

## Childhood Disabilities and Child Protection in Rajshahi City, Bangladesh<sup>\*</sup>

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**Abstract:** The children with disabilities (CWDs) from low socio-economic status are always being discriminated and subjected to abuse and exploitation within the family and society. So, the main aims of the study were to identify the childhood disabilities and protections for the disabled children including those who are at-risk of sexual abuse and exploitation in Rajshahi City, Bangladesh. A total of 500 (250 males, 250 females) children at Rajshahi were assessed for identifying disabilities as well as explored the risk of abuse and protection. Thirty-three mothers of disabled children, 10 professionals, and 4 special education teachers also participated in this study. To assess the disabilities of the children, Denver Screening Questionnaire (DSQ) and Ten Questions with Plus (TQP) were used. The two sets of questionnaires were used to collect demographic and household information. Another set of questionnaire was used to explore the risk of abuse, types of abuse and identifying the abusers and whether taken action against the abusers or not. Focus group discussion (FGD) and in-depth interview were applied to collect information from the mothers of CWDs, professionals, and special education teachers. The study results revealed that 46 (9.20%) children aged (2-9 years) were identified with any type of disability. A total of 71 (14.20%) children were abused, of them 55 (77.46%) were physically, 42 (59.15) were mentally were abused. Among the abused children, almost all (78.87%) were abused by the family members, but a few guardians (35.21%) took action against the abusers.

**Keywords:** children with disabilities CWDs, Denver Screening Questionnaire (DSQ) and Ten Questions Plus (TQP), child abuse, child protection.

### Introduction

Disability is defined by the United Nations (UN) as "long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder [a person's] full and effective participation in society on an equal basis with others" (UN, 2006). With the adoption of the UN Convention on the 'Rights of Persons with Disabilities', the United Nations Children's Fund (UNICEF) has made the inclusion and development of children with disabilities (CWDs) a priority issue, and the

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<sup>\*</sup> **Acknowledgement:** The authors would like to thank to BPF (A Foundation for the Disabled Children) for the help and support by giving data and necessary information. The authors are very grateful to the parents, service providers, teachers who are given their valuable time and support for collecting information. Thanks are also due to those who are offered suggestions during the preparation of the paper.

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World Health Organization (WHO) estimates that over 200 million children worldwide are at risk for not meeting their developmental potential (Grantham-McGregor et al., 2007). In addition, the World Bank (WB) estimated that 20% of the poorest people in the world today are somehow or the other disabled (Yeo, 2002). Few data are available, however, on the prevalence of and risk factors for CWDs in developing countries including Bangladesh. The CWDs from low socio-economic status are always being discriminated. The parents of families having CWDs are always reluctant to send their children to any program assuming their inability to contribute the family in the future. Disabled children are often targeted by abusers, who see them as easy victims (UNICEF, 2005). So, they are neglected, ignored and most of the times they are deprived from their basics (proper care, education, nutrition, and treatment). While all children are at risk of being victims of violence, disabled children find themselves at significantly increased risk because of stigma, negative traditional beliefs and ignorance. Lack of social support, limited opportunities for education, employment or participation in the community further isolates disabled children and their families.

The children with physical, sensory, intellectual or mental health impairment are at increased risk of becoming victims of violence. There is considerable global concern to reduce the prevalence of childhood disabilities and to improve health, social and educational outcomes in order to extend social protection for the disabled children (Mont, 2007). In Bangladesh, 18.8% and 21.9% of children of positive Disability Module screening are come from wealthiest and poorest family respectively (UNICEF, 2008). The prevalence of all grades of disability among children in Bangladesh may be increasing with improvements in child survival (Zaman et al., 1990). The violence against disabled children occurred at annual rates at least 1.7 times greater than that of their non-disabled peers (AAP, 2001). In this context, more targeted studies (Khan et al., 2008; Khan et al., 1990; Khan, 1998; Rabbani and Hossain, 1999; Mullick and Goodman, 2000; Mullick and Goodman, 2005; Izutsu, et al., 2005; Hamadani et al., 2006; etc) also indicated the reasons for serious concern. For example, one group of researchers reported that 90% of individuals with intellectual impairments have experienced sexual abuse at some point in their life, and a national survey of deaf adults in Norway found that 80% of all deaf individuals surveyed reported sexual abuse at some point in their childhood (Kvam, 2000). The National Centre on Child Abuse and Neglect has reported that the disabled children are sexually abused at a rate 2.2 times higher (Cross et al., 1993).

