

## Disability: Issues and Views

### UNDERSTANDING THE NEEDS OF HANDICAPPED STUDENTS: A FOCUS ON ORDINARY SCHOOL SETTING.

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#### Understanding the Problem

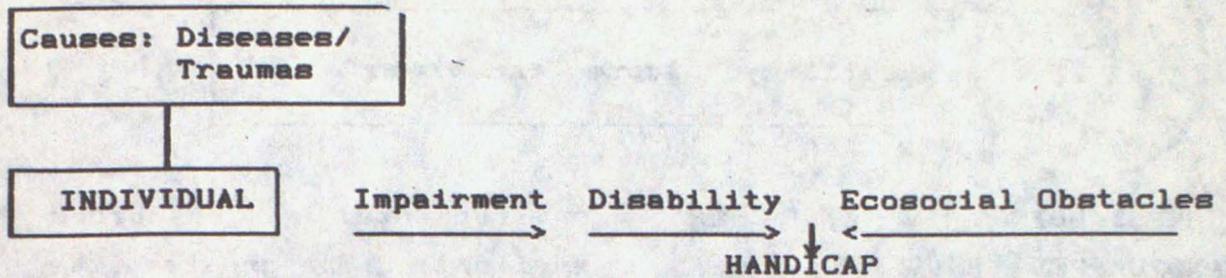
For people who have a disability the consequences of underrating the significance of ecological and social (echosocial) factors as causal attribution are severe. This underrating hinders the realization that circumstances can enormously increase or reduce the extent of the handicap. Empirical studies indicate that the effects or impairment of disability can be compensated for by the abilities and skills the individual has as well as by the support he gains from the environment.

Among the different variables, education is, of course, one of the major

environmental resources available. The greater the environmental input to develop the potentialities and possibilities of the individual, the less an individual's disability is likely to result in a disruption of his life style.

A major feature of the current trend is the change in the conceptualization of handicap arising from examining the effects of environmental resources and deficiencies upon the intellectual and social development of children. Accordingly, handicap is no longer considered to be determined by "within child" factors, but as an outcome of an interaction between resources and deficiencies of both the child and the environment. The schema below elucidates basic processes embodied in the development of handicap.

Schema 1.



**Individual** - The person may encounter an impairment at any time in the entire life span due to prenatal, natal or postnatal diseases/traumas.

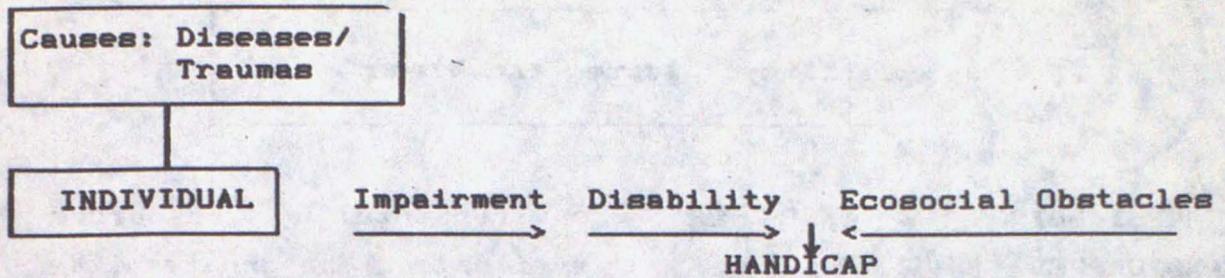
**Impairment** - Objective and lasting organic loss or abnormalities in any part of the body.

**Disability** - Limitation or lack of capacity to use the body to perform an activity within the range considered normal.

**Ecosocial Obstacles** - Refer particularly to ecological and socio-cultural dimensions which hinder and limit the development and the performance of the individual.

**Handicap** - A limitation in the individual's daily and domestic activities and social roles in the socio-cultural context according to age and sex. As indicated in the schema, handicap is the result of an interactive process between individual characteristics resulting from impairment or disability and ecosocial factors.

