

Examination Of Attitude Of Parents Towards Handicap Children And Barriers To Preventive Measures In Port-Harcourt, Rivers State

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Abstract

Attitudes of Parents Towards Their Handicapped Children at Children's Homes in Port Harcourt

Aim: This research **examined** parents' attitude towards handicapped children, and barriers to prevention and control.

Methodology: A cross-sectional descriptive survey was done with 48 caregivers recruited from two (2) children's homes in Port Harcourt using cluster sampling technique (Taro Yamane's framework). Data were obtained using a self-developed questionnaire and analysed with SPSS (version 20.1).

Findings: Parents typically have favourable attitude towards disabled children.

Recommendations: Although, parents do have favourable attitude towards their disabled children, there is need to create awareness and public knowledge of handicap conditions-fundamentally to address unfavourable perceptions regarding disability.

Key Words: Attitude, barriers; children, handicap; parents, preventive measures

Date of Submission: 15-02-2026

Date of Acceptance: 25-02-2026

I. Introduction

The arrival of a new born brings immense happiness and a unique experience to both the family and society. However, seeing the kid achieve every developmental milestone without any physical abnormalities till maturity is an even more profound source of satisfaction. However, due to some explainable and unexplainable circumstances, a child may occasionally have one or more handicapping conditions. Meaning, the handicapping or disfiguring condition(s) might arise either congenitally-from birth, or as a consequence of diseases or exposure to certain conditions that impacted the child throughout the formative years between 0-15 years. The disfigurement could lead to parents showing a certain degree of negative emotions towards their innocent child, which this article characterises as traumatic for the affected children. The attitude is a result of guilt, since the child is seen as a consequence of a prior wrongdoing of the parent. Additionally, there is a stigma, labelling, and discrimination against both the child and the parents, based on the mistaken belief that the child will not reach their full potential and will be a perpetual burden to the family/society. This study **examines** parental attitudes

towards their handicap children, identify barriers that affect the prevention and control of the occurrence of handicap conditions. The findings of this study would be of great help to parents, guardians, handicap children, improve knowledge as well as future researchers having been well informed of background information on what the subject matter entails.

II. Background To The Study

Handicap or disability is used interchangeably in this study, refers to as a state of diminishing that causes under or over developed; changes the normal growth, advancement and tuning of the child to life (Hunzai, 2015).

According to Olusanya *et al* (2022), citing UNICEF and the World Bank, the global burden of diseases (GBD) estimated to 28.9 million (4.3%) children aged 0-4 years, 207.4 million (12.5%) children aged 5-17 years, and 236.4 million (10.1%) children aged 17 and above years with moderate-to-severe handicapping conditions, based on household surveys of child functional status. Presented below are two charts illustrating the worldwide incidence(s) of disability in children under 5 years and aged 5-19, categorised by regions. Again, the authors categorized the prevalence rate of handicapping conditions as peculiar to different regions of the world. Below are schematic presentations made by Olusanya *et al* (2022) and extracted also by other authors.

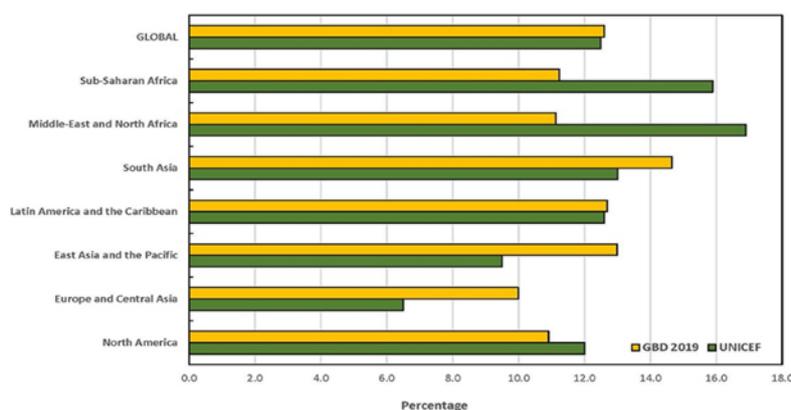


Figure 1. Prevalence estimates of handicapped children 5 to 19 years by UNICEF and GBD 2019. Source: Olusanya (2022).

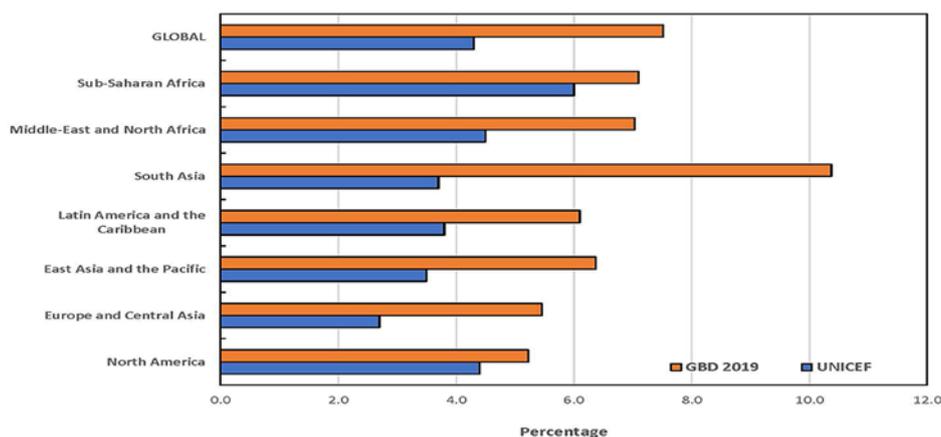


Figure 2. Prevalence estimates of disabilities among children under 5 years by UNICEF and GBD 2019. Source: Olusanya (2022) and copied from (Wankasi *et al* 2025).

