Disability And Provision Of Educational Opportunities For Disabled Children

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Abstract

It has been observed that children with disabilities are often neglected by their parents and society. Yet modernization and globalization demand that individuals should contribute to national development irrespective of whether a child has disabilities or not. Much contribution cannot be made without education. It is on the above premise that this paper discusses the concept of disability, what the Nigeria Policy on Education says about educating children with disabilities and the current situation in the country. It was recommended, among other things, that government should adequately funds schools for children with disabilities; and that these children would be better catered for in schools if they must outlive dependent existence and contribute to national growth.

Introduction

The World Health Organization (WHO) defines disability as an umbrella term covering impairments, activity limitations and participation reaction. An impairment is a problem in body function or structures; an activity limitation in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situation (Wikipedia, 2010). Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

An individual may also qualify as disabled if he/she has had impairment in the past or seen as disabled based on a personal or group standard or norm. Such impairments may include physical, sensory and cognitive disabilities. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also qualify as disabilities. A disability may occur during a person's lifetime or may be present from birth. A physical impairment is any disability which limits the physical function of limbs or gross motor ability.

Some people with disabilities do not like the term "handicap" because of a belief that it originally meant for someone who could not work and went begging with cap in hand. This however, appears to not be the true origin of the word. It originated in a lottery game known as Hand In Cap in the 1960s which involved players placing money in a cap. It moved later into horse racing where it meant bringing the strongest competitors back to the field by giving them extra weight to carry. In golf, it became the number of strokes a player could subtract from his score to give him a chance against better players, so a bigger handicap is actually an advantage in golf. Only in 1915 did it became a term to describe disabled people, when it was used to describe crippled children (Snopes.com.2010).

The American psychological style guide states that when identifying a person with an impairment, the person's name or pronoun should come first, and descriptions of the impairment or disability should be used so that the person impairment is identified, but it not modifying the person. Improper examples are "a blind person" or "an autistic boy"; more acceptable terminology includes "a woman with Down Syndrome" or "a man who has schizophrenia". It also states that a person's adaptive equipment should be describes functionally as something that assist a person, not as something that limits a person, e.g "a woman who uses a wheel chair rather than "a woman in/ confined to a wheelchair.

A similar kind of "people first" terminology is also used n the UK, but more often in the form "people with impairments (e.g "people with visual impairments". However, in the UK, the term "disabled people" is generally preferred to "people with disabilities". It is argued under the social model that while someone's impairment (e.g having a spinal cord injury) is an individual property, "disability" is something created by external societal factors such as a lack of wheelchair access to their workplace (Glascow Centre for Inclusive Living, 2010). This dictation between the individual property of

impairment and the social property of disability is central to the social model. The term "disabled people" as a political construction is also widely used by international organizations of disabled people, such as Disabled Peoples' International (DPI).

Many books on disability and disability rights point out that "disabled" is an identity that one is not necessarily born with, as disabilities are more often acquired than congenital. Some disability rights activities use an acronym TAB, "Temporarily Able-Bodied", as a reminder that many people will develop disability at some point in their lives due to accidents, illness (physical, mental or emotional), or late-emerging effects of genetics.

The characteristics of masculinity include strength, activeness, speed, endurance and courage. These characteristics are often challenged when faced with a disability and the boy or man must reshape what is means to be masculine. For example, rather than define "being a man" through what one can physically do, one must re-define it by how one faces the world with a disability and all the obstacles and stereotypes that come with the disability (Smith and Hutchison, 2005). They also note that women who are disabled face what is called a "double disability", meaning they must not only deal with the stereotypes and challenges posed by femininity but they must also deal with those posed by being disabled. Culture and religion also tend to view women as fragile and weaker than men, stereotypes which are only heightened when a woman has a disability.

A variety of conceptual models has been proposed to understand and explain disability and functioning. The medical model is presented as viewing disability as a problem of the person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form of individual treatment by professionals. In the medical model, man1agement of the disability is aimed at a "cure", or the individuals' adjustments and behavioral change that would lead to an "almost cure" or effective cure. In the medical model, medical care is viewed as the main issue and at the political level, the principal response is that of modifying or reforming health care policy.

The social model of disability sees the issue of "disability" as a socially created problem and a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is both cultural and ideological, requiring individual, community, and large scale social change. From this perspective, equal access for someone with an impairments or disability is a human rights issue of major concern. Other models are spectrum model, moral model, economic model, empowering model and market model.

On December, 13, 2006, the United Nations formally agreed on the Convention on the Rights of Persons with Disabilities', the first human rights treaty of the 21st century, to protect and enhance the rights and opportunities of the world's estimated 650 million disabled people (United Nations, 2006). Countries that sign up to the convention will be required to adopt national laws, and remove old ones, so that person with disabilities would, for example, have equal rights to education, employment, and cultural life; the right to own and inherit property; not be discriminated against in marriage; and not be unwilling subjects in medical experiments.

