

THE SITUATION OF PERSONS WITH DISABILITY-A STUDY IN SYLHET CITY OF BANGLADESH

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ABSTRACT

Bangladesh, a developing country, concentrates its major focus to reduce poverty, illiteracy, unemployment, lack of health awareness and health services as well as denial of basic human rights. So the attention to persons with disability is a far cry and the situation of disabled people in Bangladesh is comparatively far below than the average situation of any other section of people. The general objectives of this study are to find out the current situation of physically disabled persons in Sylhet city of Bangladesh and to measure the socio-economic problems of people with disabilities (PWDs). The main methods of this research were social survey and case study; and in some cases observation method was followed. Both quantitative and qualitative information was collected to have an in-depth knowledge about the situation of physically disabled persons. In this study that 59% of the disabled persons have become disabled by natural causes, 35% become disabled by accidents and 6% by other causes. 11% and 76% of the respondents said that their family members show very good and good respectively attitude towards them but 11%.97. 85% respondents getting care from their family. 96% respondents are dependent on their family (87%) and relatives (9%). 85% respondents receive help at satisfactory level. 88% discriminated school/college/job places but Most participate in recreational activities, except 8.5%. 66.67% responded

that they are invited in the social functions 45.65% said that their community member behave with them good, 52% repose not good or bad.

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INTRODUCTION

Disability is a worldwide phenomenon. It prevails all over the world. Disability is an unavoidable and universal part of human diversity. Disabilities in developing and under developed countries are more prevail than the developed countries of the world. There are various causes like natural disaster, war, environments pollution and by birth is special one responsible for disability. The number of persons with disabilities are 600 to 650 million, about 10% of the world population (WHO). About 500 million (82%) are living in developing countries (UN). Increasing in these figures with ageing of the population. Persons with disabilities and their families are more affected by poverty. 2% of persons with disabilities in Africa have access to rehabilitation (UN). 1 to 2% of children with disabilities go to school in developing countries (UNESCO). 1% of girls with disabilities are taught reading and writing (UNICEF). 70 to 80% of adults with disabilities are without employment and live in great poverty (UN; ILO).

Bangladesh is a small beautiful country situated in the northeastern part of Southeast Asia. It is fenced by the Bay of Bengal, India and Myanmar. This is a land of 126.8 million (as per official record 1998) people comprising Muslims, Hindus, Buddhists, Christians and others. Over 98% of the people speak in Bengal, although English is widely used, its landmass is 147,570 square kilometers.

Bangladesh is one of the most densely populated countries of the world. Though disability is a major social and economic phenomenon in Bangladesh, but there is hardly any reliable data in this regard to reveal the actual number. As a result, it is assumed that the prevalence of disability in Bangladesh is not less than the WHO estimation (10%) for the developing countries. The officially recognized figure is about 130 million. Bangladesh is still under the grip of numerous problems that stands towards its tight for development. Poverty, low literacy rate, infant mortality, poor health condition, poor employment rate etc. are major problems and challenges for the nation. At the same time people with disabled represents a countable percentage of the country's population;

services and intervention to disabled of both government and non-government are at the vulnerable level because of limited resources as well as people's outlooks to the people with disables. People with disabled are still recognized more as an issue of welfare and charity and hardly a cross-cutting development issue. The need for it to be recognized as right based issue is still a far cry.

The WHO estimates that approximately 10% of the world's population suffers from disabilities. In the context of Bangladesh that would translate into approximately 12 million people with disabilities based on the 2001 census. However, based on a sample survey conducted in 1991 indicated the number of PWDs was placed at just over 500,000. It should be noted, however, that the Government, with the aid of NGOs, has acknowledged a higher estimate when including PWDs as defined by the Disability Welfare Act 2001. Estimates by Action Aid Bangladesh cite that approximately 7 million people (8% of the total population) require some form of immediate service due to disability related issues.

In 2000, Action Aid conducted a survey of 1,339 PWDs that encompass some of its ongoing projects in Bangladesh. The survey group consisted of 59.8% male and 40.2% female, while the break-down of ages was 0-10 years old (33%), 11-17 years old (17%) and the remaining 50% was over 18 years old. The largest type of impairment amongst the survey group was physical at 42%, followed by visual and speech and hearing impairments at 20% and 20% respectively. The causes of the impairments were primarily due to diseases at 29% and complications during pregnancy at 21%. Accidents comprised almost 15% of the total causes of impairments.

Out of the total 1,339 participants in the survey, over 95% (1,283) of them received some form of rehabilitation service. Out of the total that received rehabilitation services, 18.7% were included in the educational system. 31.4% were in governmental schools, while 39.4% were enrolled in non-formal primary educational schools. None of the participants in the survey were enrolled in university.

OBJECTIVES OF THE STUDY

The objectives of this study are:

- To find out the current situation of physically disabled persons in Sylhet City;
- To measure the socio-economic problems of PWDs in Selhet City;
- To explore the social views about PWDs;
- To measure the societal attitude towards physically disables from their own perception;

METHODOLOGY OF THE STUDY

The main methods of this research were social survey and case study; and

in some cases observation method was followed. A semi-structured questionnaire and a semi-structured schedule were formed to collect information from the respondents (physically disabled persons). Both quantitative and qualitative information was collected to have an in-depth knowledge about the situation of physically disabled persons and quality of services for them.

Area of the study

Sylhet City Corporation was the select area for this study.

Universe and unit analysis

All the physically disabled men, women, children living in Sylhet City Corporation were the universe of the study. Each of them was considered as unit of analysis.

Sampling

Purposive sampling was used in this study. It is because disabled people are very scattered in Sylhet City. Sometimes it is very hard to reach them and a good percentage of families don't want to expose their disabled member to the society.

Respondent of the study and Sample size

In this study, respondents who are physically disabled men, women and children have been covered. And the total number of respondents were-47.

Techniques and Tools of data collection

Questionnaire, Schedule and observation were applied as data collection techniques.

Data processing and analyzing

Initially we have edited collected data. Therefore, we edited data classified and tabulated those. Later on we analyzed and interpreted the tabulated data. We have used some simple statistical tools. Initially the collected data were classified, edited and tabulated by using some simple statistical tools such as percentage, graphical figures. Therefore, the edited data were analyzed and presented.

