Health problems faced by disabled children and their effect on education: Disabled students in the university campus

[1]Izhar Hussain, [2]Ajaz Hussain, [3]Dr. Ahteram Hussain, [4]Ehteshaam Hussain, [1]Prof. (Dr.) Jahaara,[5]prof. Manisha Gupta

[1]Department of Anthropology and Social Work, Sam Higginbottom University of Agriculture, Technology and Sciences (SHUATS), Prayagraj, 211007, U.P., India.
[2]Department of Physics, University of Lucknow, 226007, U.P., India.

Abstract :

Many students are unable to reach the university campus to get educated, however, the percentage of disabled students in the university is much low as we can see on our university campus. To check the condition of these disabled students in our education system we were unable to find a large number of students on our SHUATS campus, so we started our journey to Dr. Shakuntala Misra National Rehabilitation University (DSMNRU), Lucknow, which is especially for disabled students. There we studied their educational contribution concerning the type of disabilities. Our current work is based on the types of disabilities and their respective representation in our education system.

Keywords: Disabilities, Education, University, SHUATS

INTRODUCTION:

Disability is piece of the human life. At some point in his life, more or less everyone will be temporarily or permanently impaired, and those who survive to old age will practice growing difficulties in functioning. Most families have a disabled member, and many non-disabled populace (1-3) stand the responsibility of serving and caring for their friends and family. This subject will turn out to be more sensitive since the demographics of the social order change and more citizens live to old age (4).

The result of disability has altered since the 1970s, largely motivated by the self-organization of people with disabilities (5, 6), and by an upward inclination to view disability as a human rights concern (7). In olden times, people with disabilities, have been offered largely through solutions that isolate them, such as housing institutions and special schools (8). The strategy has now changed towards society, educational inclusion, and medically focused solutions have acknowledged a more interactive approach. National and international schemes; such as the United Nations Standard Rule on Equalization of Opportunities for Persons with Disabilities (9) include the human rights of people with disabilities. Disability has been redefined as complex, dynamic, multidimensional, and contested. Over recent decades, the disabled people's movement (*6*, *10*) together with health sciences (*11*, *12*) has recognized the role of the social and physical barricade in disability.

A person's transition from a medical point of view to a structural, social perspective is described as a shift from a "medical structure" to a "social structure", where people are seen as being disabled by society rather than their body. The medical structure and social structure present as of two-mind set, but disability should be seen as neither purely medical nor purely social: a person with disabilities is often at risk of their health status (14). A balanced approach is needed, giving due weight to these different aspects of disability (15, 16).

Disability and human rights

Disability is a human rights issue (*7*) because:

People with disabilities experience inequalities e.g. when they are starved of alike access to health care, employment, learning, or political contribution due to their disability.

This is subject to a violation of dignity when they are subject to abuse, prejudice, violence, or humiliation due to disability.

People with disabilities are denied sovereignty when they are considered legally disabled due to their disability when they are subjected to involuntary sterilization, or confined in institutions against their will.

Disability and development

Children with disabilities are less possible to go to school to be educated, therefore face a partial chance for human assets formation and inadequacy of employment and reduced productivity in adulthood. People with disabilities are more likely to be unemployed and usually earn less even during employment. Both employment and income outcomes worsen with the severity of the disability. Due to discrimination in employment, limited access to transportation, and lack of access to resources to promote self-employment and livelihood activities, it is difficult for people with disabilities to develop and escape poverty.

Disability of people with disabilities can result in additional costs, such as costs associated with medical care or assistive devices, or the need for personal support and assistance and thus often requiring more resources to achieve the same results as non-disabled people. it occurs. This is what Amartya Sen calls a "conversion barrier". Due to higher costs, people with disabilities and their household members are more likely to be poorer than non-disabled people with similar incomes.

Households with a disabled member are more likely to experience physical hardship - including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care.

STATEMENT OF PROBLEMS:

Children who experience disability undergo stress; cope with life transitions, value changes, and experience disability issues across their life spans. They have to deal with the physical (structural), emotional, economic, and psychological, education, culture, health/medical issues, and adjustments along with the consequences of negative demeanors towards children with disabilities.

