Social Problems of Differently Abled Children

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Introduction

Study takes place up the task of exploring the impact of CBR programme on differently abled children with social work perspective.

The total population of the district is 2309498 (according to all census) of which 1080962 are women, the decadal population growth rate is 20.45% the density of the population of the Sangli district is equal to the density of the state i.c. 275/sq.km. Rural urban ratio is 932 and 695. The women population is 985 for every 1000 male. The disabled population of the district 3% of the total population. The majority of the population is engaged in agriculture. The rate of the literacy in the rural area 77% and their main 74.83% men are literate against 49.49% of women. The district has 11 Hospitals, 64 clinics and 57 primary health centers. The birth rate is 22.60% and the child mortality is 2.31% per 1000 respectively. Miraj city of the Sangli is known Medical center in state as well as in the country nearly 1160 private hospitals with capacity of 15 to 20beds per hospital and in some hospitals the number of beds 75 to 125 with super specialty. One centrally celebrated multi faculty mission hospital, one centenary celebrated deploys hospital, one tuberculoses and chest hospital is then person with Disabilitys there is only one vocational training centre for the disabled children run by the Government of Maharashtra in which only 50 disabled are getting vocational training, 17 special schools for deaf mute. Mental related and for visual impaired children are there in the district and only 940 disabled children are getting some kind of education facilities. No inclusive education facilities are there. Many children are still rejected to admit in the normal schools due to lack of awareness in society.

Review of Literature

1) Asia Pacific Disabilitation Journal

In most parts of Asia, the field of rehabilitation is moving away from small charity supported projects to very large essential welfare services for the entire disabled population.

2) Situation in the Tribal states of India

A very different and surpassingly rational and compassionate treatment is meted out to people with physical disability in several tribal communities in India.

Statement of the problem

Sangli is the one of the district of State of Maharashtra, which has spread out 8600 sq. kms. Geographically and climatically the district is divided into three parts, the western region which experiences a heavy rainfall, the northern part which gets a medium rainfall and the eastern part scanty rainfall area.

At the beginning over detailed review of literature it is apparent that social work perspectives studies made a study on impact of CBR programme on differently abled children in Sangli from the social work point of view. Hence, it is worthwhile to explore the social work perspective on impact of CBR programme on differently abled children in Sangli. Some researcher has done study and published reports status and several problems of women disabled children and CBR but in this research researcher has tried to study the impact of CBR programme on differently abled children in Sangli with social work perspective because till now no one has conducted study on the same topic in same geographical area.

Objectives

1) To study social development of the disabled children.

2) To study the problems of physically and mentally disabled children vis-à-vis their general childhood growth.

Scope

The scope of this research is that to know sociodemographic background, nature of treatment and rehabilitation services provided by the CBR organization, inclusion community awareness programs, advocacy for education.

Study involves social issues related what is my responsibility spreading of personal and communicable diseases will stop by applying social model. Exposure of differently abled children isnot easily possible and lack to educational and training method.

Universe of the Study

The universe of the study constituted the respondents those are differently abled children and their parents from sangli district some are from rural areas and some are from urban areas (2017-18). Overall there were only 100 respondents are taken for data collection.

Sampling Method

Sampling method was not applied and all the respondents were considered for data collection.

Tools of Data Collection

A structured interview schedule was used for collecting the data, observation method was also used for screening information.

Sources of Data Collection

The published literature was collected from books, journals, news papers records and from internet.

Data Analysis and Interpretation

The processed data was framed systematically in tabular descriptive as well as in graphical form. From this data the analysis was done by applying appropriate statistical methods like chi square test and then the interpretation was done.

Distribution of Respondents by School Attendance

Sr. No.	**Response**	**Physically Disabled**	**Mentally Disabled**	**Total**
1	Attending School	60 (85.72)	10 (33.34)	70 (70)
2	Not Attending School	10 (14.28)	20 (66.66)	30 (30)
	Total	70 (100.00)	30 (100.00)	100 (100)

The above table shows the distribution of the respondents according to their school attendance. It is seen that 60 (85.27%) Physically Disabled and 10 (33.34%) Mentally Disabled children were attending school. On the other hand, only 10 (14.28%) Physically Disabled but 20 (66.66%) Mentally Disabled children were not attending school.

Collectively, 70 (70%) Disabled children were attending school, while 30 (30%) Disabled children were staying at home.

Evidently, more number of the Physically Disabled than the mentally Disabled children were attending school, which is obviously associated with the intelligence level and not with the physical disability.

Distribution of Respondents by Motor Difficulty

Sr. No.	**Motor Difficulty**	**Physically Disabled**	**Mentally Disabled**	**Total**
1	Limb Weakness	10	10	20

		(14.28)	(33.34)	(20)
2	Limb Stiffness	30 (42.85)	2 (6.67)	32 (32)
3	Walking Difficulty	20 (28.57)	10 (33.34)	30 (30)
4	Arms using difficulty	10 (14.28)	8 (26.67)	18 (18)
	Total	70 (100.00)	30 (100.00)	100 (100)

The above Table shows the distribution of the respondents according to their motor difficulty. It is seen that 10 (14.28%) Physically Disabled and 10 (33.34%) Mentally Disabled children have limb weakness; 30 (42.85%) Physically Disabled and 2 (6.67%) Mentally Disabled children have limb stiffness; 20 (28.57%) Physically Disabled and 10 (33.34%) Mentally Disabled children have difficulty in walking and lastly, 10 (14.28%) Physically Disabled and 8 (26.67%) Mentally Disabled children have difficulty in using arms.

