Special Needs of Legislation for Disabled Persons

by Md Shahidul Haque

With gradually increasing awareness in our country about the needs and rights of disabled persons, there is now a good opportunity to introduce special and comprehensive legislation for disabled persons. In 1972, the constitution makers of the country promised to give equal rights and opportunities to disabled persons for their survival, but in practice it is absent just due to lack of proper initiatives and resources. As a result, disabled persons are suffering in every sphere of life and unable to obtain the proper environment in which they live.

IN order to live with prestige and honour in the society everybody needs legal and other rights. Even a new born child has rights to get proper nursing and care he/she needs, to be brought up in the society or community at large. We are all the citizens of a developing country so it is not possible for the government to look after all the needs of communities at the same time. We see all these short comings of the nation and we know that after liberation no governments had enough time, opportunity, or resources to do something for the development of all classes of people. However, if we look back we find that for the liberation of this nation in 1971, a large number of people who took active part in the war, became disabled and vulnerable in many aspects. Active part in the war. What have we done for them? In the constitution we have promised that disabled person will get equal rights and opportunities, but do we find this in practice? Yes, they are remembered once or twice in a year on a special day.

Simultaneously due to lack of proper health care, traffic rules, and social security, each day a large number of people are becoming disabled and who will take the responsibility of these sections of society who are being neglected and not getting any opportunity to get the proper right to survive in the community with prestige and honour. Due to their physical problems, these people are not getting legal protection and opportunity in the field of education, employment and rehabilitation and other spheres of life in our country. The problems which are now being brought in the limelight in our country now, have been taken into consideration by the United Nations 12 years back in 1981 and many countries have been able to develop a lot in this sector. Considering the backdrop in our country, many organizations have come forward to do something for persons with disabilities. But due to lack of proper legislation, executive order and proper attention and awareness nothing much is being done in this sector.

With gradually increasing awareness in our country about the needs and rights of disabled persons, there is now a good opportunity to introduce special and comprehensive legislation for disabled persons. In 1972, the constitution makers of the country promised to give equal rights and opportunities to disabled persons for their survival, but in practice it is absent just due to lack of proper initiatives and resources. As a result, disabled persons are suffering in every sphere of life and unable to obtain the proper environment in which they live.

The United Nations decided to observe 1981 as the international year of Disabled Persons with a theme of "Full Participation". Bangladesh was also a signatory to that resolution. But unfortunately, the Decade of Disabled Persons (1983 to 1992) which was declared by the United Nations has finished without setting up any fruitful or positive step for the disabled in Bangladesh.

Considering the undeveloped status of disabled persons in Asia and the Pacific Region, DPI (Disabled Peoples International) in the World Congress of DPI, which has been observed in Vancouver, Canada in April this year, announced the decision of the Asia/Pacific Region of DPI that the next decade has been declared as the Second Decade of Disabled Persons in the Asia/Pacific Region. For this resolution, Bangladesh is the 2nd signatory and also proposer of this Decade. It, therefore, follows that the Bangladesh government has got some responsibility to introduce and take some positive steps for persons with disabilities in our country. The government of Bangladesh should now set up a committee to frame a National Policy for disabled persons in Bangladesh and at the same time should announce that comprehensive legislation will be introduced in the Parliament to cover the needs and rights of disabled persons so that no discrimination will be allowed against persons with disabilities.' If the government of Bangladesh adopts a national policy and enacts the appropriate legislation, it will be setting a fine example to many other countries around the world.

As already mentioned before the constitution makers actually mentioned the rights of disabled persons in the constitution in 1972. Many countries do not mention disabled persons specifically, although the same countries have many administrative orders and schemes to assist persons with disabilities in the fields of education, employment, and rehabilitation.

Though the constitution guarantees the right to live and find basic minimum needs, there is a necessity to have separate legislation for disabled persons to obtain the right to live, right to work, right to food, clothing, shelter, mobility aids and education. Separate legislation will focus attention on the needs of these people and will help boost confidence among disabled persons.

If executive orders were enough, there would be no need for other countries to enact separate legislation for disabled persons. Countries like Russia, UK, USA, Japan, Australia, France and Italy have enacted separate legislation which benefit disabled persons. Besides, the experience of executive order performance is not satisfactory e.g. 10 per cent reservation of jobs in C&D category only. The vacancies in existing reserved quotas are not filled up fully. Disabled persons have to move from pillar to post for getting employment, which is not desirable.