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On the basis of this conceptual framework, biological defect constitutes a necessary, but not sufficient, condition for a handicap. Therefore, in order to offset the influence of the defect and mobilize other aspects of the persons potentialities, developing appropriate educational provisions is a major strategy. To this end, under the umbrella of the theoretical foundations of educational rehabilitation or special education, there are six disability-specific pedagogically differentiated branches. These include special pedagogical approaches for: the deaf and the hard of hearing; the blind and the weak-sighted; the educable and trainable; the behaviorally disturbed; children with motor disorder; and those with speech-language defects. Though, the development of special educational programs for children with such disabilities is dependent upon the socio-economic and cultural context of a

country, the modes of application are still debateable as they are under exploration.

In other cases, the pertinent delivery modes include: Special Day Schools, Special Residential Schools, Special Classes parallel to those in Ordinary Schools, Resource Teachers in the Ordinary School Settings and other Hospital or Home-Based Services.

According to the widely accepted principle of normalization, a child with disability shall be placed in the least restrictive environment. For instance, a child should not be placed in a special school if he can be served adequately in a special class, and he should not be placed in a special class if a resource teacher is available to attend to his needs. It should also be noted that in order to optimally promote the learning-teaching process in almost all delivery modes, disability-specific

facilities, equipment and trained personnel should be available.

### Helping the handicapped in the ordinary school setting

It is hoped that issues raised in this section are relevant and have practical value particularly for teachers, guidance officers and school administrators in the ordinary school setting. The intention of this article is to draw the attention of teachers to the glaring problems of the handicapped in the ordinary school setting and suggest possible assistance that could be offered within the existing framework.

First of all, I shall raise a few specific questions related to handicapped students in your school.

Do you know which students are handicapped in your class or school?

Do you try to approach handicapped students?

Do you attempt to understand their special needs?

Do you know why some students repeat classes?

Do you know why some students fail to come to classes frequently?

Of course, there are still other questions which deserve particular consideration by classroom teachers, principals, guidance officers as well as unit leaders. Such questions may provoke teachers to question their own practices, and generate discussions among themselves with a view to getting insights about future plans of action.

According to WHO's estimation, 1 in 10 children is born with, or acquire, either sensory impairment, motor disorder, speech-language difficulties, behavioral problems, or intellectual defects. The presence of prenatal, natal and postnatal disabling factors and the absence of

early detracting, assessment and intervention in our country, has brought a phenomenal increase in the magnitude of the problem. Among the suspected school-age children only (.1%) have the opportunity to receive special educational provisions in special schools and in integrated special classes.

Predominantly, the beneficiaries of these services are children with obvious sensory and motor disabilities like the blind and the deaf. Most of these children, after completing grade 6 in their special schools, are placed in ordinary school settings to pursue their studies. The new environment, that is, staff without special training, non-handicapped classmates and a compound without any physical adaptation, demands both psychosocial and educational adjustment for such students. Apart from these group of handicapped students, there may also be others with mild

sensory, motor, learning and behavioral difficulties, who have enrolled in ordinary schools without their deficiencies being detected or recognized. Since their defects are not obvious or not easily observable, their problems may not be appreciated by teachers or by their non-handicapped peers. This puts them in a more difficult situation than those with obvious physical disabilities. However, both are students with special educational needs who require due attention and professional back-up support. The children as a group, because of congenital or acquired disabling factors, cannot function and perform certain educational tasks in the same way as their non-handicapped counterparts. For instance, blind students can read and write embossed letters but not blue prints, and the deaf can communicate through sign-language but not in spoken language. Unique learning characteristics such as these and others are the bases which determine

methodological strategies.

The big challenge is how to cater for the special psycho-educational needs of such students in the present ordinary school setting, where:

- \* teacher: student ratio is very high,
- \* there are no special facilities, equipment or trained personnel to provide the necessary professional back-up,
- \* teachers have not taken any course pertaining to the education of the handicapped,
- \* there is no environmental and classroom adaptation to meet the physical needs of the handicapped (like Path-ways, classrooms, latrines, libraries etc.)