CONCEPTS OF DISABILITY

In order for individuals with disabilities to become full partners in the cyberspace era, their situation must be considered early in the design process of products and work environments. We believe that the key to good early design is an elimination of a confusion that is all too common concerning the connection between disabilities and handicaps. In untangling the confusion we use the following glosses on "impairment," "disability" and "handicap" that basically follow the World Health

Organization (WHO); we add the term "inability" to fill an important logical gap.

- An *inability* is anything a person cannot do.
- An *impairment* is a physiological disorder or injury.
- A *disability* is an inability to execute some class of movements, or pick up sensory information of some sort, or perform some cognitive function that typical unimpaired humans are able to execute or pick up or perform.
- A *handicap* is an inability to accomplish something one might want to do, that most others around one are able to accomplish.

A *disability* may be *directly* or *circumstantially* linked to an inability or handicap. The link is direct if having the disability leads. Independently of circumstances. To having the inability: there is simply no way a person with the disability can accomplish the task in question. The link is circumstantial if, although in some circumstances there is no way for a person with the disability to accomplish the task, in other circumstances, where the right tools and structures to support them are available, there are ways. Paraplegia, a disability, is directly linked to the inability to walk. But it is only circumstantially linked to the inability to move around under one's own power. This inability can be removed with a wheelchair. Blindness is directly linked to the inability to see text on computer monitor. But it is only circumstantially linked to an inability to gather the information presented there. The inability to get information from displayed or printed text can be removed through the use of Braille displays and speech-output screen readers. This example brings up an important distinction that must be made between information (the content of the textual message) and the form of information (displayed text, printed text, Braille text, audio text, etc.); we will discuss this concept again in the last section.

The term "handicap" is sometimes now avoided, but we think it can be put to good use, in the way WHO does. A handicap is an inability that leaves one at a comparative disadvantage. So conceived, a handicap is a special case of an inability. The connection between handicap and disability is much looser. We can be handicapped, even when we are not disabled. Americans who do not speak Japanese will be handicapped when they visit Tokyo, because while most people will be able to gather important information by reading signs on buildings, they will not. And one can be disabled, without being handicapped relative to many tasks, if the proper tools and supporting structures are provided.

The concepts we now want to introduce are the intrinsic conception of disability, inability, and handicap" and the circumstantial conception of disability, inability, and handicap". For short we will refer to them in an abbreviated form: the *intrinsic conception* of disability and the *circumstantial conception* of disability.

The *intrinsic conception* of disability goes like this: A disabled individual is one who cannot make some movement that the majority of the population can make, or lacks some sensory capacity that the majority of

the population has. As a result, disabled individuals are handicapped in many ways; they cannot realistically expect to accomplish many goals that others can accomplish. A disabled individual must either regain the motor or sensory abilities, or abandon the goals.

In contrast, the *circumstantial conception* goes like this: A disabled individual is one who cannot make some movement that the majority of the population can make, or lacks some sensory capacity that the majority of the population has. As a result, an individual with a disability may need to use different mms than nondisabled individuals standardly use to accomplish certain goals. Handicaps are created when the tools and infrastructure to support these alternative methods are not available.

The contextual factors include environment factors and personal factors. The environment factors make up the physical, social and attitudinal environment in which people live and conduct their lives. The personal factors comprise features of an individual that are not part of a health condition or health states, e.g. gender, race, age, lifestyle, social background, education and profession. Complementing the term 'disability', 'functioning' is used to indicate non-problematic aspects of health and health-related states. (WHO 2002).

DEFINITION AND CLASSIFICATION

Disability is a termed refers to the people who fail to play the appropriate social role for maintaining normal functioning because of physical, mental and emotional disadvantaged. There are many organizations-governmental, non-governmental and international which define disability in many dimensions, which are as follows: The ministry of social welfare, in association with the National Forum of Organizations working with the disabled (NFOWD) initiated draft legislation was formally enacted in April 2001 and is known as the Disability Welfare Act of 2001 Under the legislation, definition for persons with disabilities was outline a follows: Persons with disabilities are those who: are physically disables either congenitally or as a remit of disease or being a victim of accident, or due to improper or maltreatment or for any other reasons became physically incapacitated or mentally imbalanced. as a result of such disabled-ness has become incapacitated, either partially or fully is unable to lead a normal life.

Persons with physical disabilities are classified as:

Lost either one or both the hands

Lost sensation, partly or wholly, of either hand,

Lost either one or both the feet,

Lost sensation, partly or wholly, of either or both the feet

Physical deformity and abnormality,

Permanently lost physical equilibrium owing to neuron-disequilibrium,

UNICEF has provided definition of the two concepts, Disability and Handicap separately:

Disability: disability is the difficulty in seeing, speaking, hearing, writing, walking, and conceptualizing or in any other function within the range considered normal for a human being.

Handicap is a disability has interfered with the development of ability to do work normally expected at a certain age. World Health Organization (WHO) revealed an article named “International Classification of Impairment, Disability and Handicapped (ICIDH) in which, said the classification of disability that are three in number:

Impairment
Disability
Handicapped

From the above definitions, We define disability that a disabled is one who has any kind of physical or psychological or both kind of problems and s/he cannot do normal activities, or can do sometimes with the help of instruments or others. Disability results from the interaction between persons with impairments, and attitudinal and environmental, barriers that hinder their full and effective participation in society on an equal basis with others.

LITERATURE REVIEW

Overview the national situation

Though disability is a major social and economic phenomenon in Bangladesh, there is hardly any reliable data in this regard reveal the actual number. As a result it is assumed that the prevalence of disability on Bangladesh is not less than the WHO estimation (10%) for the developing countries. The officially recognized figure is about 130 million. In the context of Bangladesh that would translate into approximately [2 million people with disabilities based pm the 2001 census. However, based in a sample survey conducted in 1991 indicated the number of PWDs was placed at just over 50000.

In 2000, Action Aid conducted a survey of 1339 PWDs that encompass some of its ongoing projects in Bangladesh. The survey group consisted of 59.8% male and 40.2% female, which the break-down of ages was 0-1 years old (33%) 11-17 years old(17%) and the remaining 50% was over 18% years old The largest type of impairment amongst the survey group was physically at 42%, followed by visual and speech and hearing impairment at 20% and 20% respectively. The causes of the impairment were primarily due to diseases at 29% and complications during pregnancy at 21%. Accidents comprised almost 15% of the total causes of impairment. (People Republic of Bangladesh; Expert Group Meeting and Seminar, Bangkok, Thailand, 2-4 June 2003.)

