

Environmental Barriers in Education for Children with Physical Disabilities in Bangladesh

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Abstract

The mission of state government in Bangladesh has formulated policies over the years for children with disabilities in order to help them to enter mainstream society. However, despite these policies, children with disabilities are amongst the most deprived in terms of access to schooling and completion of elementary education, as their physical environment affecting participation in home, school, and community. Knowledge of environmental barriers helps to develop solutions or strategies that enable participation. This study assessed the environmental barriers perceived by parents of school children with physical disabilities (PD, n = 03) in Bangladesh. Parents identified environmental barriers by structured interview using the Chinese version of the Child and Adolescent Scale of Environment (CASE-C). The CASE-C is an 18-item measure of the impact of problems with physical, social and environmental features. Based on my personal experiences, research and communication with different stakeholders involved in the field of education for children with disabilities over the last 15 years, this study explores the broader challenges in the current education system with respect to issues of quality of education of primary students with disabilities, lack of family resources, lack of assistance, and supports outside of home, inaccessible physical environment e.g. door space in school, ramp, inadequacy of transportation e.g. muddy road and assistive devices or equipment. Our findings provide evidence of environmental barriers that inform practice and policies to modify the barriers and provide an accessible and inclusive environment for children with disability.

Keywords: Environmental Barrier; Education; Children with Physical Disability; Bangladesh

Introduction

Education is a human right and 'enabling' access in school is another rights [1]. Disability is associated with complex interconnect bio-medical, social and environmental phenomenon [2]. As a developing country in Bangladesh the vast majority of children with disability have never attended school and some of them attend in school but drop out due to inaccessible school environment [3]. The prevalence of child disability is about 16.41% among total disability [4]. So that it is great challenge accessible physical environment in education area that is fundamental rights for children with disability. The number of children with disabilities in Bangladesh is increasing and facilities are not enough to meet special attention. In 2011 the World Report on Disability stated that more than a billion people (or 15%) in the world today experience disability, estimates for the number of children (0 - 14 years) living with disabilities range between 93 million and 150 million [5]. The Primary Education Development Project (PEDP-1) has found that about 75% of disabled children are not enrolled in

any form of educational program in Bangladesh [6]. A number of children with disability are out of education for infrastructural barriers [7]. The World Bank report that in developing countries, the vast majority of these children receive no education, are absent in school data sets, and invisible on the national policy agenda. In this situation it is necessary to providing accessible infrastructure in school environment for bringing all children in school [8]. The Convention on the Rights of the Child requires governments to promote compulsory primary education. But in this situation it is more difficult to meet this goal for inaccessible education environment.

Methodology

Participants were convenience samples of 03 parents of children with PD. Participants were recruited from three schools among the twenty primary schools in Savar Upazila. The participants are part of an ongoing retrospective study with case report design in a qualitative form which aim to identify the children with disability about their challenges in physical environment and environmental determinants of school facility in participation of school with physical disabilities. The study was conducted in Savar Upazilla of Bangladesh covering three primary schools where disabled children attend.

For children with PD were included if they were 5 to 16 years of age and had a primary medical diagnosis or condition associated with a physical disability, including cerebral palsy, poliomyelitis and developmental delay etc. Children were excluded if they had associated psychological and mental health conditions that might affect participation, such as attention deficit disorder, autism spectrum disorder, clinical depression, or other emotional disorders. Medical conditions were determined by children's physicians and reported by their parents.

Case Report-1

The girl was 07-years of age came from Savar upazilla for taking physiotherapy treatment at Centre for the Rehabilitation of the Paralysed (CRP). When she was 2 years old, poliomyelitis affected her both leg. She has a brother and a sister. They studied in school. She also wanted to go to school. But it was challenging for her family. She cannot move long distance and only walk by squatting. She faces lots of barrier in her study life for inaccessible physical environment. She uses wheelchair for her mobility. Her school was one kilometer away from her home. She faced lots of barrier to reach school. Transportation is one of the barriers and infrastructure of school building was another most important barrier. She was able to complete nursery class because this class was on ground floor and her sister helped her. When she passed the nursery class, her classroom was changed and it was on 2nd floor. Gradually her weight was increasing and it was difficult to attend classes on 2nd floor. In the school there was no ramp or lift. There was no accessible toilet. So, lastly she stopped her education.

Case Report-2

Mr. B, 10- years, young boy came from Dhamrai. From the very early childhood developmental age, he could not walk. He was diagnosed as poliomyelitis. He faced challenges of his educational life. Firstly he admitted in nearby school which is closed to his house and his age was then four (4) years old. His elder brother used to carry him and thus he continued his class. But in rainy session he could not attend the school because of having muddy road and nobody wanted to carry him. Infrastructure of school building was not accessible. There was no accessible toilet. He completed his class-II education. When he admitted to a reputed school in savar district, it was far from his house. Slowly his weight had been increased. There was no well transportation system. So he only attended in exams. It was too difficult for him to do well in exams without attending classes. For his utmost desire of walking he came to CRP with the help of family members. In physiotherapy department while assessing him functionally expert physiotherapy practitioner recommended him to take wheelchair as his both lower limbs muscle power was almost wasting and its power was grade-2 according to oxford grade scale. He also faced same difficulties when he needs to go 1st and 2nd floor in the primary school. His brother carried him to reach from this ground floor. There was no accessible toilet and he was not able to go there because of small door space in this toilet. He faced too much challenges in his educational life.

Case Report-3

Mr. C a twelve years young boy came for take rehabilitation services at CRP. His diagnosis was diplegic type of cerebral palsy. He used his walking with mild help of caregiver for his mobility. He also faced same challenges in his educational life, when he studied in Savar Adhar Chandra primary school. He faced lots of challenges in this school during study period. There was no accessible toilet and he was not able to go to the library, because of there was no ramp even lifts. His class was on 2nd floor. There was no Ramp. He used to crawling and climbing into the class. No one helped him because everyone was unknown to him.

Discussion

Empower the children with disability we need to ensure the infrastructural accessibility in the school building and overall accessible environment for children with disability. In Tanzania, children with disability are not benefited from the increase of education sector budget. Most of the school are poor infrastructure. As a result, many students with disability straggle in their movement in one point to another within school. The entrance to most buildings, for example, had long staircases that cannot be accessed by physically disabled students using wheel chairs [9]. In Kyrgyz Republic, almost all school buildings and classrooms are not accessible to children with disabilities. Also, transportation needs for children with disabilities were reported to be too costly for families, and a small monthly allowance provided by the government is not sufficient to cover these costs [10]. In Ethiopia [11] studied that Seventy schools out of the total of 728 schools were randomly selected from ten sub cities to answer what is the status of accessibility of physical environment of primary schools to implement inclusive education. Thus, current results show that schools' physical environment were not found Accessible to implement inclusive education. Student with disabilities continue faces physical barriers to educational service such as no ramps, no lift in multistoried building, inaccessible toilet, heavy door and inaccessible transportation to and from school [12]. Hemmingson and Borell [13] studied that in Swedish school find out the barrier of participation in school. Total 34 student with physical disability age between 10 to 19 year participated in the study. The study finds that the first prior is infrastructure barrier.

Conclusion

Disabled children in Bangladesh often face series of problems and limitations in acquiring education. All children with disability have an equal chance of education parallely to normal child in regarding of their circumstances. No PD should be denied access in education because of their disability. Environmental barrier identify in this study will inform childhood health research, practice, and policies to change environmental demands and optimize participation.

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