



## A STUDY ON THE PSYCHOSOCIAL PROBLEMS FACED BY THE PHYSICALLY CHALLENGED CHILDREN IN CHAISA COMPOUND, LUSAKA

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### **Abstract**

**Background:** World Health Organization (WHO) estimated that 10% of the world's population lives with some form of disability in which 80% of them are live in developing countries. The preliminary results of the National Disability Survey - 2015 indicate that national disability prevalence rate reaches to 7.2 per cent. Reports and experience show that children with disabilities often face mistreatments in a number of ways such as unequal access to health care, education, and employment opportunities, inadequate disability-related services, and experience exclusion from day to day activities. These factors contribute to the psychosocial problems of adults and children with disabilities.

### **Methods**

This study was undertaken in 2016 to determine psychological challenges faced by children living with disability faces in the community lives in Chaisa compound, Lusaka. Data was collected from 120 respondents and informants. Qualitative and quantitative methodology was used in the study. The qualitative method used focus group discussion. Quantitative method mainly relied on questionnaires.

### **Results**

The data revealed the following challenges: Less access to rehabilitation services such as education, health centers with physiotherapy, long distance to schools, Lack of family support, Challenges faced within their various homes, Treatment by the community and Abuse/harassment encountered from community.

### **Conclusion**

In order to address the above stated challenges, the respondents and informant suggested that the Ministry responsible for disability ensure effective and accessible service delivery mechanism to reduce to reduce vulnerability. In addition to this, there is need to build more health centers in Chaisa compound that are accessible for all and offer physiotherapy (rehabilitative services) including educational facilities.

**Key Words:** *Children With Disability, Psychology, Chaisa Compound, Lusaka, And Family Affected With Disability.*

### **Introduction**

More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. Across the world, people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is partly because people with disabilities experience barriers in accessing services that many of us have long taken for granted, including health, education, employment, and transport as well as information. These difficulties are exacerbated in less advantaged communities.



To achieve the long-lasting, vastly better development prospects that lie at the heart of the 2015 Millennium Development Goals and beyond, we must empower people living with disabilities and remove the barriers which prevent them participating in their communities; getting a quality education, finding decent work, and having their voices heard.

### **Agencies Working For The Disabled Persons In Zambia**

Zambia Federation of disability organizations (ZAFOD) was formed by a group of national disability organizations with the main purpose of creating a platform for the national disability organizations to network and raise a united voice. It was formed as an idea in the year 1981 inspired by the United Nations' year of the disabled. ZAFOD was officially registered in 1995.

### **Benefits**

1. Weaker organizations get support from ZAFOD to participate in advocacy issues.
2. Receive financial support though very minimal.
3. Representation of general disability issues at national level through ZAFOD.
4. Funding is easy to get through an umbrella organization for the ones that are not yet known.
5. Spearheads major activities on disability matters.
6. Enhances communication among the DPO's.
7. Connects disabled people's organizations to the international movement.

### **Literature Review**

The relevant literature pertaining to the past and present investigation reports on problem faced by physically challenged persons and their rehabilitative measures. The main thrust of research is to understand the type of problems experienced by the physically challenged persons both within family and outside the family.

According to the world health organization estimates, about 2 million women and men in Zambia have disability. Of which a higher number or percentage live in rural areas where access to basic services is limited. And majorities of Zambian with disability live in poverty and generally have unproportionally low literacy levels compared to persons without disabilities. Disabled persons in Zambia often resort to street begging as a means of survival. According to the last population and housing census that was conducted in 2000 which collected data on disability, a large number of people with disability are self-employed workers, while very few are employers. A number of children with disability are increasing of which a majority is physically disabled. And from which a majority is undergoing or are encountered with psychological and social problems. The main cause of physical disability in Zambia is poverty or malnutrition, and lack of access to medical services.

Children in Zambia are facing challenges pertaining to their social and psychological well-being; this is due to the attitudes that are portrayed by their peers and the community at large. To understand how these physically challenged children are affected, Rogers & Lieberman explains how "we" as human beings develop through the interaction that we encompass with the community. According to Rogers & Lieberman (2006), symbolic interaction theory refers to the unique ways in which people and systems interact and communicate with one another, as well as the essence and characteristics of that interaction and communication. An important tenet of this theory is that we all attach meaning to our communications with others within the context in which the interaction takes place (Rogers &



Lieberman, 2006). Even though several people might experience an interaction in the same place and time, we might interpret that action very differently, depending on the meaning we place on it. This theory maintains that we are not just passive receivers of information, rather we filter and interpret the information based on our culture, cognitions, experiences, and so on, and we respond to this information based on how we interpret it (Rogers & Lieberman, 2006).

