

Analysis of Educational Facilities for Cerebral Palsied Children in Faisalabad District

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ABSTRACT

The present study was aimed to analyze the education of cerebral palsy children in special schools for physical handicapped children in district Faisalabad. The study was carried out on a sample of 24 teachers and 89 parents of cerebral palsied children who were studying in special schools in district Faisalabad. The results of present study showed that teachers' interest was found in developing educational skills among CP students, modifying curriculum and develop IEP for them. This indicated that (33.33%) teachers focused on development of educational skills (writing/reading/math). It was also found that 58% teachers used modified curriculum and 75% teachers develop IEP for the education of cerebral palsied children in special schools for PHC in Faisalabad. 37% parents and teachers agree at the provision of vocational training to all cerebral palsied children while 12% parents and teachers says that this facility provide only some categories of cerebral palsied children in special schools of Faisalabad.

KEY WORDS: Cerebral Palsy; Education; Analysis; physically handicapped children

INTRODUCTION

Cerebral palsy is characterized by an inability to fully control motor function, particularly muscle control and coordination. 'Cerebral' means that the cause of difficulties lay in the brain, not the muscles as originally thought. 'Palsy' means having problems with movement and posture, or motor control impairment. Cerebral palsy is a very diverse and complex condition with varying degrees, from mild to severe. This means that each specific case of cerebral palsy is as individual as the people themselves. First medical description on cerebral palsy was written by an English surgeon William Little in early 1800's. This report shows about children's problem that they had difficulty in grabbing objects, learning to crawl and walk (Little, 1861). In 1897 Sigmund Freud disagree with William Little's information he considered that are not sufficient. Cerebral palsied child has some other problems also such as mental retardation, visual disturbances and seizures etc. He also believed that the conditions root was during the brain's development in the womb (Freud, 1897). Each case of cerebral palsy is individual as the people themselves. Strength of cerebral palsied children increased day by day in Pakistan. Cerebral palsied children face a lot of problems depending on the area of their brain damage such as muscles tightness or spasticity, disturbance in gait or mobility; swallowing or speech problems etc. May be those symptoms are also associated with cerebral palsy abnormal sensation and perception, impairment of sight, hearing or speech seizures or mental retardation, problem in feeding, bladder and bowel control. Reasons of cerebral palsy are prematurely, difficult labor, lack of oxygen at birth (anoxia), and childhood trauma etc. Classification of cerebral palsy is based on the limbs affected or on the nature of the abnormal movement. According to limbs there are five kinds of cerebral palsy like Monoplegia, Paraplegia, Hemiplegia, Diplegia and Quadriplegia. According to muscle movement there are four main types of cerebral palsy like Spastic, Athetoid, Ataxic and Mixed. (Norris & Linda, 1986). Children with special needs educate in special environment and schools. In their education we focus on different areas such as self-help skills, cognitive skills, communication skills (language development), social skills, vocational and recreational rehabilitation etc. special schools are trying to fulfill cerebral palsied children requirement according to their needs. In schools Cerebral Palsy children need many services like, regular therapy, special education assistance, counseling, technical support, community integration opportunities and possibly personal attendants.

REVIEW OF LITERATURE

Lagunju, et al., (2010) studied on cerebral palsy and emphasized the magnitude of the problems posed by associated sensory and neuron cognitive impairments on what was primarily known to be a disorder of posture and

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movement. The study emphasized the need for the training of more specialists in the country who would provide the indispensable multidisciplinary management to children with cerebral palsy.

Nadeau & Tessier, (2006) found that children with cerebral palsy differed from their typical classmates across factors of reciprocal friendships, social status, sociability/leadership, social isolation behavior, and verbal and physical victimization. Females with cerebral palsy were more at risk for these negative interactions than males with cerebral palsy.

Davies, (1960) stated that benefit from formal education the cerebral palsied child must have average intelligence and aptitude and good drive, accompanied by incentive, and adequate learning and physical aids. Because of the wide range of individual differences and his peculiar learning difficulties, his education must be largely individual. A lowered capacity for intellectual activity in cerebral palsied children was the principal limiting factor to learning, but this was not indicative of their ultimate potential.

