

Educational Issues of People with Disabilities

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Abstract – The issue of special needs people creates a complex semantic continuously changing domain, the main objective for the past years being to find an unitary definition, one that is rigorous and not conveying stigma. To be rejected because of who you are, to feel that people are avoiding you because of your race, nationality, religion, social status or, especially, because of a disability, represents a great destructive pain. There is a need for a common effort to put in practice the chance of education for all children, to offer normal conditions of living, a concept that is applicable and useful within every society, as it can be adapted to any social changes. The objective of this research is to integrate children with disabilities into school and, in fact, to totally include disability people. In order to reach this objective, it is necessary to resolve the issue of social rejection.

Keywords – Disability, Inclusion, Stigma, Rejection.

OBJECTIVES

1. Including children with physical disabilities in regular schools.
2. Integrating children with physical disabilities within those considered somatically and functionally normal.
3. Increasing the number of interpersonal relationships within the class group, between children with disabilities and normal children.
4. Designing and developing a specialized intervention program for compliance to education.
5. Informing and sensitizing professors, parents and society on the types of children disabilities.
6. Evaluate the level of socialization and adaptation of children with disabilities.

HYPOTHESIS

1. It is considered that the parents of pupils with disabilities exclude the idea of integrating their children in regular schools, although the disability is minor.
2. It is supposed that, when enrolling children with disabilities within regular schools, their integration is deficient.
3. It is supposed that the number of interpersonal relationships established between children with disabilities and normal children is considerably small.
4. It is considered that the exclusion and marginalization of children with disabilities is happens especially due to lack of information in the society with regard to the significance of the disability.
5. It is supposed that social information increases the level of inclusion of children with disabilities within normal ones..

VARIABLES

1. Inclusion in the regular schools
2. Number of interpersonal relationships (in the class).
3. Degree of socialization
4. Self respect

METHODS

- The following methods shall be used in the present study:
- Quasi-experimental psycho – educational quantitative/ qualitative method;

INSTRUMENTS

- Realizing sociogrames;
- Realizing an observation diagram (in accordance with the diagrams comprised in the book named “Set of instruments, patterns and tests for the educational evaluation of children with disabilities”, by Ecaterina Vrasmaș)

BATCH OF SUBJECTS

The study shall be made on 30 subjects, from the primary school, aged between 7-10 years.

CAUSES OF PHYSICAL DEFICIENCIES AND INCAPACITIES

The factors that generate the deficiencies are grouped into four main categories:

- a. Genetic factors
- b. Biological factors (various impairments)
- c. Accidents
- d. Socio-cultural conditions

Referring to the genetic factors, one can say that there are differences function of the level of development of the country, thus, in the developing countries, the most frequent factors are those pre-, peri- and postnatal.

Biological factors generating deficiencies refer to the infectious-contagious diseases, especially poliomyelitis, infections of the ears and eyes. In the developing countries, the deficiencies appear in the presence of non-transmittable somatic illnesses.

Accidents are on the second place within the causes of incapacity. Most of the accidents are traffic accidents, work accidents and home accidents, which mostly lead to a state of disability.

The National Health Organization considers that two thirds of the deficiencies can be attributed to the following four causes:

- injuries occurred during birth;
- infectious diseases;
- accidents;
- malnutrition.

CLASSIFICATION OF PHYSICAL DEFICIENCIES

Motor deficiencies are classified function of their origin, as follows: osteo-articular, neurological and chronic illnesses where the physical deficiency is dominant.

A. Physical deficiencies of osteo-articular origin include:

1. Congenital malformations related to congenital amputations of the members:
 - amelia: total lack of an arm;
 - ectromelia: lack of a segment of a member;
 - arthrogryposis multiplex congenita;
 - muscular, neurological, articular problem;
 - various deformities, congenital hip luxations.
2. Bone deformations occurred in the process of raising are represented by deformations of the spine, osteochondrodystrophy (injuries at the long bones epiphysis, injuries of the short bones injuries of the apophysis, injuries of the articulations), flat feet, rachitis (bones deformation because of body weight) and unequal members (can lead to lumbar scoliosis);
3. The after-effects of an accident can lead to the temporary or definitive deficiencies.

