

Ensuring Health, Education and Rights of the Disabled : From Awareness to Action

Regional Seminar on Childhood Disability

3rd — 5th December 1994

Jointly Organised by

Main Objectives of the Seminar

1. To bring together a multi-disciplinary team of people working towards establishing the rights of disabled children, prevention, service and rehabilitation.

2. To highlight the major antecedents of childhood disability, and their prevention.

3. To enumerate the various models of existing services, both in the public and private sector, and their strengths and weaknesses.

4. To consolidate ideas regarding the training of expert personnel in the field of childhood disability.

5. To highlight the family as the unit of care and service for disabled children.



Department of Special Education
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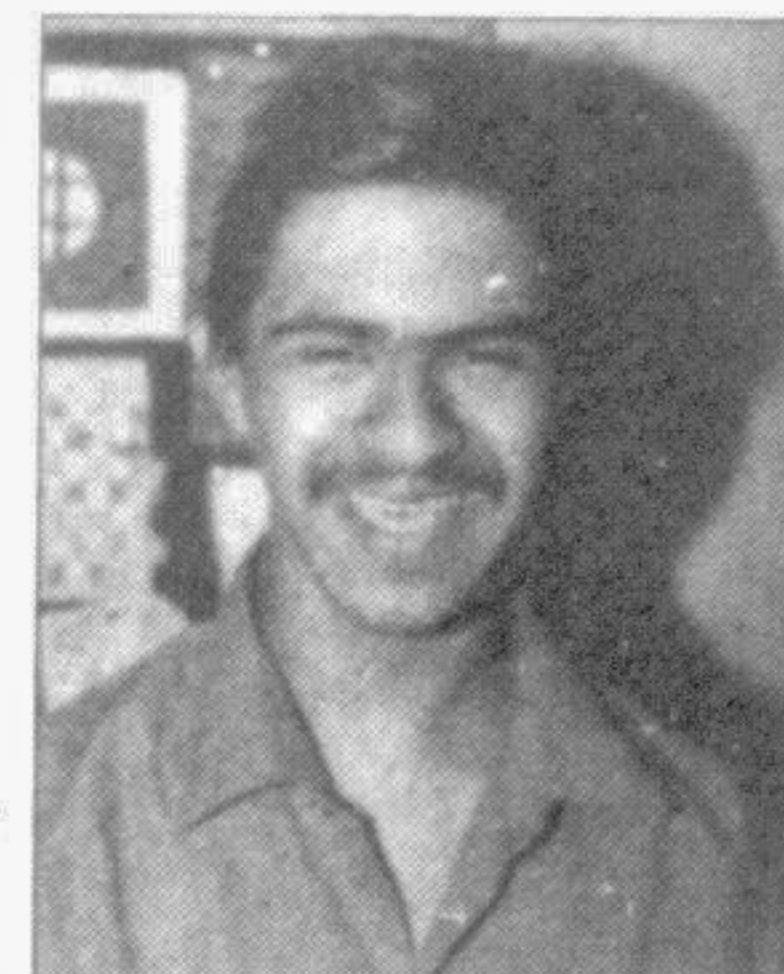
Bangladesh Protibondhi Foundation
Foundation for the
Developmentally Disabled



Child Development Centre
Bangladesh Institute of Child Health
Dhaka Shishu (Children's) Hospital

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ODA
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In co-operation with the Government of
the People's Republic of Bangladesh



Some Keynote Speakers

Professor Peter Pumrey

Specialist and author of many books on education and "Specific Learning Disabilities" (Dyslexia). University of Manchester, UK.

Professor Pamela Zinkin

Expert in working with blind children and co-ordinator of Master's Degree in "Community Based Rehabilitation" (CBR) University of London, UK.

Professor Helen McConachie

Clinical Psychologist, Institute of Child Health, London University, UK. Considerable research done with "Families of Disabled Children".

Mrs Margaret Walker

Specialist and exponent of "MAKATON SIGN LANGUAGE" for disabled children who cannot communicate and speak.

Prof M N G Mani

Specialist in working with "Visually Handicapped" and author of many books on Visual Disability. Ramkrishna Vidyalaya College, University of Tamil Nadu. He is the prime mover to incorporate the rights of the Disabled into the Indian Constitution.

Prof Lata Metha

Specialist in "Genetic Counselling" Advisor to the Centre for Research and Training on Mental Retardation (CRTMR), Bombay.

Dr Laeq Mirza

Specialist in working with Mentally Handicapped. Ex-Director: National Institute for Special Education, Islamabad, Pakistan. National Co-ordinator: Pakistan National League for person with mental handicap.

