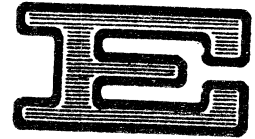




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CAPABILITIES AND NEEDS OF THE DISABLED IN KUWAIT

by

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* The views expressed in this paper are those of the author and do not necessarily reflect those of the Economic and Social Commission for Western Asia.

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Introduction

In view of the interest of ESCWA in the subject of the disabled in the Arab Gulf region and the importance of boosting the efforts of each country as regards the development of the capabilities and potential of the disabled and their social, economic and political needs in order to achieve harmonious integration into the community, this study aims at reviewing the situation of the disabled in Kuwait with respect to the following:

- (a) Statistics on the disabled over the last ten years;
- (b) Institutions and services;
- (c) Analysis of disability trends;
- (d) Types of disability;
- (e) Economic and social consequences;
- (f) Government policy;
- (g) Recommendations.

I. STATISTICS ON THE DISABLED OVER THE LAST TEN YEARS

The disabled are reckoned to form 10 per cent of the world's population. The services of various official bodies concerned with the disabled in Kuwait have estimated their number at 5,965, which is the same number as in the 1980 census. This census put the population of Kuwait at around 1.5 million, which means that the disabled represent 4 per cent of the population. On the basis of the average world proportion of disabled persons, there may be another 6 per cent or more still in need of education and rehabilitation services to enable them to develop their abilities to the maximum and become useful members of the community.

II. INSTITUTIONS AND SERVICES

A. Government institutions

1. Ministry of Education, Department of Special Education

The Department of Special Education would like to see education reach world levels and is convinced that education forms the basis for national revival and progress. Accordingly, the Ministry grants all Kuwaitis the opportunity to get an education commensurate with their abilities and potential, and at the same time suited to the requirements for economic and social development in the country.

The concern of the State has not been limited to the able-bodied alone. It has also granted the disabled equal opportunities for education and for preparation for life. It has not allowed sensory, motor or mental disability to deprive people of their human rights. Rather, it has helped them to benefit from special education services that should enable each individual to achieve his maximum potential in natural growth and social adjustment. This is done with special means that are adapted to each particular type of disability in order that the disabled person may be useful to himself, his family and his country.

The Ministry's efforts to provide education to the disabled began in 1955/1956, when the Light and Hope Institute for the Blind was established with an initial 29 pupils, thus forming the corner-stone of special education in Kuwait. The scope of interest in special education expanded with the foundation of the Hope Institute for Boys with Hearing Disabilities in 1959/1960. This was followed by the establishment of the Hope Institute for Girls in 1960/1961. The number of special education schools has grown to the current total of 13, which cater for four main types of disability:

- (a) Hearing disabilities (the deaf and hard of hearing);
- (b) Visual disabilities (the blind);
- (c) Mental disabilities (the mentally retarded);
- (d) Motor disabilities (paralysis).

Pupils with visual and motor disabilities follow the normal curriculum. Textbooks and materials are adapted for the blind and printed in Braille. After graduating from the fourth grade of the intermediate cycle, pupils are transferred to regular schools. It is worth noting that a number of disabled pupils have gone on to higher education and graduated from university.

Pupils with hearing and mental disabilities have a special curriculum that starts with a six-year primary cycle, followed by a six-year vocational rehabilitation cycle. Pupils with hearing disabilities who have the ability and desire to do so also have the option of joining the normal educational cycle.

Vocational studies are the main centre of interest in the technical and technological curricula. Workshops are equipped with the latest equipment and machines in order to provide the right scientific training suited to the physical and mental abilities of pupils and to meet the needs of the market for a skilled national work-force. The vocational specializations of students vary according to disability. Students with hearing disabilities specialize in either offset printing or woodwork. Students with mental disabilities specialize in the making of clothes, embroidery or bookbinding. Pupils in special education are provided with medical, psychiatric and social services. The Department has units to test hearing, measure intelligence and treat communication difficulties; it has equipment for medical, psychiatric and social therapy and physiotherapy; it runs eye, ear, nose and throat, and dental clinics; it has physiotherapy and osteotherapy units and doctors who specialize in the disabled.

The State, through the Ministry of Education, provides students in special education with all their requirements, including teaching staff trained in special education and vocational rehabilitation, teaching workshops, teaching equipment, prosthetic appliances and means of transport, as well as textbooks, writing materials and boarding facilities for students sent with grants from other Arab countries, as well as for some Kuwaiti students under certain conditions. Since each student has his own individual needs, there are no more than 8-10 pupils per class.

The Ministry spares no effort in developing and updating the appropriate curricula to develop the abilities of students in these schools. Since 1980/1981 there has been comprehensive development of special education for the disabled encompassing progressive class structure, school programmes, curricula and teaching methods.