OBJECTIVES:

To know the health problems faced by disabled children and their effect on their social adjustment an education.

IMPORTANCE OF STUDY:

Disability is viewed differently by different people based on their socioeconomic positions, education, and culture e.g. In Africa, the disability is viewed as a spiritual curse despite medical explanations proffered. For the West, disability is a natural phenomenon that is explained by medical theories.

Such different perceptions from people, therefore, attract different interventions from the Government. Almost everyone will be temporarily or permanently impaired at some point in life. Most extended families have a disabled member. This issue will become more acute as the demographics of society change. Responses to disability have changed since the 1970s, prompted largely by the self-organization of people with disabilities, and by the growing tendency to see disability as a human rights issue. Historically, people with disabilities have largely been provided for through solutions that segregate them, such as residential institutions and special schools. The policy has now shifted towards community and educational inclusion, and medically focused solutions have given way to more interactive approaches recognizing that people are disabled by environmental factors as well as by their bodies.

National and international initiatives, such as the United Nations Standard Rules on the Equalization of Opportunities of Persons with Disabilities have incorporated the human rights of people with disabilities, culminating in 2006 with the adoption of the United Nations Convention on the Rights of Persons with Disabilities

RESEARCH METHODOLOGY:

The research methodology is a specific technique to identify and select information about any problem and to find out its solution. Detailed accounts of methods and techniques which were followed to conduct the research project are given below;

a. RESEARCH DESIGN
b. SELECTION OF RESPONDENTS
c. TOOLS AND TECHNIQUES OF DATA COLLECTION
d. STATISTICAL TOOLS FOR DATA COLLECTION

a. RESEARCH DESIGN:
Descriptive Research Design was used for this study.
b. SELECTION OF RESPONDENTS:
Appropriate numbers of respondents were selected based on their availability on the campus.
c. TOOLS AND TECHNIQUE OF DATA COLLECTION:
For data collection, various techniques have been used which is described below:
Interview schedule:
The interview was held in local areas and hostel in Lucknow.
Observations:
Participant and Nonparticipant observation were carried out without interference.
Participant observations:
Observation of selected samples (children) was carried out also.
Non-participant observation
Observation without selected samples was carried out.
Individual interview
Interviews have been held to get the insight condition of samples with their parents and friends.
Case study methods:
Two types of the study were carried out, First the review and second the data analysis.
1. Primary data:
Include individual interviews of disabled children.
2. Secondary data:
It will be collected from the rehabilitation center, hospital to analyze the social and psychological problems in disabled children.
3. Audio and visual aids:
Voice recorder, camera, and mobile were used to collect the views of the respondents.
d. STATISTICAL TOOLS FOR DATA COLLECTION:
Appropriate tools like MS Office and Origin software were used for analyzing collected data.

RESULTS AND DISCUSSION

We collected data from more than 100 students. We found that there are mainly three types of disabled students on the university campus based on their population in the university campus. First, the visually impaired students but their impairment was not 100% in most of the cases. Second most population was of orthopedically handicapped (O.H.) and the third was of Polio. The number of visually impaired students was 33 orthopedically handicapped (O.H.) were 25 and 6 for Polio disabled. A similar pattern was not observed in higher studies (Ph.D.) as, none visually impaired students were pursuing research, while 8% of orthopedically handicapped (O.H.) students were in research while less than 8% (i.e. 7.69%) Polio disabled students were pursuing research.
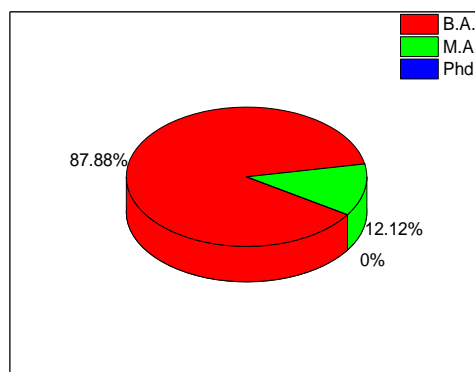
Visually Impaired