Dr Prem Victor

Director, Society for Rehabilitation and Research of the Hearing Handicapped, New Delhi.

Mrs Sudha Kaul

Specialist is working with "Cerebral Palsy Children", Director, Spastic Society of Eastern India, Calcutta.

Services for People with Disabilities in Bangladesh

by Sultana S Zaman Ph.D

cated by a recent study on Epidemiology of Childhood Disability in Bangladesh during 1988-1990 (Zaman et al, 1992) is as follows:

Table - I
Estimated prevalence of any disabilities in children in Bangladesh (per 1000)

	Any disability	Any cognitive disability	Any motor disability	Any visual disability	Any hearing disability	Any seizure disability
All Children	68.52	20.38	5.96	15.79	28.94	4.90
2-5 yrs	44.62	19.72	8.71	13.02	6.50	3.81
6-9 yrs	99.79	20.96	3.36	18.31	48.96	5.86
All boys	65.99	23.42	6.12	14.94	24.97	3.99
All girls	71.64	16.84	5.80	16.80	33.61	5.99
Urban	65.16	21.85	5.60	25.78	16.03	3.97
Rural	71.73	19.02	6.33	6.41	41.09	5.78

Table - II
Estimated prevalence of impairments in children in Bangladesh (per 1000)

	Any impairment	Cognitive impairment	Motor impairment	Visual impairment	Hearing impairment	Seizure impairment
All Children	149.8	31.68	9.78	80.49	5.87	0.32
2-5 yrs	107.7	31.63	13.65	55.64	1.34	0.45
6-9 yrs	187.3	31.72	6.19	102.64	9.96	0.21
All boys	148.5	38.99	10.42	74.40	3.98	0.61
All girls	151.3	23.06	9.02	87.71	8.08	0
Urban	129.6	35.57	10.40	74.50	9.67	0.45
Rural	168.9	28.04	9.22	86.17	2.32	0.21

As found by the same study the main causes of these disabilities were: perinatal causes such as birth asphyxia, low birth weights, pre-term birth and other causes were Vit A deficiency, iodine deficiency, malnutrition etc. social risk factors as mentioned earlier were also some of the causes. All these are preventable

disabilities.

Existing Services and Educational Facilities

Educational and Training Facilities for the Blind Children: Xerophthalmia or nutritional blindness among children is an outstanding public health problem in Bangladesh. Xerophthalmia affects almost 5% of rural children under six years, about one million children overall (Epidemiology of Nutritional Blindness, 1983). Once a child becomes blind, the services available to him appear too meager compared to the magnitude of the problem. However some governmental and non-governmental programmes exist for these children.

GOVERNMENT PROGRAMMES

Schools for the Blind: Department of Social Welfare runs five schools for the blind children, at least one in each town of the four Divisions: Dhaka, Chittagong, Rajshahi and Khulna. These schools have a total capacity of admitting 500 blind children. The schools provide hostel facilities.

ties for a total of 180 children who receive free room and board at government expenses.

Integrated Education for Blind Children: Social Welfare Department has a scheme for the education of blind children with their sighted peers in 47 normal high schools all over the country. The scheme provides one Resource Teacher to each participating school and a Resource Room where the teacher works to help the blind students in overcoming any difficulties faced by them. Under this scheme a braille press, donated by the American Foundation for Overseas Blind, has been set up at Dhaka. These brailles are supplied free of cost to children of all schools for the blind.