Curriculum development committees have come up with a new system for teaching the mentally retarded called "educational experience", and favourable results have been achieved.

Care for disabled children should begin at pre-school age because of its importance for their education, future and life. Another essential point is that the compulsory education law is also applicable to the disabled; schools are provided by the Department of Special Education for disabled children.

Appropriate names are given to schools for the disabled such as "light" for schools for the blind, "hope" for schools for the deaf, "mental education" for schools for the mentally retarded and "hope" for those suffering from paralysis.

Special education has truly become the pride and joy of the Kuwaiti educational system, by reason of the constant and persistent efforts of the Ministry of Education to develop curricula, programmes and teaching methods and materials to provide special education to the disabled. Ways are always being sought to make progress and improvements in this great humanitarian field.

2. Ministry of Social Affairs and Labour,
Handicapped Welfare Department

The Handicapped Welfare Department of the Ministry of Social Affairs and Labour is concerned with care of the disabled and the elderly and the provision of all types of health, social, psychiatric and recreational services, as well as education and training and physiotherapy services. The Department currently serves 975 disabled persons through the following homes and centres:

(a) Vocational Rehabilitation Centre

This centre was founded in 1961, with temporary headquarters in As-Sirr. It provides half-day care to 138 disabled persons and offers the following services during their training:

- (i) Assistance to eradicate illiteracy and adult education for those pupils able to follow courses;
- (ii) Physiotherapy programmes;
- (iii) Appropriate sports and physical education programmes;
- (iv) Recreational, cultural and social programmes;
- (v) A monthly allowance of 30 Kuwaiti dinars (KD);

- (vi) Daily transport to and from the Centre;
- (vii) A full breakfast every day;
- (viii) All medical treatment and care;
- (ix) New summer and winter clothes every year;
- (x) A two-month summer holiday, during which the training allowance is suspended; a mid-year holiday in January each year;
- (xi) Social aid to some blind persons, in collaboration with the Department of Social Services;
- (xii) Help in obtaining prosthetic appliances (artificial limbs) and the equipment needed by some of the trainees;
- (xiii) A certificate headed "To whom it may concern" to assist the trainee in obtaining suitable work outside the Centre;
- (xiv) Assistance whenever possible to obtain work outside the Centre; if conditions do not make it possible to obtain such work, the trainee is attached to a sheltered workshop within the Centre, one which is appropriate to the trade in which he has been trained.

The Centre contains a number of sheltered workshops and trades suited to every type of disability:

- a. Carpentry workshop;
- b. Electricity workshop;
- c. Ironwork and welding workshop;
- d. Painting and decoration workshop;
- e. Bamboo and reed workshop;
- f. Bookbinding workshop;
- g. Leather workshop;
- h. Sheltered workshop for producing cleaning tools;
- i. Women's workshop;
- j. Printing and typing workshop.

The Centre admits disabled persons of both sexes (male and female) from the age of 18. Work in the Centre is concentrated on vocational training, as well as rehabilitation services. Training is for a maximum of three to five years.

(b) Home for Mentally Retarded Women and Children

The Home for Mentally Retarded Women and Children was set up in 1965 to care for all degrees of mental retardation. It provides living, social welfare, psychiatric, health, physiotherapy, cultural and educational services to mentally retarded women and children. It has both individual and group programmes according to the mental and physical abilities of the women and children and vocational training programmes according to their capacity for training and learning. The Home provides two types of care: full board or day-care. The Home currently serves 197 women and children. Plans are being made to expand the system to all-day care.

(c) Home for Mentally Retarded Men

The Home for Mentally Retarded Men was established in 1965 to care for men and boys over 13 who suffer from mental retardation. The Home currently serves 207 persons with varying degrees of mental retardation. It provides comprehensive services to men in this category. The Home concentrates on social rehabilitation and vocational training for the slightly and moderately mentally retarded in order to reintegrate them into the community in the light of their abilities and potential, and to prepare them for vocational rehabilitation and subsequently employment. The Home provides half-day care, all-day care and boarding facilities.

The Home encourages persons capable of receiving training and vocational rehabilitation to go from full board to day care. To this end it has established a new section called the Day Care Centre to concentrate on this new trend in care.

(d) Home for the Handicapped

The Home for the Handicapped was established in 1974 to care for mentally retarded persons of both sexes over four years of age with physical disabilities and multiple disabilities. The Home provides full boarding facilities and currently provides social and psychiatric services to 270 persons of both sexes, as well as health services, including nursing, medical treatment and physiotherapy, in addition to daily living skills, programmes in mental education, behaviour modification and recreational and artistic programmes.

The Home endeavours to maintain constant contact between the disabled person and his family throughout the school year and during national and school holidays. The Home now has new premises designed for a future intake of 700 persons which is provided with modern scientific equipment and materials for care.

