



Children with Special Needs

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Abstract

Children with special needs (CWSN) are those who have a disability of some kind and need special assistance and care. The type of these children's disabilities determines their special needs. Frequent medical testing, hospital stays, equipment, and accommodations for disabilities may all be part of the CWSN's Special Needs. To categories disabled children broadly, there are three categories that can be used. These consist of: Physically disabled children, mentally disadvantaged children, socially maladjusted children. The World Health Organization (WHO) has estimated that approximately 15% of the world's population has some form of disability, and of those, 2-4% struggle significantly to function. All societies across the nation are challenged by the scope of the issue in our country. Certain disabilities are incurable. Early identification, specialized education, and training can, however, greatly aid children with disabilities in leading independent lives.

Keywords: Special assistance, Disability, Special needs, Maladjusted, Mentally disadvantaged

1.1 Introduction

Even though each child is "unique," they are all generally similar in their stages of development. Some kids, however, "stand out" from their age-mates because they are so different from them. These kids must deal with both the typical difficulties associated with growth and any additional challenges brought on by their "difference." The social and emotional issues that come along with it are beyond the child's capacity to handle. This has a noticeable impact on the child's social and personal growth.

Normal Child and Disabled/ Disadvantaged Child

A typical, healthy child is capable of developing and doing things that will prepare them for adulthood. Children who are handicapped, disabled, or disadvantaged are generally described as being unable to cope with the stresses of daily life. They are also stated to as "differently abled" children.

Categories of Disabled Children:

Three categories can be used to broadly classify the disabled children. These include:

- i. Physically disabled children.
- ii. Mentally disadvantaged children.
- iii. Socially maladjusted children.

Causes of Disability between Children:

The several causes of physical disability are as follows: Heredity, unfavorable surroundings, injury suffered during childbirth, early childhood accidents that result in orthopedic issues, surgery requiring the amputation of the affected part, early-life mental and emotional issues can cause speech defects like stuttering and stammering, ear infections and injuries causing in hearing defects, behavior issues are caused by psychological, emotional and feelings of neglect.

I. Visual Impairment:

Vision is a critical tool that children use in finding information about the world in which they live. Vision impairment can cause partial or complete blindness. For their full development, children with visual impairment will require special resources and care.

Causes of Visual Impairment: The following factors may contribute to visual impairment:

a. Congenital blindness: on the other hand, is the condition of being born blind.

b. Acquired Blindness: In this situation, the child is not born with the condition. A mishap may cause the child to lose their vision. Acquired blindness refers to the resulting eye defect.

c. Nutritional blindness: Caused by a diet that lacks foods high in vitamin A for an extended period of time. A lack of vitamin A impairs vision in low light and causes eye dryness (xerophthalmia) (night blindness).

Special Needs of a Visually Challenged Child:

Physical Needs: Parents of visually impaired children must pay particular attention and train their kids to perform daily tasks like using the restroom, taking a bath, getting dressed, and feeding themselves. Special effort is needed to support them to move around the house without hitting things and hurting themselves.

Emotional and Social Needs: When a disabled child is scared or emotionally upset, their parents and siblings need to establish social contact with them and give them constant reassurance by hugging, petting, and reassuring them.

Educational requirements: Books with large print, a desk with adequate lighting, and recorded tapes are all very helpful to a child with vision impairment. Additionally useful is the "Braille" special tool. From right to left, one Braille dot at a time is punched out. Children learn to use Braille with comfort once coached properly.

II. Hearing Impairment

A child with hearing impairment is one who has missing the sense of hearing before learning the language. This means that the child is innate without the ability to hear. Such children are regularly mute and silent. **Hard of hearing** on the further hand is a defect that is attained later in life. The child experiences changing degrees of hearing loss.

Causes of hearing impairment: The following factors can contribute to hearing loss and impairment:

(a) Conductive hearing impairment: The "Conductive Pathway" refers to the airway in the outer ear. A foreign body in the pathway can have an impact on the conductive pathway.

i. Buildup of wax in the ear,

(b) Sensory Neutral hearing loss results from damage to the auditory nerve, ear drum, cochlea, and associated brain cells.

(c) Mixed Hearing Loss arises from hearing loss brought on by both conductive and sensual neural defects.

Special Needs of Children with Hearing Impairment

Issues with communication, language, and vocabulary are all brought on by hearing loss. Physical comfort can be effectively used to meet physical needs. Play methods can be used by parents to assist children.

Emotional and Social Needs:

With deaf children, feeling comes almost naturally. Additionally, their social skills must be improved and polished. Love and affection provide emotional safety besides the much required encouragement for improved learning.

Educational Needs involve the child's language comprehension abilities. They pick up manual and visual means of communication.

III. Orthopedic Impairment

A child with an affected limb is not capable to fully perform the activities involving the usage of bones, muscles and joints. Similar handicap is experienced by children with a lost limb. Such children are identified to be orthopedically crippled.

