96
Type of delivery	Normal	64
	Caesarian	36
Labor status	Normal	93
	Prolonged	7
Birth cry	Normal	66
	Delayed	34
Birth weight	Below 2 K.G	13
	2.1 K.G - 3.5 K.G	77
	Above 3.5 K.G	6
	Not Mentioned	4

The tables indicates the natal history of mothers during the delivery period. Near about 96% of the deliveries took place at the hospitals. Out of the total institutional deliveries, 36% had normal caesarian delivery, 7% had prolonged labor, 34% of the children had delayed birth cries, 13% children had lower levels of birth weight and 6% had overweight.

Table 6: Post-Natal history

Variable	Category	N& %=100
Infection	No Yes	99 1
Seizure	No Yes	83 17
Jaundice	No Yes	89 11
Trauma	No	100
Neonatal Intensive Care Unit (NICU) Stay	No Yes	66 34
NICU Stay-Days	10 Min-1 Day 2 Days- 14days Above 15 Days Not Stayed	9 14 11 66

This table highlights the post-natal history of the clients (Table 6). About 17% of children had seizures, 11% had jaundice, and 34% had reported prolonged stay in the Intensive Care Unit with 11% staying more than 15 days and 14% staying from 2-14 days.

Table 7: Education status and type of disability

Type of school	Type of Disability of clients		Total	χ^2	df	Sig. level
	Uni-Disability	Multiple Disability				
Normal School	26	13	39	9.002	2	0.011
Special School	11	21	32			
Not Attending	11	18	29			
Total	48	52	100			

The Table-7 highlights the relationship between the educational status and the type of disabilities through statistical measure. To understand the differences between the type of disability and the type of school attended by the respondents, the chi-square test was applied. It shows that there is a difference in the type of disability and the school attended by the respondents.

It is evident that children with multiple disabilities were not attending normal school compared to Uni-disability ($\chi 2=9.002$, df=2, $p<0.01$).

Discussion

The Antenatal, Natal and Postnatal stages are very important in the development of human beings. The present study profiled the clients who visited the tertiary treatment center in seeking services. They had different types of disabilities. The profile clearly shows that at the time of approaching the particular organization, about half of the client's age (N = 57) was 6-18 years.

The literature shows that seeking treatment early and learning skills to handle children makes a significant difference (Nurochim, et al., 2016; Halfon, et al., 2012; Shawky, et al., 2002; Black, 1990). The more the parents and caregivers are equipped, the higher the chances that they will be involved in grooming and teaching the special children. The skills learned by parents play a vital role in upbringing and making them to be independent. This clearly shows that psycho-education empowering the community for early identification and seeking special treatment for these children is essential. The demographic details show that the clients are visiting from all the communities and 22% of them were educated up to 10th standard. This shows that if proper guidance is provided, we can bring desirable changes. About 90% of respondent's mothers were homemakers. This would be strength for teaching intervention skills for them. They could able to spend adequate time with the children. Sooner they reach the treatment centers, the better would be the outcome. About 43% client's parents were married within a blood relationship. This clearly shows that consanguinity would be the reason for disability as other studies report. About 39% of clients were attending normal school, 32% clients were attending special school, and 29% were not attending any type of school. This clearly shows that there is an opportunity to work with a maximum number of clients and family members. As one-third of the respondents attend the normal school, we could bring changes. About one-third of the respondents were attending special schools which was a good sign. The worrying factor is that 29% were not attending any type of school. There is a need to work with the caregivers of them.

The majority of the clients were suffering from multiple disabilities (52%), followed by Uni-disability (48%). The multiple disabilities ranged from Mental Retardation and Attention Deficit Hyper Activity. Mental Retardation (35) and Cerebral Palsy (33) and associated disorders were more among the respondents. This clearly shows that there is a need to identify the developmental delay and associated problems in the initial phase. Through this, we can educate parents, caregivers, and the community about the delay and encourage them to adopt lifestyle modifications for these children. The early intervention would bring desirable changes. Studies report that early intervention is essential for prevention (Nurochim, et al., 2016; Halfon, et al., 2012).

The prenatal history of the mothers of the clients shows that 99% of the clients' mothers had been to regular checkups. The great majority of the mothers did not have a history of illness, bleeding, Hypertension, medication, Diabetes or trauma during the prenatal stage. But still, their children had developmental disorders that needed to be tested beyond the traditional approach that prenatal, natal and post-natal associated problems contribute significantly to the cause of disability. In each stage, there is a need to provide adequate care and protection for children.