The main study of variables was Educational status, Family, Economic, Social, Architectural, Clinical factors and Treatment. A Semi structured interview schedule was used for data collection. Results are expressed as frequencies and proportions with 95% confidence limit. Significance of associations is analyzed statistically using Chi-square tests. Of the total study population of 86 cerebral palsied children 54(66.5%) are receiving formal education. On analyzing the factors that were found to be significantly associated with initiation of formal education are Ambulatory level, Drooling, Strabismus, Urinary incontinence, Mental retardation Communication ability, Dysarthria, Delay in developmental milestones, Higher mental functions, Persistence of primitive reflexes, Severity of limb involvement, Bleck's walking prognosis score, Physiotherapy, Distance and available mode of transport to school and Approach towards peers (Sivaram, et al., 2009).

METHODOLOGY

The method of the study was survey of special schools. All teachers and parents of cerebral palsied children in special education center for physically handicapped children in district Faisalabad, was the population of the study. Data about schools was collected from DEO Faisalabad by the researcher personally. Through simple random sampling technique one special education center for physically handicapped children from each tehsil of district Faisalabad was selected as sample (5 schools). All teachers (24) working in the schools and all parents (89) of physically handicapped children were the sample of this study. Four parents were not interviewed due to their absence. Two questionnaires were developed for data collection 1st questionnaire for teachers and 2nd was for parents. All the data was analyzed through Microsoft Office Excel, statistical measure (percentage) was applied on all data for analysis and results.

RESULTS AND DISCUSSION

Educational skills

Education is compulsory component for every child's life. As far as special children are concerned their education is most compulsory. Special children need educational (writing/reading/math) and other skills like daily living, social, independent, cognitive skills. In this part of paper we discuss about it.

Table 1
Skills Being Taught to Cerebral Palsied Children

S. No.	Skills	Frequency	Percentage
1	Cognitive skills	01	4.17
2	Daily living skills	02	8.33
3	Independent skills	03	12.5
4	Social skills	03	12.5
5	Educational skills (writing/reading/math)	08	33.33
6	All	07	29.17
	Total	24	100

Teaching of educational skills is given preference on all other types of skills, i.e. cognitive, daily living, and social skills. Table 1 shows that 33.33% teachers focus to teach educational skills (writing/reading/math).

Table 2
Provision of Modified Curriculum

S. No.	modified curriculum	Frequency	Percentage
1	For each subject	14	58
2	For specific subject	5	21
3	Not modified	5	21
	Total	24	100

Table 2 shows that 79% teachers agree at the modification of curriculum while 21% are not agree. Cerebral palsied children are taught the modified curriculum at special schools.

Table 3
IEP Development

S. No.	IEP	Frequency	Percentage
1	Yes	18	75
2	No	05	21
3	Don't know	01	4
	Total	24	100

Table 3 shows that (75 %) respondents said that IEP was developed for Cerebral Palsy students. While 21% did not develop IEP for students where as 4% of the respondent have no idea about this. Developing IEP is also in practice at schools of Faisalabad. But these things need more betterment yet.

Better policies should be formulated to modified curriculum, vocational training and skill development. Physical infrastructure and staff in schools are necessary part to develop.

Provision of services

Support services for special children are also as important as their education. They need different facilities like specialists, vocational rehabilitation, transport facilities, assessable building etc. with their education.

Table 4
Types of Specialists Available at Schools

S. No.	Specialists	Frequency	Percentage
1	Physiotherapist	02	8.34
2	Occupational therapist	00	0
3	Psychologist	03	12.5
4	Speech therapist	05	21
5	All	00	0
6	Any of them	13	54.16
7	Not provided	01	4
	Total	24	100

The table 4 shows us that 8.34%physiotherapist available in special schools. No occupational therapist was available there. 12.5 % psychologists were available at schools for cerebral palsy students. 21% have speech therapist whereas there was no school in the region which had all of the above specialists. 54.16% said that they have any one specialist of all above mentioned. While 4 % respondents told that no specialists provide to cerebral palsied children in schools. This is a good approach that most of the schools have at least any one kind of specialists (speech therapist, physiotherapist, occupational therapist and psychologist) for CP students. But provision of all specialists should be compulsory at schools.

Table 5
Facility of Vocational Training for Cerebral Palsied Children in Schools

S. No.	Provision of vocational training	Frequency		Percentage
		Teachers	parents	
1	Yes	06	34	37
2	No	09	47	51
3	For some categories	09	04	12
	Total	24	85	100

Table 5 shows that 37% teacher and parents respond that facility of vocational training is available. While 51% respondents were opinion that it is not provided at schools. And 12% agreed that vocational training is available only for some categories for cerebral palsied children. It is not given to all cerebral palsied children. Vocational training is also providing to special students in special schools but it is not fully develop yet.