Characteristics of a child with missing limb

- Physical defect leads to inferiority complex between young children.
- The feelings of inadequacy result in self-indulgence.
- The child often goes through psycho-logical trauma because of discrepancy among his/her aspirations and the skill to perform.

Special Needs of Children with Affected Limbs

Physical Needs consist of being able to cope with one's day-to-day routine. The attitude of parents should help the child do his/her responsibilities independently rather than "do things for them". Use of special contraptions like calipers,

shoes and artificial limbs along with suitable training has yielded very good results. Use of crutches and wheel chair develops the mobility besides boosting their confidence.

Social and Emotional Needs Children with affected limbs are very frequently left out of social group activities. The child may feel frustrated, and neglected. Loving care and correct training to be independent and self-reliant are the basic necessities of all handicapped children.

Educational Needs involve such activities that require 'doing', writing, playing, drawing, painting, knitting and dancing are some activities.

IV. Children with Impaired Speech

The main purpose of speech is effective communication. Communication is also defective when speech is.

Causes of Speech Defects

There are various causes for speech defects. They are as follows:

- i. **Physiological causes:** Defects and deformities of the larynx and the vocal cords affect the speech formed. Incomplete development of the skull and head produces a cleft palate and cleft lip which made speech defects.
- ii. **Neurological causes.** When nerves connected with the areas of speech and learning method are impaired, various type of speech defect or dis-order of articulation occurs.
- iii. **Psychogenic Causes.** These are reasons related to one's mind. Some types of stuttering are decently psychogenic in origin. General self-consciousness added with speech defect may create stuttering.
- iv. **Sociological causes.** Some speech habits such as too fast or too slow speech or speaking in the small tones insisted by the parent may lead to communication defects.

Special need of children with speech deficiencies

Physical needs

Surgery can correct some of the physiogenic causes like cleft palate, much enlarged tonsils, adenoids, etc. Motor activities, dramatic play of all types, excursions, discussing and planning group activities will help in developing accurate speech patterns.

Educational Needs

Classes under special teachers will be valuable for improvement of pronunciation

Emotional needs

Children should be given chances to listen to stories. The teacher and parents should every time make it a point to pronounce words clearly themselves.

V. Mentally Challenged Children

Mentally challenged children relate to those children who show below average intelligence as well as difficulties in meeting the demands of everyday life whether it is in communicating and fraternizing with other or attending to fixing and domestic chores. Mentally challenged is an experimental disability, which first appears in children under the age of 18. It's defined as an intellectual functioning position I.Q. below 70, that's well below average and significant limitations in diurnal living chops(Abdallah,F.G and Levine, 1979)

Myths Related to Mentally Challenged

- Mentally challenged is an internal illness.
- Mentally challenged isn't common.
- Mentally challenged is an always caused by heritable factor.
- Mentally challenged can be caused by alcohol beach vitamins, almonds and rich nutritional food.
- Mentally challenged is due to fate.
- Mentally challenged can be completely cured.
- Mentally challenged cannot be trained or educated.
- Mentally challenged is due to small size of the brain.
- Mentally challenged is due to exposure to decline at the time of gestation or birth of the child.
- Mentally challenged can come normal in life as they grow age. (Ahuja. N. A, 2002)

Classification of Mentally Challenged Children:

All mentally challenged aren't likewise. They're classified into four groups grounded on the I.Q. They are

Mild (IQ 50- 69) – further than 85 of kiddies with the disability fall in this order and have no trouble until shortly ahead high academy. With a Command of around 55- 70, they're occasionally unfit to grasp abstract generalities but can by

and large function singly. They can frequently acquire academic chops up to the sixth grade position. In adult life they're anticipated to attain the intellectual position of average 8- 11 time old child.

Moderate (IQ 35- 49) - About 10 percent of the mentally challenged population is considered relatively challenged. They can carry out work and tone- care tasks with moderate supervision. Minimum position of academic progress is possible i.e. till 3rd grade. In adult life this group attains the intellectual position of average 4- 7 time old child. They generally acquire communication chops in nonage and are suitable to live and serve successfully within the community in a supervised terrain similar as a group home.

Severe (IQ 20- 34) - About 3 to 4 percent of the mentally challenged population is oppressively challenged. They may master veritably introductory tone- care chops like eating, toileting and some communication chops. They've the intellectual position of an average three times old child. They bear constant care and supervision throughout their life.

