

RIGHTS OF HANDICAPPED CHILDREN

DR. A.K. AGARWAL*, DR. O.P. SINGH** & DR. V.P. SHARMA***

GLOBAL SITUATION :

Convention on the Rights of the child aims to set universal standards for the defence of children against neglect, exploitation and abuse. The provision of the convention apply to three basic areas of children's rights i.e. survival, development and protection

Convention recognizes the right of access to health care services like immunization and oral rehydration therapy, to adequate standard of living like food, clean water and a place to live etc. Convention contains provisions relating to the child's right to education, to rest and to freedom of expression etc. Some of the provisions of convention are designed for protection in various circumstances like mentally or physically disabled children, refugees or parentless children etc.

According to Dr. Hiroshi Nakajime, Director-General of World Health Organisation, "We must recognise that most of the world's major health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology, but they have to be transformed into effective action at the community level." Parents and families, properly supported, could save two-third of the 14 million children who die every year- if they were properly informed.

Immunization, in particular, has been the most dramatic public health success story of the last decade. If coverage had remained at 1977 levels, then approximately five million young children would have died in the last one year from vaccine-preventable disease. However, actual mortality was under 3 million. Further, there are an estimated one and a half million children, walking, running and playing normal in rural surroundings of developing world today who would have crippled by polio, were it not for the immunization efforts of the last decade.

Children are the most important national resource, where proper development must be a top priority in our nation building programme. Unicef pointed out several years ago, that it is the children of South Asia and Africa who are among the most neglected in the world. South Asia is the home of 1/5 of world's population, which means that of all the regions in the world, the child population in this region is also the largest specially since this is the area which has highest population growth rate. This is also the area where poverty is endemic.

SITUATION IN INDIA

Child population (below 15 years of age) in India is estimated at over 270 million which comes to about 40% of the population, out of which, 48%

* M.S. (Ortho), FICS, FIMSA, MNAMS, FKIR(N.J.), Sr. Medical Officer cum Reader, Department of Physical Medicine and Rehabilitation, K.G. Medical College, Lucknow. Paper was presented at symposium on "Rights of the Child" held on August 30-31, 1990 at Deptt. of Social Work, Lucknow University in collaboration with Unicef.

** M.S. (Ortho), FICS., Associate Prof., Department of Orthopaedic Surgery

*** M.S. (Ortho), FICS, FACS, MNAMS, FIMSA, DNB.(P.M.R), Lecturer, Department of Physical Medicine and Rehabilitation,

of our population living below poverty line. There are 129.60 million children who require active State and community support to realise the goal set up in the national policy for children adopted in 1974. This is the over all situation concerning our children. These are unfortunate children who are born with some kind of physical, mental or sensory impairments or who acquire such disablement after birth which interfere with their normal development. The number of such children is estimated to 1 in every 10 children.

A handicapped child may be considered as one who, because of a physical or mental or a chronic illness encounters difficulty in independently carrying out day to day activity in communicating with family members or in establishing contacts with physical environment.

As per WHO reports, nearly 70% of these disabilities preventable in the early childhood by immunization, proper nutrition, prevention of accidents and by proper maternal and child health delivery programme. Therefore, intervention at early stage is essential, since many of these disabilities can be prevented or reduced by special educational measures and by appropriate rehabilitation services. In many cases of deafness and blindness, the early intervention can help in maintaining appreciable hearing and vision.

Here community can play a significant role both in early detection of disabilities in children and their rehabilitation. The community includes people living together, therefore the individual participation is essential to assume responsibilities and to understand duties towards their community's development. Hence community participation has an important role in early detection, intervention, prevention and rehabilitation of childhood disabilities. Their involvement will differ from place to place and also due to various socio-cultural & environmental

conditions. The community can ensure availability of proper medical care and attention for pregnant women in the first trimester in terms of assessment, adequate nutrition, immunization against tetanus and for safe delivery. The emphasis should be on locally available food material like green vegetables, with variety of mixed pulses, beans, gram, which will ensure the healthy development of child in her womb as well as when she is breast feeding the child. The community can also ensure that all the deliveries are attended by trained persons.