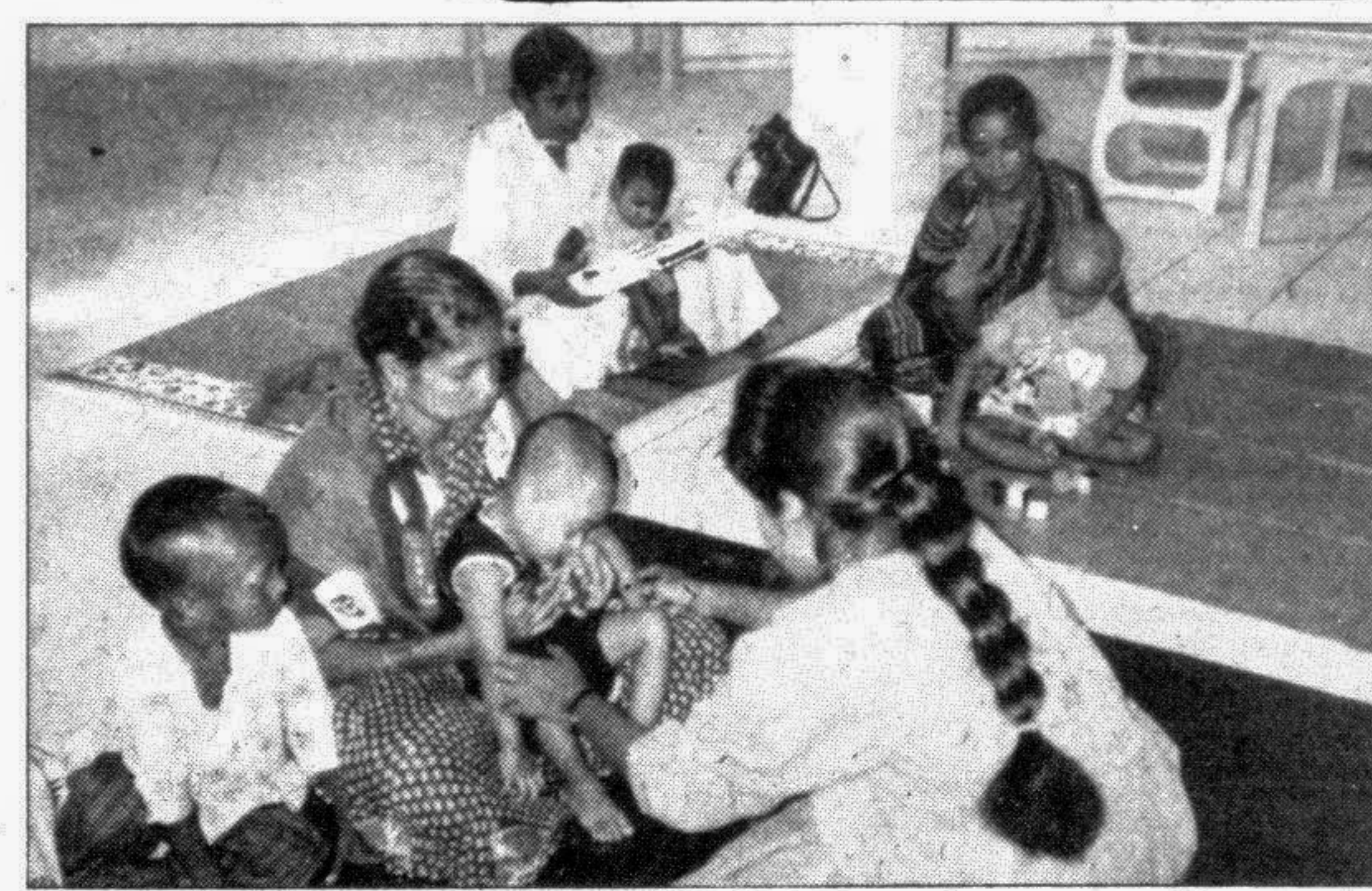
Training and Rehabilitation of the Adult Blind: Four Vocational Training Centres situated in four Divisional Headquarters are attached to the four schools for the blind. Training in various trades are imparted by skilled instructors. A Vocational Training Centre and sheltered workshop has been set up for the adult blind in the industrial area of Tongi, Dhaka, known as Employment Rehabilitation Centre with the assistance of ILO and Swedish International Development Agency (SIDA). A total of 150 blind persons get training in this centre — half of them work in Training Section and the other half work in the Industrial Production Unit. Training is offered in welding, fitting, light engineering work, and duck farming. After training is complete many of them are employed in nearby industries through the Placement Service of the Centre. Many of them go for higher training at home as well as abroad. (Dept. of Soc. Ser., 1990).

NON-GOVERNMENT PROGRAMMES

Bangladesh National Society for the Blind (BNSB): BNSB has set up a Demonstration Centre which consists of an Eye Camp Base-cum-Eye Clinic, a library and Research Cell and a Hostel with Rest Room for the blind. BNSB has also set up a Vocational Training Centre for the Blind in Mirpur, Dhaka with the assistance from West German organization called "Christoffel

Blinden Mission"; 600 female adults get training in chalk making, weaving, wood work, book binding, light engineering work, jute work, tailoring, braille process, poultry farming, knitting and gardening.

Baptist Sangha School for the Blind Girls: This is a residential school for blind girls situated in Mirpur, Dhaka. There are more than 100 girls and adults getting education from Kindergarten to class 10 as well as vocational training in various trades — knitting, weaving, carpet making and jute bag making. There are more than 10 teachers trained through in-service training courses. The school also runs a small hand-operated braille press which prints school text books for primary and high school students. Christoffel Blinden Mission has been supported on page 15



Shishu Bikash Kendro (Child Development Centre)

by Naila Z Khan, MBBS, FCPS, PhD.

