**Discussion:**

CP is a developmental disability with a relatively high incidence. Affected individuals are among the most handicapped in our society. The huge challenges in dealing with CP include a lack of etiologic understanding of this condition, and consequently lack of effective means of prevention or treatment other than symptomatic approaches. CP usually originates in the pre- or perinatal period. However, it can be brought on in childhood by infection, trauma, and other causes, and it may develop in the absence of any identifiable risk factors. Our findings reveal its burden in Bangladesh in economic terms in order to address policy-makers’ concerns and provide them with input to future decisions on CP prevention and care.

The cost of care for children with CP in this study, when considered by the economic situations during the study, was high. However, the total annual cost when compared with what was reported from developed countries shows that our figure was much lower when compared to the cost of raising a child with CP from the USA, the UK, and the Netherlands (Beecham et al., 2001; Hoving et al., 2007). This could possibly be explained by the unavailability of cost-intensive diagnostic tools for CP, sophisticated medical therapy, and other long-term supportive services in this part of the world (Umar et al., 2020).

Based on the information obtained from interviews with 41 CP patients’ caregivers in Bangladesh, from the societal perspective, the total lifespan economic burden caused by a new CP case mean was BDT 25925.85 in 2020. The economic burden is heavy both for the family and society. There are several factors which contribute to this high economic burden, such as long-life expectancy, life-long and high dependency on caregivers’ support, progressive deterioration of motor function, and recurrent use of rehabilitation services.

It is noteworthy, however, that indirect mean cost in this study contributed BDT 4381.71 to the total cost. This is in keeping with reports from Europe and the US that showed indirect costs as the predominant cost driver (Kancherla et al., 2012; Kruse et al., 2009). However, their indirect cost is much higher than our finding; the reason being that we only considered productivity losses by parents or caregivers, while other related studies on developed countries considered productivity losses by both caregivers and the patient and other financial forfeitures related to the disorder. The difference may also be attributed to the higher cost of labour and services in such developed societies when compared to our resource-challenged settings.

Our study also showed that transport and lodging costs spent during each clinic visit per month were quite insignificant as most of the patients reside within the metropolis. There is no significant difference in the average cost per patient per month across gender, age group, ethnicity, type of CP, perceived cause of CP, and a number of associated problems. By sociodemographic characteristics, our study showed that the majority of the patients in the study belong to the middle and lower socioeconomic classes based on a validated scoring tool in a resource-challenged setting. This finding is consistent with the previous association of CP with poor education and poverty (Eide et al., 2014; Odding et al., 2006). Furthermore, our finding is similar to previous reports from developing countries (Frank-Briggs & Alikor, 2011; Singhi et al., 2002).

**Conclusions**

Understanding of the economic impact of CP can assist decision makers in their day-to-day decisions. The applicability of the economic impact research findings would be greatly enhanced through greater consistency of reporting methods across studies. Although analysis techniques and cost components employed in the included studies were varied, the results showed a strong positive relationship between CP severity and costs. Costs covered substantial expenditure related to medical services, costs borne by families, as well as the welfare system to facilitate social participation and engagement. The results also confirm that research to identify useful and cost-effective interventions is warranted to optimise expenditure related to CP care.

**Recommendations**

The findings of this study have important implications for the practice of public health in the country. The fact that the caregivers of children with developmental disabilities most likely are highly vulnerable persons places a great responsibility on the public health system to provide support systems and take measures to ensure the wellbeing of these caregivers. Establishment of caregiver support groups can act as peer support systems where the caregivers can exchange notes, share information, provide physical, emotional and social support to one another. This study also provides important information that the financial support provided by the government as a welfare measure to children with disabilities is perceived to be insufficient. There is a need to revise the financial support. The government must take appropriate measures to improve urban and rural planning to make public spaces inclusive. Public transport must also have special provisions for caregivers traveling with children with special needs. The provision of these facilities will help reduce caregiver stress and burden. However future research is still needed especially one that includes a bigger and more diverse population.

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