The natal history of mothers during the delivery period shows that the great majority (96%) of the deliveries took place at a hospital, 36% had normal caesarian delivery, 7% had prolonged labor, 34% had delayed birth cry, 13% had a lower level of birth weight and 6% had overweight. This clearly shows that delivery taking place at the hospital alone would not ensure the normal development of the children. Parental care and other factors contribute to this. The post-natal history of the clients shows that about 17% of children had seizures, 11% had jaundice, and 34% had reported prolonged stay in the Intensive Care Unit with 11% staying more than 15 days and 14% staying from 2-14 days.

It shows that there is a difference in the type of disability and the school attended by the respondents. It is evident that children with multiple disabilities were not attending normal school compared to uni-disability (x2=9.002, df=2, p<0.01).

Implications for Social Work Practice with Persons with Disability

The involvement with individuals with disabilities is a fundamental area of focus within social work education and practice. The results of this study hold great importance in the realm of early intervention and prevention. Although disability is often regarded as a highly technical subject, social workers and organizations operating in this field can play a crucial role in implementing psycho-social therapies. The study provides clear evidence supporting the ongoing necessity of collaborating with parents and caregivers in order to increase the capacities of children with disabilities. The implementation of early identification and education programs, in conjunction with parental involvement and supporting therapeutic interventions, have the potential to yield positive outcomes. Early identification has a crucial role in facilitating ongoing collaboration between therapists, practitioners, and parents, so enabling substantial improvements in the well-being and development of children with impairments. It is imperative for practitioners to investigate the underlying factors contributing to the postponement of seeking medical intervention. Focusing on these issues would yield significant transformations in parental attitudes and community dynamics.

Conclusion

The study revealed that parents and care givers exhibited a delay in obtaining early therapy. The timely detection of developmental delay and subsequent engagement with specialized professionals can significantly impact the lives of children with disabilities.

Reference

Atlanta & Georgia. (1991). Postnatal Causes of Developmental Disabilities in Children Aged 3–10 Years. Centers for Disease Control & Prevention (CDC), Morbidity and Mortality Weekly Report, Vol. 45, No. 6 (February 16, 1996), pp. 130-134.

Black, N. (1990). Cerebral palsy rarely caused by birth trauma. *BMJ: British Medical Journal: International Edition*, *301*(6755), 781-781.

Halfon, N., Houtrow, A., Larson, K., & Newacheck, P. W. (2012). The changing landscape of disability in childhood. *The Future of Children*, **22**(1), 13–42. https://doi.org/10.1353/foc.2012.0004

Ministry of Law And Justice, (Legislative Department) 2016: "The Rights of Persons with Disabilities Act, 2 (2016, December 27)", Retrieved March 31, 2019, from http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD%20ACT%202016.pdf

National Sample Survey- Ministry of Statistics and Programme Implementation, Government of India. (December 2003). Disabled Persons in India- NSS 58thround(July — December 2002) Report No. 485 (58/26/1)

Nurochim, E., Indarto, D., &Prayitno, A. (2016). Association between Maternal Age at Pregnancy, Socioeconomic Status, Physical Environment, Prenatal, Perinatal, Postnatal History, and the Risk of Mental Retardation. *Journal of Maternal and Child Health*, *1*(2), 119-130.

Office of the Registrar General & Census Commissioner (2019, March 01): "*Census of India 2001 and 2011, C-Series, Table C-20",* Retrieved March 31, 2019, from censusindia.gov.in: http://censusindia.gov.in/Census_And_You/disabled_population.aspx

Saeed, G., Brown, H. K., Lunsky, Y., Welsh, K., Proulx, L., Havercamp, S., &Tarasoff, L. A. (2022). Barriers to and facilitators of effective communication in perinatal care: a qualitative study of the experiences of birthing people with sensory, intellectual, and/or developmental disabilities. *BMC pregnancy and childbirth*, *22*(1), 364.

Shawky, S., Abalkhail, B., &Soliman, N. (2002). An epidemiological study of childhood disability in Jeddah, Saudi Arabia. *Paediatric and Perinatal epidemiology*, *16*(1), 61-66.

World Bank. (2007). People with disabilities in India: From commitments to outcomes. *Human Development Unit: South Asia Region*, 1-186.

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