Serious concern is expressed over the growing number of children who face abuse and exploitation within the family, schools and other institutions, community and at the national level. It was found that child sexual abuse can be perpetrated on such small children that the youngest was under 2 years of age (BTS, 2003). Both boys and girls are affected by child sexual abuse. The perpetrators of child sexual abuse is someone with easy access to the child usually someone who is trusted by the family. In both groups of neighbours and friends is the biggest group of child sexual abuse. One of the features noted that sex among those who are children themselves. In terms of vulnerabilities, girls

remain vulnerable as long as they are attractive enough to arouse a desire to exert power. Poverty certainly increases vulnerability to abuse as the poor are often dependent on the powerful. To best of our knowledge, no serious study has concentrated on the disabled children or their protection in Bangladesh. Therefore, the aims of the study are to identify the childhood disabilities and child protection for CWDs including those at-risk of sexual abuse and exploitation in Rajshahi City, Bangladesh.

### **Data and methods**

The sample survey integrated children, primary caregivers of the disabled children such as mothers or/and father, especial education teachers and Child Development Centre (CDC) professionals in Rajshahi city, Bangladesh. A total of 500 children (250 males, 250 females) of them 114 (22.80%) children aged 0-2 years and 386 (77.20%) children aged 2-9 years from Rajshahi City, Bangladesh have been taken as the study population to identify the childhood disabilities by using the screening methods, Denver Screening Questionnaire (DSQ) and Ten Questions with Plus (TQP) respectively. The 11 primary caregivers such as mothers or grandmothers of the CWDs have attended in the two focus group discussion (FGD). Most of the caregivers who attended the FGD were mothers of the children and only a few were grandmothers. The 5 CDC professionals under Rajshahi Medical College Hospital were a doctor, child psychologist, developmental therapist, office management, and supporting staff. The 4 teachers of special education schools such as Society for the Welfare of the Intellectually Disabled (SWID), Bangladesh; and Bangladesh Protibondhi Foundation (BPF) (A Foundation for the Disabled Children) attended in the survey. The data were collected from October 2011 to December 2011. The team planned to conduct the survey by using DSQ and TQP for the children. The team identified the area to survey and prepared the questionnaire for exploring the risk of abuse at family level. After finalizing the alternatives tools i.e. DSQ and TQP using to children, data collectors were trained on both techniques. Then data were collected from the selected words of this city.

### **Methods of data collection**

For identifying children having any disability and protection issues, both primary and secondary data collection methods were applied. The quantitative tools such as assessment for disabilities of children were administered by the primary level community workers who have been trained on DSQ, TQP and other three sets of questionnaires. A structured questionnaire, Household Form (HF) was used to collect demographic data of the children and their family. The DSQ was used for identifying the developmental delay of children aged 0-2 years. The TQP is a childhood disability questionnaire was used as a screening instrument. TQP is a modified version of the Ten Questions (TQ) developed by A.M. Clarke, L. Belmont, H.S. Narayanan and Sell in 1981 which was used in the pilot study. It was a short questionnaire, in a yes/no format, consisting of TQ with plus. One each concerning the child's vision, hearing, movement and seizures, and six concerning cognitive competence and one extra

question regarding other serious health problems. Each question was supplemented with additional one or more questions to further probe into the problem detected. The probe questions were asked only if a problem was reported in response to a main question. For each 2-9 year old child listed and still living in the household, one TQP was completed. A set of semi-structured questionnaire for parents of the children was developed to gather concise yet precise understanding of the vulnerability of the abused CWDs. The questionnaires included closed ended questions to explore risk of abuse and types of abuse at family level. The FGD were conducted with parents of the children with disabilities and special education teachers and service providers for collecting information on attitude, cognitive awareness i.e., knowledge and understanding of the issue of protection of CWDs support structure of organizations, community initiatives, dealing approaches and so on.