Profound (IQ below 20) - This is the most severe form of disability and is also the rarest; with only 1- 2 of mentally challenged children constitute this group. They're oppressively hindered and bear expansive supervision due to poor life chops. With regular training and setting a routine, they may be suitable to pick up essential life functions. (Bindler, R. and Ball, J. 1999)

Causes of Mental Retardation in Children

1. Causes during gestation

- Chromosomal diseases Over 30 of internal deceleration is attributed to genetics.
- Input of certain medicines during gestation without the advice of croaker.
- Infection to the mama during gestation like rubella
- Cigarette smoking, consumption of alcohol, exposure to x -rays.
- Nutritive insufficiency during gestation.
- Exposure to poisonous Accoutrements, rudiments similar as mercury, lead and cadmium are known to be linked with a reduction in intellectual growth

2. Causes at the time of delivery of the child

- Birth asphyxia i.e., child doesn't cry or cry veritably late after birth.
- Pre-mature birth i.e., birth before 37 weeks of gestation.
- Low birth weight babies (children who weigh lower than 2500 grams)
- Injury to the head of the new born. Use of forceps can affect in injury to the head.
- Delayed and protract labor

3. Causes after the delivery of the child

- Malnutrition or insufficiency of nutrition during the first two times of the life
- Brain infection and brain injuries
- Undressed epileptic fits or high grade fever with fits
- Severe dehumidification during the nonage
- Free exposure to gas smothers maquillages, lead etc.

4. Psychosocial privation i.e. privation of love and affection and emotional disturbances.

5. Illness: Children suffering from measles can develop encephalitis which causes internal deceleration. Babies suffering from natural hyperthyroidism are also at the threat of poor brain development (Boyd, A.M. 2008)

Characteristics of Mentally Disabled Children

Bad Memory

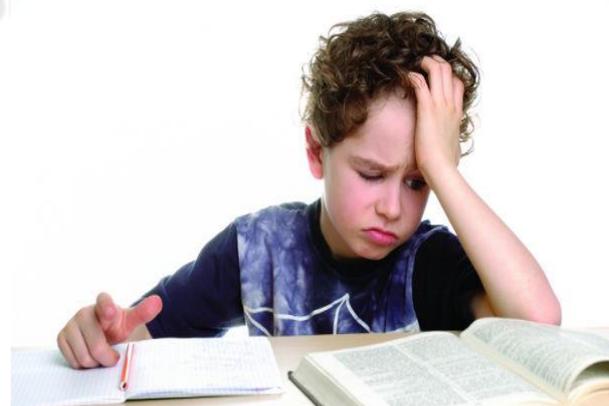
These kiddies have a short- term memory recall still, when doing a task constantly; they can recall information without displaying any symptoms of internal deceleration.

Slow literacy wind

Their capability to reuse new information is fairly low when compared to other kiddies. That doesn't mean they're unable literacy. Some educationists are of the view that a decelerating down of the instructions can help in better event the information.

Attention Deficiency

They're unfit to sustain their attention for too long on a



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single task. A good way of diving this insufficiency is by making them apprehensive of the most pivotal aspect of the work and also erecting their attention from there on.

Disinterest

Due to repeated failures, some children do not trust their chops, indeed if they're correct. Over time they lose faith in their capacities and come disinterested in literacy (Carr, J.P. 1980).

Independent Living

One of the brighter side children with special requirements can be trained in repetitious tasks which they can master over time. This can help them stay independent for a short duration of time and also prepare them for majority.

Incapability to restrain feelings

As children grow aged, they can give measured responses when faced with unknown situations. Children with internal disabilities are unfit to do this and may respond unpredictably, generally displaying aggression. Once the occasion is over, they can smell that they've acted out and are able of feeling like they're a burden.

Social Development

Due to crazy outbursts and poor language chops, they may be unfit to have healthy social relations.

Application of New Ideas

They're unfit to incorporate any recently acquired chops, innovatively.

Physical characteristics

Some of the generally seen physical characteristics in oppressively mentally challenged children are Head is too large, slanting eyes, beetled lingo, abnormal physical appearance and rough skin (Carson, B.V. and Arnold, N.E, 1996)

Problems Faced By Mentally Retarded Children

Common challenges faced by developmentally impaired children are social insulation, bullying, low tone regard, loneliness, medical Problems (Carson, B.V. and Arnold, N.E, 1996)

Signs and Symptoms of Mentally Challenged Children

- Show objectiveness in studies
- Repeated academic failures
- Poor academic performance
- Difficulty in articulating a point
- Having trouble flashing back effects
- Difficulty with problem working chops
- Poor in social chops and learning rulings.
- Don't keep up with other children of the same age
- Take long time to learn simple day to day conditioning

Diagnosis

1. Stanford-Binet Intelligence Scale - This test needles quantitative logic, knowledge, fluid logic, visual- spatial processing and memory. It's one of the primary tests that identify literacy diseases in children.

2. Kaufman Assessment Battery for Children - This test is used to assess the cognitive development of a child. The types of tests administered are wide- ranging and vary grounded on the age of the child. This test isn't a stage-alone test, meaning that the results of this analysis must be seen in confluence with other tests.