(e) Home for the Aged

The Home for the Aged was founded in 1955 to provide comprehensive care and full board to the elderly. It currently serves 162 elderly persons of both sexes, some of whom have physical or mental disabilities. The Home provides intensive programmes for people in this category, including all health, social and psychiatric services. The Home is currently being expanded to provide day-care and home-care services.

3. Ministry of Health

The Ministry of Health provides care to the disabled in the form of diagnosis and treatment in its hospitals, laboratories and physiotherapy centres. It undertakes medical supervision of all education and rehabilitation institutions for the disabled through the following:

- (a) Physiotherapy departments;
- (b) A Developmental Medicine Unit, set up in 1979 to detect disabilities in early childhood using the most up-to-date scientific methods;
- (c) A Speech and Hearing Therapy Centre, set up in 1975 to treat cases of retarded speech development;
- (d) A Psychiatric Hospital, founded in 1958 to treat people suffering from mental disturbances, psychological diseases and nervous and personal disturbances;
- (e) A Genetics Centre;
- (f) An Early Detection Centre;
- (g) An Artificial Limb Department.

B. Non-governmental institutions

1. Kuwait Handicapped Society

The Kuwait Handicapped Society is a legally constituted charity organization founded in May 1971 to help people for whom the conditions of admission to other institutions do not apply. The Society currently has 140 disabled child boarders and 30 more in day care. The Society's building has seven floors, of which three are for children. Each floor has a physiotherapy room, a work therapy room and a classroom, in addition to a children's dining room and 10 dormitories accommodating five or six children in each. The cellar houses maintenance services, while the ground floor is taken up with administration; there are two floors for staff accommodation.

(a) Aims of the Society

The main objective of the Society is to provide as much general care as possible for children and young people, and in particular to cater for the health, psychological and social problems they face using the following methods:

- (i) Creating an appropriate health, social and cultural climate in which disabled children and young people should be brought up, providing supervision of leisure and helping them to become useful members of the community;

- (ii) Creating specialized centres and clubs to provide care and shelter, sound guidance, vocational training and education to mentally or physically retarded children who have missed the opportunity to receive the necessary care from the community;
- (iii) Providing the necessary and possible material support to the families of these children and promoting the awareness and guidance offered by specialists in these fields;
- (iv) Co-operating and co-ordinating with government authorities and non-governmental bodies concerned with boosting public awareness of the social problems of the disabled through scientific programmes of prevention and treatment;
- (v) Working to provide modern equipment and prosthetic appliances to disabled persons, with a view to integrating them into the community and freeing their energies so that they may adjust and adapt psychologically and socially to everyday life;
- (vi) Using advanced scientific expertise and experience in these fields in order to further the aims of the Society in the fullest possible way.

(b) Conditions of admission

- (i) Admission is granted to all severely disabled Kuwaitis and non-Kuwaitis, between the ages of 2 and 20 who suffer from two or more disabilities, especially those who cannot gain admission to other institutions;
- (ii) Non-Kuwaitis are admitted according to seniority or the social and health status of the child, on condition that the child's guardian is physically present in Kuwait;
- (iii) Children under two years of age or over twenty are not admitted.

(c) Services provided by the Society

(i) Medical services

The most important comprehensive services are the medical services provided by the Society. In addition to doctors the Society has a number of specialists in physiotherapy, work therapy and speech therapy. The role of the doctor is as follows:

- a. To receive cases from admissions, to examine them and to write a detailed medical report;
- b. To open medical files on each child, one in Sabah Hospital and a second in the Society, upon the child's admission to the Society. He also gives directions to the head nurse concerning the case of each child and the appropriate care and treatment;
- c. To carry out periodic examinations of patients, give the necessary directions or prescribe a particular medicine;

- d. To supervise all activities and services performed by specialists in the Society;
- e. To co-operate with the Society's administration and suggest programmes to it in order to ensure good co-ordination and implementation;

It should be noted that Sabah Hospital, representing the Ministry of Public Health, has set up a duty roster of doctors to provide treatment to patients of the Society.

(ii) Social and psychiatric services

- a. Making an in-depth study of the family situation of each child in order to ascertain the attitudes and resources of the family, overcome the difficulties that lie in the way of treatment and to help that family;
- b. Finding out the needs, abilities and inclinations of the disabled child and drawing up appropriate programmes to ensure the requirements for his growth;
- c. Working to ensure that the child remains closely linked to his family and facilitating contact between them, thus helping the child to appear normal upon his return to his family so that the family may not look upon him as abnormal;
- d. Bringing about the necessary modification of the family's negative attitudes, especially regarding disability and their child;
- e. Linking the disabled to their community in the outside world and acquainting them with it through visits, trips and social functions;
- f. Acquainting the outside community with the disabled by inviting the relevant authorities to visit the Society or having certain members of the Society visit those authorities in order to acquaint them with the problems of disability, how it arises, how to curtail it and everything that is needed to do so;

(iii) Recreational activities

Social functions and visits take place both inside and outside the Society. Female members of the Society accompany the children to gardens, sports clubs and sailing clubs in winter. In summer, swimming is a favourite activity with the Society's children. Horse-riding is a year-round activity thanks to an arrangement between the Society and the Hunting and Riding Club.