It has also been pointed out that the matter of reservation is subjudice, therefore, legislation cannot be undertaken till it is decided. It can be argued that the case of social disability should not be linked with the case of physical disability. It should be delinked, to help the persons suffering from physical disability.

Considering all the factors mentioned previously, SARPV (Social Assistance and Rehabilitation for the Physically Vulnerable) is working to bring awareness to the people, NGOs and the government that they might consider and accept that disability is a development issue and enable them to understand that without special legislation for disabled persons nothing will be fruitful and hopeful for their own development.

Finally, it may be pointed out that to avoid introducing special legislation for disabled persons would be to avoid giving equal rights and opportunities to these disabled persons to participate as equal citizens of the country, with full rights to participate in all community activities. We should put out of our mind that they are living in isolation, but accept that they are part of the fabric of our society and community.

— Public Health Dialogue

Children of the *Chuoms*

Poverty, prostitution and widespread ignorance means that Kenya's street kids are increasingly under threat from HIV. **Julie Flint** reports from the front line.

DESPITE the rapidly-growing army of street children — girls especially, in recent years — the Kenyan government has done little or nothing to tackle the problem. The hand of state is noticeable only in the nightly police patrols that demolish the little plastic igloos, or *chuoms*, the children build for shelter.

Ezra Mbogori, director of Kenya's trail-blazing Undugu Society, believes Nairobi already has as many as 25,000 'hard core' street kids, 'permanent residents of the streets.

The street children's health interests only a handful of charities and non-government organisations (NGOs). There are, as a result, few hard facts. But the little that is known is causing serious concern — especially as regards the incidence of AIDS and the children's understanding of it.

In the first poll of its kind, the Undugu Society last year took 22 street children, all girls in their early teens, for random testing. A full quarter of them tested positive for HIV. "The shocking discovery was that only one girl had just one STD," said Mbogori. "The rest had multiple diseases — gonorrhoea, syphilis, candida ... Six tested positive for HIV. There were corresponding findings for boys."

Lynette Ochola, the Undugu Society's head of community development, said most street girls are addicted to sex. "The majority have been abused before the come onto the streets. Their mothers are prostituting. The same men who go with their mothers abuse the girls. It becomes an addiction."

Judy Kimani, a social worker attached to Crescent Medical Aid, an Islamic institution that was until recently one of the only two clinics treating street children in Nairobi, recently examined 40 children rounded up by police. "None of them were clear," she says. "Six had HIV" — 15%.

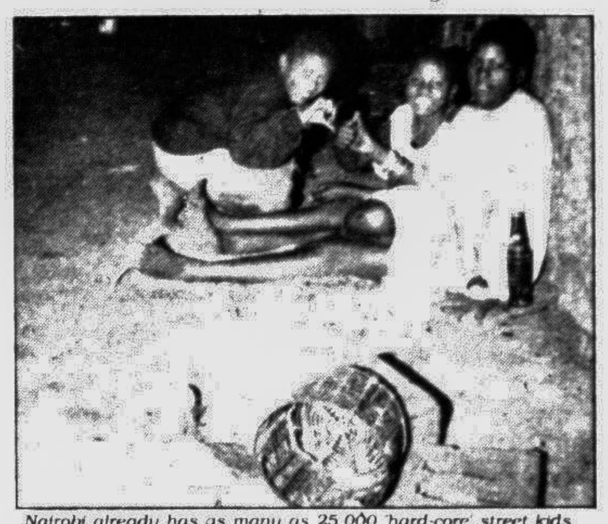
However active they are sexually, street children appear to know precious little about AIDS, its causes or its symptoms. "Most of the children have a general awareness," says Mbogori, "but in some cases there is a strange knowledge about how AIDS is transmitted. The think it comes from shaking hands, kissing, oral sex especially. They largely dismiss it as being like any other accident. A lot of them have not seen people with AIDS and so take the line that you keep away from men who look sickly."

To educate the children, last year Mbogori organised a group discussion at which he introduced two HIV-infected people. "When they told their stories, the kids freaked out," he says. "The message that HIV is dangerous doesn't seem to affect boys or girls very much — until we show them patients they are very familiar, with full-blown AIDS."