Total no. of correspondent	33
B.A	29
M.A.	4
PhD	0

Figure 1. Percentage of visually impaired students in different academic level

O. H.

Total no. of correspondent	25
B.A	15
M.A.	8
PhD	2

Most of the O.H. students were in graduation only 8% student were pursuing research.
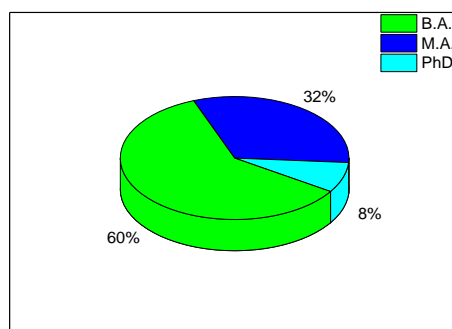
Figure 2. Percentage O.H. students in different academic level

POLIO

B.A.	6
M.A.	6
PhD	1
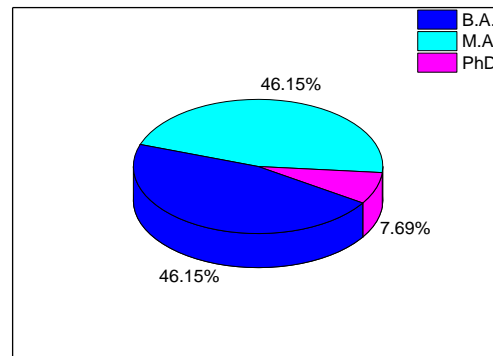
Figure 3. Percentage of students with Polio in different academic level

REFERENCES

[1]. Zola IK. Toward the necessary universalizing of a disability policy. *The Milbank Quarterly*, 1989,67:Suppl 2 Pt 2401-428. doi:10.2307/3350151 PMID:2534158

[2]. Ferguson PM. Mapping the family: disability studies and the exploration of parental response to disability. In: Albrecht G, Seelman KD, Bury M, eds. *Handbook of Disability Studies*. Thousand Oaks, Sage, 2001:373–395.

[3]. Mishra AK, Gupta R. Disability index: a measure of deprivation among the disabled. *Economic and Political Weekly*, 2006,41:4026-4029.

[4]. Lee R. The demographic transition: Three centuries of fundamental change. *The Journal of Economic Perspectives*, 2003,17:167-190. doi:10.1257/089533003772034943

[5]. Campbell J, Oliver M. *Disability politics: understanding our past, changing our future*. London, Routledge, 1996.

[6]. Charlton J. *Nothing about us without us: disability, oppression, and empowerment*. Berkeley, University of California Press, 1998

[7]. Quinn G, Degener T. A survey of international, comparative and regional disability law reform. In: Breslin ML, Yee S, eds. *Disability rights law and policy - international and national perspectives*. Ardsley, Transnational, 2002a.

[8]. Parmenter TR. The present, past and future of the study of intellectual disability: challenges in developing countries. *Salud Pública de México*, 2008,50:Suppl 2s124-s131. PMID:18470339

[9]. *Standard rules on the equalization of opportunities of persons with disabilities*, New York, United Nations, 2003.

[10]. Driedger D. *The last civil rights movement*. London, Hurst, 1989.

[11]. Barnes C. *Disabled people in Britain and discrimination*. London, Hurst, 1991.

[12]. McConachie H et al. Participation of disabled children: how should it be characterized and measured? *Disability and Rehabilitation*, 2006,28:1157-1164. doi:10.1080/09638280500534507 PMID:16966237

[13]. Oliver M. *The politics of disablement*. Basingstoke, Macmillan and St Martin's Press, 1990.

[14]. Thomas C. *Female forms: Experiencing and understanding disability*. Buckingham, Open University Press, 1999.

[15]. Shakespeare T. *Disability rights and wrongs*. London, Routledge, 2006.

[16]. Forsyth R et al. Participation of young severely disabled children is influenced by their intrinsic impairments and environment. *Developmental Medicine and Child Neurology*, 2007,49:345-349. doi:10.1111/j.1469-8749.2007.00345.x PMID:17489807