The study of NFOWD and Handicapped International (HI) also found that the overall prevalence of disability is higher in Dhaka division (8.2%) compared to 4.2% in Chittagong division, closely followed by Khulna and Sylhet division (4.3% each) and 6.4% and 6.0% in Barisal and Rajshahi division respectively. (Report)

A sample census was conducted in 1991 by the Government, disability was defined as difficulty in seeing, specking, walking or in any other function within the range considered normal for human being. The result of the disability sample concluded that only 0.47% of the population. Information has not yet been released on the estimated numbers and statistics of PWDs compiles from the 2001 census. People's Republics of Bangladesh) CS-PWDs

Disability as a problem

PWDs are one of the most underprivileged, disadvantages and vulnerable groups in Bangladesh. Usually, they are looked down upon, neglected and deprived of most of their basic needs and human rights. Huge numbers of citizens were disabled during the great liberation war in the early 1970s. Additionally hardcore poverty, illiteracy, lack of awareness and the unavailability of appropriate health services have increased the number of PWDs. The Government is fully aware of this issue and is trying to improve the situation with the limited resources; it is very difficult for the Government alone to achieve the desired level of success. Therefore, it has become a responsibility of all development works and agencies to build an effective, sustainable and affordable national infrastructure.

Social discrimination

The lives of most people with disabilities (PWDs) are dominated by the ignorance, fear and superstition by others. Many view people with disabilities as a curse in the family and are unsympathetic, causing embarrassment to the family as well as often to the PWDs themselves. Women with disabilities are especially vulnerable to social discrimination and neglect on the country. It is not uncommon that this discrimination begins in the home. Parents of PWDs often are ashamed of them and want to hide them from society. They treat them' as an economic burden and do not explore their potentialities. The result of such neglect with PWDs' by their relative invisibility and their exclusion from normal economic, social and political activities is unexpected. There exists no systematic intervention for raising awareness on the unacceptable and prevailing situation for most disabled people at the community level. Although notable progress has been made on building awareness on other development issues, the issue of disability has not been integrated into the process of mainstream development for Bangladesh. Taking simple measures can prevent many types of disabilities. Proper nutrition is one of the most significant ways to prevent disability. Another important area of prevention is early detection and early intervention, which can minimize the impairment and any secondary disabilities. There

are many other ways of prevention such as mass awareness, campaigns, education on a healthy lifestyle, reducing accidents and implementing effective immunization programs these interventions are limited Bangladesh, particularly in the rural area.(BPKS).

The psycho-social and human rights situation of disability in the country is far below than the minimum acceptable standard. PWDs in Bangladesh have been facing a strong difficult situation un their day by day lives, which badly impacts their socio-economic and cultural activities as well as the basic rights and facilities as human beings and/or complete citizens of the country.

Access to medical services

PWDs in Bangladesh do not have proper access to health and medical services. Inadequate facilities for treatment and rehabilitation of the disabled patients are making their lives miserable and vulnerable. Lack of professionals, specialist physicians and even properly trained staff members at the hospitals creates lots of problems for PWDs. (country paper: Bangladesh.4)

Access to education

Access to education for Persons with Disability is very poor due to lack of facilities, resource teachers and unaffordable tuition fees. Most of the educational institutes are not accessible for wheel chair users. Discrimination and ridicules by others are common phenomenon for students with disabilities in Bangladesh. There is no provision for government support to the disabled students of all categories where there are any programs like food for education, total literacy movement etc. run by the government to promote education for mass community. Many parents create barriers for disabled student, as they do not want their children to study along with any disabled students.

Access to job and employment

Currently access to job and employment both in public and private sector organizations are not available for PWDs. Potential employers don't have confidence on the capacities of people with disabilities to carry out the required task of the job and at time strong lack of understanding in this regard among the employers is a big hurdle for PWDs. On the other hand without having a single opportunity the disables person can't improve their professional skill and competence required for a specific job.

Transportation

Transportation for persons with disabilities is another big difficulty in Bangladesh. Transportation system in Bangladesh is fully inaccessible for Persons with Disabilities. There is no safely and security for them. Driving license is restricted for disabled people. Transportation affairs are not properly oriented with the special needs for disabled persons.

Children with disabilities

Children with disabilities (CWDs) are one among the most vulnerable groups on Bangladesh. A large number of children under five die every year due to tetanus, acute respiratory infections pneumonia, diarrhea and malnutrition in the country. Among them the number of children with disabilities is significant. Children with disabilities (CWDs) become the first victim of discrimination by others. In the family they are not usually provided with same food, clothing, shelter and care as their peers. The family usually ignores their needs, especially health and education needs. As a result they are deprived of their basic rights to education, health participation and recreation. Many 8 times the others also abuse CWDs.

Women with disabilities (WWDs)

Women in Bangladesh are generally the victims of discrimination in the male dominated society underpinned by conservative traditions. Social and cultural restriction confine them to the “protection” of men in their family. Women with Disabilities (“WWDs” are considered as victims of double disability in society. Firstly their disability for being women and secondly they are disabled physically visually or mentally. Because of their restriction being women parameter of their disability increase a lot. On the other hand they are frequently abused as vulnerable women. Incidences of sexual abuse of W with disabilities are not also uncommon in the community.

Community does not pay any attention to the option of the women With disabilities. Facilities for their education and healthy development are badly restricted in die cointry Even the people cannot imagine of happy familial and conjugal life for a women with disabilities in Bangladesh.

General Background on National Policies

The Government was a signatory country of the Asian Pacific Decade of Disabled Persons and has proclaimed full participation and equality of persons with disabilities. It was therefore, that a national policy for people with disabilities was adopted in 1995. In 1993, the government of Bangladesh has set up a National Co-operation Committee (NCC) on Disability under the Ministry of Social Welfare in order to consolidate the activities of different government and non-government organization to promote a sustainable livelihood for persons with disabilities in the mainstream. And then a strong need for the national policy and legislation were revealed. (Country paper: Bangladesh-4)

The Ministry of Social Welfare

The Ministry of Social Welfare is the main government organization that implements programs for the protection care, education, training and rehabilitation for persons with disabilities. The department of social services and the national Forum of Organization Working With the

Disabilities (NFOWD) fall under the purview of the Ministry of Social Welfare. (Country paper: Bangladesh-4)

The National Co-operation Council (NCC)

The National Co-operation Council (NCC) was formed under the chairmanship of the minister of Social Welfare in 1993 and is under the administrative control and management of the Government of Bangladesh. The NCC is comprised of 52 members with representation from PWDs, NGOs, self-help organizations and related governmental agencies. The NCC works closely with the NFOWD. (Country paper: Bangladesh-4)

The National Forum of Organization Working With the Disabilities (NFOWD)

The NFOWD was formally established in 1991 in order to create linkages between strategic agencies and interventions. It is the leading national level coordinating body of GO agencies working on disabilities issues in Bangladesh. It currently has 138 member organizations. (Country paper: Bangladesh-4)

Law and legislation

The government enacted the persons with Disability Welfare Act in 2001 which provided special legislation for the persons with disabilities. However, it is recognized that the legislation does not cover all the required demands of persons with disabilities. The government has sought out experts with an intention of revising the legislation to work with a review committee that was formed to redraft the entire legislation with necessary amendments involving expertise from disability organization lawyers and other professional. Limitation in the law include suitable mechanisms to examine and identify all substantive and procedural laws, such as those covering inheritance, marriage and property as well as criminal and civil procedure codes and policy provisions on various subjects.