One of the speakers was an AIDS counsellor who looked perfectly healthy and told the children: "Use condoms or don't indulge. Either that, or zero grazing" — monogamy, in Kenyan slang. The children, says Ochola, were horrified. "They kept on telling her: 'You are so beautiful, so fat. You can't have AIDS'," says Ochola. "After that, many said they did not want to go back to the streets."

The children also met a young man who had himself been on the streets until he was accepted into one of the Undugu Society's community centres, where he developed full-blown AIDS. "He told us very clearly he had never engaged in sex until he was lured into it by an older woman who had sworn she would have him," says Mbogori. "He called us from hospital, he said: 'I know you are trying to teach kids. Bring them here if it would be useful.' He died soon after."

Although most of the children took no precautions against AIDS, a few did the best they could. "We know all about condoms," a little girl told Ochola. "We get them from the dustbins at the University of Nairobi."



Nairobi already has as many as 25,000 'hard-core' street kids, permanent residents of the streets.

Most street children, however, appear to have reacted to AIDS by developing entrepreneurial rather than prophylactic skills. "If you're going to use a condom," they tell punters, "It's 200 shillings (US $ 3). If not, 350."

As the AIDS epidemic grows in Kenya, younger and younger children are making a living from their bodies. Mbogori knows of 8-and 9-year-old; Judy Kimani knows a 7-year-old. "Men are telling themselves they can't get diseases from these young kids," she says.

"But of course they can. It is hell breaking the news to the kids. They know we can't treat it. If you think a child will understand, you tell her. If you think she will just go and lie under a vehicle, you don't. All we can do is tell them to trust in God and just keep on coming for their medicine."

— World AIDS

Barefoot Doctors Bring Hope to Brazil's Poor

Sue Branford writes from Fortaleza, Brazil

Ceara, a poor state in the backward northeast of Brazil, has seen remarkable progress in improving the health of its poor. Infant mortality is down by one-third and child immunization has been increased by 40 per cent. All this has been possible because of community involvement, especially women.

AWAY from media spotlight, in a quiet corner of Brazil, a health breakthrough has been achieved. In three years the authorities in Ceara, a poor state in the backward northeast, cut infant mortality by one-third.

Between 1987-90 they increased the number of children immunised by 40 per cent and brought down by one-third the number of child deaths from diarrhoea and the proportion of malnourished children.

In recognition of these achievements, the United Nations Children's Fund (Unicef) presented its prestigious Maurice Pate award to the governor of Ceara. Said Renato Aragao, Unicef ambassador in Brazil: "Ceara has been an example, not only to Brazil, but to the whole world."

What makes these results even more impressive is the fact that Ceara, along with the rest of Brazil, was going through a severe economic recession at the time.

The main reason for the success is simple: community involvement. Easy to state, but far from easy to achieve in practice. Like the rest of the impoverished northeast, Ceara has for centuries suffered intermittently from severe droughts.

Lasting for up to five years, these periods of extremely low rainfall kill off almost all the vegetation in the vast northeastern hinterland. In 1987, the northeast was going through one of these difficult periods. People desperate for food were looting supermarkets, and migrating in their thousands to the cities on the coast.

The federal government reacted in traditional paternalist fashion, distributing food and employing drought victims to build roads or reservoirs. Agronomists and economists have long criticised such indiscriminate handing out of funds. They say that funnelling the money through the landowning elites encourages corruption.

Worse still, they say, this largesse — known as the "industry of the drought" in the northeast — is against the socio-economic development of the drought-affected areas. With appropriate technical assistance, many peasants could plant drought-resistant strains of maize and beans, rear tougher breeds of goat, and build their own small water reservoirs. The technology and the knowhow is available, but big landowners strongly discourage the families on their land from applying it.

To open up the purse strings in Brasilia, the landowners need heart-wrenching scenes on television of starving families living on burnt cactus leaves and soup made out of boiled up cardboard.

In 1987, however, the newly-elected Governor of Ceara, Tasso Jereissati — the most progressive politician to have occupied that post — agreed to allocate part of the drought relief to a scheme being set up by a group of social workers to train women paramedics to tackle the underlying causes of Ceara's underdevelopment.