The existing ICDS programme aims at providing a package of services like supplementary nutrition, non-formal pre-school education to children, health education to women, immunization, health check up and referral services to children below 6 years of age with a view to provide a reasonable opportunity to every child, for survival and developing into a useful member of the society. These services are immediate intervention needed for prevention of childhood disabilities and are being provided to the community at the grass root level. The ICDS functionaries are in better position to motivate the community to understand the problem and needs of prevention in first phase so that the occurrence of impairment can be reduced to minimum. In second phase, it can also reduce the occurrence of disablement, where primary prevention was not available. This will bring hope and happiness in the lives of those children who unfortunately have to live with an impairment.

Similarly through National Service Scheme, educated volunteers can perform very useful task in prevention and intervention in cases living in urban slums.

District Rehabilitation Centre Scheme launched by Ministry of Social Welfare is another milestone in the development of comprehensive

rehabilitation services for the disabled. Under this scheme as a pilot project, 12 districts have been chosen where individual block has been identified and with the help of grass root workers of ICDS project, various services like prevention, intervention, early detection have been envisaged.

It is praiseworthy to consider the rights of these unfortunate handicapped children alongwith normal children. This is one category amongst other who suffer most due to various factors, namely ignorance, lack of proper infra-structure and other resources which are essentially required for integrated comprehensive Rehabilitation programme. I consider it my profound duty to highlight following facets of handicapped children which are significant for their physical, social, educational and vocational development.

1. Prevention of Disability
2. Early detection
3. Prompt management
4. Aids and Appliances
5. Ambulation/Transportation
6. Education
7. Vocational Training and placement
8. Social integration

1. Prevention of Disability :

As per WHO estimate, nearly 70% of all the disabilities are preventable by immunization proper nutrition, prevention of accidents and by proper maternal and child health care delivery system. Each child should be completely immunised. The majority of childhood disabilities are due to lack of vaccination, malnutrition, accidents and due to improper and inadequate care of pregnant women. It should be the duty of all who have a concern for the welfare of children

and as a matter of right of the child, these basic facilities are to be provided in the community. Under universal immunisation programme, Government is taking keen interest and has laid down the required infrastructure even in rural areas. With the help of various methods of mass communication, community awareness should be created, so that people may come forward for availing the facilities. The community participation is the most important aspect for the success of the immunisation programme in a developing country like India. However there may be some short comings in implementation of the U.I.P. but with proper coordination, help and support the benefits of the programme can reach to unreached. This will help in prevention of occurrence of impairments in the community and in turn will help in promotion of health.

2. Early detection:

When due to any reason, the prevention of impairment is not available to the community then the impairment in child leads to disability. Now at this stage it is essential to do early detection of impairment so that the progress of disability in a particular child can be reduced to the minimum. This again requires community awareness. Presently though Aganwari workers of Integrated Child Development Scheme (ICDS), children under six years of age are being looked after for their physical, nutritional, educational and social development. In an another programme of Government of India i.e. District Rehabilitation Centre scheme which is a pilot project for comprehensive rehabilitation of all types of disabled, the work of early detection has been started at block level with the help of Aganwari worker of I.C.D.S. In nearly 12 districts the DRC Project has been started and the early results are very encouraging. We hope, in VIII five year plan, the DRC project will be started in more districts.

This is one of the finest project, wherein all types of disabled are being identified, screened and individual rehabilitation programme are being made. I feel it is not only Government but non-government organisations should also come forward to help in early detection. International agencies like Unicef has also contributed in early detection of childhood disabilities among urban poor and in slums. Unicef had sponsored a project with Chetna, (Institution for mentally handicapped), for providing such services in the urban slums. The project was itself a success wherein Consultants from Medical College were providing their expertise and guidance to the disabled children living in the slums.

