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# Functional Decline and Quality of Life in Polio Survivor

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# Functional Decline and Quality of Life in Polio Survivors

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*Abstract* - This article explores the protective effects that finding a purpose in life has on the level of physical and mental impairment and overall quality of life. Result were gathered from a sample of 200 people. Although the combined social and physical experience of living with the disabling effects of polio has been associated with accelerated aging due to an increased allosteric load finding a purpose in life may diminish these effects. The finding of this study indicates that purpose in life is associated with less perceived decline in health. Moreover purpose in life is predictive of better quality of life despite levels of physical and mental impairment.

## I. Introduction

Aging with the effects of a permanent disability has been a challenge for many polio survivors. Approximately 640000 people in the United States have some degree of impairment related to polio (March of Dimes, 2001). Many have worked hard to participate fully in society, which has affected their health (Harrison and Stuifbergen, 2005). Researchers report that secondary conditions and comorbidities are well above the national rate in people living with the effect of polio (Campbell, sheets, and strong, 1990); Harrison and Stuifbergen 2001). The cumulative stress from pushing their bodies as the ache with the disability has been reported as consistent with explanations provided by the combined disablement process and allosteric load models (Harrisons and Stuifbergen 2001). The effects of long term stress however may be reduced by having a positive psychological outlook ( Frankal , 1984; Ryll and Singer, 1998; Taylor, 1983). The article explores the protective effects of finding a purpose in life for aging polio survivors finding a purpose in life is associated with physical limitations, symptoms of depression, and quality of life thus a greater purpose in life is associated with less physical decline this study aims to find that purpose in life will predict better quality of life beyond the effects of physical impairment and depression.

## II. Pakistan

Polio eradication is a priority program for the country national emergency has been declined by the government of the Pakistan to interrupt polio transmission and achieve the goal of eradication.

A critical view of the augmented NEAP 2012 was initiated in the last quarter of 2012.The prime minister monitoring and coordination cell in collaboration with WHO and UNICEF held a special consulting meeting in November 2012 to appraise the impact of augmented NEP 2012 implementation is special focus on polio reservoirs and outbreak areas. The government of Pakistan provisional government partners international experts on polio independent academic as well as political and religious advocate participated in the consultation key strategies and actions for improving implementation of the NEAP were identified and utilized to develop reservoirs specific work plans part 2013 as of 18dec. Pakistan has reported 56 cases of polio in 2012 compared to 190 during the same period in 2011.All but there wide polio cases were due to wild polio virus type-1 through Karachi and Quetta has not reported any wild polio case this year. There has been 40%decrease in the number of the polio cases reported from FATA compared to the same time period to last period. Khyber agency has reported 11 polio cases there has been an upsurge in the number of polio cases in the Khyber paktukhan since July 2012 the province has reported 25polio cases in 2012.

The major risk for contained transmission in EATA and Khyber paktukhan is primarily because of the insecurity resulting in the compromise excess children gaps in adultery implementing the transits and migrant strategies persistent pockets of refusals and not cracking and reaching the mist children after every SIA. The program expanded environmental severance to 11cites and towns in 2012. This is helping in better understanding the virus transmissions and patterns and tailoring appropriate strategies to interrupt it there hasn't persistent isolation of WPV 1 from the designated environmental sites.

### Objectives

1. To vaccinate all children 5year of age with potent oral polio vaccine.
2. To make polio free Pakistan.
3. To develop /Argument immunity in the children against polio virus.
4. To prevent polio disease and subsequent morbidity /mortality in the children.

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5. To listen the economic /social burden in the community country