These women, recruited from the poor communities themselves, would not be employed temporarily, while the drought lasted. Instead, they would be given permanent contracts and paid regularly the minimum wage, of around $50 a month.

They would receive a short period of training, be equipped with a basic medical kit — a thermometer, scissors, gauze, burn cream, scales and, most important of all, oral rehydration packs, all contained in a backpack — and sent off to look after poor families within their community. The women were given two basic tasks: to teach the mothers they were helping how to spot the first signs of dehydration, and treat it at home; and to encourage them to have their children inoculated against the main diseases.

The programme began tentatively in 1988 with just 150 para-medics. It has been a remarkable success. The women, many of them hardly literate, became "barefoot doctors" like the ones created by Mao Tse Tung in China over 40 years. They have taken their jobs seriously.

Travelling by canoe, bus, horseback, bicycle, and on foot, they regularly visit the families under their care. They also advise mothers to provide as healthy a diet as possible on the scarce resources available.

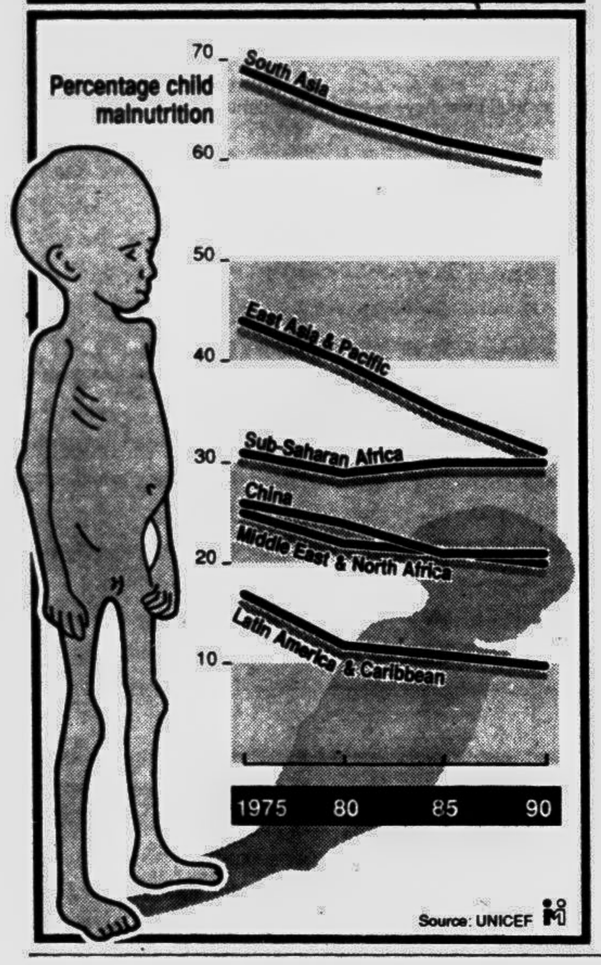
They have combated age-old food taboos, such as the widespread belief that to eat bananas or mangoes in the evening makes you ill. This taboo is believed to date back to the colonial period in the 17th and 18th Centuries, when the owners of the sugar plantations were anxious to stop slaves stealing fruit at night.

Ceara state health secretary Ana Maria Cavalcanti says that today 7,309 para-medics look after about four million people. One rural area where the programme has been most successful is Icapui, a small fishing community to the south of the state capital, Fortaleza.

Icapui, population just 13,665, is poor. Its only factory is a lobster-processing plant and many of the men are employed during the season on fishing boats. Along the whole coast of Ceara, the lobster industry is collapsing because of over-fishing.

During the other months, some men are employed to dig salt in the stark, brilliant white pans artificially created by evaporating sea water in small reservoirs. Others collect cashew nuts and coconuts, bought up cheaply by middlemen travelling from the state capital.

Fighting hunger



'Cycle of Ill Health' Entraps Anaemic, Oft-pregnant Women

Anaemia, enfeebling at the least and life-threatening to pregnant women in its severe form, affects more than half of all pregnant women worldwide.

"A pregnant woman should not go into labour with low heamoglobin levels," warns a poster of the World Health Organisation (WHO) advocating pre-natal care.

Anaemia or having heamoglobin levels of less than 110 grams per litre in the blood, says WHO, is a contributory factor in many of the 500,000 deaths among women each year due to complications of pregnancy and childbirth.