Given the above, the figures indicate handicap among children and adolescents are huge particularly in the Sub-Sahara Africa. This supports the position of the World Health Organisation (WHO) in 2011, which states that 15% of the global population has some kind of disability, and within that 15%, 2-45% have substantial challenges in their ability to operate (Wankasi *et al* 2025). Though in same instance, WHO further opined that the high prevalence perhaps be 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 increasing their population (WHO, 2011). According to Eurostat, around 5% of European households have a disabled child, regardless of gender. This breaks down to 9.4% of girls and 7.5% of boys. Furthermore, 80% of these families live in affluent nations, while the other 20% dwell in low-income countries. In Africa, around 4% of the population is affected by disabilities, including a range of between sixty - eighty

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).

Furthermore, an international organisation, “Save the children international” was more specific, the body estimates 32 million people in Nigeria including children live with one type of handicap issues, therefore facing with restricted access to fundamental social services like health care and education (Ibrahim, 2022). Meaning handicap impacts all areas, however not in equal magnitude, so a considerable percentage of families live not without effects. It consequently demands for research of this sort to be carried out in order for parents to be aware and practice attitude to avoid handicapping issues.

Different forms of disability are identified as: The physical handicap; described as loss of or failure to develop a specific bodily function (s), with regards to mobility, responsiveness, synchronization, or speech that includes physiological, functional and or mobility impairments, which could be three (3) progressive or four (4) non-progressive conditions. The progressive problems grow overtime from mild to severe, unseen to apparent; from no pain to mild, moderate to terrible pain, which includes three (3): multiple sclerosis, cognitive impairments and muscular dystrophy. Whereas, the non-progressive physically disabling situations are: Cerebral Palsy- these are irreversible neurological diseases such as spinal bifida (SB) and spinal cord (SC) injury: paraplegia, quadriplegia and fibromyalgia-chronic pain, chronic fatigue or weariness syndrome (Kumar *et al* 2024; Rodriguez, *et al* 2024). Visual handicap: A situation in which a school kid has sight issues (10% or < visual acuity) not surpassing 6/60 or 20/200). Snellen test will reveal field vision subtending an angle of 20 or worse. A small proportion, (10%) of children with a visual handicap will become genuinely entirely blind, the other 90% are regarded as having a vision impairment, since they utilise conventional refractive correction as assistive equipment. Causes of vision loss include, but not limited to: cataracts (cloudy vision-treatable), diabetes (progressive blindness), glaucoma (loss of peripheral vision), macular degeneration (blurred central vision), ocular detachment (loss of eyesight), retinitis pigmentosa (progressive blindness) (Kumar *et al* 2024; Rodriguez, *et al* 2024). Hearing disability or “Deaf”: This is an inadequate or severe hearing (60-70dB hearing frequencies in both ears) or deaf-blind of a child who has both a sight and hearing loss. “Hard to hearing” characterises a child who utilises their residual hearing and speech to communicate. All these kinds are caused by faulty growth, damage or sickness to any component of the ear of a school kid (Kumar *et al* 2024; Rodriguez, *et al* 2024). Others are: mental disability, cognitive illness such as Schizophrenia-that impact 1% that restricts a school child’s everyday life activities, mood disorders (depression, most common and manic depression) impact roughly 10%: anxiety disorders (phobias and panic obsessive-compulsive disorder), 12%; eating disorders: personality disorders, organic brain problems afflict 1% of children (Kumar *et al* 2024; Rodriguez, *et al* 2024). Yet others are: intellectual handicap or learning impairment and mental retardation (MR), presents as dyslexia- a chronic condition of child’s central nervous system that impacts learning (inability to understand what they see, hear, or to correlate information from the brain: Dyspraxia- failure to create adequate motor body response; dysgraphia difficulties with the act of writing and spelling, dyscalculia- problem with calculations. Attention Deficit and Hyperactivity Disorder (ADHD), hyperactivity, distractibility and mental retardation (MR) characterized by significant limitation in intellectual functions (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of everyday, social and practical skills. (Uduu, 2022; Gibran 2016; Freud, 2012). If a school child has any of these issues, parents could consciously or subconsciously establish a specific mind set towards the child owing to the unique character of the child which this research tries to ascertain and identify the barriers to the prevention of disability.

Parent/child: In this research, a care giver someone who nurtures a disabled child might be considered a parent. Again, National Centre for Disease Control (NCDC) describes a caregiver to be informal or progressive, which is categorized under voluntary or unpaid caregiver, health/professional personnel, independent caregiver, private or personal duty care giver, informal/unceremonious caregiver and family or blood relation caregiver (NCDC 2020).