(iv) Day-Care Centre

The Day-Care Centre consists of two floors. The first floor is allocated to living quarters for the staff and the ground floor contains administrative offices, rooms for medical treatment, occupational therapy, physiotherapy, hydrotherapy and eight classrooms for a current total of 64 children who as far as possible are split into groups of seven to nine, according to their physical and mental age.

The curriculum is based on training in basic living skills, simple individual and group learning experiences specially adapted to each individual's ability. The following steps take place:

- a. The child's abilities, skills and educational level are assessed upon admission to the Society in order to concentrate on what the child does not know;
- b. The school prepares an individual monthly plan for each child according to the child's needs and the learning experience for that month, concentrating on independent living skills;
- c. At the end of each month the school presents an assessment of the monthly plan and an individual report for each child, which is sent to the child's guardian so that he may follow his child's achievements in the following areas:
 - i. Physical development: body, motor and sensory skills;
 - ii. Social development: independent living skills, self-care and self-reliance;
 - iii. Emotional development: manners and behavioural modification;
 - iv. Linguistic development: non-verbal communication, verbal reasoning, speech and the mother tongue (directed speech and conversation), as well as reading and writing for advanced level children;
 - v. Cognitive development: the concepts of number and quantity, colours, shapes and sizes.

In addition to this, children are taught safety, creative leisure activities such as art and music, housekeeping skills and handicrafts and they are taken on cultural and recreational field trips. All these skills and concepts are conveyed through a system of initiation with an illustrated coursebook for the three levels and an individual work book for each level. This is to enable the child to achieve sound and integrated physical, psychological, cognitive, social and emotional growth and development; emphasis is placed on behavioural modification and on the integration of the child and his peers into the community.

Finally, the Centre has begun to introduce the Megaton Vocabulary Programme, an English programme based on communication through words, gestures and symbols, designed to help disabled children, especially those with speech disabilities and hearing disabilities.

There are 180 staff, divided between administration and professional services. In addition, there are many volunteer workers who teach the basics of independent learning, teach music to children as a therapy and participate in internal and external recreational programmes.

2. Kuwait Society for the Blind

The Kuwait Society for the Blind was founded on 8 October 1972 as a non-governmental association aimed at aiding and caring for the blind and helping them to solve their problems so as to ensure a good-quality and dignified life for them. At the end of 1988 the Society had 163 members. The Society has the following objectives:

- (a) To familiarize people with the blind by all available means, including inviting people to participate in social functions, seminars, etc. and to do everything possible to demonstrate the abilities, potential and talent of blind people;
- (b) To consolidate co-operation among the blind;
- (c) To disseminate culture among the blind by means of books recorded in cassette form;
- (d) To occupy their leisure time and bring them pleasure and joy;
- (e) To work to overcome the difficulties and obstacles faced by the blind;
- (f) To strengthen relations between members of the Society and other Arab and international societies with similar aims.

The most important activities carried out by the Society are as follows:

(a) Cultural activities

(i) Educational activities

- a. Teaching blind adults who have not had the right educational opportunities to read and write using Braille;
- b. Teaching blind members of the Society to play musical instruments and to type on normal typewriters.

(ii) Library

The library has two sections: a regular library with books in Braille and books for the sighted on many different subjects, and a cassette library with books recorded on cassette on many different subjects, including religion, culture and science. The library also has various types of recording equipment, two tape copiers and a language laboratory with listening booths. It continues to add all new and interesting material to its collection and it maintains permanent contact with institutions for the blind all over the world in order to benefit from new material.

(b) Social activities

The Society tries to provide as many opportunities as possible for members to meet each other and to create an atmosphere of understanding between all. To that end trips are organized for the blind both in Kuwait - for instance to Scout camps or to Arab countries - so that they can become acquainted with new developments concerning the blind.

(c) General services

The Society strives to provide members with the necessary services and requirements and everything they may need during the time they spend in the Society. It provides free transport to and from the Society. It also provides games and recreation. The role of the Society is not restricted to serving its members inside the Society, but extends to helping its members to obtain special facilities and services from the Ministry and public institutions. The Society also participates in most religious and national occasions.

(d) Sporting activities

Sporting activities have been upgraded at the request of many members. A special playground for blind persons' ball games has been built and equipped, special balls have been purchased for such games and teams have been formed. A tournament was organized by the Society from 1 to 4 December 1988.

