User Perspectives and Training Approaches to Disability in Bangladesh

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Bangladesh

- 150m (85%Muslim)
- Estimates disabled people 22.5 million
- 80% in rural areas.(WHO 2011)
- 70% cannot access healthcare and rehabilitation due to socio-economic hardship.
- Medical plurality a feature.
- Ratified UNCRPD in 2008.

Quality services

- In order to demonstrate ‘fitness for purpose’ disability services must satisfy the perceived needs of service users.

3 types of physiotherapy providers (6 subgroups)

- 1 Professionals
- Limited exposure changes in international thinking around disability.
- Institute based
- BSc
- Diploma

- 2 Impairment focussed
- Developmental
- Therapists
- Leprosy physiotherapy technicians

- 3 CBR workers
- Community Rehab Technicians
- Community
- Handicap
- Disability Resource Persons
- Ie CAHD approach
- Community Approaches to Handicap in Development

- The way that disability is learnt about and understood affects the way that people respond to disabled people in the society
- (Priestley 2003)

World Confederation Physical Therapists Principle on Education

- The curricula for physical therapy education should be relevant to the health and social needs of the particular nation (WCPT 2009)

- Curricula need to be underpinned by a sound theoretical base.

WCPT Principles

- Physical therapists are obliged to work towards achieving social justice in provision of health services for all people.
- （WCPT 2009 Ethical Principle 8）

Design-qualitative

27 service users –accessed in previous year

semi -structured interviews

36 Interviews with providers

(28 semi- structured individual interviews and 8 focus group discussions)

Conclusions for professional education and training of related healthcare workers

User reports disability : Multi-dimensional experience

Impairment and its effects

Experienced the impact of

- Socio-economic factors
- Political environment
- Gender
- Culture- belief systems
- Discrimination at personal , cultural and structural levels.

Professionals

BSc : Aspired to work in urban areas private practice /move abroad

Very focussed on treatments – doctor title – medical personnel. 3:1 M:F

Drawn from richer urban based families. Least accessible most input.

Government diploma – technicians , prescriptive electrotherapy

Displayed tacit knowledge of community practices – taught by doctors.

Only one BSc group experience of CBR –

individual extension model – clinics.

Diploma group had no involvement in Community

Impairment focussed

Developmental therapists :

Strong support for mothers , drew on personal knowledge.

Minimal attention to fathers from all female staff

Minimal appreciation of rights based approaches

Institute based -restricted access , small fee .

Leprosy physiotherapy workers displayed excellent technical skills

Awareness raising campaigns in the community reduced stigma
Drew on personal tacit knowledge to devise ways of dealing with stigma.

Limited knowledge of strategies addressing structural barriers.
Attention to high ratios of M:F workers increased inequity in access .

CBR workers

CRT workers – institute based , few home visits .Awareness raising - biomedical explanations . Little impact on structural and attitudinal barriers .

High Male :female ratios workers – little development of services for children. Perpetuated gender inequities in access to treatment.

CHDRP workers geographically widespread in development projects .

Focussed on inclusion and empowerment. Impairment a part of input . Worked with families and wider communities .Addressed attitudinal barriers . Precipitated school admissions.

Equal ratios of M:F workers. Approached as enabler rather than medical worker with high status ."Umbrella sister"