Whereas, the **child** (one below eighteen years) might be biological or adopted to substantiate the perspective of NCDC (2020), the organisation further describes the responsibilities of parents or caregivers in the care of any handicapped child amongst several others as: attend to child’s medical and basic needs such as prepare meal, provide safety, ensures sleep, rest, provide shelter and companion to the child and take full responsibility of a child in terms of, support, guide, encourage, teach and love their children regardless of child’s health status. Rather, research referenced in Mazana, *et al* (2019) corroborated more commonly, unfavourable attitude of parents towards their disabled children consequent of negative narratives.

Numerous definitions of attitude exist in literature. Some writers find the idea ambiguous (Altmann & Tanya 2008; Mazana *et al*. 2019). For example, attitude is characterised as a person’s value conveyed with varied degrees of strength, whether positive or negative (Altmann & Tanya 2008). The Oxford Research Encyclopedia

of Psychology describes it as an individual's predisposition based on cognitive, emotional, and behavioural knowledge, resulting to favourable or negative reactions towards a thought, object, or person, such as a disabled child. Lukas, Geofry, and Gregory (2020) similarly characterise attitude as judgements of people's views, showing likes or dislikes. Seemingly in a different dimension, Mazana *et al.* (2019) opined those attitudes originate from a complex combination of evaluative ideas, psychological paradigms, and emotional entities. Yang (2013) never defined the concept, but emphasizes that social contextual variable including lack of assistance and unfavourable attitudes might negatively affect outcomes for children with disabilities.

He (2007) contends that social perceptions considerably impact parents' attitudes towards their impaired children. Yılmaz, Altun, and Olkun (2010) and Cowling *et al.* (2012) all were of the opinion—seemingly in support that knowledge, practices, family worries, and lack of emotional support as variables affecting parents' opinions. While others stated the outcomes of disabling conditions on the child, adding that parents with impaired children often go through five stages: denial, anger, bargaining, melancholy, and acceptance, frequently enduring psychological stress, loss, and poor self-esteem (Drew, 2012). This tension may lead to anger directed towards the kid, spouse, or others, often culminating in family problems, abandonment, or divorce. For example, a survey on Down syndrome reported high rates of child abandonment in Israel and a much higher divorce rate among families with disadvantaged children in the United States (Merrick *et al.* 2013).

Limited resources for handicapped children also lead to unfavourable sentiments (Sakiz, Pape, & Hoy 2012; Joseph 2013; Enu *et al.* 2015), confirming Yılmaz, Altun, and Olkun (2010) and Singer and Power's (2015) perspectives on effective help.

Historically, handicapped children were generally seen as non-human and treated harshly (Kanner 2018) and culturally seen impairments as retribution for moral offences, impacting attitudes towards crippled children. Singer and Power (2015) mention stresses including wellness, extended family views, and financial limits as key variables determining parental attitudes. They also identify the absence of proper services and support systems as important risk factors for unfavourable attitudes towards disadvantaged children.

Literarily, **barriers** are conditions that prevent someone from reaching specific objectives or making progress. In this scenario, in very basic words, obstacles are what limit efficient care of the handicap kid. The United States Centre for Disease control (CDC) recognises the following as obstacles visible, invisible, physical, attitudinal, technical, information and communication barriers. Others are: Stigma, prejudice, discrimination, people's notion, inadequate integration. Yet other difficulties include, social interactions and transfer to a normal school owing to cost implication incongruence between learning environment, lack of skilled instructors in schools as some impediments to appropriate care of the handicapped school kid. Others are: linguistic barriers, cultural differences and physical disadvantages. Still others are: psychological challenges, technical snags as well as organizational impediments.

Having known the concepts handicap, the attitude of parents towards the child would create, it is critical to conduct this study to ascertain the attitude, examine the barriers and preventive measures to promote positive change as against the conventional mindset of the parents of handicapped school children.

Judging from the above perspectives, parents' attitude determines how they react to the child, determines both parent/children's ability to overcome the challenges and creates bonds, then set key priorities that would aid integrating the children or proffer solution(s) in Port Harcourt.

The problem is, report indicates that, parental attitude towards children with handicap condition is a common phenomenon due to myths and misconceptions as to whether or not the handicap child would exhibit their talents and perform optimally as much as those without disabilities. Not only that, many parents viewed handicap child as a punishment for the child's or parents' sins. For instance, Wikler *et al.* (2017) stated that 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. Yet others are rejection, and acceptance are some usual parental reactions towards handicap children. These attitudes had dis-empowered many children with handicap conditions missed opportunities and work. In reaction to these, children have become 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). Again, the resultant effects on the handicapped children also include; pity, fear, uneasiness, guilt, sympathy though at other times, over pampering and over protection. These acts (good or bad) relegate the handicapped child, thereby making them vulnerable in society (Daniel, *et al.*, 2021). As part of the relegation, some physically challenged are kept at home without any form of training or acquire any skill, making them to depend on caregivers perpetually. At other times, the handicapped child is pushed out to become destitute, beggar, which creates perpetual nuisance or participate in crime in the society. If these trends continuous, it would worsen th child's condition, more burden on society as some may be aggressive and violent sequel to poor inadequate care and support; inferiority complex as well as low self-esteem. These would in turn encourage the disabled children dissociate from other of their counters without disability, prolonged hospital stays with more

burden on caregivers and state finances continually. Although much has been researched on this, yet there is need for further study on this to update further knowledge. It was against this background that this study sought to assess attitude of parents towards handicap children in Port Harcourt Local Government Area, Rivers State.