"While a normal healthy woman can survive a blood loss of one litre or more during childbirth, for anaemic women even the normal blood loss of 250 cc can be fatal," says a WHO report.

Anaemia, it adds, lowers resistance to infection and increases the risk of complications as a result of anesthesia and surgery.

Yet lack of iron and other blood-forming nutrients continues to be the world's biggest nutrition problem. "Iron deficiency is the most neglected and most widespread of all nutritional deficiencies... and constitutes a real break on human development," said Mary Ann Anderson of the United State agency for International Development in a recent maternal and child health seminar in Alma Ata, Kazakhstan.

WHO, from latest available data, estimates the prevalence of anaemia to be 51 per cent of all pregnant women worldwide.

By region, the figures are as follows: 71 per cent in Oceania, 60 per cent in Asia, 52 per cent in Africa, 39 per cent in Latin America and 17 per cent in both Europe and Northern America. In South Asia, the proportion is as high as 75 per cent.

Of these, three to seven per cent suffer from severe anaemia or a haemoglobin level of less than 70 g/l, which not only enfeebles but also carries a high risk of death from heart failure.

Neither is moderate anaemia, or a heamoglobin level of 70 to 109 g/l, something to be shrugged off. Unless the blood lost during delivery is replaced rapidly, the anaemic condition will be made worse by breastfeeding and other demands of child care.

Closely spaced pregnancies further prevent a woman from building up her heamoglobin levels, entrapping her in a "cycle of ill health" that can lead to an early death, WHO points out.

Heamoglobin is the substance in the blood which carries oxygen to the body's cells. Its lack results in general weakness, tiredness, dizziness and headaches.

Most anaemia comes from lack of one or more vital nutrients like iron, folic acid, vitamins, trace elements and proteins. The lack may be due to poor absorption of these nutrients by the body, chronic blood loss or increased demands such as during pregnancy but most often it is due to low food intake.

In many societies, women's food needs are regarded as secondary to that of men, so that women "eat last and the least," WHO points out.

Physiologically, women need twice as much blood-forming nutrients as men even outside pregnancy. This need further goes up during pregnancy because of the growth of the foetus and placenta and of the larger amounts of blood circulating in the expectant mother.

Iron adsorption is hampered by eating too much unrefined cereal in one's meal, and drinking coffee or tea with it. Parasitic infestation and tropical disease like malaria also increase the incidence and severity of nutritional anaemia, says WHO.

Dr Tomris Turmen, director of the WHO Division of Family Health, sees the long-term solution as ensuring that girls and young women get the proper nourishment before they start bearing children. They need to eat red meats or dark green leafy vegetables and dried beans along with tubers or fresh fruits.

But since dietary habits and cultural attitudes are hard to change, he says, a more immediate solution would be to give all pregnant and lactating women iron supplements.

However, even this seemingly forhtright measure has not been that easy to carry out. In many cases, women themselves have refused to take the tablets because of a few unpleasant side effects as well as beliefs that discourage the taking of medicine during pregnancy.

The threat of transmission of the AIDS-producing Human Immunodeficiency Virus through blood transfusion, WHO points out, makes it all the more urgent that anaemia be treated and prevented.

— Depthnews Asia

Antidiarrhoeals: Dying for Lack of a Drink

EXECUTIVES from the US-based Johnson & Johnson company watched a British television documentary in 1990 in stunned silence as, before their eyes, a child in Pakistan died. The child died as a result of paralysis of the intestinal muscle, cause by the world's leading antidiarrhoeal drug. The drug, loperamide (Imodium), manufactured by Johnson & Johnson's subsidiary, Janssen, should never be used in young children.

Loperamide is only one of the many antidiarrhoeal products that should not be given to children, says *Problem Drugs*, the latest publication from Health Action International (HAI). It found that more than 8 out of every 10 antidiarrhoeal products on the market in developing countries in Asia, Africa and Latin America were unsafe or ineffective. As the World Health Organisation (WHO) puts it, "most medicines for diarrhoea are either useless or harmful".

Yet four million children die each year from diarrhoea. Most of those deaths could be prevented through better infant and young child feeding practices, better hygiene and sanitation, and by treating the dehydration caused by diarrhoea.

