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### Introduction

- Stroke is the leading cause of death and top cause of disability in South Africa.
- Rehabilitation for stroke in rural South Africa is limited due to unavailable specialised services.

### Study Design

- Sequential explanatory mixed-method research design
- Integration of quantitative (file audit) with qualitative data (semi-structured interviews), enabling a comprehensive understanding of community reintegration.

### Sample and Recruitment Strategy

- Quantitative data were collected through a file audit of 15 stroke survivors
- Qualitative data were sourced through semi-structured interviews with 15 stroke survivors and three rehabilitation team members, providing a diverse perspective on community reintegration.

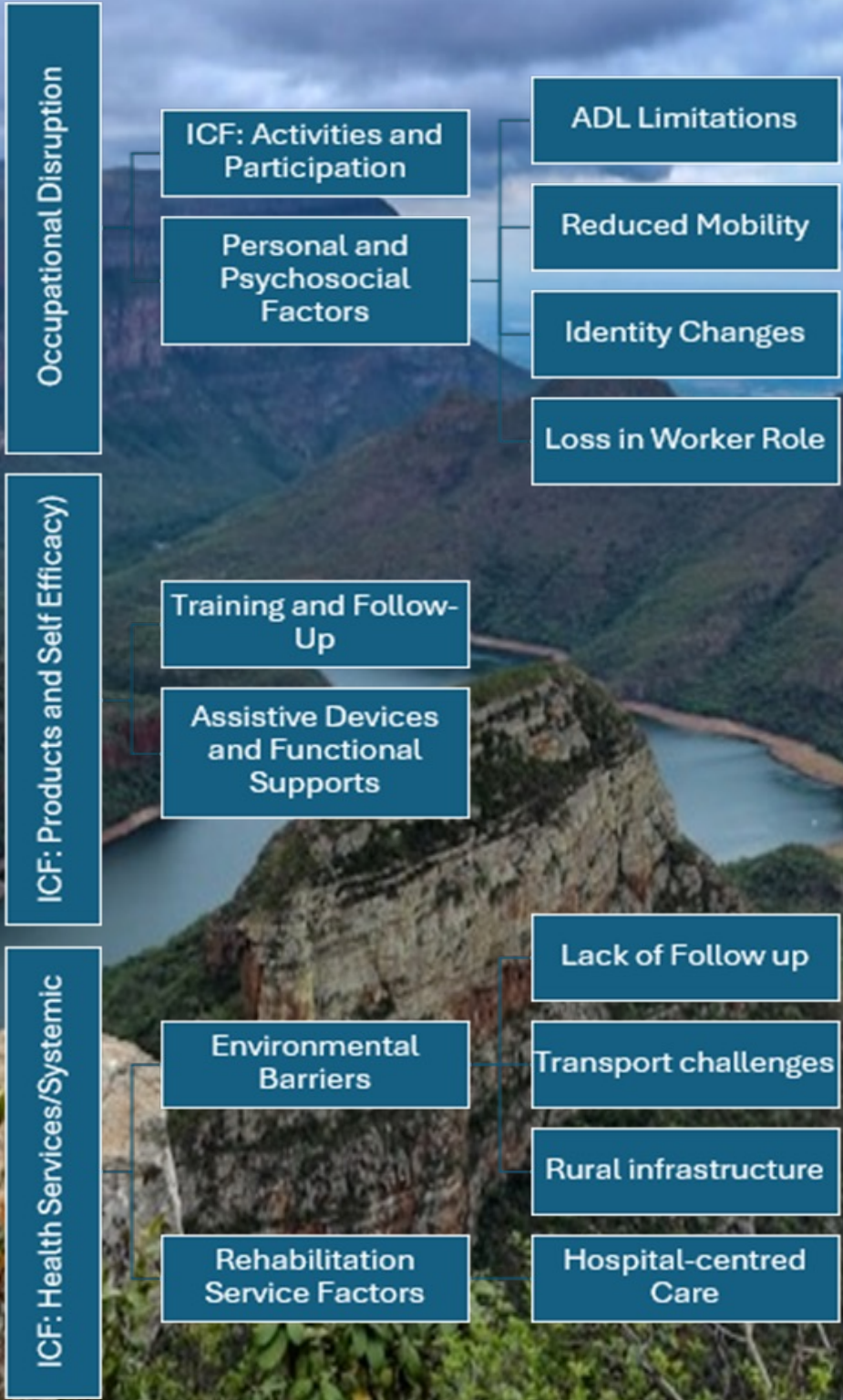
### Stroke survivors who participated in this study comprised

- 67% (n=10) females and 33% (n=5) males.
- a diverse age range bet ages of 20-39 years and the ages of 80-99 years during the time of stroke.
- employed prior to stroke comprised 46, 7% (n=7) and only 7% (n=1) of participants were still employed post stroke, 40% (n=6) were on disability grant and 53% (n=8) were on old age pension.
- The majority of the participants (53%; n=8) had secondary education while 27% (n=4) had primary education and 20% (n=3) of participants had no formal education.
- Eighty percent (n=12) had experienced only one stroke and 20% (n=3) had experienced two strokes. Most of the participants (60%; n=9) had a right-side hemiplegia and 40% (n=6) had a left side hemiplegia.
- Most of the participants (86%; n=13) were residing with their immediate families while 7% (n=1) resided with their extended families.

### Rural Community

The study was conducted in the rural Molemole (MLM) community, which presents unique socioeconomic and healthcare challenges, influencing the community reintegration of stroke survivors.





# Recommendations for Improved Community Reintegration

**Findings highlight a misalignment between rehabilitation goals and rural lived realities**

**Occupational therapists have a critical role in:**

**Community-based rehabilitation and home-based follow-up and support groups**

**Vocational rehabilitation and livelihood re-engagement**

**Advocacy for accessible environments and assistive device provision**

**Strengthening PHC-level OT services and intersectoral collaboration is essential for sustainable reintegration**

**Regular home visits, improved coordination between healthcare levels**

**Access to assistive devices and targeted community programs.**

**Community reintegration is shaped by interacting personal, environmental, and systemic factors**