3. Children's Remedial Centre

The Children's Remedial Centre was established by Ministerial Resolution No. 60 of 21 June 1984 and came into operation in February 1985. This Centre provides specialized services in the diagnosis and treatment of learning disabilities. It has devised numerous tests and trained many workers in diagnosis and the treatment of learning disabilities. It has come up with suitable psychological tests to diagnose cases dealt with in the Centre. The Centre is the first of its kind in the region and provides specialized care to a category of the disabled which had not previously received appropriate care.

4. Kuwaiti Club for the Deaf

The Kuwaiti Club for the Deaf was founded in 1975. Deaf members enjoy full rights and pursue all sorts of activities according to individual abilities and inclinations. The Club has 250 registered members, each with a complete personal file. The Club maintains contact with officials concerned with the deaf in Kuwait through the Ministry of Social Affairs and Labour in order to overcome some of the difficulties faced by the deaf in everyday life.

(a) Aims of the Club

The Club aims to provide opportunities for members to pursue various types of useful leisure activities, to strengthen co-operation and good relations between members and to collaborate with all national and international institutions and bodies concerned with the deaf in order to achieve the aims of the Club and to serve its members.

The comprehensive care provided to the deaf by State officials, first and foremost by His Highness the Amir and His Highness the Crown Prince and President of the Council of Ministers, has afforded the deaf equal opportunities with the able-bodied in all fields and has helped them to lead a natural life with members of the community.

The Board of Directors of the Club constantly strives to set up numerous committees to prepare annual programmes of social, cultural, artistic and sporting activities. The Sports Committee helps to provide trainers and supervisors to promote sports teams and to give them sound training. This enables members to compete in sports contests with other similar clubs in Arab and other countries. Annual programmes also contain numerous other activities including the following:

- (i) Participation in national celebrations on religious occasions;
- (ii) Concern for the problems of members and sharing members' joys and sorrows;
- (iii) Training and teaching in all kinds of drawing and painting;
- (iv) Training and teaching in photography;
- (v) Organizing social events twice a month for recreation purposes and to reaffirm good relations between members;
- (vi) Participating in camps and general service activities;
- (vii) Showing new educational films for the deaf.

Club officials have worked to ensure that Kuwait is represented in activities at the Arab and international levels. Thanks to the concern and assistance of government officials, these efforts have resulted in the participation of the Kuwaiti Club for the Deaf in the World Federation of the Deaf, the Asian Federation of the Deaf and the Arab Federation of Associations for the Care of the Deaf.

The Club won first place in the football tournament organized in Melbourne, Australia for the countries of Asia and the Pacific in 1988. The Club's team received the cup from the Prime Minister of Australia and had the honour of meeting the Amir of Kuwait, Sheikh Jaber Al-Ahmad Al-Sabah and the Crown Prince and President of the Council of Ministers Sheikh Sa'd Al-Abdullah Al-Salem Al-Sabah.

The Club represents Kuwait at international events for the deaf, carrying the flag of Kuwait with pride, displaying pride in the advanced level that the Kuwaiti deaf have reached in all sporting activities, competing against countries that have had many more years' experience in this field. This has been thanks to the co-operation between government officials and the Board of Directors of the Club since the Club's foundation.

5. Kuwaiti Club for the Disabled

The Kuwaiti Club for the Disabled was founded in late 1977 on the gracious initiative of His Highness the Amir of Kuwait, Sheikh Jaber Al-Ahmad Al-Sabah. The Club is attached to the Ministry of Social Affairs and Labour, which gives it material and moral support to provide integrated services to the disabled.

The Club has over 500 members, male and female, of various nationalities. They are divided into regular members who have been certified by medical examination as suffering from disabilities such as paralysis, cerebral palsy, loss of limb, blindness, deafness, etc., and honorary members recognized by the Board of Directors for their moral, physical, sporting, social, etc. services to the Club.

The Club has the aim of reintegrating the disabled into the community by providing religious, social, artistic and sporting activities on a year-round basis. The Club takes an interest in sports for the disabled and has a general policy of promoting them and raising their technical level. It tries to reveal the natural gifts of members, to develop their abilities and promote the emergence of natural leaders in a framework of freedom and equality. The Club's committees have played a constructive and effective role in achieving its lofty aims, enabling members to pursue various activities which spring from these committees.

The Club is a member of the International Sports Organization for the Disabled, the Stoke Mandeville International Sports Federation for the Blind, the International Association for Cerebral Palsy and the International Co-ordinating Committee.

Since 1978 the Club has participated annually in numerous international championships and games for the disabled. Its teams have held high the name and flag of Kuwait in international sporting events among countries which have great capabilities in this field. By the end of 1988 its teams had won a total of 385 gold, silver and bronze medals, and players of the Club have ranked high at the international level in these championships and games.

