Problems of Developmentally Handicapped Children

Dr. RAKESH CHADDA
Dr. S. MALHOTRA

DEVELOPMENTALLY handicapped children are those whose development has been hampered due to one or other reason. It is quite a common condition, which can give rise to a number of other problems. The handicap in development may be in the form of stunted physical growth, mental-retardation or may involve certain specific faculties like hearing, vision, language etc.

Who are Developmentally Handicapped Children?

A significant proportion of such children is formed by short-statured ones, leading to a number of secondary handicaps, which can also arise otherwise. Short stature can be due to a multitude of causes, the most common of which in our country is nutritional deficiency. Nutritional deficiency in the mother during antenatal period can also lead to stunted growth of the child. Other common causes in our country are chronic infections like tuberculosis, malaria and malabsorption syndrome.

Another common developmental handicap is mental-retardation. A mentally retarded child has significantly less intelligence or mental ability than the children of the same age. Intelligence is the ability to think, learn and understand new things and to solve problems. A mentally retarded child shows slow maturation i.e. cross their developmental milestones later, has less learning capacity and experiences difficulties in social adjustment.

The common causes of mental retardation in our country include nutritional deficiencies during pregnancy, malnutrition during first two years of life, delayed or difficult labour, infections of brain, untreated epileptic fits and head injury.

Sometimes only a particular faculty of functions is involved unlike global involvement as in stunted physical growth or mental retardation. Thus the development of hearing, vision, language, motor coordination or fine motor skills get affected. These also lead to secondary problems, for example, hearing and vision handicaps lead to problems in learning and in development in other areas.

Problems Resulting from Developmental Handicaps

Developmental handicaps lead to a number of problems like delayed growth and development, emotional and behavioural problems, problems in learning and familial and parental problems.

Growth gets delayed in the presence of developmental handicaps. The child achieves various milestones at a later age as compared to his normal counterparts. However, the extent of delay and types of milestones involved depends on the type and severity of handicap.

A number of emotional and behavioural problems can occur in the developmentally handicapped children like hyperactivity, irritability, avoidance and aggressive behaviour. A hyperactive handicapped child because of his restlessness and short attention-span has difficulties in learning and socialization. His behaviour creates chaos, wherever he goes say at home, in playground or classroom and he can be rejected or punished by others for his behaviour. Child is very irritable. Often a momentary delay in gratification or a mild reprimand leads to a violent temper-tantrum. Some children start avoiding situations, which test their ability. Sometimes such a child reacts with aggressive behaviour, which may take form of panaggression, directed indiscriminately towards anybody approaching the child or only towards certain persons may be other children or adults, familiar ones or totally strangers.

Limited by his handicaps, handicapped child has also difficulties in learning. For example, in case of defect in hearing child has difficulty in learning speech and other things. Similarly in mental retardation, subnormal intelligence leads to slow learning.

The parents of handicapped child react with feelings of guilt, anxiety, hostility and insecurity. Most parents experience considerable tension and anguish at the time of initial diagnosis. The ultimate impact of the handicapped child on the family depends on several factors such as type of handicap, the personality development and the life-adjustment of each parent preceeding the arrival of handicapped child, the degree of their professional and social success, their marital adjustment, other children in the family and their intellectual progress and the socio-economic status of family.

If the parents are emotionally immature, the handicapped child may precipitate a crisis that sometimes leads to family breakdown. The social life of family becomes limited, leading to a feeling of isolation in the members. The siblings' acceptance of the handicapped child depends largely on parental attitudes and on the gratification of their own needs.

Dr. Rakesh Chadda is Senior Resident, Department of Psychiatry, Lady Hardinge Medical College, New Delhi.
Dr. S. Malhotra is Assistant Professor Incharge, Child Guidance Clinic, PGI, Chandigarh.

How Common are Developmental Handicaps

About 3 per cent of children suffer from mental retardation, one third of whom will not be able to care for themselves and are thus totally dependent on others, while others will be partially handicapped and need additional help than the normal ones.

About 5% of children suffer from other types of handicaps. Considering this we can say that developmental handicaps in children constitute an important area, which needs help.

Identification of Developmental Handicaps

There is a need to identify the handicaps at the earliest, as all the handicaps irrespective of the cause are taxing to the child, his parents and teachers. Then sometimes, despite a normal intellectual potential, the children may function at a retarded level if continued in an unsuitable school programme and hence the need for an early diagnosis.

A number of handicaps such as sensory defects like those of hearing or vision, stunted growth and moderate to severe mental retardation may be obvious to the parents. But milder handicaps require more careful observation and expert opinion.

Mental retardation is unrecognized in many children until the second or third year of life. The children may look normal at birth and retardation may not even be suspected. To begin with, the children often fail to smile and to respond to the overtures of their parents. As the children grow, delays in their motor and speech development become progressively more apparent. Many parents are bewildered by these unexpected phenomena and seek professional advice.

The parents are often not aware of child's handicaps and have expectations from the child like of a normal one. Early diagnosis calls for a greater familiarity on the part of paediatricians and family physicians with normol and abnormal signs of physical and social development in the child. Developmental evaluations routinely included in periodic health check ups would sharpen the physician's diagnostic acumen and heighten his index of suspicion.

Management

The child with a handicap needs an equally comprehensive health care as is available to other children in community. In addition there is a need to help the child to make use of his abilities as effectively as possible in a socially acceptable way. Opportunities for learning, social and group experience and achievement of self-discipline should be provided. The child with multiple handicaps is rarely capable of achieving a high degree of independence and his limitations should always be taken into consideration by those who are in regular or occasional contact with these children.

Engaging the child in shared activities is probably the most effective way to establish a meaningful relationship. Verbal and nonverbal reassurance and praise should be used generously and situations should be set up that permit the child to succeed. In addition, concrete evidence of affection in the form of small gifts, toys and candy or trips to market, park or a playground are helpful.

Most parents need an understanding and supportive physician, who does not consider his role completed as soon as he anounces the diagnosis but remains involved, helping the parents share the burden and guiding them through the difficult phases of bringing up a handicapped child.

Nowadays, many big hospitals run child-guidance clinics, where expert help can easily be sought. Facilities of child guidance clinics are available at a number of places in our country like Delhi, Bombay, Calcutta, Madras, Madurai, Lucknow, Chandigarh and Vishakhapatnam.

Grandparents and other relatives, who may be involved in family affairs can prove very helpful. There is also a need to ensure for other siblings an equal share of parents' time, attention and interest.

Special Education

The handicaps reduce the Child's potential for normal functioning. Sensory deficits especially of vision and hearing require correction, wherever possible and special training, if the damage is irreversible. Blind, deaf or dumb children do better as a rule in specialized centres with special training and educational facilities than in general treatment centres. Children with motor difficulties often require orthopaedic services and physiotherapy. The goal should be to prepare the child for future satisfactory life adjustment and help him to develop to his full potentials.

Institutional Care

With a seriously handicapped child, who will always be partially or completely dependent on others for his care, the question of support away from home will arise. Expert guidance can be taken, as institutional care has got its own advantages and disadvantages.

Role of Community

Community can play a significant role in this problem. There is a need to develop special schools, day care centres, and temporary and permanent boarding homes. Voluntary health agencies can also take steps in this direction.

No Photographs in Colour, Please!

Members and correspondents sending news items for publication in *The Nursing Journal of India* may note that photographs in colour are not accepted for use. They are requested to send photographs in *black and white only*, printed on glossy paper, so that clear blocks may be made. News items supported by photographs in colour will be published without the photographs.

Editor, N.J.I.