Exercises for further thought and research

[15-1] Find out about injuries common among children in Cambodia, and discuss what to do to prevent them.

[15-2] Assuming an injury that is likely to happen to children, such as an abrasion or cut, discuss possible ways to teach children how to treat it.

[15-3] Concerning first aid procedures that are actually performed in daily life, discuss what kinds of scientific evidence form a basis for the procedures, and whether there is anything that can be done to improve on them.

[15-4] Look back on experiences of your own or someone close to you of injuries or illnesses in the past, and reflect on what care was given, what action was taken in response, and what you/they were and were not able to do. Discuss what issues Cambodia has.

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Chapter 16

Disability and special education needs

Learning objectives

You will be able to gain a proper understanding and explain:

- The definition of disease, impairment, disability, and handicap using specific examples.
- The medical model of disability, the social model of disability, and the integrated model of disability (International Classification of Functioning, Disability and Health: ICF).
- Challenges in education of children with disabilities in Cambodia.

This chapter first provides basic knowledge necessary to understand disease, impairment, disability, and handicap. Secondly, we explain the medical model of disability, the social model of disability, and the International Classification of Functioning, Disability and Health (ICF) as an integrated model of disability. Finally, we describe the present situation of special education needs for children with disabilities in Cambodia.

Note that in this chapter health is mainly treated as a factor of disability; that is, in terms of health conditions such as disease or injury. This differs from the broad meaning ascribed to health in the previous chapter (e.g. Chapter 1).

1. Aspects of disease, impairment, disability, and handicap

1) Disease

Disease results from abnormalities in all or part of the physiological state of living creatures. Someone suffering from a disease is incapable of fulfilling normal functions, and generally experiences various types of pain. However, some diseases such as diabetes produce no sense of pain before growing severe. A disease can be defined as a condition in which cells suffer damage for some reason and fail to function normally.

Diseases recognized as resulting from morphological abnormalities in cells are referred to as "**organic diseases**." They contrast with "**functional diseases**," in which current medical knowledge cannot identify any cellular abnormalities. Cancer, diabetes, cerebrovascular disease, and heart disease are considered organic diseases, while mental illnesses are placed in the functional disease category.

2) Impairment, disability, and handicap

(1) Definition of impairment, disability, and handicap

The WHO (1980) provided definitions of impairment, disability, and handicap as follows:[1,2,3] **Impairment** is physical or mental dysfunction, which may be either permanent or temporary, due to a loss of mental or physical structure or function. **Disability**, meanwhile, is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being. **Handicap** is a disadvantage for a given individual that limits or prevents the fulfillment of a role that is normal.

Views on disability, however, are more complicated and can broadly be divided into two basic models: **the medical model** and **the social model**.

2. Models of disability

1) The medical model of disability

Under **the medical model**, disability is defined as conditions in which the body fails to function normally due to disease or injury (**Figure 16.1**). This causes a decline in the capacities necessary for everyday life, placing afflicted persons in socially disadvantageous circumstances. Suffering a stroke, for example, may cause brain damage (i.e., disease) that permanently impairs numerous physical functions. This can include paralysis in the hands and feet, speech disorders, and other problems (i.e., impairment). Numbness in the hands and feet can adversely affect mobility, the ability to grasp objects, and other everyday life skills (i.e., disability). Victims can lose the ability to work, perform housework, and fulfill other social roles (i.e., suffer social disadvantage or handicap).

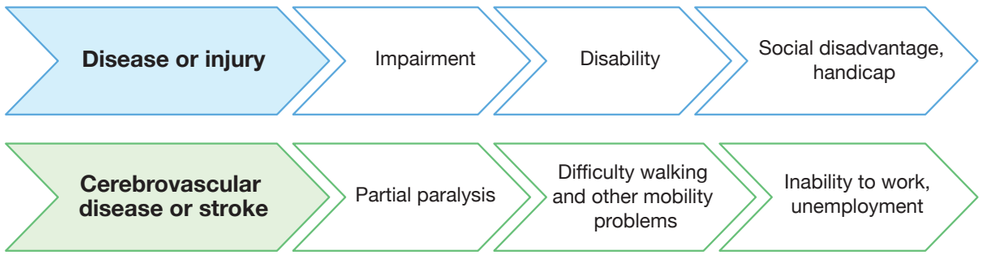


Figure 16.1 The medical model of disability

2) The social model of disability

In contrast, under **the social model**, the causes of disability are considered to lie in the social environment. For example, even if people lose legs after stepping on unexploded land mines, they may regain mobility by wearing artificial limbs or using a wheelchair. In such cases, the physical loss of a leg cannot be directly linked to a decline in capacity or suffering social disadvantage.