Collectively, the largest group of 32 (32%) Disabled children have limb stiffness, followed by a group of 30 (30%) Disabled children who have difficulty in walking; 20 (20%) children suffering from limb weakness and lastly 18 (18%) children with difficulty in using their arms.

Distribution of Respondents by Skin Diseases

Sr. No.	**Skin Diseases**	**Physically Disabled**	**Mentally Disabled**	**Total**
1	White Patches	-	-	-
2	Eczema	-	-	-
3	Loss of Sensation	30 (42.86)	-	30 (30)
4	No Skin Diseases	40 (57.14)	-	70
	Total	70 (100.00)	30 (100.00)	100 (100)

The Table shows the distribution of the respondents according to their skin diseases. It is seen that only 30 (42.86%) Physically Disabled children suffer from loss of sensation. The remaining children do not suffer from any kind of skin disease. The parents of the children without skin diseases confirmed that their particular attention to the cleanliness the disabled children prevented the outbreak of skin diseases.

Distribution of Respondents by Skin Diseases

Sr. No.	**Response**	**Physically Disabled**	**Mentally Disabled**	**Total**
1	Yes	10 (14.28)	30 (100)	40 (40)
2	No	60 (85.72)	-	60 (60)
	Total	70 (100.00)	30 (100.00)	100 (100)

The above table shows the distribution of the respondents according to their comprehension power. It is seen that 10 (14.25%) Physically Disabled and all the 30 (100%) Mentally Disabled children suffer from poor understanding.

In the total tally, 40 (40%) Disabled children suffer from poor understanding, while 60 (60%) children are free from this problem.

Distribution of Respondents by Speech Abnormality

Sr. No.	Response	Physically Disabled	Mentally Disabled	Total
1	Yes	30 (42.86)	15 (50.00)	45 (45)
2	No	40 (57.14)	15 (50.00)	55 (55)
	Total	70 (100.00)	30 (100.00)	100 (100)

The above Table shows the distribution of the respondents according to their speech abnormality. It is seen that 30 (42.86%) Physically Disabled and 15 (50%) Mentally Disabled children suffer from speech abnormally.

Distribution of Respondents by Temperament

Sr. No.	Temperament	Physically Disabled	Mentally Disabled	Total
1	Inactive	30 (42.86)	15 (50.00)	45 (45)
2	Hyper Active	40 (57.14)	15 (50.00)	55 (55)
	Total	70 (100.00)	30 (100.00)	100 (100)

The above Table shows the distribution of the respondents according to their temperament. It is seen that 30 (42.86%) Physically Disabled and 15 (50%) Mentally Disabled children have less active temperament indicating dullness and slow learning; on the other hand, 40 (57.14%) Physically Disabled and 15 (50%) Mentally Disabled children are hyper active indicating poor concentration and more destructive nature.

In the total tally, 45 (45%) Disabled children have less active temperament, while 55 (55%) children are hyper active.

Evidently, in either case, the parents have problem in handling these children and they have to pay particular attention to watching over their activities.

Distribution of Respondents by Individual Behaviour

Sr. No.	Individual Behaviour	Physically Disabled	Mentally Disabled	Total
1	Bed Wetting	20 (28.57)	10 (50.00)	30 (30)
2	Running away	20 (28.57)	10 (33.34)	30 (30)
3	Tricks/Tremors	5 (7.14)	5 (16.66)	10 (10)
4	Breath-holding spasms	5 (7.14)	5 (16.66)	10 (10)
5	Nail Biting	10 (14.28)	-	10 (10)
6	Temper Tantrums	7 (10.00)	-	7 (3)
7	Thumb Sucking	3 (4.28)	-	3 (10)
8	Sleep Walking	-	-	-
	Total	70 (100.00)	30 (100.00)	100 (100)

Another 5 (7.14%) Physically Disabled and 5 (16.66%) Mentally Disabled children are given to breath holding. 10 (14.28%) Physically Disabled but none of the Mentally Disabled children are given to nail biting; 7 (10.00%) Physically Disabled but none of the Mentally Disabled children are given to throwing temper tantrums; and lastly, 3 (4.28%) Physically Disabled but none of the Mentally Disabled children are given to thumb sucking. None of the children engage in sleep walking.

In the final tally, 30 (30%) each Disabled children indulge in bed wetting and running away from home; 10 (10%) each Disabled children suffer from ticks/tremors, breath holding spasms and nail biting; 7 (7%) Disabled children throw temper tantrums, while 3 (3) children are given to thumb sucking.

It may thus be inferred that Physically/Mentally Disabled children display one or the other abnormal individual behaviour.

Finding

1) Few children's have the problem of less understanding due to their mentally disabled condition.
2) Few children have speech abnormalities.
3) Parents have to look after more in respect of the children who are hyperactive.
4) Childhood record shows varied behaviour of children.
5) Love affection and helpful nature is known from attachment with the family.
6) Disabled children in urban areas use tricycles crutches, corrective shoes and hearing aids.

Conclusions

1) Children with disabilities have difficulty in adjusting to their environment as seeing games and sports.
2) Children with disabilities are socially segregated by communities and even by families.
3) Number of trained professionals is few, considering the population to be served.
4) Community awareness absent.

Suggestions

1) Education of children with special educational needs is a shared task of parents and professionals.
2) Governments should take a lead in promoting parental partnership through both statements of policy and legislation concerning parental rights.
3) State policies recognize that a mentally or physically disabled child should enjoy a full and descent life, in conditions which ensure dignity, promote self reliance and facilitates the Childs active participation in the community.