### **Objectives**

1. How the welfare of the people living with physical disability can be improved by fighting discrimination.
2. The psychosocial problems faced by the persons with disabilities.
3. What the government is doing and other institutions in fighting the psychosocial problems faced by the physically challenged.
4. How to improve the welfare of the persons living with the physical challenges.

### **Methodology**

Children with physical and mental disabilities experience personal limitations in the social, psychological and economic spheres, some of which can be alleviated with parental, community and governmental support. The critical task is developing and maintaining a focus on abilities rather than on disabilities, then honing those abilities to provide the greatest degree of personal autonomy. Depending on the severity of conditions, the range of autonomy can vary from functional independence to assisted living to institutional care.

The research is interested in finding out the sources of these psychosocial problems that the children living with physical challenges experience and the extent to which the community at large and other institutions help in eliminating or fighting these problems, how the same communities help stimulate confidence in these children and how the community contribute to challenges that the children with physical disability face, hence qualitative and quantitative were used in this study. Qualitative research refers to the gathering of information that is not in numerical form but of descriptive in nature. For example, diary accounts open ended questionnaires, unstructured interviews and unstructured observations, due to the exploratory nature of the study.

A small pilot study was conducted with 40 cases using the standardized structured questionnaire focusing on the children between the age of 6mths to 18 years of which some of the respondents were the guardians or parents (because some were very young and could not give clear information hence parents were chosen as their respondents), the health institutions workers, agencies of the disabled persons, and the target persons. This guided the researcher in knowing the number of the respondents and their age and the challenges that they face and what is being done to improve the welfare.

Sampling of subjects was conducted through the setup of questionnaire and observance of agencies for persons with disabilities, the Khumbaya community school was a site that was picked by the researcher to help with field works and conducting home or household visits in homes recognized to have members that are living with physical disabilities for the study, of which the Zambia national agency for persons with disabilities was one of the sites. Hence in this case, the researcher used two methods for sampling procedures.

The places chosen for the study were that which seemed to have rising numbers of children and adults with mental and physical challenges, and hence Chaisa compound area of the Lusaka district

through Khumbaya was chosen by the researcher. And other places such as BEIT CURE children's hospital AUHOR DAVISON hospital, Ndola, Cheshire homes in Matero and other government and non-governmental offices/ institutions for relevant information related to the study. Furthermore, some places in Lusaka were chosen to compare with the challenges that these children encounter in the society and that of Chaisa compounds, places like Matero and Mandevu compounds.

### Data Analysis and Interpretations

This chapter is going deal with the challenges faced by the children with physical disabilities/challenges in Chaisa compound. It analyses the purpose and objectives of the study. This has been done through the use of frequency tables and charts, which was made successful using the statistical package for social sciences (SPSS) provided for analysis of variables for social studies.

**Table 1: Distribution of The Respondents According To Their Gender (Parents)**

S.No	Respondent	Frequency	Percentage
1	Male	2	5%
2	Female	38	95%
<b>Total</b>		<b>40</b>	<b>100%</b>

From the responses in table 1: These are the number of parents interviewed on behalf of their children that could not narrate on their own. The number of male interviewed is indicated by 5%, and the number of female parents interviewed is indicated by 95%. These parents narrated how they manage the conditions of their children with physical disabilities, and some of the challenges that they face as parents and as the children themselves. With the help of these parents, I was able to know some challenges these children face even the ones that are very one and cannot talk on their own.

**Table 2: Distribution of Respondents According To Their Marital Status**

S. No	Response	Frequency	Percentage
1	Single	12	30%
2	Married	27	67.5%
3	Divorced	1	2.5%
<b>Total</b>		<b>40</b>	<b>100%</b>

From the responses in table 2: it is shows the marital status of the parents to the children with physical disabilities, it is noted that the 12 parents indicated by 30% are single, meaning they are not married and hence provide necessities for their children with physical disabilities as a single parent becomes a challenge for them; 27 parents represented by 67.5% of the parents are married making it a little easier to care for the children and meet the necessities of their children with the help of their spouse though they may face challenges as well in meeting the needs of their children with physical disabilities and the children without the disabilities. 2.5% which represents one parent that was divorced and facing challenges in providing for the children.