IN the busy and frantic atmosphere of Dhaka Shishu Hospital (DSH), the Shishu Bikash Kendro is a centre with a difference. The quiet and serene environment of this centre, established in 1992 as part of the Neurology Unit, lends it an atmosphere congenial to children. The idea is to make children relax, feel free to play, and generally interact with the environment and family, so that their functional abilities can be assessed correctly.

This is a centre working with a multi-disciplinary team of professionals — paediatricians, paediatric neurologist, psychologist, therapists, social workers etc. Other professionals are also involved in special joint-clinics, eg. an ophthalmologist and orthopaedic surgeon, and neurosurgeon.

Children are enrolled from the out-patient department for assessment in the centre. About 60% belong to the very low-income group and are enrolled directly, whilst 40% are referred by general practitioners from their private practices.

Major problems seen at the centre include: 1) Those with serious motor delay, a large proportion of whom have Cerebral Palsy; 2) Epilepsy, and other non-epileptic seizure disorders; 3) Low Vision, especially those children with nerve damage, congenital cataract, and blindness due to brain injury; 4) Speech Problems, hearing loss and Deafness, and communications problems; 5) Cognitive delay, Mental Retardation; 6) Behaviour Problems, such as hyperactivity and autism. Another large proportion of children come with problems that are less severe, or only slightly deviant from the normal course of development. Typical parental complaints are that the child "does not pay attention," "is too boisterous, or hyperactive," "does not speak in a clearly..." "stammers," "cries continuously," etc. Only a small percentage of these children have an underlying neurological cause for their problems. Some have psychosocial and family problems, but most parents only have to be reassured that their child's behaviour is within normal and age-appropriate limits of development.

A small proportion of parents come with complaints of school failure. In such cases extensive neuropsychological testing is done to ascertain level of mental development and IQ, neurological status, and specific learning disabilities. Dyslexia is one such disability, where children are of average intelligence, but have difficulties in reading and/or writing or mathematics. Lack of awareness of normal school teachers of such problems results in school failure of many bright children.

Management of neurodevelopmental problems: Some children require specific radiological, biochemical test or EEG. Treatment approach follows into the undermentioned categories:

1. Drug therapy — especially for those with ongoing epilepsy;
2. Developmental therapy — a small rudimentary programme is run with a visiting therapist. The emphasis is more on training mothers and other family members the way to promote physical activities, cognitive and communication skills and independence in their children;
3. Counselling — parents are given advice regarding the child's future management. If a genetic cause is suspected, parents are also told about the chances of recurrence in their subsequent children.

Long-term prognosis of the children: Research evaluation has shown that over 70% of the children attending the centre improve in their neurological status and developmental skills. The follow-up attendance rate is also very high, although some parents need to come a long-way. Complete family involvement, eg. both mother and father, and also the extended family (grandparents, aunts, uncles etc) brings the most positive results.

Recommendation: More such centres and multi-disciplinary professional teams need to be developed for the vast majority of unidentified potentially-disabled children of this country in many of whom the disability could be prevented if detected early in life.

Associate Professor, Child Development and Neurology Unit, Dhaka Shishu Hospital.

The Ten Questions : A Simple Method of Screening Disability in Children

1. Compared with other children, did the child have any serious delay in sitting, standing or walking? Yes ☐ * No
 2. Compared with other children does the child have difficulty seeing either in the daytime or at night? Yes No Yes ☐ * No
 3. Does the child appear to have difficulty in hearing? Yes ☐ * No
 4. When you tell the child to do something does he/she seem to understand what you are saying? Yes ☐ * No
 5. Does the child have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs? Yes ☐ No*
 6. Does the child sometimes have fits, become rigid, or lose consciousness? Yes ☐ * No
 7. Does the child learn to do things like other children his/her age? Yes ☐ No*
 8. Does the child speak at all (can he/she make himself/herself understood in words; can he/she say any recognizable words)? Yes ☐ No*
 9. FOR 3-9 YEAR-OLD CHILDREN ASK: Is the child's speech in any way different from normal (not clear enough to be understood by people other than his/her immediate family)? Yes ☐ * No
 9. FOR 2 YEAR-OLD CHILDREN ASK: Can he/she name at least one object (for example, and animal, a toy, a cup, a spoon)? Yes ☐ No*
 10. Compared with other children of his/her age, does the child appear in any way mentally backward, dull or slow? Yes ☐ * No
- Any child who scores a * in even in one question needs to be assessed by professionals (paediatricians/psychologists) for diagnosis of possible disability.

United Nations
has declared
3rd December
as the
International Disable Day