It is this dehydration that causes most deaths from diarrhoea. The solution is an inexpensive and easy to prepare drink of water, salt and sugar that helps restore children's fluid and mineral balance. This oral rehydration therapy (ORT) costs little more than 50 cents a child.

"The continued production and promotion of antidiarrhoeal products that detract from effective and affordable therapy is one of today's biggest public health scandals," says Problem Drugs author, Andrew Chetley. "It's time action was taken to stop this waste of resources and this loss of lives."

HAI is calling on governments to review the antidiarrhoeal products on national markets with a view to removing all those that are ineffective and introducing bans on products that contain hazardous ingredients.

Drugs that are singled out for removal because of safety risks include a number of products containing hydroxyquinolines. These first came to public attention in Japan in 1970 when an epidemic of subacute myelo-optic neuropathy (SMON) — a disease that could cause total paralysis and blindness — swept through the country. Clioquinol was the drug that caused the disease, but similar concerns were raised about the adverse neurological effects of its close relatives — iodoquinol and broxyquinoline. Lack of proven efficacy of these products in the treatment of diarrhoeas makes their use even more foolhardy.

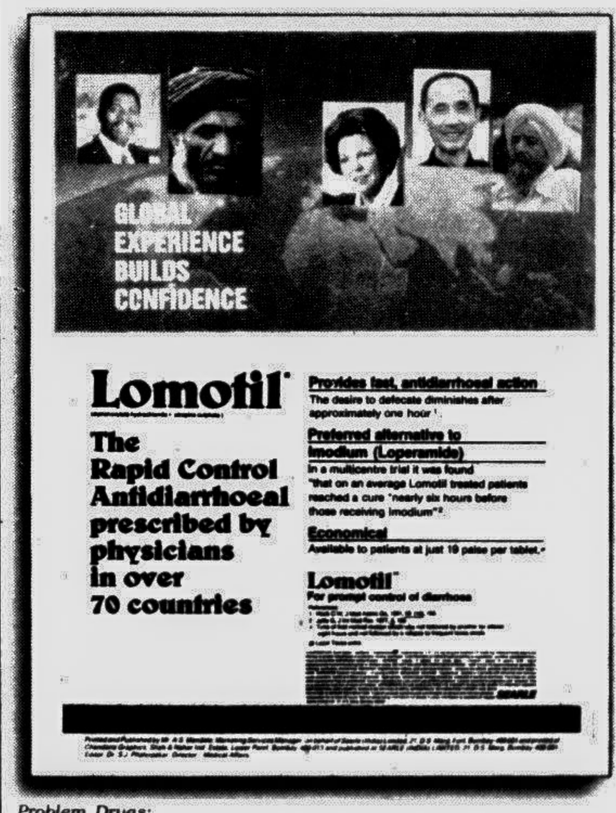
Loperamide preparations for children and paediatric preparations of a similar drug, diphenoxylate (sold as Lomotil by GD Searle) are also products that are overdue for a ban, according to Problem Drugs. In both cases, WHO has said "there is no rationale for the production and sale of liquid and syrup formulations for paediatric use". Following the international publicity surrounding the child deaths in Pakistan, Janssen withdrew oral and liquid formulations of Imodium (loperamide) in many countries; however, not all manufacturers have done the same, and several governments are now considering bans.

The inclusion of antibiotics in antidiarrhoeal products is another dangerous practice that Problem Drugs has highlighted. It found that one out of every two antidiarrhoeal products around the world contained an antibiotic, while in Latin America, it was two out of every three.

The indiscriminate use of antibiotics encourages the development of resistant microorganisms, alters the normal bacterial content of the gut which can lead to possible fungal infections and the overgrowth of resistant bacteria, can increase the risk of relapse, prolong the period when the patient with an infection can pass on the disease, and can also interfere with subsequent bacteriological diagnosis. However, in India in 1991, GD. Searle produced a regular magazine, Diarrhoea Update, that told doctors that the combination of diphenoxylate and an antibiotic was an "advantage" in fighting diarrhoea.

The firm conclusion is that the vast majority of antidiarrhoeal drugs on the market worldwide are, at best, unnecessary and, at worst, ineffective and sometimes dangerous.

— Health Action International



Problem Drugs:
Lomotil has been described as "the worst means of treating" infectuous diarrhoea because it can prolong the length of time that toxins from the bacteria remain in the intestinal tract.