**Table 3: Distribution of Respondents According To Their Number of Children**

S. No	Response	Frequency	Percentage (%)
1	1	14	35
2	2	11	27.5
3	3	9	22.5
4	4	5	12.5
5	5	1	2.5
<b>Total</b>		<b>40</b>	<b>100</b>

From the responses in table 3 the number of children (the impaired inclusive) the parents that were interviewed have. 14 parents indicated by 35% have 1 child each, 11 parents indicated by 27.5% have 2 children, 9 parents indicated by 22.5% that have 3 children, 5 parents indicated by 12.5% have 4 children and one couple has 5 children.

**Table 4: Distribution of The Respondent According To The Gender of The Physically Challenged Child**

S. No	Response	Frequency	Percentage(%)
1	Male	27	67.5
2	Female	13	32.5
<b>Total</b>		<b>40</b>	<b>100</b>

From the responses in table 4 the sex or gender of the children that are physically challenged that were targeted in the study. The information shows that the higher percentage of male which is 67.5% are more affected by the issue of physical disability, and that 32.5% are female that are affected by the issue of disability.

**Table 5: Distribution of Respondents According To The Age of The Child With The Disability**

S. No	Response	Frequency	Percentage (%)
1	0-6yrs	15	37.5
2	7-12yrs	15	37.5
3	13-18yrs	10	25
<b>Total</b>		<b>40</b>	<b>100</b>

From the responses in table 5 & 6 the age group of the children with physical disability on whom the study was conducted. 37.5% shows the age group 0-6years that are affected by the condition, another 37.5% shows the age group of 7-12years that are as well affected by the condition of physical disability, and lastly 25% shows the age group of children that affected by physical disability. This indicates that the children or age group affected by the issues or condition of physical disabilities are the children in the age group of 0-6years and 7-12 years. This is because of their immune systems are said to be weaker than the children above the age of 12years.

**Table 6: Distribution of Respondents According To Their Reasons They Don't Go To School**

S. No	Response	Frequency	Percentage (%)
1	Lack of finances	15	37.5
2	Get mocked by pupils	2	5
3	Condition	22	55
4	Parents don't allow me	1	2.5
<b>Total</b>		<b>40</b>	<b>100</b>

From the responses in table 7 shows various reasons to why these children do not attend school. 37.5% of the children specified that due to lack of finances they are unable to attend school and educational facilities for these children are so much less within Chaisa compound compared to the children without a disability, 5% could not attend school because they get mocked by their peers in the community and hence have the fear to attend school thinking they will be treated the same way they are treated in the community, 55% do not attend school because of their conditions, and 2.5% shows that persons were not allowed by their parents due to their reasons( fear to be being verbally abused).

**Table 07: Distribution of Respondents According To The Challenges They Encounter In The Family**

S. No	Response	Frequency	Percentage (%)
1	Nil	6	15
2	Psychological	16	40
3	Finances	18	45
<b>Total</b>		<b>40</b>	<b>100</b>

From the responses in table 8 the challenges that the children with physical challenges face in their various homes or families. 15% of the children narrated they do not face any challenges in the family while 40% narrated they face the psychological challenges in the various homes, psychological challenges means the way they are treated in their homes it could be pity or sympathy, it could be calling them different names based on their conditions, sometimes even when assisting them with certain tasks affect them psychologically, and 45% describes the financial problems that they face, which meant, they faced a challenge in acquiring the necessities they require to meet their conditions, and also basic needs e.g. foods, education. Physiotherapy, Etc.

**Table 8: 15 Distribution of Respondents According To The Reaction Received From The Community or Peers**

S. No	Response	Frequency	Percentage (%)
1	Pity	2	5
2	Discrimination	11	27.5
3	Sympathy	4	10

4	Treated with love	19	47.5
5	Mocked	4	10
<b>Total</b>		<b>40</b>	<b>100</b>

From the responses in table 9 the treatment the children with physical disabilities get from the community as well as their peers; 5% shows those that are pitied by the community, 27.5% shows those that are discriminated from social activities and other services offered in the community by various institutions. 10% shows the children that are treated with sympathy, the children that are treated with love are indicated by 47.5% and a 10% those are mocked by their peers.