The National Board of Revenue, through way of a circular has exempted duties and taxes on the import of vehicles, assistive devices, health and medical supplies, including all equipment and materials needed to improve the quality of life of persons with disabilities. However, there are currently no tax benefits for persons with disabilities and employers of disabled persons and manufacturers of assistive devices, including exemptions from excise duties.

Social Services

Due to financial constraints, limited resources and various others issues, Bangladesh currently has no established method for the distribution of a widespread social service system throughout the country. However, the promotion of social security measures for persons with disabilities living on poverty has been raised and discussed at various seminars and government committees. Areas of consideration include subsistence

allowances for persons with disabilities and special subsidies at transportation, health.

Fifth five year plan (1997-2002)

Program under Fifth five year plan: Community based rehabilitation programs will be given greater emphasis in relation to the physical disabled. The services will be made to these groups in their own community environment which work as substitute for institutional program of services (5th fyp, 1998) Allocation for Disabled in different Planning (take in corer)

Governmental Strategy for Physically Disabled

The government with its low budget is trying to improve the condition of the sufferers programs for care, education, training, rehabilitation of the disabled through the department of social services are as follows:

(a) Integrates Special Education Program: The department of Social Welfare (DSW) has launched a scheme for education of blind children with their sighted peers in 47 regular secondary schools in the country. The school program includes one resource teacher at each of the 47 schools and functional assistance for construction of a resource room where the resource teacher work to help the blind children to their day to day lesions. (Report)

(b) Increasing Retention Rates for all Children in Education : Although there is in specific policies to assume responsibility for education of Children With Disabilities attempts have been made to pursue concerned ministries and departments to facilitate assumption of responsibilities of education learners with disabilities in mainstream educational set ups. Inter-ministerial meeting have been organized, hosted jointly by the Ministry of Social Welfare and NFOWD to facilitate issues like the education of children and youths with disabilities.

Special school operated by NGOs and the integrated school of the government provide support mechanisms and system for the disabled. Teaching aides are provided and therapeutic services and assistive devices are ensured for children with disabilities. (Report)

Training and Employment

The government, through the Ministry of Social Welfare, operates two vocational training institutes for the persons with disabilities including the Employment, Rehabilitation Centre for the physically handicapped. Some of the development organizations are running skill development training including, wherever possible PEDs. Additionally, these centre are physically accessible with essential support equipment, however, they have limited capacity.

The National Centre for Special Education (NCSE) was established in 1991 to train staff, assess the training and rehabilitation needs of PWDs and to develop aids and methods. The Centre for Disability in Development CCD

is involved in human resource development for organization working for the disabled. Its experienced trainers and resource person provide training and develop materials and training courses on institutional and professional skills for community development organizations. (C S PWDs) The Centre for Service and information on Disability (CSID) conducted a study in 2002 whereby a total 452 people with disabilities were surveyed to determine how employment. According to the study 60% were self-employed, while the government was the source of only 5% of employment. (C S PWDs)

Self Help Organization

The history of self-help organizations of people with disabilities in Bangladesh is closely related with the self-help movement of the PWDs. in Bangladesh self-help movement of the persons with disabilities has been pioneered by Bangladesh Protibandi Kilyan Somity (VPKS) at the only cross disability. Self-help organization of the country since 1985. BPKS organizes the persons with disabilities of all categories toward forming their own organization at grass-roots level through self-initiatives to contribute to their own and others' development. At present BPKS has been going through a unique innovative approach person with disabilities Self-Initiatives to Development (PSID). The main theme of this approach in "Initiatives of our 0an" which may be considered as the action oriented practical version of the theme of DPI "Voices of our own".

Non-government Organization

In Bangladesh disability had been considered as a humanitarian or charity issue for long rather than a development or rights bases issue. There are several thousands of NGOs working in disability and development in very trifle. The total numbers of NGOs are about only 200. Among those, the number of organizations working exclusively for disabled persons and the organizations comprised of and managed by the disabled persons is not more than 20.

Basically the NGOs providing their services on awareness rising, training, education and providing health care services. Some NGOs are Operating credit programs among their beneficiaries; "Action Aid Bangladesh" recently conducted a survey on NGO's working in the field of disability. 68% are working at grass-root level and 24% at national level. 47% are working with the Community Based Rehabilitation approach 12% with an Institution Based Rehabilitation approach and 41% follow both approaches. Only 1 organization works with self-help concept. BPKS is the mentioned organization that implements programs through. PWDs Self-initiatives to Development (PSID) approach in 12 districts of the country.

There are very few NGOs that have clinical facilities for treatment and rehabilitation of the disabled persons. Among those the Leprosy Mission, Damien Foundation, Santi Handicapped Centre, Pangu Shishu Niketon, Society for the Blind (BNSB), Impact Foundation Bangladesh and Centre

for Rehabilitation of the paralyzed (CRP) could be mentioned. CRP provides treatment and rehabilitation training to the paraplegic patients which confines its services only towards the spinal cord injuries patients.