Empirically, a study undertaken by Chandramuki *et al* (2012) titled “Parental views towards children with special learning abilities”. The purpose of this research was to evaluate parental attitudes towards children with certain learning difficulties. The research utilised a descriptive survey design with population of 60 children (30 boys and 30 girls) with specific learning disability (SLD) who visit the child and Adolescent Psychiatry Out – patient Department at National Institute of Mental Health and Neurosciences, Bangalore, India. The parental attitudes towards their children were assessed through the administration of 3-point, 40-items parental Attitude scale (PAS), with items spread equally into 8 areas namely; over-protection, acceptable, rejection, permissiveness, communication, attitudes towards education, home management and hostility. The data suggest that variation in parental perception associated the gender of the handicap children, cause might be that parents anticipate better academic accomplishment from the male than the female kid. Based on the results, the research advises that there is need to educate and reinforce parents and school instructors on handicap children’s empowerment with respect to self-worth, coping technique and the social support networking of their family is enhanced.

Similarly, Godwani (2013) also conducted research named “Parental attitude towards mentally challenged children in Kolkata (India)”. The research aims to analyse parental attitude of mentally impaired children in Kolkata. A cross-sectional descriptive design was employed for the research with a sample of 30 parents (father, mother or other) of mentally delayed children between the ages of 30-60 years were randomly recruited from 2 special schools located in Kolkata using a five-point Likert construct scale comprising 36 items interview planned created from 53 items showing parents attitude towards mentally impaired children. The outcomes of the survey indicated that 27 out of 30 parents have exhibited their good parenting attitudes which is over 50% of total score assigned for this study. The remainder of the 3 indicated adverse parental attitude, which is below 50% of the total. But the over 50% parents, nevertheless do not have 100% positive attitude owing to the economic stress shouldered by them. The research proposes that social workers should play key role in tackling this societal issue.

In another study completed by Al Sayed, Alaskar and Alonazi, (2020) titled “psychiatry difficulties among the families of children with physical special needs”. The research design was cross-sectional as well as an exploratory correlational investigation. It was done at the Prince Sultan Bin Abdulaziz humanitarian city and the crippled children’s Association in Riyadh city. The subjects of the research were the families of 153 Saudi youngsters. The conclusion of the survey indicated that ‘anxiety’ was the most prevalent psychological issue with the highest mean (1.96) among the family social difficulties.” The kid’s integration in social life” had the highest mean (3.013) among views on how to care for the child followed by “dealing with the problem as a realistic way” (2.922). The research also demonstrated the existence of anxiety and psycho-physiological symptoms for the among families of physically handicapped children. Feeling overwhelmed as a consequence of the increasing suffering of children as well as the additional expressions and the absence from widespread social difficulties for the families. Hence, it was proposed that exchanging verbal and physical love within the family, together with economic help, support groups and educational resources.

Zuurmond (2019) also conducted research titled “**Barriers and facilitators** to receiving health services”, A qualitative research was undertaken amongst persons with impairments in Cameroon and India. A total of 61 semi-structured interviews were performed with a purposive sample of persons with visual, hearing or musculoskeletal impairments, utilising data from an earlier cross-sectional disability survey. In addition, 30 important informants were interviewed to offer contextual information regarding the local services and setting. The primary topics were individual-level, factor, knowledge and attitudes about an impairment, and the nature of the impairment and interaction with environmental variables. At community and home level, major issues were family dynamics and attitudes, economic considerations, social inclusion and community involvement.

Intersectionality with gender and age were cross-cutting issues. Trust and acceptance of health care providers India and inadequate knowledge of referral systems in both nations were important service-level topics. The research demonstrated the need for a multi-faceted strategy to increase access to health care for individuals with disabilities.

Hashemi and Goli (2020) also conducted research named “Barriers to obtaining primary health care services for individuals with disabilities in low and middle-income countries”. A meta-synthesis of qualitative investigations found that these obstacles exist owing to inaccessible surroundings and discriminatory belief systems and attitudes. A meta-synthesis was being taken of qualitative investigations utilising six electronic databases pertinent papers from 2000-2019. Forty-one appropriate studies were found. Findings suggest that the people with disabilities ‘choice to seek health care services or not, as the quality of intervention provided by primary health care providers, are influenced by three types of barriers; cultural beliefs or attitudinal barriers, informational barriers and practical or logistical barriers. In order to attain complete health coverage at acceptable quality for people with disabilities, it is vital not only to address the various obstacles, but also their combined

impact on individuals with disabilities and their homes. It is only then that more nuanced and successful initiatives to promote access to primary health care, systematically addressing obstacles, can be created and implemented. 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. It was advised a problem should be put up to train kids in grade 7 to 9 about the prevention and amelioration of disability. Finally, a study 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 collecting a structured questionnaire with a 4-point Likert scale of Strongly Agree, Agree, Disagree and strongly disagree correspondingly. The outcomes 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.