What happens, however, if Cambodian society is unable to supply artificial legs or wheelchairs? Or if roads, homes, and workplace environments are not altered to provide proper wheelchair access? In such cases, the view is that the social environment is the cause of the disability. That is the basic idea of the social model.

Look at the following illustration and consider where the disability exists (**Figure 16.2**).

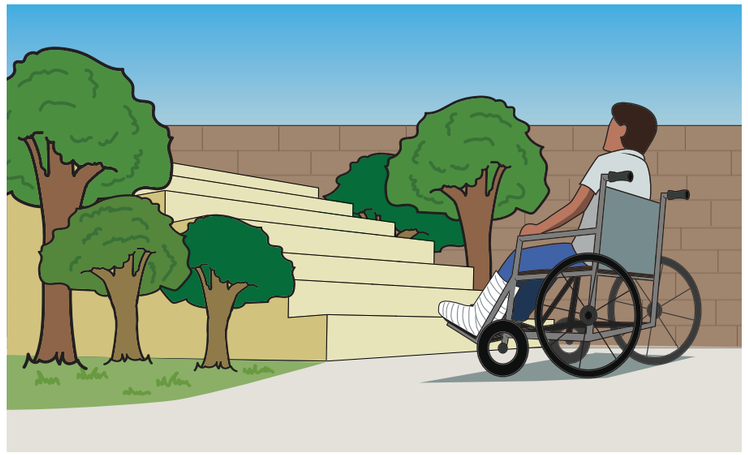


Figure 16.2 A person with a disability in a wheelchair faces stairs. Where is the disability?

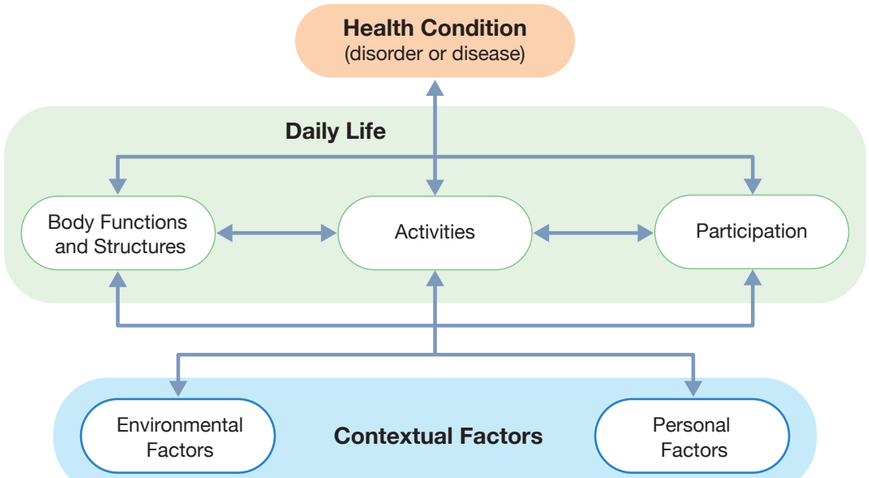
3) International Classification of Functioning, Disability, and Health (ICF) as an integrated model of disability

The ICF is a classification of health and health-related conditions for children and adults that was developed by the WHO and published in 2001. **The integrated model of disability** is an attempt to merge, or at least bring together, the medical and social perspectives.[4] This model allows for people with disabilities to fill a number of different roles "including citizen and patient, among many others."[4,5] An important point to note is that this model was created to be applicable to all people under any conditions, not just persons with disabilities.