### **Ethical consideration**

The investigators were trained on DSQ and TQP, disabilities, child abuse and exploitation issues. FGD with caregivers and other stakeholders have been conducted by the consultants. The confidentiality and family prestige were fully maintained through keeping their information, name and other personal data very restricted. The identified children with disabilities have been referred to the CDC and ensured the treatment process. Again, the investigators continuously followed up the cases of disabilities for better rehabilitation and quality services. The issues of psychosocial impact were taken seriously in the process of data collection.

### **Results**

In this section, family status of the children, mother and children information and prevalence of childhood disabilities are presented. The demographic factors of the children and the parental status also indicate the risk of rights violations. The prevalence of CWDs also shows a validation of disability rate with previous studies. Abuse and types of abuse, process of action taken against perpetrators and the impact of being abused are also described in turn.

#### *Family status of the children*

This empirical study consisted of 500 children of them 250 were males and 250 were females, of them 114 were aged 0-2 years, and 386 were aged 2-9 years (Table 1). Religion of the sample is dominated by Islam (99.40%) and almost all (92.6%) of the family heads were males. Among them only 46 (23 males and 23 females) children aged 2-9 years were identified as disabled. It is seen that, more than half (52.60%) of the children did not go to school, and almost all the children were taken care of by their mothers.

**Table 1: Background characteristics of the children in Rajshahi, Bangladesh (n=500)**

<b>Characteristics</b>	<b>Number of Children</b>	<b>Percentage (%)</b>
<b>Age</b>		
0-2 years	114	22.8
2-9 years	386	77.20
<b>Sex of children</b>		
Male	250	50.0
Female	250	50.0
<b>Religion</b>		
Islam	497	99.4
Others	3	0.6
<b>Having Disability</b>		
Male	23	9.2
Female	23	9.2
Total disabled	46	
<b>Schooling Status</b>		
Never go to School	263	52.6
Now do not go to school	11	2.2
Irregularly go to school	22	4.4
Regularly go to school	204	40.8
<b>Take Care by Whom</b>		
Mother	489	97.8
Grandmother	9	1.8
Others	2	0.4
<b>Total</b>	<b>500</b>	<b>100</b>

Table 2 describes the background characteristics of the family of the children. The results revealed that almost all (92.60%) family heads were males. The educational background of the family head is very low. It is seen that around one-third (27.60%) of heads of the family of children never went to school and one third (32.40%) of the family heads completed primary education and only 9.20% family head completed graduation and above. Table 2 also indicates that almost all of the family heads (86.40%) have own house and rest of them either live in rented house or in other's house. In terms of having land of the family, 9.80% families have no land, and 77.40% families have only small amount lands (0 to 5 decimal). The profession of a large number of the family head is unskilled labor (31.80%), other significant number of professions of the family head are small business (19.60%) and government and non-government employees (20.20%). In case of income, one third of family's

monthly income is up to Tk. 5000 and for 39.20% of the family the income ranges between Tk. 5000-10000 and more than half (56.00%) of the family take loan from the micro credit program.

**Table 2: Background characteristics of the Family Head of the Children**

<b>Characteristics</b>	<b>Frequenc y</b>	<b>Percentage (%)</b>
<b>Sex of the Family Head</b>		
Male	463	92.6
Female	37	7.4
<b>Education qualification of the Family Head</b>		
Never go to school	138	27.60
Primary school	162	32.40
Class eight	61	12.2
Class ten	27	5.4
S.S.C	42	8.4
H.S.C	24	4.8
Hon's	34	6.8
Masters	12	2.4
<b>Type of the House</b>		
Own house	432	86.4
Rented House	60	12
Dependent	8	1.6
<b>Land of the Family Head</b>		
Landless	49	9.8
0-5 decimal	338	67.6
10 decimal	80	16.0
20 decimal	25	5.0
30 decimal up	8	1.6
<b>Types of occupation of the Family Head</b>		
Government or non-Government Service	101	20.2
Skillful professional	4	0.8
House wife	24	4.8
Servant	4	0.8
Small business	98	19.6
Driver	45	9.0
Unskillful labor	159	31.8
Farmer	23	4.6