The Club has taken part in the Olympic Games for the Disabled, in which it won many medals and has been highly ranked. The last such games were in Seoul, where the Club won 17 gold, silver and bronze medals.

Olympic Games for the Disabled in which the Club has participated:

The Sixth Olympic Games for the Disabled, the Netherlands, 1980

The Seventh Olympic Games for the Disabled, United Kingdom, 1984

The Eighth Olympic Games for the Disabled, Seoul, 1988

Major international championships and sporting events in which the Club has participated:

The Welsh Tournament, 1978

The World Championship Games for the Disabled, Stoke Mandeville, United Kingdom, 1978

The Games for Victims of Cerebral Palsy, Edinburgh, United Kingdom (as observers), 1978

The World Championship Games for the Disabled, Stoke Mandeville, United Kingdom, 1979; club players established new records and won 22 medals (gold, silver, bronze)

The Orlanda Tournament, United States, October 1979

The Olympic Games for the Disabled, the Netherlands, 1980; Club players won five medals (gold, silver, bronze)

The Tournament for the Disabled, United States, 1980

The World Championship Games for Disabled Children, Newcastle, 1981; Club players won two bronze medals

The World Championship Games for the Disabled, Stoke Mandeville, 1981; the team won four medals (gold, silver and bronze)

The Canada Tournament for the Disabled, 1981

The International Wheelchair Cross-country Race, Japan; fifth and seventh place out of 120 participants from different countries

The World Championship Games for the Disabled, Stoke Mandeville, 1982; ten medals (gold, silver and bronze)

The Norway World Championship games, 1982; 13 medals (gold and bronze)

The Basketball World Championship, Canada, 1983; the team achieved good results

The Third Cross-country Race, Oita, Japan, 1983; the team achieved good results

The World Championship Games for the Disabled, Stoke Mandeville, 1984; the team won 4 medals (gold, silver and bronze)

The Fourth Cross-country Race, Oita, Japan, 1984; the team won first place

The First Arab Championship for the Disabled, March 1985, 8 countries participated. The team won 30 medals (gold, silver and bronze)

The Weight-lifting Championship, Marbella, Spain, May 1985; the Club won the first place

The World Championship Games for the Disabled, Stoke Mandeville, 1985; the team won 33 medals (gold, silver and bronze)

The World Championship Games for the Blind, Norway, 1985; the Club won 30 medals (gold, silver and bronze)

The Fifth Cross-country Race, Oita, Japan, 1985; the players won first place

The United States Ping-pong Championship, the team won first, second, third and fourth place

The Switzerland Disabled Marathon, May 1986; 13 countries participated with a total of 135 competitors; the players came first, third, eighth and fifteenth, and the team won the title of best participating team in the Marathon

The World Championship Games for the Disabled, Stoke Mandeville, July 1986, 41 countries participated. The players won 54 medals (19 gold, 20 silver and 15 bronze)

The Sixth Cross-country Race, Oita, Japan, November 1986, 19 countries participated; 72 players of both sexes completed the full, while 146 completed the half-marathon. The players came fifth in the full marathon, and won the ninth, tenth, eleventh and twentieth places

Fencing Championship, France, March 1987; 6 players from the Club participated with competitors from six countries, the players won the gold medal

III. ANALYSIS OF THE ATTITUDES AND INCLINATIONS OF THE DISABLED

Disabled persons face many difficulties with regard to their attitudes and inclinations which result from the disability from which they suffer. Their physical movements may be impaired or they may have problems stemming from their social adjustment or the adjustment of people around them to their disability and its consequences.

The attitudes of normal people towards the disabled influence the way the disabled see themselves. One attitude that has been prevalent for a long time is that the disabled are somehow different from normal people in their personal characteristics, that they are more dependent, withdrawn and subject to frustration and failure and that behavioural and emotional disturbances are common amongst their number. Such a low, blinkered view of the disabled may lead normal people to expect little from them and, consequently, to provide them with fewer opportunities and fail to give them the appropriate experience which could enable them to participate independently and actively in normal everyday activities.

Such are the negative attitudes which normal people develop towards the disabled. Numerous studies have demonstrated the negative impact of such attitudes. When the disabled sense the negative attitudes shown towards them, this necessarily affects their personal and social development and results in a negative regard for themselves and, perhaps, a lowering of their aspirations in general.