ANALYSIS OF THE STUDY

People with disabilities in Bangladesh are among the most vulnerable, neglected and deprived segment of the Populations. Limited opportunities are available accessible and affordable to the people with disabilities for prevention and cure of disablement, education, training and employment in Bangladesh. The situation of physically disabled people and the opportunities for them is also same on Sylhet City. There are some superstitions, negative social values and customs prevails in the society, disabled persons face these negative attitudes like blame. They are visible in human crowd but invisible in development interventions they are invisible in policy making and because of physically defect. The services that are available for them are not sufficient to improve their current situation. We have found some important features regarding the situation of disabled people and the services available related with disability, which are given below:

Table 1: Distribution of the Disabled by age

Age group	Number of Respondents		Total	Percentage
	Female	Male		
06-10	3	8	11	24%
11-15	7	6	13	28%
16-20	4	5	9	20%
21-25	2	5	7	15%
26-30	-	-	-	-
31-35	-	1	1	2%
36-40	-	2	2	5%
41-45	1	-	1	2%
46-50	-	1	1	2%
51-55	-	-	-	-
56-60	-	1	1	2%
Total	17	29	46	100%

Table 2: Distribution of disabled according to type of disability
 N=45

Type of disability	Number of respondent	Percentage
host/Lost sensation one or both	14	31%

hand		
Lost/Lost sensation either one of both leg	21	47%
Mouth, barrier to clear speech	7	15.5%
Visual problem one or both eye	10	22%
Deaf & dumb	1	2%
Psychological	5	11%
Multiple	2	4.5%
Total	60	133%

Table 3: Distribution of the disabled according to cause of disability Cause of disability E Number of respondent I Percentage

Causes of disability	Number of respondent	Percentage
Natural	27	59%
Accident	16	35%
Others	3	6%
Total	46	100%

The above table (3) shows that 59% of the disabled persons become disabled by natural cause; 35% by accident and 6% became disabled by others causes. This table implies that natural causes are responsible for the maximum number of disabled persons.

Table 4: Educational status of the disabled persons

Educational Status	Number of Respondent				Total Respondent	Percent age
	Male	%	Female	%		
Primary	9	31%	9	53%	18	39%
Secondary	6	20.5%	-	-	6	13%
Higher	2	7%	-	-	2	4.5%
Illiterate	12	41.5%	8	47%	20	43.5%
Total	29	100%	17	100%	46	100%

The table-4 shows that 56.5% of the respondents have formal education, 39% have primary level status. But it is significant that 43.5% do not have any education. It is very clear in our study that among female disabled there is no persons with the educational qualification above primary level though 7 (15%) female whose age 16+ among total respondents. As they are illiterate do not know about lows rights, services, and privileges on behalf of them.

Table 5: Marital status of the disabled persons

Marital Status	Number of Respondent				Total Respondent	Percentage
	Male	%	Female	%		
Married	6	60%	1	14%	7	41%
Unmarried	4	40%	6	86%	10	59%
Total	10	100%	7	100%	17	100%

(N.B) Age of respondent male (21+) Female (18+)

The above table-5 shows that 41% of the responds are married on the other hand 59% of the respondent are unmarried the married status of the female is very grievous/afflicting because 86% among the female are unmarried though their age is 18+. When somebody want to marry side by side they are demanded a large amount of dowry, So who have simple physical problem but do any kind of work would not get marry sometime disabled parents do not want to engage their children to marriage because they think that after marriage there would be problem.

Table 6: Distribution of the disabled according to key earning member of their family

Key member earning	Frequency	Percentage
Self	2	4%
Parents	33	72%
Brother	7	15%
Relative	4	9%
Total	46	100%

Table (6) shows 4% are self-earner which is very little percentage. 96% (42) are dependent on their family 87% and Relatives (9%) It represents a very vulnerable circumstance of the disabled persons. They lead a very distressful life as a burden of others.

It is found but among the respondent some of them engaged in work and earn. But most of them are still dependent on other. This study shows that only 4% of them are the key earning members of their family. On the other hand, 96% disable persons are still live on their family income. This statistics indicate that their conditions are not comparatively well. Even in some cases 9% they are dependent on the income of their relatives

Table 7 Monthly family incomes of the disabled persons

Class-interval	Number of Respondent	Percentage	Percentage
4000	12	26%	56%
4001-5000	7	15%	
5001 -6000	7	15%	

6001-7000	3	6%	6%
7001-8000	3	6%	6%
8001-9000	1	2%	2%
9001-10000	7	15%	15%
10001	7	15%	15%
Total	47	100%	100%

The above table (7) shows that 56% family incomes are under 6001. As they are disabled and poor, so they lead a very vulnerable and distressful life.

Table 8: Distribution of the disabled according to receive quality of economic help from family members:

Quality of economic help	Frequency	Percentage
Satisfactory	40	85%
Average	5	11%
Occasional	2	4%
Total	47	100%

The above table shows that every disabled person receives economic help from family. But the levels of receiving help or cooperation are different. Most of them 85% receive help at satisfactory level, 11% of them receive help at average level and 4% at occasional level. Self-employed persons receive help in the occasional level. It is very significant that 85% respondent receive help at satisfactory level. It focus that our family values is positive for helping their children, brother and sister.

Table: 9 Attitude/behave of family member towards disabled persons.

Attitude of family towards PWDs	Number of respondent	Percentage
Very good attitude	5	11%
Good attitude	34	76%
Good + bad attitude	5	11%
Bad/ Rough attitude	1	2%
Total	45	100%

The table (9) show that 11% of the respondents said that their family members show very good attitude towards them. 76% said that their family members behave with them good, but it is very significant that 11% said that their family members attitude towards them not good or bad. 2% said rough behavior with them. If disabled family members misbehave or keep negative attitude to them where can they go? When disabled persons want their choice able thing then they are victim by speech and attitude. Sometimes it is said to them you are disabled so you consume less. Strange matter is that when other family members go outside for various purposes like shopping, marriage ceremony then they do not want to go

with disabled children, brother or sister. They want to hide their disabled child from society.

Table 10: Distribution of the disabled persons according to Discriminated in the family

Discrimination	Frequency	Percentage
Discriminated	3	7%
Not- Discriminated	43	93%
Total	46	100%

The above table-10 shows that 3 (7%) of the disable persons are discriminated somehow in their family. But most of them 43 (93%) says that they are not discriminated in their family.

Table 11: Distribution of disabled according to participate in recreational activities:

Type of recreational	Frequency	Percentage
T.V. watching '	24	52%
Radio heaving	13	23%
Chatting	14	30.5%
Taking care by family	11	24%
Miscellaneous	11	24%
Not any	4	8.5%
Total	77	167%

The table-11 shows that most of the disabled persons, except 4 (8.5%) participate in any kind of recreational activities. It's a good sign.