Theoretical Review

Critical Disability Theory (CDT) derives from the critical theory of the Frankfurt School and examines the oppression and rights abuses suffered by those with disabilities. Hosking (2018) lists seven important assumptions of CDT:

Social Model of Disability: Disability is a social construct, not only a consequence of biological failure, leading to detrimental social implications for disadvantaged children.

Multidimensionality of Disability: Disability varies considerably throughout socioeconomic strata, demanding a structural examination of society.

Diversity of Value: CDT emphasises political and legal equality, accepting differences rather than disregarding them, to better fulfil the needs of handicapped persons.

Rights-Based Approach: Despite ambiguities, a rights-based approach is crucial for ensuring equality and full society inclusion for individuals with disabilities.

Giving Voice to Persons with Disabilities: CDT promotes listening to the experiences of handicapped persons, questioning mainstream notions and stereotypes.

Influence of Language: Language influences knowledge of disability, frequently reinforcing negative attitudes and prejudices.

Transformative Policies: CDT strives to reform society institutions to empower handicapped persons and achieve real equality, challenging assistance systems for their paternalism.

Application of Theory to the Study

Models of Disability: This method balances the influence of impairment, human reactions, and societal impediments to define disability. With relation to multidimensionality: it recognizes people's numerous social roles, providing a full understanding of society institutions. Not only that, appreciating variety: CDT accepts differences and recognises equality within diversity, opposing any approach that renders disability invisible. Furthermore, rights in reference to this study: CDT regards legal rights as crucial for furthering equality and inclusion of disabled people, challenging liberal rights for not fully recognising disabled persons' variety. The focus on Voice: Emphasizes listening to handicapped folks' experiences to realise that severe impairment doesn't prohibit a pleasant existence. Whereas, Language: Explores how language and media reinforce negative stereotypes, expressing a narrative of personal tragedy and reliance. Transformative Politics: Advocates for inclusive policies, revealing how societal attitudes and research choices impact disability perceptions, striving for empowerment and substantive equality. Ultimately, it is believed that CDT wants to destroy ableism and establish a barrier-free society where handicapped persons completely belong.

III. Method

Quantitative study, utilizing a cross sectional descriptive survey design was conducted to determine the attitudes of parents towards their handicap children in this study to provide information about the attitude and ascertained some preventive measures.

This study was conducted in two institutions namely: (1) Port Harcourt Children's Home which is under the Ministry of Social Welfare Unit of Nigeria. It was established on the 29th of May 1974 just after the conclusion of the Nigeria Civil War (6th July 1967 – 15th January 1970) led by General Yakubu Gowon, due to the report of misplaced and vulnerable children in the society. The care and support of vulnerable children in the society has

been practiced in several 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. This organization has several branches across Nigeria, but the setting for this study is situated in Number one (1) Nembe Street in the Metropolis and cosmopolitan city of Port Harcourt, Rivers State. The institution is a place of work for social health and non-social health staff of diverse area of specialization, primarily concerned with the care and support of vulnerable children and rehabilitation of handicap children as well as improving their educational standard. The institution as one of the 12 unit under social welfare is comprises of 20 staffs including the non-social health workers. The institution was formerly known as an orphanage or home of the motherless, but it was amalgamated to the Home of Children owing to the fact that the attitude of discrepancy, stigmatization and discrimination towards these children is being control as a result of their vulnerability status.

The second institution is the Port Harcourt Leonard Cheshire home. It is an international non-governmental charitable institution having its foundation in London, United Kingdom with Director Rupert Ridge as the International Coordinator of the home and their services. It was birthed from the just concluded Nigeria civil war (6th July 1967 – 15th January 1970) with injured and amputated soldiers. The institution has been in operation in several forms, but it was adopted as a working document in the year 1973 by late Justice Ambrose E. Alagoa who as the chairman and directed by Lady F.N Alagoa. The institution has several branches across Nigeria, but the setting of this study is situated in New Market Layout Town, in the metropolis and cosmopolitan city of Port Harcourt, Rivers State. The organization is a place of rehabilitation of disabled children (Individuals) with the Motto: **“Change the way you see persons with disability”**. It is a place of social health and non-social health workers of diverse unit of specialization, primarily concerned with rehabilitation of disabled or handicap children within the range of 3 -15 years of age. The aim of this organization is to assist people with disabilities throughout the world, regardless of their tribe, race, creed or religious belief by providing the conditions necessary for their physical, mental, emotional and spiritual wellbeing. Thus, these settings are the most appropriate for this study to elicit responses from the caregivers who have interacted with both parents and inmate (disable children) in the home.

Target population

The population of this study consists of caregivers fifty-four (54) working in two selected children homes in Port Harcourt, Rivers State, because, the two facilities are bigger with more children having various health conditions in terms of their disability.