Table 6
Transport Facilities for Cerebral Palsied Children at School

S. No.	Provision of transport	Frequency		Percentage
		Teacher	Parents	
1	Yes	21	65	79
2	No	03	20	21
	Total	24	85	100

Transportation facility is a major component for education of Cerebral Palsied students, availability of transportation facilities minimize parent's problems related to their child. Table 6 describes that a mass number of respondents (79%) said that there was transportation facilities that were available for students whereas just 21% (more than one tenth) said that there was no transportation facility for cerebral palsy students to pick and drop them from home to school. Special schools provide good service of transportation for CP children.

Parents focus on their cerebral palsied children like their normal children and they observe their progress in education and plan for the future. The provision of education for CP children in district Faisalabad is satisfactory while the provision of vocational training requires improvements to become up to optimal level.

Comparison of current situation

Table 7
Analysis Regarding the Education of Cerebral Palsied Children

S.No.	Section	Available		Not Available	
		Frequency	Percentage	Frequency	Percentage
1	Educational Services (7 items)	22.16	92	1.83	8
2	Support Services (9 Items)	20.16	84	3.83	16

Table 7 shows that 92% teachers agreed that educational services are available whereas 8% of teachers responded that educational services are not fully available. In the response of another question, majority of the teachers 84% replied that support services are provided, while 16% of the teachers were not agreed with the provision of support services to CP students.

Table 8
Analysis of Opinion Regarding Education of Cerebral Palsied Children

S.No.	Section	Teachers		Parents	
		Yes	No	Yes	No
1	Education of CP Children	92	8	62	38
2	Vocational Training	62.5	37.5	40	60
3	Provision of Transport	87.5	12.5	76	24

Table 8 shows that 92% teachers agreed that educational services are available whereas 8% of teachers were not fully agreed with the availability of educational services. In the response of same question, 62% parents replied that they are satisfied with the condition of education whereas 38% of the parents are not fully satisfied. Regarding the vocational training, 62.5% teachers responded positively whereas 37.5% responded negatively. The same question was repeated with the parents of the children. 40% parents are pleased with the provision of vocational training and 60% are dissatisfied with the provision and quality of vocational training. 87.5% teachers replied in favor of provision of transport for CP children while 12.5% teacher answered negatively. Comparatively, 76% parents are agreed with the provision of transport facilities while 24% parents are dissatisfied with availability of transport facilities.

DISCUSSION

This study was designed to analyze the present condition of education for cerebral palsied children in district Faisalabad. The situation was analyzed through the teachers and parents views. The education was analyzed in term of assessment, professional support, IEP, use of teaching and instructional material, syllabus modification and transport facilities. Parents view about facilities and education of cerebral palsied children in special centers of Faisalabad were also analyzed.

The results of present study revealed that school of district Faisalabad have a provision of at least one specialist (either educationalist or professional) not more than that. The study support the findings of Lagunju et al., (2010) studied on cerebral palsy and emphasized the magnitude of the problems posed by associated sensory and neuron cognitive impairments on what was primarily known to be a disorder of posture and movement. The study emphasized the need for the training of more specialists in the country who would provide the indispensable multidisciplinary management to children with cerebral palsy.

This study found that cerebral palsied children teach other skills with educational skills like social skills, cognitive skills, daily living skills, independent skills etc. this study support the finding of Miller & Reid, (2003) stated that Virtual reality applications had the potential of improving life skills, social participation, mobility, and cognitive abilities, while creating a motivating experience for children with disabilities. In their research, children and adolescents in who engaged in virtual reality experiences in sports/games, artistic activities, and technology/computer assisted activities reported increased belief in their ability, creativity, and competence. Some even reported feeling safer during VR games because they could not really get hurt.

This research find that facility of physiotherapists is not fully available at special schools of physical handicap children while this is important part of their daily life as Rosenbaum, (2003) concluded that it was important for educators and rehabilitation experts to thoroughly research the efficacy of complementary and alternative therapies before endorsing them. Complimentary therapies while might be not effecting permanent change were enjoyable and had useful components for function, children's self-esteem and promoting a sense of access and participation. Any therapies that promote a cure for cerebral palsy, purport to apply to persons with a wide range of disabilities, and were supported by testimonial evidence in the absence of rigorous scientific study should be viewed with caution.

According to this research government provide some facilities to special centers but these are not sufficient. Facilities provide in special centers effect on cerebral palsied children but not fully. They need more facilities like specialists, IEP, syllabus modification, attractive activities, vocational training, etc. which are not provide properly yet. Parents are also not fully satisfied on education of cerebral palsied children.

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