Table -12: Distribution of the disabled according to invited social function

Invited in social function	Number respondent	Percentage
Yes	30	66.67%
No	15	33.33%
Total	45	100%

The above table-12 shows that 66.67% (30) of the respondents responded thd they '3 invited in the social function like marriage ceremony and 33.33% persons of the respondents responded that they are not invited in the social functioning

Table 13: Information related to cooperation or interaction by mates/other to disabled students.

Interaction/cooperation by class mates/others	Number of respondents	Percentage
Classmates cooperate	20	74%
Classmates do not cooperate	7	26%
Total	27	100%

The study also depicts that 26% of the disabled students don't get cooperation from their mates. Though majority (74%) gets cooperation, the point is that society does not support the disabled people; because those who do not cooperate with disabled persons they learn these values and norms from society or family. (Table 13)

Table-14 Distribution of disabled according to discrimination issue in school/college/job places.

Discrimination (at school/college/ job places)	Frequency	Percentage
Discriminated	30	88
Not discriminated	4	12
Total	34	100%

The above table-14 shows that 88% of the disabled face discrimination in school/college/job places. Institutional administrations do not allow or admit the disabled. Moreover, institutions claim extra fees because of their disability. The lack of infrastructure of the institution is not supporting to the disabled persons. Besides, improper implementation of constitutional rights and laws are responsible for this kind of discrimination.

Table-15: Distribution of the disabled unmarried adult person in case of marriage

Case of marriage	Frequency	Percentage
Face problem	11	100%
No problem	-	-
Total	11	100%

We found from our study that each and every unmarried adult disabled face problem in case of marriage. Some disabled face dowry problem (Table-15). One or two persons agree to marry but use demanded a big amount of dowry. Some disabled parents don't show any interest to arrange marriage, because they think that they may have problems in post-marriage.

Table 16: Distribution of the disabled according to face problem of get admission at

Problem to get admission at educational institution	Respondents	Percentage
Yes	5	23%
No	17	77%
Total	22	100%

The table (16) shows that 23% face problem to get admission at educational institutions. They want to admit but they have no opportunity to admit and receive education as a constitutional right. 77% of the respondent's responses don't face problem to get admission.

Table 17: Distribution of the respondent by faced problem to get job.

Problem to get job	Number of respondent	Percentage
Yes	1	25%
No	3	75%
Total	4	100%

This table (17) shows that 25% disabled persons faces problem to get job 75% (3) responses don't face problem to get job. It is significant that 25% disabled who are eligible for particular. As a disabled they have some limitation they do not perform all kind of works. And in which they are fit they cannot extra. So, they lead dependence livelihood as a burden of their family.

Table 18: Attitude of the community/society towards disabled persons.

community attitude	Number of Respondent	Percentage	Percentage
Very good attitude	1	2.17%	48%
Good attitude	21	45.65%	
Do not response	5	10.86%	52%
Good + bad attitude	16	34.78%	
Negative attitude	3	6.54%	
Total	46	100%	100%

The table-18 shows that 45.65% said that their family member behave Wards them good, but it is very significant that 52% said that their family members attitude towards them not good or bad. 6.54% said rough behave towards them. If community members misbehave or negative attitude them where can they go? When disabled persons want to share something then they are victim by speech and attitude. Sometime it is said to them not you are disabled so you should not come out side of the house. Strange matter is that when other family members go outside for various purposes like shopping marriage ceremony then they (family members) do not want to go with disabled children, brother or sister. They want to hide their child from society due to away from neglect.

Table 19: Distribution of respondents in percentage about whether they know about related services

Knowing about services	Number of respondent	Percentage
Yes	24	53%
No	11	47%
Total	45	100%

The above table (19) that 53% (24) of the disabled person know about the services for them our rest of them 47% (21) do not know about the services for them. Publicity of the organization and illiteracy, ignorance, unawareness of the persons with disabled and their family are responsible

for the unknowing about services (47%) table (20). if they do not know about services how can they get services. It is very clear that when we receive data from the disabled persons then 60% said they do not know about disability act, 40 % said do not know about law. If they do not know laws and services, then how can they get their opportunity, rights according to constitutionally?

Table 20 the idea about the Disability Welfare Acts 2001

Related idea about law	Number of respondent	Percentage
Respondents have idea	18	40%
Respondents don't have idea	27	60%
Total	45	100%

This table (20) shows that 40% of the disabled persons have idea about the Disability Welfare Acts 2001. But the significant is that majority (60%) don't have any idea about law, even they have not heard anything like that. The information tell us that, our existing laws and services related to disability in question mark whereas ideas about the disability 60% don't have any idea, then how we expected that it will able to establish their rights. And if we failed to inform this law and services to them, our objectives of giving services will never be successful.

Significantly 97.85% respondents getting care from their family means the family bonds is strong and the relationship among family member is good in Bangladesh Perspective.

LIMITATION OF THE STUDY

There might have some limitations to conduct the research as the issue is sophisticated in nature. The major limitation and barriers of the study were.

- There are some qualitative factors related to disability. People normally feel embarrassed to openly express negative feelings towards a sensitive issue like disability
- Adequate discussion with the professional group experienced in dealing disability issues has not been done due to time constrain.
- We have limited time because we have to work in the field at the same time.
- We have faced problem like scarcity of pertinent literature regarding situation and services of disability because it is still not right based and development issue, number of research on disability was not common both government and non-government sectors, specially Sylhet City area.
- Statistical information is inadequate which represent the real picture of disability in Sylhet City area.
- We have collected data from disabled persons and service providers. In such cases, it was found difficult to have a proper

reflection of attitude of the family and community neighbors towards disabled people.

- We have faced contact problem that there are some persons with oral disability, they could not express themselves properly.
- People normally feel embarrassed to openly express negative feelings towards a sensitive issue like disability. So it was very difficult for us to know the actual attitude of the people towards disability.
- Our sample size was not large and it was short listed as a result we could not cover all people from the population.

SUGGESTIONS

Bangladesh is one of the developing third world country, our development is hindered various kind of social problem. Participation of all spheres of population is very necessary to develop a society or country. In our country perspective disabled persons do not participate in development program and decision making process. In this modern era their frequent participation is necessary, disabled people have advanced chronologically from charity, volunteers, welfare, participation, approaches to currently emphasizing on the issues of quality of all spheres of life. In today's perspective in the mission of addressing the needs of people with disability-to focusing on the aforesaid area of focus the following areas we think need to be considered by all actors at all levels to improve the disabled persons.

To take necessary steps create employment opportunities especially for disabled people and financial like micro credit program.

