Parents’ perspectives on rehabilitation in CP: a cross-cultural view through the lens of the International Classification of Functioning, Disability and Health (ICF).
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INTRODUCTION
1. Parents’ perspectives strongly influence their behaviour towards the child’s health condition and its treatment, choices parents make for their child’s treatment, and the rehabilitation outcomes.
2. Exploring parents’ perspective can give us an insight into: a) the factors shaping the perspectives, b) specific areas of knowledge gaps and needed interventions to bridge the gap.

PURPOSE
To explore: 1. Perspectives of parents with different cultural and socio-economic backgrounds about their children with Cerebral Palsy (CP) and its management, 2. Parents’ information needs to help in their child’s management.

METHODS AND METHODOLOGY
1. We used Interpretive description approach.
2. English speaking parents with children with CP aged 2-10 years from India and Canada were recruited.
3. Children across various Gross Motor Function Classification System (GMFCS) levels were recruited.
4. Semi-structured interviews were done with one parent.

DATA ANALYSIS
1. Data were analyzed using thematic analysis approach via Quirkos version 1.3.2.
2. ICF domains of Body Structure and Function, Activity and Participation, and Environmental Factors served as themes.

FINDINGS
1. Body Structure and Function (BSF):
   a) Both groups of parents talked about similar problems, but Indian parents focussed more on fixing the BSF problems.
   b) Canadian parents engaged the child in functional therapy, and Indian parents used passive measures like stretching and medicines to resolve BSF problems.
   c) Unlike Canadian parents, Indian parents had no occupational therapy exposure and did rigorous exercises to fix the BSF problems.
   An Indian mother mentioned “give a warm steam bath, and then start the head turn exercise. …so do 3 to 4 times….I put his head upside down for 2 minutes and then 5 minutes right up.” (p no 4, 6 years, GMFCS 5, male, India).

2. Activity and Participation:
   a) Both groups of parents were using assistive devices to promote child’s activity and participation. Indian parents focussed more on walking compared to any other activity.
   b) All Canadian children were actively involved in the school and fun activities in the community. Due to lack of accessible services, Indian children stayed at home and had less community participation. One father reported: “He is not able to walk, so I thought we will wait up to 5 or 6 months. He is sitting properly now, but sometimes he slides. So someone has to be there in school to watch him.” (P. no 6, 3.5 years, GMFCS 4, male, India). A father said: “…he attends a specialized school… it is equipped with all sorts of equipment and a swimming pool. There are 2 students to 1 teacher.” (P. no 17, 4 years, GMFCS 5, male, Canada).

3. Environmental Factors: the following factors were barriers in children’s rehabilitation:
a) Canadian parents: the negative attitude of the healthcare and service providers; and non-user-friendly policies,
b) Indian parents: the negative attitude of the health care providers and the society; social stigma and beliefs, and non-accessible society. A mother said: “…I just can’t imagine my son in a wheelchair. …I want them to walk. If they are given wheelchair, whole life they will be in wheelchair only.” (P. no 4, 6 years, GMFCS 5, male, India).
A mother said: “From a family doctor, I would like some more information rather than suggesting 3 or 4 big text books that I could read about CP ..” (P. no 14, 4 years, GMFCS 3, female, Canada).

CONCLUSION
Children and families in both countries would benefit from better policies, access to services and healthcare professional skills in providing family-centered care. In India there are additional needs for better understanding of the social dimensions of health, more accessibility for the disabled and expansion of Occupational Therapy (OT) services.

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