They are as follows:

S/N	Name of Institution	Population
1	Port Harcourt Children’s Home	28
2	Port Harcourt Leonard Cheshire home	26
	Total	54

Sample size

The sample size is a term used in research for defining the number of subjects included in a sample size (Ben-Shlomo, *et al.*, 2013). This study requires no framework to determine sample size, because of the small sample size. Thus, the entire 54 populations were utilized adopted to calculate the figure (54) that constitutes the selected settings. Taro Yamane’s Framework.

$$\text{Where } n = \frac{N}{1 + Ne^2}$$

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

$$n = \frac{54}{1 + 54(0.05)^2} \quad n = 54$$

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

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

$$n = 47.6$$

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

(Ben-Shlomo, *et al.*, 2013). The sampling technique that was used in this study was purposive clustered sampling technique to enable researchers reach out to both selected homes on specified dates and times.

Instrument for Data Collection

The instrument used for this study was a Likert five-point scale with 22 items developed by the lead researcher to elicit information from respondents as was previously use (Rosenthal & Rosnow, 1991). The instrument is divided into five sections; Section A consists of demographic information of respondents, Sections B, C, D and E used Likert five-point scale of Strongly Agree (SA), Agree (A), Strongly Disagree (SD), Disagree (D) and undecided (UD). B consists of questions on parental attitude towards their handicapped children, section C deals with questions on psychological impacts of handicap conditions to the parents, family, the handicapped child and the society, section D comprises of questions on barriers that hinders the prevention and control of the occurrence of handicap conditions and section E deals with questions on possible preventive and control measure adopted to limit the occurrence of handicap conditions and.

Validity of Instrument

To ensure that each item selected for inclusion in the questionnaire was capable of eliciting responses needed to measure the set objectives for the study, the item was looked at critically the authors, for face, construct and content (Zohrabi, 2013).

Reliability of the Instrument

In testing for the reliability of the instrument, test-retest method was used (Drost 2011). The instrument was administered to (12) caregivers in a nearby children home in Port Harcourt Rivers State within a period of two weeks, the instrument was administered for the second time and collected within two days. The two tests were analysed using Pearson Product Moment Correlation Coefficient to determine the degree of reliability of the instrument which yields a coefficient of 0.85 which shows reliable. The formula below was adopted

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

The study's goal was described to the respondents, who were advised that participation was optional and only for academic reasons, to which they agreed.

The researcher conducted the questionnaire in person, reading and explaining the instructions to the respondents. Respondents were given adequate time to complete the questionnaire, which was collected promptly to prevent bias. Confidentiality was preserved, and help was offered to those who could not read or write. Data collection lasted three weeks, performed during visiting hours from 4-6 pm, Monday to Friday.

Method of Data Analysis

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

Ethical Consideration

To adhere to the highest standard of practice in research. Thus, to collect data for this research, a letter of introduction from the Faculty of Nursing, was provided to the Social Welfare Community in Rivers State, which gave authorization to perform the study. the principles that guide research designs and practices were maintained, particularly, since the study focus was on vulnerable humans. The researcher got an introductory letter from the faculty to the social welfare in Ministry of Health, Rivers State for permission to collect data, confidentiality and data was protected in lead researcher's had bag with a lock and the key was kept save and respondents' consent was obtained.

Data Analysis

Data analysis is the process of systematically applying statistical and / or logical techniques to describe and illustrate, condense and recap, and evaluate data. Below is the demography of respondents in no particular order

Section A: Demographic Data

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	Flsc	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 4.1 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(6%) 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.

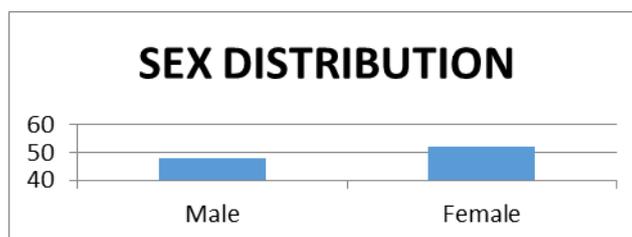


Figure 2. Graphic Representation of Sex Distribution of Respondents

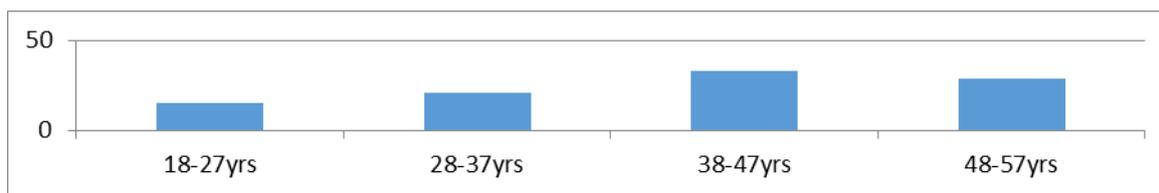


Figure 3 Graphic Representation of Age Distribution of Respondents.