Therefore it is imperative to change the attitudes of all sorts of people towards the disabled. However, it is no easy task to do this overnight or with a few short programmes. Since it takes a long time for attitudes to form, changing them will require carefully designed, detailed and comprehensive programmes that run for long periods of time. Programmes which have confirmed their effectiveness in changing people's attitudes towards the disabled are those that provide sufficient, appropriate and correct information concerning the disabled through lectures, conferences, seminars, debates, public statements and video and television programmes, as well as direct contact and interaction with disabled persons. Emphasis should also be placed on the many positive aspects of the disabled. This may help them to adjust suitably to everyday life and even to excel in one or more areas if they are provided with the appropriate care, education and training and if emphasis is laid on the notable positions they have achieved in society. Taha Hussein, Sheikh Abdallah al-Ghanim, Helen Keller, Franklin Roosevelt and others are examples of famous persons who have managed to surmount their disabilities and to demonstrate the ability of disabled persons to attain suitable levels of personal and social independence. From this it may be deduced that attitudes consist of the reactions of individuals to various factors in the environment, and that consequently attitudes towards the disabled can be changed through suitable programmes and information which shift the emphasis from the negative to the positive by drawing attention to a few individuals who have achieved great success in their lives, in spite of their disabilities.

IV. TYPES AND CAUSES OF DISABILITY

A. Physical disability

Physical disabilities are those that obstruct a person's movements, activity or vitality as a result of a defect, impairment or disease of the person's muscles, joints or bones. This hampers their normal functioning and consequently affects the person's education and ability to support himself.

Physical disabilities have a number of causes which vary in their intensity and symptoms, according to the intensity and type of disease which causes the disability. Statistics published by an American scientific magazine gave the following causes of and percentages for total disabilities: poliomyelitis, 33.4 per cent; tuberculosis of the bone, 12.6 per cent; spasmodic paralysis, 14 per cent; congenital defects, 10 per cent; heart disease, 16 per cent; accidents, 6 per cent; other causes, 6 per cent. The proportion of physically disabled persons varies from one society to another, according to the extent to which individuals are exposed to the main causes of disability. As health and psychiatric care, education and administrative effectiveness increase, the numbers of the disabled fall. Some of the causes of physical of disability are as follows:

1. Diseases such as tuberculosis, poliomyelitis and hemiplegia;
2. Congenital defects such as the lack of part or all of a limb;

3. Complications arising at birth such as cerebral palsy and epileptic fits;
4. Disorders of bodily organs such as cardio-vascular disorders and glandular disorders;
5. Hereditary diseases;
6. Various types of accident such as accidents at home, at work, traffic accidents, falls, sports accidents, etc;
7. Accidents resulting from wars.

B. Mental disability

Mental disability denotes any defect, impairment or handicap in the mental processes that affect perception, speech, coherent thinking, reasoning, etc., which causes mental retardation. A person thus loses the capacity for development, learning or social communication in the environment in which he lives, and his behaviour is seen as abnormal according to accepted social norms.

The causes of mental retardation are numerous, and probably number over 200. They are mostly hereditary or due to factors that affect the foetus during the mother's pregnancy or at birth. There are also various environmental factors to which the child may be exposed.

The following are causes that underlie the majority of cases of mental retardation:

1. Hereditary factors

These are a combination of factors that affect the embryo at the time of fertilization and cause mental retardation for the following reasons:

(a) A dominant hereditary trait passes from one of the parents to the child. According to Mendel's law, this means that the trait of mental retardation appears in succeeding generations at a ratio of 3:1.

(b) If the trait of mental retardation exists in both parents as a recessive trait, it passes to their offspring as a recessive gene.

(c) Chromosomal abnormality, caused by factors which current scientific knowledge is still unable to explain fully; a disturbance may occur during the division of the fertilized ovum or germ-cell.

The most common type of chromosomal abnormality is that known as Down's syndrome. This was previously termed mongolism, as the facial features of individuals who suffer from this condition resemble those of the Mongol race. In this morbid condition there is one extra chromosome number 21 in the cell. It should be noted that the embryo's liability to this condition increases as

the age of the pregnant mother exceeds 35 years of age. Research has shown that the prevalence of Down's syndrome is 1:1,000 when the pregnant mother's age is 30, rising to 1:400 at the age of 35, 1:60 at 40, to 1:33 over 40 and 1:10 at the age of 50.

2. Metabolic and other disorders

Metabolic disorders are varied and constitute the main causes of severe retardation as, for example, disturbances in protein synthesis as in the case of phenylketonuria (usually referred to as pku).

Incompatibility of the rhesus (Rh) factor in the blood of the parents can cause haemolytic disorders.

Pregnant mothers may suffer from accidents or diseases other than those of genetic origin and these can affect the health and growth of the foetus. These include contagious diseases such as rubella, syphilis and yellow fever, malnutrition, exposure to X-rays, etc.

The use of certain drugs, narcotics or alcohol by the pregnant mother can also affect the health and growth of the foetus.

C. Sensory disability

Sensory impairments are classified under physical disability, though sometimes considered as separate types sensory impairment may relate to one or other of the senses of vision, touch, hearing, smell or taste. Man's power of perception is dependent upon the sensations he receives by way of these receptors. Everything that a human being feels or does depends on the nervous system, which receives stimulation from the various senses. A sensory disability may be the result of visible impairment or a failure in the sensory function, or a defect in the nervous system or some disturbance in the internal secretions in the cells of the nervous system.