3. Prompt Management:

Early detection and intervention are to be dealt together, in order to reduce the impact of impairment among the children. This requires proper referral services from Primary Health Centres to District Hospitals and to the places of excellence in the field of disability. These services are being provided in the DRC project. Proper treatment involves not only Government sector but also private medical practioners.

4. Aids and Appliances:

This is one of the important aspect of the Rehabilitation. Our majority of disabled are not able to afford these aids and appliances. Therefore Government of India has started a scheme under which these aids upto 3,000/- are provided free to poor and needy disabled having income below 1200/- per month. We are able to provide these Rehabilitation aids to large number of disabled free under the scheme. However this scheme required more and more publicity in rural areas so that benefit of the scheme can reach to periphery. As a matter of right every handicapped child should get free aids and appliances.

5. Ambulation :

Ambulation is very essential for proper exposure to external world. The certain architectural barriers like lack of ramps in public places e.g. parks, stations and schools etc. makes it difficult for a handicapped child to negotiate his wheel chair. Through law, we must remove these barriers for free mobility of the handicapped children. Although Ministry of Railways and Aviation have made special arrangements for the transportation of the disabled but still more awareness is required among other departments.

6. Education :

Without Education, the complete development of a handicapped child is not possible. NCERT has envisaged new scheme namely P.I.E.D. for the handicapped children. State Government has also started schools for the physically handicapped but still more inputs are to be put in development of educational programmes for the disabled. State Council for Education Research and training should evolve the strategies for education in collaboration with Department of Education. Although some reservation is available to handicapped in University, Medical & Engineering Colleges, but this is not enough. We have to provide proper facilities for them, including removal of architectural barriers in the schools etc. as well. More coordination and cooperation is required for integrated education system since our resources are meagure. NGO should also come forward in this field and they require more liberal financial assistance.

7. Vocational Training and Placement :

Every handicapped child should have a right for vocational training for independent living. State Government and various NGOs have started the vocational training for the disabled. Nationalized banks are also providing loans on minimum

interest for self employment of the disabled. These facilities are not able to reach to the disabled who are living in the remote areas. Though mass communication atleast this information can reach to the rural areas.

8. Social Integration

Ultimately we wish that every handicapped child should have social integration among his

family and community. Family must accept him as a part and parcel of the family. This requires dignity, self respect and independence not only in the activities of daily life for making him a useful member of family, but to make him an asset to the community and Nation. Every handicapped child should have a right to live in a meaningful manner in his family wherein he can also contribute towards development and progress of the nation.

REFERENCES

1. James P Grant. "The State of the World's children 1990" Unicef publication.
2. T.A. Beg, 'The Child in the 8th plan'. Health for the Millions. Vol. XV, No.3, June, 1989.
3. A.M. Rao, "Child health, Child Education". Health for the Millions. Vol.XV.No.3, Jun, 1989.
4. A.K. Mukherjee, 'Text of Inaugural address in a Seminar on Childhood Disability at NIPCCD, New Delhi, Nov.1989.
5. Agarwal, A.K.,et al 'Prevalence of Physical Disability in India with special reference to amputation'. Indian Journal of Disabiity and Rehabilitation, Vol.2, issue 2 July-dec.,1988.

WITH BEST COMPLIMENTS FROM

FRANCO-INDIAN PHARMACEUTICALS LIMITED

20, DR. E. MOSES ROAD, BOMBAY 400 011.

MARKETING

DEXORANGE PLUS
SORBILINE
LACTISYN
SURFAZ-SN

OMILCAL
GLYCIPHAGE
LAVIEST
GRILINCTUS-BM/
GRILINCTUS

TOPICASONE with NEOMYCIN/TOPICASONE.

RELAXYL Tab./Oint.
AMICLINE PLUS
STIMULIV Tab./Syrup