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



Figure 4 Graphical Representation of Educational Distribution of Respondents

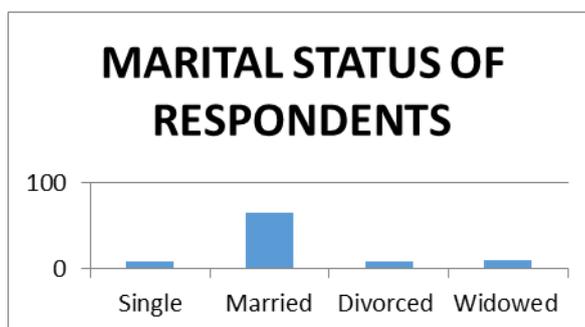


Figure 5. Graphical Representation of Religious Affiliation of Respondents

Section B: Parental Attitudes Towards Their Handicapped Children

Table 2: Frequency distribution of parental attitudes towards handicapped children

S/N	ITEMS	SA	A	SD	D	UD	TOTAL
1	Contempt/disdain (I would like a handicapped child to live next-door to me)	29 (60.4%)	6 (12.5%)	11 (22.9%)	1 (2.1%)	1 (2.1%)	48 (100%)
2	Anger-(Disability is not considered as an end result of parents' sin)	0 (0.0%)	0 (0.0%)	33 (68.8%)	15 (31.3%)	0 (0.0%)	48 (100%)
3	Non-health services sought to assist child (Limited knowledge and understanding of disability often prevent timely and effective co-ordination health services).	33 (68.8%)	10 (20.8%)	0 (0.0%)	5 (10.4%)	0 (0.0%)	48 (100%)
4	Pleasant feeling towards child (Sometimes, parents feel sorry for children living with handicap conditions)	29 (60.4%)	12 (25.0%)	6 (12.5%)	1 (2.1%)	0 (0.0%)	48 (100%)

Source: Field study 2022

Table 2 above illustrates frequency distribution of parental views towards disabled children. The findings suggest that 29(60.4%), 6(12.5%), 11(22.9%), 1(2.1%) and 1(2.1%) of the respondents strongly agree, agreed, strongly disagreed, disagreed and chose for undecided that they would prefer a disabled kid to live next-door to them. In item 2, the findings suggest that 33(68.8%) and 15(31.3%) of the respondents strongly disagree and disputed that handicap is seen as an ultimate consequence of parents' sin. In item 3, 33(68.8%), 10(20.8%), and 5(10.4%) of the respondents strongly agreed, agreed and strongly disagreed that poor knowledge and awareness of disability sometimes obstruct prompt and effective co-ordination of health care. In item 4, 29(60.4%), 12(25.0%), 6(12.5%), 1(2.1%) of the respondents strongly agreed, agreed, strongly disagreed and disagreed accordingly that occasionally, parents feel sad for children living with handicap situations.

Section C: Barriers that Affect the Prevention and Control of the Occurrence of Handicap Conditions.

Table 2: Frequency distribution of barriers that affect the prevention and control of the occurrence of handicap conditions.

S/N	ITEMS	SA	A	SD	D	UD	TOTAL
20	Laws, policies, practices or strategies designed by the government or organization influence handicap rehabilitation	13 (27.1%)	27 (56.3%)	6 (12.5%)	1 (2.1%)	1 (2.1%)	
21	The use of technical language, long sentences and words with many syllables may be significant barriers to understanding for people with cognitive impairments	20 (41.7%)	11 (22.9%)	4 (8.3%)	3 (6.3%)	10 (20.8%)	
22	Children with disabilities are almost four time more likely to experience violence than children without disabilities.	17 (35.4%)	24 (50.0%)	2 (4.2%)	3 (6.3%)	2 (4.2%)	
23	In convenient scheduling can limit effective public health care delivery and medical procedures.	28 (58.3%)	15 (31%)	2 (4.2%)	2 (4.2%)	1 (1.2%)	
24	Adequate transportation interferers with a person's ability to be independent and to function in society.	20 (41.7%)	18 (37.5%)	5 (10.4%)	2 (4.2%)	3 (6.3%)	
25	Ancient infrastructures and architectures affect rehabilitative	17 (35.4%)	16 (33.3%)	6 (12.5%)	4 (8.3%)	5 (10.4%)	

Source: Field Study, 2022

Table 2 displays frequency distribution of obstacles that impede the prevention and management of the onset of handicap conditions. The results show that 13(27.1%) of the respondents strongly agreed, 27(56.3%) of the respondents agreed, 6(12.5%) of the respondents disagreed, 1(2.1%) of the respondent and 1(2.1) of the respondents opted for undecided that laws, policies, practices or strategies designed by the government or organization influence handicap rehabilitation. In item 21, 20(41.7%), 11(22.9%), 4(8.3%) and 3(6.3%) of the respondents strongly agreed, agreed, strongly disagreed, disagreed that the use of technical language, long sentences and words with many syllables may be significant barriers to understanding for people with cognitive impairments while 10(20.8%) of the respondents choose undecided option. In item 22, 17(35.4%) of the respondents strongly, 24(50.0%) agreed, 2(4.2%) strongly disagreed, 3(6.3%) disagree that children with disabilities are nearly four time more likely to encounter violence than children without disabilities while 2(4.2%) of the respondents selected uncertain. Further results also show in item 23 that 28(58.3%), 15(31%), 2(4.2%), 2(4.2%) and 1(2.1%) of the respondents strongly agreed, agreed, strongly disagreed and disagreed that convenient scheduling can limit effective public health care delivery and medical procedures while 1(2.1%) of the respondents choose undecided. Consequently, in 24, 20 respondents, representing 41.7% strongly agreed, 18(37.5%) agreed, 5(10.4%) strongly agreed and 2(4.2%) of the respondents disagreed that adequate transportation interferers with a person's ability to be independent and to function in society while 3(6.3%) of the respondents choose undecided. Finally, in item 25, 17 respondents representing 35.4% highly agreed, 16(33.3%) agreed, 6(12.5%) strongly disagreed and 4(8.3%) strongly disputed that ancient infrastructures and architectural influences rehabilitative results whereas 5(10.4%) of the respondents selected unsure.