## III. Literature Review

a) Jublet & cashman, 1987 difficulty dressing a new need for personal assistance and a change of cessation in occupation.
b) Friedman & Botth-keley 1987 different physiological responses to stressors may have multiply influences on the body and different subsequent form of secondary conditions. People who loose essence of purpose in life are more likely to rate their health worse. Poorer self rated heath is associated with higher mortality finding a purpose in life had a protective physiological mechanism possibly through 1 or 4 pathways to health-sympathies adrenomedullay, pituitary adrenocortical peptide communication or the immune system or maybe due to interaction all for.
c) Ryff 1989 despite these considerations purpose in life maybe a significant predictor of health and quality of life.
d) Macdonald, Gift &Bell Soccer 1993 a new need for ambulatory and ventilator aids. McEwen & Stellar 1993 these pathways are consistent ant with the neuron humoral suppressor mechanism that may increase allosteric load.
e) Mossey 1995 finding a purpose in life is important to health as people age when an elderly person lose the ability to feel useful they may lose satisfaction with life
f) Weibe & Smith1997 the direction of association between psychological response and health is response and health is difficult to determine.
g) Halstead 1998 polio survivors have aged with continual stressors related to disablity as polio survivors have aged many have reported age related muscular weakness and pain and fatigue infect 28 % -40% of polio survivors have been diagnosed with post polio syndrome
h) Sarvimaki & Stenvock-hult 2000 the ability to find a purpose with occurs throughout life for different life events may provide physical and psychological benefits for example in a study of elderly people meaning in life was defined as a sense of purpose intelligibility and manageability that was associated with continued family contact higher self-esteem and better reported health

## IV. Methodology

We make the questionnaire and collect the primery data. We fill out the questionnaire from 200 people. We target the students, businessman and employees. We make 9 questions related to our objectives and try to get the relevent data from the respondents.

## V. Demographic Data

A background information sheet was used to collect data on a variety of demographic and disease and characteristics. This information was used to describe the socio demographic characteristics of the sample. Age, educational status, marital status, and employment status

## VI. Functional Decline

Functional decline was measured with one item during the past 5 years, how much decrease have you experienced in your ability to carry on your normal activities of daily living--- compared with your physical best?

## VII. Physical Limitation

The Incapacity status scale was used to provide information specific to functional limitation and severity of major symptoms present in participants who had polio it is a 0 to 45 or more for this study, items were reduced to after 15 after being reviewed by two expert consultants. All items except one were judged to be valid for the functional limitations experienced by polio survivors and it has been successfully in a pilot of people who had polio functional limitation is defined as the process of not being able to perform common tasks.

*Table 1 :* Demographic profile of respondent

| Variables | | Frequency | Percentage % |
|---|---|---|---|
| **Gender** | Male<br>Female | 140<br>60 | 70 %<br>30 % |
| **Age** | 18-25<br>26-35<br>36-45<br>45 or more | 120<br>75<br>03<br>02 | 60 %<br>37.5 %<br>1.5 %<br>0.5 % |
| **Occupation** | Student<br>Business man<br>Employees<br>Other | 130<br>30<br>30<br>10 | 65 %<br>15 %<br>15 %<br>5 % |



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We take data from 200 respondents in which 70%respondents were male and 30 % respondents were female. In addition to this 60% of respondents are between the age of 18-25, 37.5% answerer were between the age of 26-35 years, 1.5% respondents between the age of 36-45 and 0.5% respondents were above the age of 45 years. Furthermore 65% of respondents were accounted for students, 15% respondents were business, 15% were employees and 5% belong to other occupations.

*Table 2 :* Is polio still a disease seen in the Pakistan?

| Variables | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Is polio still a disease seen in the Pakistan?** | Yes<br>No<br>Do not know | 90<br>50<br>60 | 45 %<br>25 %<br>30 % |

Our first question is shows above in response to this 45% respondents said yes in response to this question. In addition 25% respondents said no and 30% respondent said they don't have any information about it.

*Table 3 :* Do you agree with statement that "vaccination is necessary for every child whom age is less than five years"

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you agree with statement that "vaccination is necessary for every child whom age is less than five years".** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>Don't know. | 90<br>55<br>30<br>10<br>15 | 45 %<br>27.5 %<br>15 %<br>5 %<br>7.5 % |

In response to this question 45% respondents strongly agree with this, 27.5% respondents were agree with it, 15% respondents were disagree with this, 5% respondents were strongly disagree with it and 7.5% said they don't know about it.

*Table 4 :* Do you think that polio vaccination is not healthy for your children…….?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you think that polio vaccination is not healthy for your children…….?** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>Don't know. | 85<br>82<br>18<br>05<br>10 | 42.5 %<br>41 %<br>9 %<br>2.5 %<br>5 % |

In response to this question 42.5% respondents strongly agree with this, 41% respondents were agree with it, 9% respondents were disagree with this, 2.5% respondents were strongly disagree with it and 5% said they don't know about it.