Beggar	1	0.2
Others	27	5.4
Without information	14	2.8
<b>Monthly Family Income( in Taka)</b>		
<3000	63	12.6
3000-5000	161	32.2
5000-10000	196	39.2
10000-15000	56	11.2
15000-200000	13	2.6
20000-30000	3	0.6
>30000	8	1.6
<b>Family Head Loan</b>		
Yes	280	56
No	220	44
<b>Total</b>	<b>500</b>	<b>100</b>

Table 3 shows the housing condition of the children. It is found that 17.60% of the families live in the house built by mud or mud wall and tin roof; wood wall and tin roof or tin wall and tin roof. But, more than half (62.20%) of the children live in brick walled houses with tin roofs. Rests of the families live in buildings. Surprisingly, it is found that 89.00% families have electricity connection and only 11.00% families have no electricity connection which means that though all families live in a divisional city area, these families have no capacity to have electricity in their houses. More than half (54.60%) of the families have domestic animals in their family whether they live in city areas or not and 96.80% family have used tube well as a source of drinking water. It is found that 74.80% families are using sanitary (flush) toilet and very few families are using open toilet.

**Table 3: Housing Condition of the Children (n=500)**

<b>Characteristics</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Nature of house</b>		
Soil house	44	8.8
Soil wall + tin roof	22	4.4
Bamboo/wood + tin roof	19	3.8
Tin wall + tin roof	3	0.6
Bricks wall + tin roof	311	62.2
Totally bricks home	81	16.2
Flat	1	0.2
Others	19	3.8

<b>Electrification</b>		
Yes	445	89
No	55	11.0
<b>Having domestic animal</b>		
Yes	273	54.6
No	227	45.4
<b>Sources of drinking water</b>		
Tap in room	11	2.2
Government tube well	5	1.0
Tube well	484	96.8
<b>Type of latrine</b>		
Flush (sanitary)	374	74.8
In-sanitary	121	24.2
Deep toilet	4	0.8
Open toilet	1	0.2
<b>Total</b>	<b>500</b>	<b>100</b>

#### Information about the mothers of the children of the survey area

Table 4 represents the background information of mothers of the children. It is seen that 13.60% mothers are illiterate, 39.80% mothers have completed primary schools, and only 9.60% mothers have completed graduate programs. In terms of the profession of the mothers, it is found that almost all (92.60%) are housewives. A few mothers (12.60%) have own income and a large number of women (87.40%) did not have any income where they depended on their husbands fully. In terms of taking loan by the mothers of the children it was found that 43.0% took microcredit loans from the different types of non-government organizations (NGOs). It was found that near about 7.4% of the parents of the children had kinship relationships among them.

**Table 4: Background Characteristics of Mothers of the Children (n=500)**

Characteristics	Frequency	Percentage (%)
<b>Mothers' Educational Status</b>		
Illiterate	68	13.6
Primary	199	39.8
Class eight	79	15.8
S.S.C	78	15.6
H.S.C	28	5.6
Hon's	22	4.4

Masters	26	5.2
<b>Mothers' Profession</b>		
Employee	14	2.8
Skilful professional	2	0.4
House wife	463	92.6
Servant	12	2.4
Unskilful labor	9	1.8
<b>Mothers' Earning Status</b>		
Yes	63	12.6
No	437	87.4
<b>Loan Taken by Mothers</b>		
Yes	215	43.0
No	285	57.0
<b>Kinship between Mother and Father</b>		
Yes	37	7.4
No	463	92.6
<b>Total</b>	<b>500</b>	<b>100</b>

Table 5 represents the information regarding child protection in Rajshahi City, Bangladesh. The caregivers have reported that children are being abused by others which are painful for them. Considering the types of abusive situation for children, it is found that a total 71 children are abused in the study area. Among the abused children, 55 (77.50%) were physically, 42 (59.20%) were mentally, 6 (8.50%) neglected, 5 (7.04%) were socially, and 8 (11.30%) sexually are abused. The study results revealed that among the abused children, most were abused by their family members (23.44%), followed by relatives (30.99), neighbours (23.44%), and others (11.27%). Most abused cases (63.38%) were reported by the friends of the children and more than one-third cases (38.03%) were reported by the neighbours. In terms of taking action against the abusers, it is seen that two-thirds (64.79%) cases no action was against to the abuser of the children.