- ✚ To create special opportunities for them along with ensuring success of those initiatives in true sense.
- ✚ Since most of disabled people are not of well of family so proper rehabilitation initiatives should be taken for them.
- ✚ To empower them through aware them of their rights and ensuring providing them with their rights. And it is necessary to establish disability citizen council with a view to empowering them.
- ✚ Vocational Training centre should be created for them.
- ✚ The treatment facilities is rare for them so it is necessary to increase the treatment facilities while there have come evidences that-some disabled people can get normal life and normal physical fitness with proper treatment
- ✚ There is no proper survey regarding disabilities in Bangladesh. So it is very important to conduct continuous survey on this issue to find out the real feature of disabled people in Bangladesh
- ✚ Advocacy, awareness publicity etc. are should be occurred frequently with a view of protecting and preventing disabilities

- ✚ It is found out that there is no proper co-ordination among the org. working in Sylhet zone. So to fulfill the objectives in true sense those organization should work in proper coordinated way
- ✚ To remove “ignorance, fear and superstition,” acceptance them by others as well as from their own family members.
- ✚ To remove social humiliation societal people have to change their outlook to the disabled as a curse in the family and sympathetic to the abnormality
- ✚ National plans on poverty alleviation through micro-credit operations; skills development etc. should include specific strategies to promote employment to facilitate access to income for people with disabilities. The national and private banks along with other GOs and NGOs should be facilitated to initiate schemes to include people with disabilities into their mainstream credit operation programs
- ✚ There is no need of separate budget for the development of persons with disabilities. But it should be ensured that budget imparts from every sector.
- ✚ To remove disabilities the steps of prevention and early intervention should be taken. In order to that the followings are suggested-
 - i. Launch media campaign through the mass media in order to create awareness amongst the masses about the causative factors of disabilities and measures to avert occurrence of disabilities.
 - ii. Disseminate information through the mass media about pre-natal, pen-natal and post natal care of the mother and the child.
 - iii. Disseminate information on measures to avert accidents that are causing disabilities.
 - iv. Undertake immediate to protect production and marketing of adulterated medicine.
 - v. Providing training and workshop for different local level elected representatives, local and government officials and grass root workers of different NGO on prevention and causes of disability.
 - vi. In-corporate appropriate article of prevention of physical or mental disability in different training curriculum of local level peoples representatives and local level government officials.
 - vii. Extend co-operation in implementing the concerned immunization programs for preventing disabilities.
 - viii. Undertake supportive programs for stopping the plying of defective vehicles on rods and prevention of sound pollution.
 - ix. Conduct appropriate research on factors causing disabilities and treatments thereof.

CONCLUSION

Worldwide interventions on disability issues have been expanding at a rapid pace in recent years. But in comparison to the situation of disability in developing countries is much behind. The country situation is much worse, but over the last few years, a platform has been created in Bangladesh with the collaborative efforts and resource generation among the Government and the NGO sectors to address the issues of disability. It had been some progress undoubtedly, but its extent is still far too inadequate in comparison to the population of people with disabilities and the magnitude of the needs and demands on these issues. There is still a long and difficult path that Bangladesh needs to cross in its efforts to earn equalization of opportunities for people with disabilities. Bangladesh has been able to initiate work on many areas and there are still many more that need to be addressed. It would require a lot more inputs and resources through national and international sources with effective and efficient policies, strategies, programs and action plan to change the quality of life of people with disabilities. Different actors and players including people with disabilities, their families and the communities need to be involved in all areas from primary to tertiary sectors in the country's effort to jointly build a better nation for all including people with disabilities one of the greatest strength that has been achieved that will facilitate progress is the strong commitment of the nation and the bondage of the Government and the NGOs to work in partnership and togetherness towards equity. Mainstreaming disability rights is therefore crucial in every aspect of political and public life.

REFERENCES

- Bangladesh Planning Commission, " The First Five Year Plan (1973-78) GOB, Dhaka: 1973
- Bangladesh Planning Commission. The Fifth Five Year Plan 1997-2000" GOP. Dhaka: 1998
- Breslin ML (1998). Disability Paradigms. University of California at Berkeley, <http://guir.berkeley.edu/courses/assistive-tech/spring2002/mlb-paradigms.htm>, 2006-12-02.
- Burchardt T (2004). Capabilities and disability: the capabilities framework and the social model of disability. *Disability & Society*, 19:7, 735-751.
<file:///I:\22.06.08govt policy.htm>
<file:///I:\22.06:08 disability.htm>
- Handicap International June -2007
- Haq M ul (1995). The human development paradigm. In Sen A (Foreword), Fukuda-Parr S, Shiva Kumar A K (Eds) (2003). *Readings in Human Development: Concepts, Measures and Policies for a Development Paradigm*. New Delhi, India: Oxford University Press.

- Haque, Shahidul & Begum, Shahnaz. Feelings on Disability Issue in Bangladesh. Dhaka: Binimoy printers, September 1997.
- Hasan, Mostafa & Pervin, Amina, "Situation of Child Labour in Sylhet Town" Sylhet 1998.
- <http://www.health.state.ny.us/nysdoh/prevent/chart/toc.htm>
- Islam, M. Z. (2013). Health as Human Rights under Malaysian National Legal Framework. *IOSR Journal Of Humanities And Social Science (IOSR-JHSS) Vol, 12(5)*, 51-57.
- Islam, M. Z., & Jahan, A. (2015). RIGHT TO PRIVACY: IS IT A FUNDAMENTAL RIGHT IN BANGLADESH CONSTITUTION. *Journal of Asian and African Social Science and Humanities (ISSN 2413-2748)*, 1(1), 1-7.
- Kothari, C. R. 1996. Research Methodology?" edition. Delhi: WashwaPrakshar.
- Mahmud, Dr. Kazi Faisal and Rahman, Dr. Nafeesur. "Disability in Bangladesh A Study on Prevalence July 2005". Handicap International & National Forum of Organization Working with the Disabled, Dhaka: HI & NFOWD, 2006.
- Terzi L (2004). The social model of disability: A philosophical critique. *Journal of Applied Philosophy* 2 1(2): 1 41157.
- Thomas C (2002) Disability theory: Key ideas, issues and thinkers. In Barnes C, Oliver M, Barton L (Eds) (2002) Disability studies today. Cambridge, UK: Polity Press.
- WHO (2002) International classification of functioning and disability. Geneva, Switzerland: World Health Organization.
- Young, P. V. 2005. Scientific Social Survey & Research. New Delhi.

