MEASURES TO RAISE AWARENESS IN THE COMMUNITY REGARDING THE NEEDS OF DIFFERENTLY-ABLED CHILDREN

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ABSTRACT

A disability is restriction or lack of ability to perform an activity in a manner or within the range considered normal for a human being. The prevalence of disability is 7 per 1000 live births in India. 20% are not aware about the legal issues for person with disability in developing countries. It has never received adequate attention from society. Ignorance, lack of awareness and lack of knowledge make the disability invisible. Despite differing estimates, about 4-8% of the population in India is differently-abled. One in every 10 children is born with or acquires a physical, mental or sensory disability. These translate into 40-90 million children's, which is a substantial number. Only 35.29% of all people living with disabilities have access to schools. Despite improvement in the health care system in the country, the situation of differently-abled children remain deplorable, particularly in rural areas and among the lower socio-economic communities. Differently abled children in India are subject to multiple deprivations and limited opportunities in several dimensions of their lives. Some these include, not being enrolled to schools, lower employment rates, limited awareness of entitlements and services available and lack of social welfare support. To facilitate the national objective, there is a need for collection, compilation and analysis of data on disability. A number of International commitments and guidelines came into effect in the recent past targeting the welfare of the disabled persons. India is a signatory to the 'Declaration on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region' (2000). India has ratified the 'UN Convention on the rights of Persons with Disabilities' (2008).

INTRODUCTION

In the constitution of India, there is a guarantee for equality and non-discrimination for its citizens. However, exclusive legislations to ensure the rights of persons with disabilities came about in the 1990s. As noted by Mohit (2004) with the increased awareness regarding disability-based discrimination, extra legal safeguards are now being provided in several jurisdictions. The major Acts relating to disabilities in India include, Rehabilitation Council of India Act (1992) (RCI Act), The Persons with Disabilities (Equal opportunities, Protection of Rights and full participation) Act (1995) (PWD Act) and The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental retardation and Multiples disabilities Act (1999) (NT Act). RCI Act regulates human resource development in the area of disability rehabilitation, which includes intellectual disability. The PWD Act ensures the rights of persons with disabilities, while the NT Act focuses on providing guardianship to persons with disabilities. Though these Acts are in place, awareness about these Acts and the rights of persons with disabilities, especially in the area of intellectual disability, is limited among parents and families (Venkatesan, 2004).

The present study was undertaken to assess the awareness on intellectual disability among family members, in terms of legislation, rights, concessions and benefits, and life cycle needs covered by the Acts.

Objective

The Objectives of this study is to suggest current and useful good practices to policy makers and practitioners in the area of raising awareness and sensitizing a wide range of stakeholders. The study refers to possible strategies and actions in approaching public awareness campaigns and other...
relevant actions in a holistic way, always with the objective to promote inclusion, respect and dignity.

1. To gain an awareness of disability as a social and cultural construct.
2. To acquire an analytic framework for evaluating representations of disability in culture.
3. To advance the education and general welfare of children and others who are disadvantaged by learning disabilities.
4. To promote a general awareness and an understanding of the problems and needs of children and others with learning disabilities and thereby to assist them to obtain specialized diagnosis and treatment so that their disabilities maybe addressed as early as possible.
5. To advocate for children and adults with learning disabilities within the fields of education and employment and the broader community.
6. To adopt such measures and take such steps and do all such things as may, in the opinion of the Association, be conducive to the promotion of cordial relations between the Association and kindred associations or persons (nationally or internationally) interested in any aspect of learning disabilities.

The Review of Related Literature

The last two decades have seen disability issues occupy an increasingly prominent place on the policy agenda. This includes particular policy arenas-education, health, housing, transport as well as discussions around anti-discrimination and human rights legislation that embrace disability on a number of fronts.