**Table 5: Background Characteristics Regarding Child Abuse and Child Protection (n=500)**

Characteristics	Frequency	Percentage (%)
<b>Abused Status<sup>a</sup></b>		
Abused	71	14.20
Not abused	429	85.80
<b>Type of Abuses<sup>b</sup></b>		
Physically	55	77.46
Mentally	42	59.15

Neglect	6	8.45
Socially	5	7.04
Sexual harassment	8	11.27
<b>Abused by whom<sup>b</sup></b>		
Family members	56	78.87
Relatives	22	30.99
Neighbour	17	23.94
Others	8	11.27
<b>Reported<sup>b</sup> by whom</b>		
Family members	10	14.08
Relatives	4	5.63
Neighbour	27	38.03
Friend	45	63.38
Others	1	1.41
<b>Taking any step against abuse</b>		
Yes	25	35.21
No	46	64.79

Note: <sup>a</sup>Reported by the caregivers, <sup>b</sup>More than one types of abuse reported for some children

## Discussion

A total of 46 (9.20%) children have disabilities in the surveyed area between the ages 2 to 9 years. In terms of sex 23 (12.0%) male and 23 (12%) female children were assessed disabled (Table 1). It was also seen that only a very few cases of disabilities have been identified among the children aged 0-2 years. It seems that the deviation of developmental milestone would be difficult to explore before the age of 2.

It is common understanding by all respondents of the survey that each of the disabled children have gone through various types of abuse and exploitation in day to day life. However, CWDs face discrimination in the society in terms of economic support, education accessibilities, vocational training and rehabilitation. There are no participation opportunities of the CWDs within the family and society at large. The rights violation against CWDs is happening at family, society, institution and community which are: i. Physical abuse, ii. Mental abuse/psychological, iii. Sexual abuse, iv. Neglected, v. Maltreatment, and vi. Being lost or trafficking.

“In the winter session, local miscreants have thrown my child into cold water pond in front of my house”, said a father of Down syndrome boy child. “I was scared to know that a speech impaired child around my area has lost and never been found”, said a mother of disabled child.

The facts identified by CDC professionals that parents continuously challenge to have proper diagnosis, treatment and rehabilitation facilities from Government health support system. Moreover, in

many cases mothers of CWDs are rejected by husband and others members of the family members. Primary caregiver i.e., mothers are shown helpless and hopeless about the improvement of their disabled children. Caregivers' frustration is important issue to address the protection of children with disabilities. A mother of a female disabled child said, "When my child is staying at school, I feel good because rest of the time child has been locked into room. She was 15 years old and she has been raped and it is unfortunate that my intellectual disable child was deprived to have justice form court".

## Conclusion

The objectives of the survey were to explore the childhood disabilities and their protection in Rajshahi City, Bangladesh. The sample was selected from the region of the city areas where the lower and middle class families are living. The finding shows that around one in ten children (2 to 9 years) are having disabilities in the surveyed area. Considering all the children it is seen that the caregivers have reported that their children are being abused by different modes, e.g., physically, mentally, socially, and sexually. It is surprising enough that four-fifth of the child abusers are family members and more than two-third family heads did not take any action against the abuser of the children. From FGD and others methods, it is found that parents and other caregivers have acknowledged that every disabled children is at risk of abuse, exploitation and maltreatment. To protect the children, the rights of CWDs have to be given importance. The rehabilitation and integration process, included health care, education, vocational skills, psychosocial support, social safety net, social justice and legal protection, have to be established in all divisional cities. The role of the caregivers i.e. mothers, teachers, staff of the service provider organizations, NGOs, and GOs have to be sensitized about the rights of the disabled children and protect them from the rights violations through comprehensive support and care mechanism and process.

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