As shown in **Figure 16.3**, the ICF model regards disability as a state of dysfunction or disturbance of daily human life. **Daily life** is categorized into three parts: **physical and mental function and structure**, **activity**, and **social participation**. For example, dysfunction or disturbance of physical and mental function and structure means **impairment**, indicating abnormality of mental function, motor nerve function, sensory functions such as vision and hearing, vocal organs, digestive and circulatory systems, immune system, endocrine system, or reproductive system. Limitation of activity refers to difficulty in performing activities such as walking, eating, taking transport, or counting money. Restriction of social participation refers to limitation or lack of involvement in any area of life such as education, gainful

employment, or leisure pursuits. Relationships between health conditions, daily activity, and environmental and personal factors are indicated by double arrows, denoting interaction.[6]

The three types of dysfunction of daily life are influenced and affected in turn by **environmental factors** (e.g., products and technology, the natural environment and human-made changes to the environment, services, systems, and policies), and by **personal factors** (e.g., age, gender, ethnicity, outlook on life, and lifestyle). Moreover, this figure shows that these functions of daily life interact with **health conditions** such as disease and injury.



Source: World Health Organization. How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment. October 2013. Geneva: WHO.[3]

Figure 16.3 The ICF Model: Interaction between ICF components

3. How does Cambodian society view disease and disability?

Disease and disability can lead to **prejudice, stigma, and discrimination**. In Cambodia, however, a recent report based on a survey of **people living with HIV** reveals interesting results. For example, instances of job discrimination or income loss due to AIDS declined from 46% in 2010 to 2% in 2019. Those experiencing verbal harassment fell from 14% to 3% during the same period.[7] The report also notes, however, that despite the decreases in such stigmas and discrimination from others, **"self-stigma"** (resulting from personal shame, guilt, and self-blame) had declined only slightly.

How and why have such changes occurred in Cambodia, and what types of prejudice, stigmas, and discrimination are directed toward other types of diseases and disabilities, for example, mental illness, blindness, or hearing loss?

4. Special education needs for disabled children in Cambodia

According to the Policy on Education for Children with Disabilities of the Cambodian Ministry of Education, Youth and Sport, 68% of all children with disabilities suffer from vision-, hearing-, or mobility-related issues.[8] In the 5-17 age group, 2.6% of boys and 2.9% of girls do not attend school due to their disabilities. Unfortunately, Cambodia has a shortage of experts that specialize in educating disabled children. As a result, the introduction of **inclusive education** has not progressed smoothly.

This creates challenges to guaranteeing education for children with disabilities through **the framework of the child-friendly school** adopted in the policy. One objective of this policy is to raise awareness of the situations of persons with disabilities throughout the community, and to promote acceptance of such individuals into society among all concerned parties.

Column: Inclusive education for children

All children have the right to access and benefit from quality education, based on the principle of "Education for All." Guaranteeing education is the key to sustainable development, peace, and stability among countries; thus it is an urgent issue. However, due to various conditions there are children who have difficulty accessing education, and are excluded from education. What kinds of children are hampered in their right to education? For example, children with disabilities, girls, children living in remote areas, street children, child laborers, children in poor families, and children of minorities. These children have special needs for education. Inclusive education not only includes children with these special needs in school education, but also transforms the whole school so that children with diverse traits can learn equally.

Resources: Disability Action Council. Inclusive education training in Cambodia. https://www.eenet.org.uk/resources/docs/cambodia.pdf, Education World Forum. The Darkar Framework For Action. UNESCO 2000. https://sustainabledevelopment.un.org/content/documents/1681Dakar%20Framework%20for%20Action.pdf

Column: Child-friendly schools

All social systems and agencies that affect children should be based on the principles of the Convention on the Rights of the Child. Based on this principle, **UNICEF** developed the framework of the child-friendly school, which is characterized as "inclusive, healthy and protective for all children, effective with children, and involved with families and communities - and children."

Cited from https://www.unicef.org/french/lifeskills/index_7260.html

Column: What is UNICEF?

The United Nations Children's Fund (UNICEF) is an international organization established in 1946 to provide emergency assistance to children suffering in the aftermath of World War II. UNICEF's missions are to save children's lives, to defend their rights, and to help them fulfil their potential, from early childhood through adolescence. UNICEF staff work in over 190 countries and territories.

Cited from https://www.unicef.org/ and https://www.unicef.org/eca/press-releases/unicef-commemorates-70-years

Exercises for further thought and research

[16-1] Think about what disability and the conditions of being disabled mean to you.

[16-2] Consider why special education programs need to teach children with disabilities, reflecting on your own experiences.

[16-3] Examine how Cambodian society views disabilities.

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