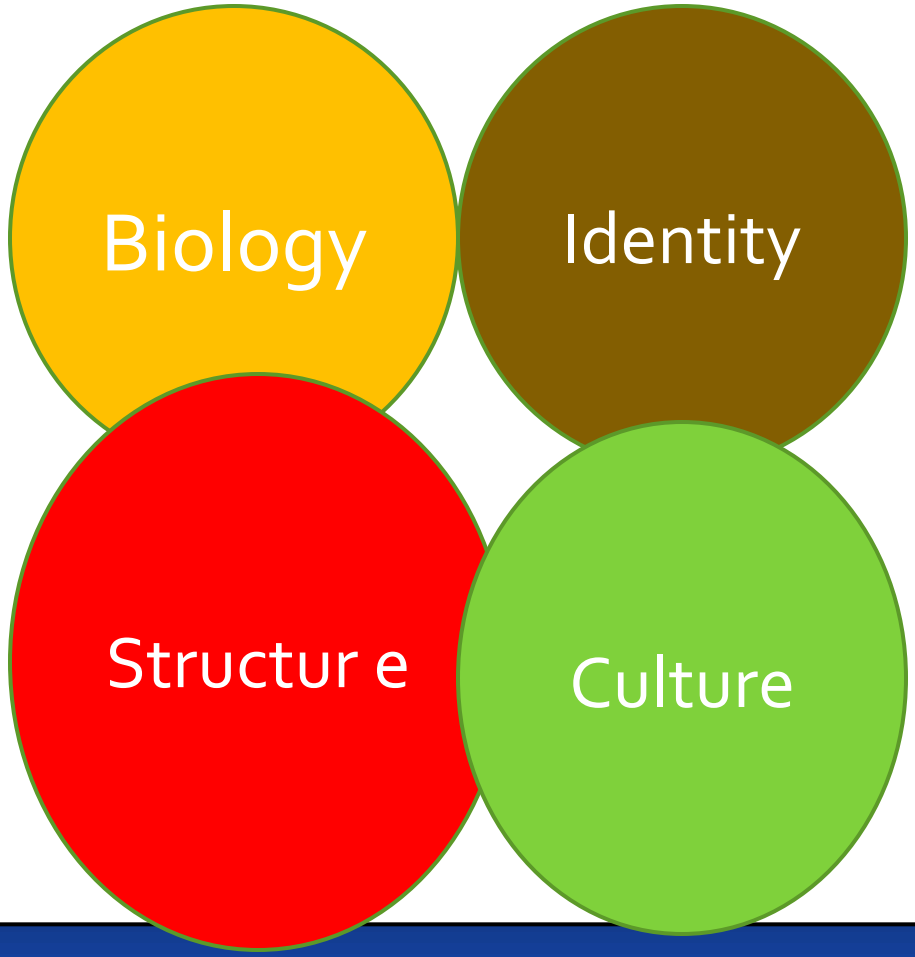
Depth of Theory on Disability

- Shift to understanding of disability as a developmental and rights based issue.

Theory :Typology of Disability Priestley 1998

- Individual
- model

- Social
- model



Gender stratification

- Attention to ratios M:F in student numbers
- Attention to fathers needs and role in decisions making .
- Culturally acceptable roles in service provision.

Collectivist society values

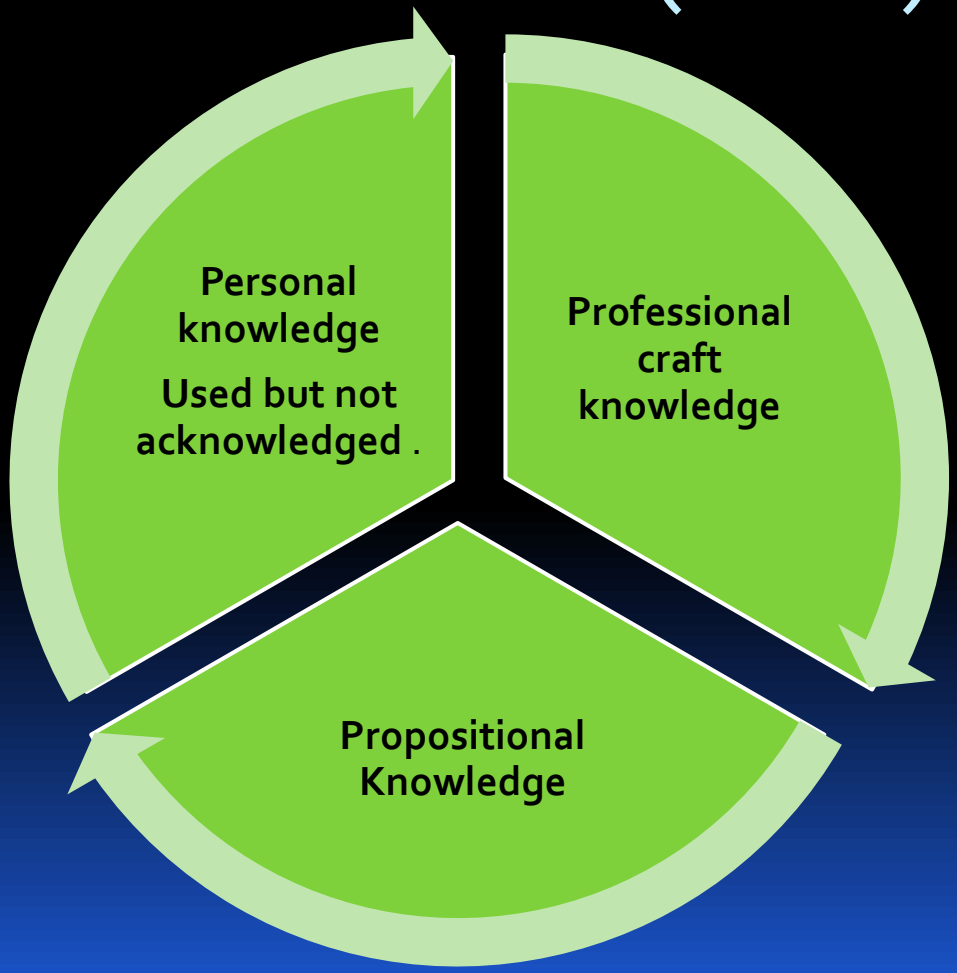
- CHDRP workers addressed community attitudes and sought to raise awareness of rights, causes of impairment, to treat and to empower - informal relationship .
- Face to face confrontations with traditional healers common.
- Saw themselves as part of a wider strategy .

CBR Inclusion

Professionals education
Relevant experiences needed in community based rehabilitation as professional imperative.

Choice of candidates important.

Professional Education : Epistemology of knowledge Higgs and Titchen (2000)



Conclusion

Incorporating user perspectives into education of practitioners has the potential to stimulate production of services providing more equitable access to relevant disability services if these challenges are responded to. Governments have a major role in bringing about changes needed.

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