Given the present school situation, the following measures may serve as a starting point for providing back-up support for the handicapped in the ordinary school setting. Above all, in order to initiate and

undertake such activities, the goodwill and professional commitment on the part of the staff is not only necessary but indispensable.

What the teachers can do:

- \* Give due attention to handicapped students in classrooms,
  - make handicapped students feel a sense of belonging to the class,
  - lay emphasis on the assets of the child and the area of immediate development rather than on his disabilities,
  - follow their pace of development; if you force a handicapped child to do something beyond his immediate capabilities, (no matter his age) then this may retard learning by creating feelings of failure in him or her,

- speak slowly and clearly and use mimics and gestures,
- read aloud while writing on the chalkboard and encourage them to participate in class,
- offer them front seats,
- consider the nature and time allotment when setting an examination.

\* Organizing Special Arrangements

- fix special consultation hours or discussion sessions for those who need it,

range for volunteer students to assist such children,

- Arrange a special time and place for taking their examinations.

What the schools can do:

- \* Form Handicapped Students Affairs Committee (HSAC)

which can develop and monitor activities pertaining to the handicapped,

- explore the means and ways of supplying special educational aids as well as professional back-up support through establishing contact with local organizations such as the Ethiopian National Association of the Blind and the Ethiopian National Association of the Deaf,

- organize a students' welfare club for assisting such students,
- develop regular contact with the parents of handicapped students.

- \* Identify the number of handicapped students on the basis of the type of their disabilities (Disability - Profile)

- depending on the nature of their disability, exempt students from subjects which they are not able

to do because of their disabilities,

- make sure that the handicapped students are assigned to the schools nearest to their home.

- Ensure free movement for handicapped students by making environmental adaptation so that facilities within the school compound are easily accessible,
  - consider path - ways,

- make sure that the Classroom Buildings, the Libraries, Latrines and other school services are accessible to them.

These are feasible preliminary actions which are thought to be realizable within the existing ordinary school setting. However, all the points mentioned should be considered as suggestive rather than prescriptive measures.

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#### References

- Canadian Society for ICIDH. International Classification of Impairments, Disabilities and Handicaps. ICIDH, Quebec: 1989.
- Gardwood, S.C. Educating young Handicapped Children: A Developmental Approach. London: Longman, 1983.
- Hallahan D. and Kauffman J.. Exceptional Children. New Jersey: 1978.
- Ministry of Education. "Situation of Special Education in Ethiopia." Addis Ababa: Dept. of Formal Education, 1985, (Mimeo).
- Rehabilitation International Review., Vol. XI No, 1 New York: 1989.
- Tirussew Teferra. "Psychosocial and Educational Problems of Handicapped Students in Addis Ababa University," Addis Ababa University, 1989. (Mimeo).
- UNICEF: The Rehabilitation International Technical Support Programme. New York: UNICEF Information Division, 1989, (News Letter).

Wright, B.A.. Physical Disability. A Psychosocial Approach.  
New York: Harper and Row Publishers, 1985.

WHO. Training the Disabled in the Community: Guide for  
Policymakers and Planners. New York: WHO, 1980.

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MHO\*

AND FIGURES

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Percentage of Female Participation in Higher Education  
by Program Type and Level (1989/90)

Participation	Program					
	Regular		Evening		Kirent	
	Dip.	Deg.	Dip.	Deg.	Dip.	Deg.
Enrolment	15.0	8.1	33.3	22.6	6.5	14.1
Graduates	13.3	8.4	37.9	27.4	10.0	10.3

Source: Higher Education Main Department, Facts and  
Figures. Jan. 1991 (p. 21)

\*IER Observes: As shown in the Table, a greater percentage of females joined extension programs rather than the regular diploma and degree programs. It would be interesting to know why this is so.

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