

Differently Abled Children Striving to Lead a Normal Life -What Program Managers Can Do?

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Abstract

As per World Health Organization estimates more than a billion people live with some form of disability worldwide. Disability casts a significant impact in the development of a disabled child and a constant struggle for the families as well. Multiple political, health care delivery system and social determinants have been identified which have limited the scope of benefit to disabled children. A disabled child represents a vulnerable section of the society because of the socio-psychological restrictions due to disability. The need is to have a comprehensive program for the welfare of the disabled child and their family members to enable them to lead a normal life. To conclude, for doing adequate justice to the differently-abled child, ample scope exists. Political commitment, multi-sectoral involvement and collaboration with international agencies are the main pillars for extending the benefit of welfare measures to the disabled child.

Index terms— disabled, rehabilitation, differently-abled, developing countries.

1 Introduction

As per World Health Organization estimates more than a billion people (15% of world's population) live with some form of disability. Almost 95 million children in the age group of 0-14 years have some form of disability, of which approximately 13 million suffer from "severe disability" (World Health Organization 2011). An increasing number of disabled infants are surviving into childhood and adulthood, presenting a unique challenge to country's health, education and social care services (Sen & Yurtsever 2007).

2 II. Impact of Disability on Individual, Family & Society

Disability casts a significant impact in the development of a disabled child and a constant struggle for the families as well (Sen & Yurtsever 2007). A disabled child tends to have poorer health related outcomes -being more vulnerable to preventable conditions like obesity / dental caries / intestinal parasitic infestations (Reinehr et al. 2010)

3 IV.

4 Proposed Measures

A disabled child represents a vulnerable section of the society because of the socio-psychological restrictions due to disability. The need is to have a comprehensive program for the welfare of the disabled child and their family members to enable them to lead a normal life. Diversified measures should be implemented to exhaustively address the multiple concerns of a disabled child as discussed in Table I. All these measures should be effectively supported with robust childhood disability data collection system and adequate support for encouraging research activities in the field of disabled child. Removing barriers in public accommodations, transport, information,

and communication to enable children with disabilities to participate in education, employment, and social life, reducing their isolation and dependency 3. Involvement of non-governmental organizations and international funding agencies for provision of adequate funding support 4. Creation of awareness among the general population using mass media

5 Conclusion

To conclude, for doing adequate justice to the differently abled (previously disabled) child, ample scope exists. Political commitment, multi-sectoral involvement and collaboration with international agencies are the main pillars for extending the benefit of welfare measures to the disabled child. ^{1 2}



Figure 1: 5 .

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and Nahar et al. 2010 and Tappeh et al. 2010); lower educational opportunities and achievements (World Health Organization 2011); unemployment (World Health Organization 2011); risk of exposure to violence (World Health Organization 2011); numerous types of deprivations -food, housing, access to safe water, sanitation, and health care services (Sen & Yurtsever 2007 and Yousafzai et al. 2011); and increased dependency on others for their development and survival (World Health Organization 2011 and Yousafzai et al. 2011). At the same time, family members have to face multiple challenges such as poor awareness about the child's condition (World Health Organization 2011); adverse impact on social life, working life and family relationships (Sen & Yurtsever 2007); financial constraints (III. Determinants for Poor Health Care Delivery to the Disabled Children

Proposed Measures

Multiple political, health care delivery system and social determinants such as inadequate and incomplete policies (viz. lack of financial and other targeted incentives for children with disabilities to attend school or lack of social protection and support services) (World Health Organization 2011); dearth in the provision of health care, support and rehabilitation services (Sen & Yurtsever 2007); shortcomings in the service delivery system (viz. lack of coordination, deficient staffing, and incompetent staff) (Greco et al. 2006); inadequate funding (World Health Organization 2011 and Sen & Yurtsever 2007); negative attitudes / beliefs / prejudices among the stakeholders such as political leaders and employers (World Health Organization 2011 and Sen & Yurtsever 2007); scarce number of institutes for differently-abled thus limiting accessibility (Sen & Yurtsever 2007 and Yousafzai et al. 2011); no involvement of disabled persons in decision-making pertaining to matters directly influencing their lives (World Health Organization 2011); and inadequate data & evidence (Read et al. 2010); have been identified which have limited the scope of benefit to disabled children.

Figure 2:

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Concerns disabled child of	a	Potential measures
Accessibility to health		1. Increasing number of centers offering services to different types of disability
care institutions		2. Provision of integrated package of services under the same institute
		3. Ensuring uniform geographical distribution of the hospitals / centers
Attitude of health care		4. Advocating structural modifications in facilities to make them user-friendly
provider		Involving influential people with disabilities as trainers to improve the attitude and behavior of health care professionals
Creating enabling environment		1. Development of specific programs and services for children with disabilities
		2.

Figure 3: Table I :

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- 48 [Yousafzai et al. ()] ‘A source of strength and empowerment? An exploration of the influence of disabled children
49 on the lives of their mothers in Karachi’. A K Yousafzai , Z Farrukh , K Khan . *Disabil Rehabil* 2011. 33 (12)
50 p. .
- 51 [Sen and Yurtsever ()] ‘Difficulties experienced by families with disabled children’. E Sen , S Yurtsever . *J Spec*
52 *Pediatr Nurs* 2007. 12 (4) p. .
- 53 [Read et al. ()] ‘Disabled children in the UK: a quality assessment of quantitative data sources’. J Read , C
54 Blackburn , N Spencer . *Child Care Health Dev* 2010. 36 (1) p. .
- 55 [Greco et al. ()] ‘Key worker services for disabled children: the views of staff’. V Greco , P Sloper , R Webb , J
56 Beecham . *Health Soc Care Community* 2006. 14 (6) p. .
- 57 [Reinehr et al. ()] ‘Obesity in disabled children and adolescents: an overlooked group of patients’. T Reinehr ,
58 M Dobe , K Winkel , A Schaefer , D Hoffmann . *Dtsch Arztebl Int* 2010. 107 (15) p. .
- 59 [Tolou-Ghamari et al. ()] ‘Preliminary investigation of economics issues in hospitalized patients with stroke’. Z
60 Tolou-Ghamari , V Shaygannejad , F Khorvash . *Int J Prev Med* 2013. 4 p. . (Suppl 2)
- 61 [Tappeh et al. ()] ‘Prevalence of intestinal parasitic infections among mentally disabled children and adults of
62 Urmia’. K H Tappeh , H Mohammadzadeh , R N Rahim , A Barazesh , S Khashaveh , H Taherkhani . *Iran.*
63 *Iran J Parasitol* 2010. 5 (2) p. .
- 64 [Beecham et al. ()] ‘The costs of key worker support for disabled children and their families’. J Beecham , P
65 Sloper , V Greco , R Webb . *Child Care Health Dev* 2007. 33 (5) p. .
- 66 [World report on disability World Health Organization ()] ‘World report on disability’. *World Health Organiza-*
67 *tion* 2011. WHO Press.