B. Neurological deficiencies, including:

1. Cerebral Motor Infirmity, the ill having several motor deficiencies and associated disorders;
2. Diseases of the peripheral motor neuron –after-effects of poliomyelitis, spina bifida and paraplegia;
3. Evolving neurological diseases – myopathia, which are hereditary and family illnesses, neuromuscular dystrophies;

C. Chronic diseases including rheumatoid polyarthrititis and arthropatia.

Defects of the neural tube: motor disabilities

The so called defects of the neural tube are the most common malformations of the central nervous system. They are the result of a vicious closure of the neural tube, in the 28th day of conception. These are more common within women than men. It is estimated that 4% of the fetuses with spina bifida and 80% of those with anencephaly are miscarried and are female. Of course, these interpretations depend on many factors, namely the prenatal screening, socio-economical factors and a series of preventive measures (for example, vitaminization). The exact cause responsible with the so called „defect” of the neural tube is unknown, although certain genetic factors have been incriminated, as well as a series of toxins. There is a great rate of mortality if no immediate measures are taken for starting a treatment, in the case of a defect of the neural tube. 30 years ago, only 20% of these children survived; now, only one out of five dies until the adult age. The active treatment include the closure of lesion, the

insertion of a shunt, the lesion might be closed in several months without a visible risk of functional injury or other worrying prognosis. All these must be understood by the parents of the child, that can and are expected to imply in taking care of the child at home.

Types of neural tube defects

The neural tube defects are generally classified as open and closed. Of the closed type, the most common defect is spina bifida occulta. On the other side, of the open type defects, one can mention spina bifida meningocele and myelomeningocele.

Spina bifida

In conclusion, Spina bifida is, of more types. Spina bifida occulta is the mildest form, characterized by protective membranes pushed in the exterior by the spine. At the opposite side there is myelomeningocele, a very severe congenital malformation, that occurs when the membrane and the spine are pushed through vertebra, thus forming a bag on the back of the fetus. The symptoms of the spina bifida malformation vary function of the nature of the defect and its localization. In the most severe situations, major health issue and learning difficulties can occur.

Anencephaly

Anencephaly affects the development of the brain and cranium, many times resulting in lack of certain bones and insufficient development of the cerebellum (the part of the brain responsible with thinking, movement and senses). This neural tube defect is caused by an opening at the base of the brain. Children born with anencephaly can have the ear lobes bent, some bones missing at the face and in the back of the cranium, open palate, congenital malformations of the heart and lack of certain reflexes. Anencephaly can be diagnosed during the pregnancy, with prenatal tests as ultrasounds, blood tests or amniocentesis. In many cases, the fetus stops in his development or the new born does not live more than several days.

Other types of neural tube defects, less encountered, are:

- Encephalocele
- Hydranencephaly (Cystencephaly)
- Iniencephaly

Consequences of the neural tube defects

The consequences of the neural tube defects depend on the measure to which the protective tissues and the structures at the level of brain and spine were affected. In many cases, when spina bifida is diagnosed, early treatment can have an effect, and the child has chances to an independent and complete life. In severe cases, as anencephaly, few babies survive, as their brain is underdeveloped.

Many of the children born with neural tube defects face learning problems and delay in the development of the locomotion system. Other complications caused by the neural tube defects can be as follows:

- incapacity of concentration;
- difficulties in coordinating the body;
- difficulties in learning;
- difficulties in solving problems;
- deformed bones structure;
- rigid articulations;

- muscular weakness;
- incontinence;
- paralysis (seldom at the level of inferior members);
- allergies.

Integration/exclusion of the persons with motor disabilities

"Being a person with disabilities is equivalent with the experience of isolation, discrimination, vulnerability and abuse on identity and self respect."(Toma A., 2004 :24). Special needs persons, generally, and especially those with motor disabilities are targets of exclusion, marginalization or discrimination. These people suffer, in or without their will, because of society's attitude towards them. They are regarded as different, many times with mercy or indifference, not as equal.