1. In 1880s, Christian missionaries, started schools for the disabled as charitable undertaking s (Mehta982).
2. The first school for the blind was established in 1887.
3. An institute for the deaf and mute was set up in 1888.
4. Services for the physically disabled were also initiated in the middle of the twentieth century. Individuals with mental retardation were the last to receive attention.
5. The first school for mentally challenged was established in 1934 (Mishra, 2000). Special education programmes in earlier times were, therefore, heavily dependent on voluntary initiative.
6. The government’s (Departments of education) initiatives after independence were manifested in the establishment of a few workshop units meant primarily for blind adults (Luthra1974). These units later included people who were deaf, physically impaired, and mentally retarded (Rohindekar and Usha1988).
7. In the 1970s, the government launched the Centrally Sponsored Scheme of Integrated Education for Disabled Children (IEDC).
8. Meanwhile, the National Council of Educational Research and Training (NCERT) joined hands with UNICEF and launched Project Integrated of learners with disabilities into regular schools.
9. In 1997 IEDC was amalgamated with other major basic education projects like the DPEP (Chadha, 2002) and the Sarva Shiksha Abhiyan (SSA) (Department of Elementary Education, 2000).

The total number of learners with SEN enrolled in regular schools under DPEP was more than 560000; this represents almost 70% of the nearly 810000 learners with SEN identified under this programme (DPEP, 2003).

These are following major Acts that deal with disability in this country.

These are

- Right to Education
- Rehabilitation Council of India (RCI) Act, 1995
- Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995

National Policy on Persons with Disabilities (July 2018)

Article 8 of the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities) mandates the raising of awareness with emphasis on addressing negative stereotypes and prejudice and the promotion of the capabilities and contributions of persons with disabilities within the society. The Government of the Republic of Trinidad and Tobago will be the leading body that will undertake the implementation of strategic actions to address the negative attitudes and beliefs that influence people’s behaviour and affect persons with disabilities. The following measures will be taken to raise awareness:

1. Development and implementation of a structured national disability awareness campaign to be conducted across all sectors of the society;
2. Sensitization of media on disability related topics and the use of the appropriate terms;
3. Promotion of attitude change based on the human rights approach to disability;
4. Targeted programming at all levels of the educational system to promote awareness of the inclusion and capabilities of persons with disabilities;

Disability

Definitions

Disability, impairment and handicap. Disability can be defined in one of the following ways:

1. It is a restriction or lack of ability (resulting from impairment) to perform an activity in the manner or within the range considered normal for a human being.
2. It is a condition that substantially limits one or more major life activities.
3. It is a Physical or mental impairment that limits or restricts the condition, manner or duration under which an average person in a population can perform a major activity.
4. It is a medical, emotional, mental or behavioral need that will require on-going assistance and support. Impairment:

Loss or abnormality of psychological, physiological or anatomical structure or functions. Handicap is a disadvantage caused by disability that prevents or limits individual/individuals from fulfillment of a role that is normal, depending on the age, sex, social and cultural factors.
METHODOLOGY

Data collection is a process of collecting information from all the relevant sources to find answers to the research problem. Data collection methods can be divided into two categories: secondary methods of data collection and primary methods of data collection. Primary data collection methods can be divided into two groups:

Quantitative and qualitative. Qualitative studies aim to ensure greater level of depth of understanding and qualitative data collection methods include interviews, questionnaires with open-ended questions, focus groups, observation, game or role-playing, case studies etc. Secondary data is a type of data that has already been published in books, newspapers, magazines, journals, online portals etc.

This paper is basically descriptive and analytical in nature. In this paper an attempt has been made to analyze the awareness in the community regarding the need of differently abled children and to know the awareness and Government Schemes about the differently abled children and to offer useful Suggestions in the light of findings. The data used in it is purely from primary and secondary sources according to the need of the study.

For this purpose small sample numbered as 30 were taken through the unstructured interview with the help of open ended questions.

Data Analysis and Interpretation

Data were collected from the local area of Chinsurah and Chandannagar. Collected data were on awareness of local community regarding the need of differently abled children. From the collected data we have calculated mean, variance, standard deviation, z-score, Y or f values( for best –fitting normal distribution).