Visual disability can be caused by: congenital defects; eye disease; premature birth; or malnutrition.

Hearing disability can be caused by: inflammation of the middle ear; the accumulation of a gum-like substance in the ear canal; hereditary or congenital diseases; brain tumours and acute inflammation, particularly meningitis.

In view of the importance of the sense of hearing in associating an individual with his environment, auditory impairment can have various consequences such as:

1. Delay in linguistic development;
2. Delay in mental development and learning ability;

3. Delay in verbal development;
4. Delay in emotional development and disturbance in reaction to events;
5. Disturbance in developing social relations;
6. Behavioural anomalies;
7. Loss of mental adaptability;
8. Disturbance in personality development and adjustment.

There is no doubt that the early detection and treatment of auditory impairments may reduce the seriousness of these problems and their consequences, and that providing education and training for children who are affected to allow their subsequent integration into society will help to solve these problems.

D. Psychological disability

Emotions play an important role in the lives of individuals. They not only impair a child's daily habits and practices and drive him into certain forms of behaviour and activity; they can also result in disability.

The impact of emotions on a person's physical health can be serious, particularly when these emotions are strong and frequent. Emotions may be unpleasant, such as sorrow, jealousy or anger, in which case they hinder psychological development. On the other hand, pleasant emotions such as love and affection are necessary in that they assist in the natural psychological development of a person, particularly in childhood.

Various explanations have been advocated regarding the causes of psychological disorders. The main causes are as follows:

- (a) Mental factors;
- (b) Psycho-sociological factors (environmental);
- (c) Physiological factors.

V. ECONOMIC AND SOCIAL CONSEQUENCES

In the process of undergoing economic and social changes, Arab society is bound to encounter certain problems that affect both individuals and social systems. The problem of disabled persons is one of these. Undoubtedly social institutions have extended the necessary care to several sectors of the population, including that of disabled persons, through programmes that aim basically at social development by solving the social problems that face modern society. However, comprehensive development should not only take into account social factors, but economic and political factors as well. On this basis, in 1969 the Economic and Social Council defined development as a complex organic process involving changes in economic and social aspects that are interrelated, and in most cases found to be locally interrelated. This means that development cannot be achieved purely by social measures; it should be combined with political and economic measures.

In view of the social affluence brought about by the increase in national wealth it is now possible to provide education, health services and housing, as well as social services, including care for disabled persons. Since these activities are becoming part of the social and economic development process, social care institutions must be integrated into the development programme so that they can become more effective in assisting disabled persons to overcome their problems through rehabilitation and the learning of new skills that will help them to secure work opportunities and earn a living and thus become useful members of society.

Persons with severe disabilities who cannot benefit from rehabilitation programmes can be provided with some material support through social care institutions.

Social development programmes in the field of rehabilitation for disabled persons therefore have a twofold benefit for the individual and for society alike.

VI. GOVERNMENT POLICY

The Kuwaiti Governments's policy with regard to care for disabled persons is inspired by the well-established principles of religion that recognize a man's right to live in dignity and peace. On this basis the objective of government policy is to care for the disabled and to develop their capabilities and interests and provide opportunities for them to be integrated into public life. Plans and programmes to achieve this have also been drawn up.

The Government has also safeguarded the right of the disabled to happiness and protection and to equal opportunities for development, education and to encourage them to accept responsibility and to become useful members of society.

It is the obligation of all Governments in modern times to enhance the situation of disabled persons in the fields of science and culture, and to help them to develop vocationally and socially.

Attention should also be focused on preventive measures to reduce physical and mental disabilities.

VII. RECOMMENDATIONS

1. Attention should be paid to collection and collation of statistics on disabled persons. They should be classified according to careful standards so they can serve as a basis for the planning of appropriate programmes. Detailed information on disability should be included in population censuses. Simple field surveys should be carried out on all groups of disabled persons and on all types of disability.

2. A guide should be prepared of all governmental and non-governmental institutions caring for disabled persons for each Arab country. Occupational bodies, non-governmental societies, popular organizations and communities should be given technical and financial support to encourage them to take an active part in the fields concerned with the provision of services for disabled persons, including the prevention and treatment of disability.
3. Public awareness of the problems and causes of disability should be promoted so as to encourage a scientific attitude to be taken towards them. This will eliminate the traditional negative notions that prevent the problems from being addressed objectively.
4. Research and studies on aspects of disability should be conducted with a view to acquainting the community with the causes of disability and the means of preventing and treating it.
5. Attention should be paid to promoting overall development that involves changes in the economic and social structures. This will contribute substantially to the elimination of the causes of disability in all its forms.
6. High-level support for programmes concerned with caring for the disabled is needed as a part of an overall national effort.