From the information above, it is noted that there are changes in the way people perceive and treat the people with physical disability especially the children, from a negative attitude to a sound positive attitude, according to the literature that reviewed the difference and in the percentage shown above.

**Table 9: Distribution of Respondents According To The Activities They Do (Government And Non-Governmental Institutions)**

S. No	Response	Frequency	Percentage (%)
1	Livelihood skills	3	17.6
2	Financial assistance	3	17.6
3	Sensitization and awareness	2	11.8
4	Education/training	2	11.8
5	Surgery and reference	2	11.8
6	Physiotherapy	3	17.6
7	Advocacy	2	11.8
<b>Total</b>		<b>17</b>	<b>100</b>

From the responses in table 10 improve the well-being of the persons living with physical challenges. 17.6% of these organizations offer livelihoods to parents having children with physical challenges, another 17.6% offering financial assistance to the parents to the children living with physical disabilities; while 11.8% give awareness and sensitization to the community on the causes, prevention, and about stigmatization and discrimination; another 11.8% offer education and training to the persons living with physical disabilities/challenges. 11.8% institutions of the organizations offer surgery and reference to the children living with physical disabilities; reference in the sense that, in case the operation or surgery is major, they might want to refer the patient to the bigger health. 17.6% of these organization offer physiotherapy to the children living with physical disabilities to help them with their physical development; and 11.8% of these organizations advocate for the rights and freedom of the persons living with physical disabilities/challenges.



## Recommendations and Conclusion

1. This section looks into the main findings that were drawn from the present study based on the objectives set by the researcher. It discusses the current situations the persons with disabilities undergo, and the changes in the perception of the community towards persons with disabilities.
2. There is need for pregnant women to quit drug abuse/alcohol abuse. They need to be sensitized about the dangers of substance abuse to the unborn baby.
3. Sensitize people about the causes of disability, and ways of avoiding some disabilities (preventable impairments). Visit the hospital when planning to have a child. The doctor will help you know if there are any inherited disability or any disability in the family and how to prevent.
4. Immunization against serious childhood illness will help prevent some physical disabilities. And a healthy diet before and during pregnancy can help to prevent some physical disabilities.
5. Reduce on the use of contraceptive pills, especially that which are not recommended by the doctor; they have a greater effect on the physique of the unborn child. For early Intervention, the mothers should be going for screening of newborns.
6. There is need for the government (social welfare dept.) to skill the people with physical challenge as to enable them to sustain their needs. The social welfare department just gives financial assistance, but don't give skills on how to utilize the money to sustain their needs; there is need to promote entrepreneurial training to the physically challenged individuals that are granted this financial assistance.
7. More organization should emerge to work with the families and children with disabilities to reduce vulnerability. The government must put in more funds in the organizations working for the children with physical disabilities as to have a productive population (eliminating vulnerability)
8. The government should enact policies at national level that will reduce discrimination in the society against the individuals with physical disabilities in all aspects that is, socially, economically, in building facilities etc.

## Conclusion

In conclusion physical disability can occur at any stage of the human life, hence there is need to sensitize the communities about the causes and the treatment towards the persons with disabilities, there is still need to raise awareness so that the perceptions of the people might completely be changed from different beliefs about the persons with disability to a more model of understanding the nature and cause of physical disabilities. There is need to also look into the needs of the children or rather persons with physical disabilities so as to include them in different developmental activities to have a productive population. The government needs to provide the necessary facilities that will help the persons with disabilities in their physical, social, intellectual development in order to have a population that is able to act on their own rather be dependents, simply to promote inclusion in all aspect of developmental activities, by creating an enabling environment for people that are physically challenged. The government should come up with ways of ensuring the needs of the children with physical disabilities are met to encourage physical growth, and also reduce poverty among mothers and those that are expecting.



Lastly the community, families and the government must pay attention to the needs of the children with physical challenges, and should enable them act, this reduces the psychological impact the children might experience and lessens the social problems for them, and the government should enact policies at national level to eliminate discrimination of the persons with physical disabilities in all aspect.

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