APPENDIXES

Case Study-1

Md. Rubel Hossain is the eldest child of Mr. Muhammad Ali is physically disabled. Md. Ali is a rickshaw puller lives with his family at Notun Bazar, Akhalla in Sylhet. Md. Rubel Hossain has one brother and two sisters. When he was about two years old he got typhoid and got treatment from a so-called quack. But when he was seven years old the symptom of physical distortion appeared. Then he got treatment from some various quacks. But he was brought to Osmani Medical College Hospital, Sylhet; late. No he is studying in class VI. I first met him CDD (Centre for Disabilities in Development) which is an NGO working for Disables in Sylhet Division. Then he told me that one doctor of Jalalabad Ragib Rabeya Medical College Hospital had told that he would have been recovered quite with proper treatment. Learning this I made a contact with an employee of 'CDD'. She told me that there is no possibility for him to be cured entirely. But if continuous physical therapy is given to him, he would be able to move somehow not being worsen gradually. He got aids from two NGO's working in Sylhet Division. Now a physical therapist of one of these two NGO's comes to his resident and gives physical therapy with a certain interval. He told that his parents behave with him well and some neighbors also do but some other ignore and jeer at him. Nevertheless, he is highly optimistic in nature. He cherishes to be an engineer and pray to God to be cured.

Case Study-2

Kali is a sweet girl. Her father Md. Jalal Uddin is Deputy Director of Jalalabad Gas Field. After some days of her birth, she got fever. Late it was diagnosis that it was typhoid. From that time she would not speak. Gradually she lost her hearing power too. When she was ill was treated by a child specialist of Osmani Medical College Hospital. But she did not come around. Next she was treated by nose, ear, and throat specialist. And later she was admitted at PG Hospital in Dhaka. After then Kali was admitted in a deaf and dumb school. She has been continued her study one year in that school she used hearing instrument at her ear for hearing facilities. Her condition developed a little bit. Her family decided that she would be admitted at a primary school. It was thought that it might help her to get normal life. When she interested with others could try to speak. With a view to that her guardian made a contact with the Headmaster of the nearest primary school. But the Headmaster did not agree to admit her. Finally, she was admitted in a primary school Outside of the Sylhet city. Simultaneously she was admitted in Sylhet Shishu Academy for the purpose of learning how to draw. She had a little bit intention to drawing. And artist Arbinda Das Gupta gave a special care to her. Gradually Kali developed her Skill in drawing and she proved her merit in drawing getting several prizes taking part in various competitions. She competed with normal student and got first or second prize for several times. And these inspired her too much. At that time principle of the Holy Child School and College permitted to admit in his institution. Kali admitted at class V there. She goes to school regularly and simultaneously goes wants to be a specialist artist. She stood first in Zila and Divisional level and got award from cultural state-minister. She got the second prize in a competition among the artists of 35 countries of the world. She is twelve years old now.

Case Study -3

Al-amin is a student of Class three. He is eleven years old. His father's name is Md. Miah and mother's name is Mosammat Helena Begum. He lives with his family at Tilar goa. Akhalia in Sylhet. In 2007, when he was trying to drive a rikshaw suddenly fell on an accident and the nervous system of his right hand was lost. Firstly he was taken to an Ayurvedic practitioner. But no he did not get any improvement there. Then he was taken Sylhet Osmani Medical College Hospital. Ten days later, the concerned doctor released him. Now, when he writes he feels pain in his right hand. He can't touch all possible parts of his body with that hand. When he writes long time at a stress, he feels more pain when he tries to play. His family members behave with him well as usual. He has not to face any discrimination in school. Teachers and classmates behave with him well. He and his parents do not know the rights and services.

Case Study-4

Shireena akter is the daughter of Mr. Abdul Malek and Champa Begum .She lives with her family at Dholia, Akalia in Sylhet. She is physically disabled by born. She is not studying because the teachers of those schools where her guardians tried to admit her .She and her future. She is eager to study and sometimes play with her peer -group .She gets assistance properly from her family .She claims that sometimes some of her neighbors scold her .She likes to hear songs. She never takes part in cultural programs .She has to face social barrier to participate in those programs .She is still getting medical treatment. She told that the concerned doctors behave with her warmly. She and her family are not aware of related services .They claim that government should help them with both material and non-material services. They know that there are laws and services in favor of disabilities but not sure about what these are and they claim that those activities

should be implemented well so that the disabled get benefit in true sense. They claim that medical centers do not have all the necessary instruments.

Case study -5

Arafat Ahmed is nine years old. He lives at Moubon, Subhanighat, Sylhet. He lives with his father, mother & his elder sister. He is naturally disabled. He was born as an immature baby, from that time he is disabled. His problem is he understands everything but can't express through language. His father is the only earning member of his family. He is a businessman. His monthly income is above TK 40,000. His family tries heart and soul for his cure. Once he went to India for treatment but there was nothing for good result. Doctor said that he never be a normal person. His problem is, he cannot speak and walk properly. He always moves with wheel chair. He cannot drive this chair. He always needs support. For this reason a boy always stay with him. He feeds and helps him to go to bed. His mother Touhila Khanam said his problem is by birth. He cannot express properly but his capability to feel is too much good. He understands everything. He can only call his mom and dad clearly. When he feels hungry then he calls his mom frequently. When he realizes that his mom is not responding then he cries. When he feels asleep he beckons with hand, when he sees his mom then he becomes happy and he moves his hands and head with joy.

His mom takes him to many social functions. He enjoys it very much. He likes to go outside. When he sees very crowd he enjoys it. When he sees that many children are coming in his house at his same age then he enjoys it. He screams with joy. He is fond of eating meat especially chicken. When he sees his favorite food is cooked then he moves his hand. When he doesn't see his mother then he becomes very angry. When his mother comes to him he bites and screams.

He wants to mix with everybody. When anyone calls his name he understands it and laughs. When he laughs anyone else can't understand he is whether he is laughing or crying except his family. He can't move alone. Everywhere he needs support. Even he doesn't go alone in bathroom. He is very fond of watching TV. Specially cartoon and action. He also likes fighting in film. He stays far from TV and his favorite thing is start TV he concerns it. When he sees anyone doesn't talk with him he feels very sorrow. His mother knows any government or non-government Service to disabled persons; she replied that she knows something. Her mother doesn't know any law for disabled persons. She has admitted his son in school that's why he is being improved from this condition. His mother also said when he is sick he does not express it. He just cried always.