3. Bayley Scale of Infant Development - This is a standardized test for babies between 1- 42 months of age. Motor, language and cognitive chops are tested. This, in turn, helps to screen out children who are prone to having development problems in the future (Deborah, A., 2003)

Prevention

1. Before Marriage:

Avoid marriages in blood relations like kinsman sisters. Get married before 35 years of age and one should have children before the age of 35 years so that the chances of getting mental problems become minimum.

2. During Pregnancy:

Prevention can be done during pregnancy by taking good nutritional diet, regular prenatal checkup, immunization against mumps, measles rubella well before gestation, avoid injury /heavy pressure during the gestation and exposure to

the radiation. Avoid taking large boluses of vitamins and hormones as these beget birth blights. Pregnant women should avoid doing medicines, smoking or drinking as it can lead to neural blights in the child. Women suffering from hyperthyroidism need to get treated as it can lead to a fetus with neural blights.

3. Consult with expert doctors:

Prevention can be done by consulting the expert doctors when child has repeated infection, delayed mileposts, veritably perverse and restless, difficulty in speaking and treat high fever/ infection.

4. Avoid malnutrition by furnishing well balanced diet

Schemes for welfare of mentally challenged person's

DISHA

Early Intervention and School Readiness Scheme

This is an early intervention and school readiness scheme for children up to 10 times with the incapacities covered under the National Trust Act.

VIKAAS Day Care

A day care scheme for persons with autism, cerebral paralysis, internal deceleration and multiple disabilities, above 10 times for enhancing interpersonal and vocational chops.

DISHA- cum- VIKAAS Day Care Scheme

For the Registered Associations, who were enforcing multiple schemes, an option for enforcing merged scheme was given. Grounded on the togetherness given by the ROs and the system guidelines, these ROs were distributed the compound Disha- cum- Vikaas Scheme

SAMARTH Respite Care

A scheme to give respite home for orphans, families in extremity, Persons with Disabilities (PwD) from BPL, LIG families with at least one of the four disabilities covered under the National Trust Act.

GHARAUNDA Group Home for Grown-ups

This scheme provides casing and care services throughout the life of the person with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

NIRAMAYA Health Insurance Scheme

This scheme is to give affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

SAHYOGI Caregiver training scheme

A scheme to set up Caregiver Cells (CGCs) for training and creating professed pool of caregivers to watch for Person with Disabilities (PwD) and their families.

GYAN- PRABHA Educational support

A scheme to boost people with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities for chasing educational/ vocational courses.

PRERNA Marketing backing

A marketing scheme to produce feasible & wide spread channels for trade of products and services produced by persons with autism, cerebral paralysis, internal deceleration and multiple disabilities.

Conclusion

Children with special needs need more care and consideration than typical children do. These children will require more assistance and services. To ensure a more accessible, equitable, and technologically appropriate delivery of care in accordance with the National Health Policy, a standardized and more organized approach to healthcare is required. It is hoped that by using this guideline as a reference, the management of this group will be better able to improve the quality of life for this population.

References

"Children with Special Needs (CWSN): Definition and Categories." *Wecapable.com*. Web. July 5, 2022. <<https://wecapable.com/cwsn-categories-of-children-with-special-needs/>>

Abdellah, F.G and Levine. 1979. Better Patient Care through Nursing Research. 2nd edition, NewYork: Mcmillan, 1979.

Ahuja, N. A Short Textbook of Psychiatry.5thedition, New Delhi: Jaypee brothers, 2002, Page no. 64-163.

- Bindler, R. and Ball, J. Pediatric nursing, caring For Children 2nd edition, Washington: Simon& Schuster Company, 1999, Page no.604-605.
- Boyd, A. M. Psychiatry Nursing Contemporary Practice, 4th edition, Philadelphia: Lippincott Williams and Wilkins, 2008, Page no. 636- 637.
- Carr, J.P. Community Psychiatric Nursing 1st edition, New York: Churchill Livingstone, 1980, Page no. 7- 8.
- Carson, B.V. and Arnold, N.E. Mental Health Nursing: The Nurse – Patient Journey. 2ndedition, Philadelphia: W.B. Saunders Company, 1996, Page no. 1963- 1965.
- Children with Special Needs - Domains and Stages of Development https://www.brainkart.com/article/Children-with-Special-Needs---Domains-and-Stages-of-Development_33458/
- Deborah, A. Psychiatric Nursing Biological and Behavioral Concepts 2nd edition, Canada: Thompson, 2003, Page no. 419 -421.
- Gupta, M. M. 2018. Mentally Challenged Children. *Journal of Neuroscience, Psychology, and Economics*[®], 4(2): 40-45.
- World Report on Disability 2011. <https://www.who.int/publications/i/item/WHO-NMH-VIP-11.01>