According to the 2000 U.S Census, the African American community has the highest rate of disability at 20.8 percent, slightly higher than the overall disability rate of 19.4% (Wikipeadia, 2010). Although people have come to better understand and accept different types of disability, there still remains a stigma attached to the disabled community. African Americans with a disability are subject to not only this stigma but also to the additional forces of race discrimination. African American women who have a disability face tremendous discrimination due to their condition, race and gender. This is describes as the "triple jeopardy" syndrome. Demographers agree that the world population of individuals with disabilities is very large. For example, the World Health Organization estimated a world population of 6.5 billion people, of those nearly 100 million people were estimated to be moderately or severely disabled.

There is also widespread agreement among experts in the field that disability is more common in developing than in developed nations. In developed countries, the debate has moved beyond a concern about the perceived cost of maintaining dependent people with disabilities to an effort of finding effective ways to ensure that people with disabilities can participate in and contribute to society in all spheres of life. Many are concerned, however, that the greatest need is in developing nations-where the vast bulk of the estimated 650million people with

disabilities reside. A great deal of work is needed to address concerns ranging from accessibility and education to self-empowerment and self-supporting employment and beyond.

In Nigeria, the National Policy on Education (2004) stated that every child has an equal right to a sound and functional education (irrespective of whether he or she has disabilities or not). In view of this, there is a formal special education which is a formal special educational training given to people with special needs. Among the people with special needs are the following:

(a) Visually impaired (blind and the partially sighted)
(b) Hearing impaired (deaf and partially hearing)
(c) Physically and health impaired (deformed limbs, ashmatic)
(d) Mentally retarded (educable, trainable, bedridden)
(e) Emotionally disturbed (hyperactive/hypoactive, the socially maladjusted/behavior disorder)
(f) Speech impaired (stammarers, stutterers)
(g) Learning disabled (have psychological/neurological educational phobia or challenges).

According to Aremu (2006), giving the children with disabilities recognition, love, attention, care and unconditional acceptance will better enhance their self development so that they can play their parts in national development.

In the National Policy, it was stated that all necessary facilities that ensure easy access to education for persons with disabilities shall be provided. These include

• Inclusive education or integration of special classes and units into ordinary/public schools under the UBE scheme.
• Regular census and monitoring of people with special needs to ensure adequate educational planning and welfare programme.
• Special education equipments and materials such as Perkin brailler, talking watch, audiometers, speech trainers, hearing aids, crutches, wheelchairs, artificial limbs and so on.
• Architectural designs of school buildings shall be barrier free. They shall take into accounts special needs of the handicapped; for example, ramps instead of steps, wider doors for wheel chairs, lower toilets and so on.

In some states, the objectives are partially implemented while in some, they are not implemented at all. Architectural design of school buildings has not changed to cater for the handicapped (Olaleye, 2008). Special equipments for the children with special ones are not supplied to schools. These challenges are faced by school administrators and the children with disabilities. Aremu (2006) noted that there was no effective monitoring and evaluation of the objectives in States and Local Government Areas.

Nwazueke (1998) also noted that educational provision for special needs children in many developing countries including Nigeria, has been characterized by weak educational policy, negative societal attitudes, ignorance and poverty.

Conclusion and Recommendations

It is no gainsaying that all citizens of a nation contribute to the sustainability of the nation, either "normal" or "special". If school are made accessible to the children with disabilities and aids are provided for them, parents would find it easy to send them to school. Providing an enabling environment of self-understanding, self-assurance for children with disabilities in schools would assist them to contribute their quota to the development of the nation. Accepting and encouraging children with disabilities through special education would make them productive rather than living dependent lives. To adequately incorporate children with disabilities into the society, the following recommendations are made:

1. Government should adequately fund schools of children with disabilities and provide them with equipments that will aid learning and also make the schools accessible to them. All schools should also make themselves accessible to the children with disabilities.
2. Various outreach programmes for the parents of children with disabilities should be regularly organized. In this way, parents should be educated on the needs to send their children with disabilities to school. Professionals such as school counsellors, social workers, professionals with disabilities and non-governmental organizations can constitute the team for creating awareness and sensitizing the parents on the need to accept their children with disabilities as part of the family.

3. Efforts should be intensified at identifying children with disabilities early, at the pre-primary school level of education, for prompt medical intervention.
4. For the people with disabilities to contribute to national development, there should be quota provision for the trained ones among them, in the labour force where their talents can be effectively utilized.
5. The society needs to readjust their feelings, thinking and behavior towards people with disabilities. They do not need pity. All they need is unconditional love, acceptance and understanding.

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