*Table 5 :* Do you think that people need more information regarding polio vaccination?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you think that people need more information regarding polio vaccination?** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>Don't know. | 38<br>97<br>23<br>26<br>16 | 19 %<br>48.5 %<br>11.5 %<br>13 %<br>8 % |



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In response to this question 19% respondents strongly agree with this, 48.5% respondents were agree with it, 11.5% respondents were disagree with this, 13% respondents were strongly disagree with it and 8% said they don't know about it.

*Table 6 :* Do you think that media is playing positive role in polio awareness?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you think that media is playing positive role in polio awareness?** | Strongly Agree | 95 | 47.5 % |
| | Agree | 35 | 17.5 % |
| | disagree | 36 | 18 % |
| | Strongly disagree | 19 | 9.5 % |
| | Don't know. | 15 | 7.5 % |

In response to this question 47.5% respondents strongly agree with this, 17.5% respondents were agree with it, 18% respondents were disagree with this, 9.5% respondents were strongly disagree with it and 7.5% said they don't know about it.

*Table 7 :* Do you want to make a polio free Pakistan?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you want to make a polio free Pakistan?** | Strongly Agree | 82 | 41 % |
| | Agree | 75 | 37.5 % |
| | disagree | 15 | 7.5 % |
| | Strongly disagree | 16 | 8 % |
| | Don't know. | 12 | 6 % |

In response to this question 41% respondents strongly agree with this, 37.5% respondents were agree with it, 7.5% respondents were disagree with this, 8% respondents were strongly disagree with it and 6% said they don't know about it.

*Table 8 :* Do you believe that is there any risks associated with the Polio Vaccine?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you believe that is there any risks associated with the Polio Vaccine?** | Yes | 21 | 10.5 % |
| | No | 119 | 59.5 % |
| | Do not know | 60 | 30 % |

Our question is shows above in response to this 10.5% respondents said yes in response to this question. In addition 59.5% respondents said no and 30% respondent said they don't have any information about it.

*Table 9 :* Do you have any family member effected with polio virus?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you have any family member effected with polio virus?** | Yes | 15 | 7.5 % |
| | No | 110 | 55 % |
| | Do not know | 75 | 37.5 % |

Our question is shows above in response to this 7.5% respondents said yes in response to this question. In addition 55% respondents said no and 37.5% respondent said they don't have any information about it.



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*Table 10 :* Do you agree with this statement?
"Organizing, counseling and emotional support for people with polio affected is crucial"?

| Variable | | Frequency | Percentage % |
|---|---|---|---|
| **Q: Do you agree with this statement? "Organizing, counseling and emotional support for people with polio affected is crucial"?** | Strongly Agree<br>Agree<br>disagree<br>Strongly disagree<br>don't know | 35<br>70<br>55<br>30<br>10 | 17.5 %<br>35 %<br>27.5 %<br>15 %<br>5 % |

In response to this question 17.5% respondents strongly agree with this, 35% respondents were agree with it, 27.5% respondents were disagree with this, 15% respondents were strongly disagree with it and 5% said they don't know about it.

## VIII. Conclusion

The observations from the study were consistent across all the stakeholders interviewed, all regions (rural, urban, tribal) and, all medical colleges supervised by the various Clinical Epidemiology Units. Characteristically utilizers also confirmed the opinion voiced by the providers. This strongly suggested that the qualitative techniques employed for this project evaluation were quite appropriate and the data thus collected were valid. These include setting a national agenda for polio eradication, creating demand for OPV, increasing booth attendance during National Immunization Days, pushing for universal coverage through mobilization of local partnerships and networks, and overcoming pockets of resistance to vaccination among caregivers in unreached and underserved areas. This review documents the value and crucial contribution of carefully planned and closely monitored communication in building widespread support and understanding, as well as accessing unreached populations and overcoming resistance. There is no vaccine against resistance or refusals that are rooted in social-cultural, religious and political contexts.

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