IV. Discussion 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.

The objective(s) were to examine parental attitude towards their disabled child and identify the barriers and preventive measures that would prevent occurrence of handicapping situation. A number of the responses were elicited. For instance, **Objective One:** Parental attitudes towards their handicapped children was achieved.

SA	A	SD	D	UD	TOTAL
0 (0.0%)	0 (0.0%)	33 (68.8%)	15 (31.3%)	0 (0.0%)	48 (100%)

Objective one intended to examine parental attitudes towards disability children and was accomplished. The findings suggest that majority of the respondents, (60.4 + 12.5) - 72.9% of the respondents treat their disabled children with scorn and disdain according to their answer. The respondents believed that they would prefer a disabled kid to live next-door to them. The data also indicated 100% of the respondents (parents) express great wrath towards their handicapped children, since, such parents do not view impairment of their children as ultimate outcomes of their fault. It implies, the child's situation continuously reminds them of their earlier wrongdoing and further punishment that could come. Further findings also reveal that, 89% of the respondents still stated that, they never sought for any form of health services to assist the children's, perhaps sequel to limited knowledge and understanding of disability, which often time prevent timely seek for help and effective co-ordination of health services for the handicapped. Finally, the data suggest that 85.4% of the respondents exhibited nice attitude towards kid, since, the parents themselves feel sad for youngsters living with handicap circumstances. From the foregoing facts, it can be inferred that parents have positive and negative attitude toward disabled children. These results are congruent with the findings of Godwanni (2013) who said in his research that 27 out of 30 parents displayed good parental attitudes which is over 50% of total score assigned for the study.

Objective Two: Barriers that Affect the Control of the Occurrence of Handicap Conditions.

The objective two of this study tends to identify barriers that affect the prevention and control of the occurrence of handicap conditions were achieved. Based on the analysis of data, the findings suggest that 83.4% of the respondents thought the laws, policies, practices or strategies developed by the government or organization impact disability rehabilitation and hampers the prevention and control of the emergence of handicap conditions. The data also indicate that 64.6% of the respondents believed that the usage of technical jargon, lengthy sentences and words with numerous syllables may be major hurdles to comprehension for persons with cognitive impairments. The data also indicate that 84.4% of the respondents felt that children with impairments are nearly four time more likely to face violence than children without disabilities. Further data also suggest that 89.3% of the respondents thought that easy scheduling might hinder efficient public health care delivery and medical procedures. Additionally, the data indicate that 79.2% of the respondents said that sufficient transportation interferers with a person's capacity to be independent and to operate in society. Finally, the data suggest that 83.4% of the respondents felt the archaic infrastructures and buildings impair rehabilitative outcomes.

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 supporting these patients to access adequate healthcare and experience optimal health.

Limitation of the Study

It was the intention of the researchers to conduct this study in broader scope, but this aim was not achieved as a result of lack of time and financial constraints.

Summary

The study, titled "Attitudes of Parents Towards Their Handicapped Children in Children's Homes in Port Harcourt," aimed to explore parental attitudes toward handicapped children, the psychological impact on both parents and children, preventive and control measures for handicap conditions, and barriers to these measures. A cross-sectional descriptive survey was done with 54 caregivers from four children's homes in Port Harcourt, utilising cluster sampling to choose 48 respondents. Data was obtained using a structured questionnaire and analysed using SPSS version 20.1. the findings also indicated that parents typically have good sentiments toward their disabled children. The psychological repercussions on parents included weariness, despair, and disease, while disabled children typically felt alienated. The research also underlined the relevance of universal safety procedures in lowering the incidence of disability

Overall, this research set out to explore parents' attitudes towards handicap conditions among children and it was found that parents has positive attitude towards children living with handicap conditions. The findings also indicate that parents are depressed and sorrowful seeing children in handicap conditions.

V. Recommendations

The study, titled "Attitudes of Parents Towards Their Handicapped Children in Children's Homes in Port Harcourt," aimed to explore parental attitudes toward handicapped children, the psychological impact on both parents and children, preventive and control measures for handicap conditions, and barriers to these measures. A cross-sectional descriptive survey was done with 54 caregivers from four 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 psychological implications for parents were exhaustion, despair, and sickness, while crippled children generally felt isolated. The findings also underscored the necessity of universal safety practices in minimising the prevalence of impairment.

Acknowledgement

The first author sincerely acknowledged the tireless efforts of all authors

Suggestions for Further Findings

Further studies should be conducted on caregivers' attitudes and psychological impact of handicapped conditions to the society.

Conflict of Interest

Researcher declared no conflict of interest.

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