Special needs persons are those that „demand too much” from the ones around them, they are looked over as a burden, as an obstacle and nobody, or maybe few persons regard them as their fellows. The author Bogdan Iovu says that „because of their status, at common sense level, it is considered that the persons with disabilities are within the most vulnerable in the present society”. This radical and negative attitude is caused by the vulnerability of such people, considered by Ștefan Cojocaru „as a result of the hostile environment upon the individual or a misfit of the individual to external conditions.”

Effects of marginalization/exclusion

Marginalization is considered by Cătălin Zamfir as a peripheral social position, where individuals or groups are isolated, their access to the economical, political, educational and communication resources of the community being severely limited.

The evolution of the marginalization term includes several definitions, as follows:

- Process through which an individual or a group is forbidden to have access to important positions and symbols of economical, religious and political power within the society. "A marginal group can actually be the numeric majority and must be distinct from the minority group, which can be small in number, but has access to the political and economical power" (Encyclopedic Dictionary, 2003:343).
- "A particular type of life. Marginalization is the result of a double failure: failure in obtaining legal means, but also failure in accessing the illegal means, which are not always available and must be the object of a cultural assimilation" (Dictionary of sociology, 1996:278)."

The multiple dimensions of the social marginalization phenomenon refers to a number of aspects: economically, marginalization is positioning the individual at the periphery of the main economical structures of the society, politically, marginalization is the total lack of interest for participating in the political life of the parties, absenteeism at the local elections or other decision making activities, psychologically, marginalization is caused by the lack of personality attributes necessary to live in the modern society, work habits, consumption orientation, thinking, conception and rational perception about itself and society, culturally, marginalization is the break from the main current of the cultural life."

Effective education program/Pedagogical measures for persons with disabilities

Intervention for supporting the pupils with special educational needs (SEN) can be *educational*(educational assistance), *psychological*(detected and developed by the school psychologist), *social* (identified and supervised by the social assistant in collaboration with the form master and the school master), *counseling and orientation* (realized by the school psychopedagogue or school councilor), *logopedic*(detected and implemented by the school speech therapist). All these types of intervention are implemented in the educational environment by specialized personnel and do not obligatorily include a delay between the level of knowledge of the pupil and the objectives of instruction and, even if there is such a delay, this is minimal and does not require special educational needs for the respective pupil. When the delay grows bigger, adaptation to the program, the educative tasks and the integration in the community is affected, and, in this case, we can talk about special educational needs that require personalized intervention. Personalized intervention includes two different aspects that can support the pupil: differentiate activity and personalized treatment.

CONCLUSION

Activity instruction is a fundamental requirement in the learning process, a necessity imposed by the new theoretical and practical trends of an effective modern instruction. Activity instruction ensures the psychological foundation of modern education that marks the skip from „intuitive learning”, based on intuition and routine, where the pupil is an active participant, to „active learning” that stimulates operational thinking, effective participation of the pupil in the process of gaining skills, strategies, knowledge projected in learning programs, school programs and books.

The integrated curriculum means the correlation and interrelationship of contents, knowledge, competences that traditionally are part of distinct disciplines, such that learning would become experiential, centered on solving specific problems of every day life. Recent studies in the psychology and special needs education underline the need for an affective curriculum, specially designed for disruptive pupils, to treat emotional or behavior difficulties of these children from the perspective of individual diversity. Within this type of affective inclusive curriculum, children are encouraged to share their experiences and think and behave independent, to accept their vulnerability, to feel as part of this world, but, in the same time, they are helped to positively interact with the world, starting from the idea that once the cause that stood at the base of the dysfunctional behavior is known, both pupils and teachers will change attitude and feelings.

Modifications and adaptations of the type shown below, can be formally specified in the educational individualized program (EIP) of the pupil or can be obtained following an informal discussion with the teachers. One should have in mind the fact that the term „modifications” usually refers to making changes (for example in texts, contents of the

courses, teaching strategies, testing methods), fact that can lead to the modification in what concerns the expectations from the child. "Adaptations" are support forms that help the pupil to overpass its disabilities, so that to reach the same level his classmates are.

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