Table 1 Awareness of differently abled children in community

<table>
<thead>
<tr>
<th>Class Interval</th>
<th>Frequency</th>
<th>Mid-Value (X)</th>
<th>X - X̄</th>
<th>fX</th>
<th>X̄</th>
<th>y</th>
<th>Y or f</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>-9.87</td>
<td>97.42</td>
<td>194.84</td>
<td>-2.34</td>
</tr>
<tr>
<td>4 – 8</td>
<td>3</td>
<td>6</td>
<td>18</td>
<td>-5.87</td>
<td>34.46</td>
<td>105.38</td>
<td>-1.39</td>
</tr>
<tr>
<td>8 – 12</td>
<td>8</td>
<td>10</td>
<td>80</td>
<td>-1.87</td>
<td>3.50</td>
<td>28.00</td>
<td>-0.44</td>
</tr>
<tr>
<td>12 – 16</td>
<td>13</td>
<td>14</td>
<td>182</td>
<td>2.13</td>
<td>4.54</td>
<td>59.02</td>
<td>0.50</td>
</tr>
<tr>
<td>16 – 20</td>
<td>4</td>
<td>18</td>
<td>72</td>
<td>6.13</td>
<td>37.58</td>
<td>150.32</td>
<td>1.45</td>
</tr>
<tr>
<td>N=30</td>
<td>356</td>
<td>535.56</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2 Different calculated values related to score

<table>
<thead>
<tr>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
<th>Range</th>
<th>Variance</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.87</td>
<td>2</td>
<td>18</td>
<td>16</td>
<td>17.85</td>
<td>4.22</td>
</tr>
</tbody>
</table>

Figure 4 Proportion of a standard normal distribution (SND) in percentages.

The probability of randomly selecting a score between -1.96 and +1.96 standard deviations from the mean is 95% (see Fig. 4). If there is less than a 5% chance of a raw score being selected randomly, then this is a statistically significant result.

From the graph we can find X-axis is the class interval and Y-axis is our score. We have taken the class interval difference of 4. The score is lowest in the class interval (0-4). The people of community do not aware regarding the need of differently abled children in least cases. The score is highest in the class interval (12-16). The people of the community aware regarding the need of differently abled children in most cases. In statistics, the sample maximum and sample minimum, also called largest observation and smallest observation, are the values of the greatest and least elements of the sample. In our
Case the largest observation is 13 and the smallest observation is 2. In statistics the range of a set of data is the difference between the largest and smallest values. Difference here is specific the range of a set of data is the result of subtracting the smallest value from largest value. In our case the range is 11.

**CONCLUSION**

A level of significance ($\alpha$) is that probability of random (chance) occurrence of observed results, up to and below which the probability $P$ of correctness of the null hypothesis is considered too low. Thus, so long as the estimated $P$ does not exceed the chosen $\alpha$ ($P<\alpha$), the $H_0$ is rejected because of the low probability ($P$) of its correctness, the $H_a$ is accepted, and the results of the experiment are considered significant. But if the estimated $P$ being correct is considered too high so that the $H_0$ cannot rejected, so the $H_a$ is retained, the $H_a$ cannot be accepted, and the observed results are consequently adjudged as not significant.

$P<\alpha : H_0$ rejected; $H_a$ accepted; result significant (Raise awareness in the community regarding the need of differently abled children is significant)

$P>\alpha : H_a$ retained; $H_0$ rejected; result is not significant (Raise awareness in the community regarding the need of differently abled children is not significant).

In our case, we use an $\alpha$ of 0.05 for the interpretation of the observed results of an experiment. In such case, the $H_0$ is rejected and the observed results are considered significant if the probability $P$ of random sampling, works out to be 0.05 or less ($P<0.05$)—this means that the results would be adjudged significant if out of 1000 such trails, only 5 or less number of times the observed results may arise merely from the accidental choice of the sample (group) by random sampling.

For a significance level of 0.05, expect to obtain sample means in the critical region 5% of the time when the null hypothesis is true. In one case $Z$ score is above the $-1.96$ and $+1.96$ standard. $P<\alpha(0.05)$. We say that it is in critical region in our case null hypothesis is rejected. The result is significant that mean the Raise awareness in the community regarding the need of differently abled children is significant.

**Suggestions for future study**

- Parents counseling can be useful at the time of birth / (before birth along with PPTCT) for all high risk babies.
- Counseling of different laws of Indian constitution for disability can be given to the family members of CP children.
- Health care professionals can be educated about legislative issues of disability.
- Awareness of different laws of disability can be created in future.

**References**


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