

Role of Self Help Groups (SHGs) to fulfill basic needs of special children

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Abstract: As a phenomenon, women's inclusion in the development process has arisen. Generally, women must engage in all development activities if national development is purposeful and significant. Women have less access to and right to inherit property than men, education, innovations, records, credit, health care, financial and nutritional services. Inevitably, all these affect women's capacity to open up, develop, exceed and excel. One of the most oppressed people in our society is women. Self-help groups (SHGs) are typically informal groups whose participants share the need for collective action and its significance. Disability is a multi-dimensional and dynamic concept, and there is no single, unproblematic description of disability that is widely recognized. The 58th round (July-December 2002) survey of the National Sample Survey Organization (NSSO) announced that 1.8 per cent of the population (18.5 million) had a disability in India. The National Centre for the Development of Jobs for Disabled People (NCPEDP), a leading Indian disability NGO, argues that 5 to 6 per cent of the population is disabled. These facilities are small and are insufficient to meet the current healthcare needs, despite providing centers of excellence in healthcare delivery. Every year, almost one million Indians die due to poor health and nutritional services, and 700 million people do not have access to specialist treatment. As a result, it is essential to consider function self-help Groups (SHGs) to provide children with special needs in the grass-root with high-quality healthcare and nutrition services.

Keywords: SHGs, Quality Healthcare, Nutritional Services and Children with Special Need

Introduction

The Government of India and various state Governments have been introducing various programmes for rural upliftment. However, rural poverty and unemployment still persist in the country. This issue is becoming a cute and severe. According to the latest available statistics on the Indian economy, about 26% of the country's total population belongs to the rural poor. Many Voluntary Development Organizations (VDOs) have come forward with various programmes for the rural poor in the country, given the gravity and severity of the problem. In order to solve the issues of poverty and unemployment that exist in our society, these organizations pursue numerous creative initiatives and schemes. Self-help groups are informal groups of people who come together to address their common problems. While self-help might mean a focus on the individual, the concept of mutual support-people supporting each other is an essential feature of self-help groups. Depending on the situation and the need, self-help groups can serve several different purposes. For example self-help groups have been used as an effective strategy for poverty alleviation, human development and social empowerment within the development sector. In the disability sector, self-help groups have been used in different ways, and self-help groups of people with disabilities and their families participate in a wide variety of activities, including health care, rehabilitation, education, microcredit and lobbying. Self-help organizations can promote empowerment; one of the key ways by which people with disabilities can engage in their communities is to belong to a community or association. "Organizations of disabled people," and it is through participation in groups that they can begin to improve their understanding and the ability to mobilize and take action and bring about change. SHGs have an in-built framework in which focus has been put on women's capacity building by improving their skills for dialogue. SHG operates through its regular meetings where members carry out transactional tasks and address various relevant issues. This discussion among the members of the community is the means by which they give their needs a platform and it helps to be a forum to resolve their social and economic problems and

also to illuminate their inner self. In some areas of the production chain, the SHGs provide economic benefits through the implementation of popular action programmes, such as a cost-effective credit distribution system, the joint development of forums, learning with rural people, the promotion of a democratic culture, the promotion of an entrepreneurial culture, the establishment of a firm basis for dialogue and collaboration in programmes with other institutions, the possession of reputation. SHGs improve the equality of women's status in the democratic economic, social and cultural spheres of life as participants, decision-makers and beneficiaries. They have instilled great trust in rural women's minds to succeed in their daily lives. In order to overcome exploitation, self-help groups are required to build confidence for the economic self-reliance of rural people, particularly among women who are mostly invisible in the social structure. These organizations encourage them to come together for a common cause and to gain strength from each other in coping with the exploitation they face in a variety of ways. Groups are the foundation for action and change. Through constant contact and genuine efforts; it also helps build relationships of mutual trust between the promotion organization and the rural poor. In the democratic economic, social and cultural spheres of life, SHGs enhance the equal status of women as participants, decision-makers and beneficiaries. SHG members, as health workers, initiated literacy programmes and provided funds for household health emergencies, showed a decrease in infant mortality from 176 to 19 per 1000 in the two decades after 1970, a decrease in birth rates from 40 to 20 per 1000, almost universal access to prenatal care, safe delivery and immunization, and a decrease in malnutrition rates from 40% to less than 5%. SHGs with a fundamental focus on economic issues (savings & credit facilities for members) have not been successful in improving women's knowledge and awareness of health-related issues. In recent times as a result of joining SHGs, women have benefited substantially by being able to meet their health-related expenses by borrowing money from the party. In order to address the health needs of children with disabilities and chronic illnesses, nutrition programmes are fundamental. The goal of nutrition assessment and intervention is healthy, alert and interactive children who can participate in activities at home and in the community. A child who is well-nourished has increased alertness and attention span and the energy to participate in educational activities and social interactions. For children with special health care needs, the delivery of health care services to children with special health care needs has been influenced by central legislation. Nutrition is the science of the activity, interaction, and balance of food, nutrients, and other substances in it in relation to health and disease and the processes by which food substances are ingested, digested, consumed, transported, used and excreted by the organism. Furthermore, some social, economic, cultural and psychological aspects of food and eating must be concerned with nutrition. Nutrition services are essential elements of all stages of the continuum of older people's health care services. Nutrition and food programmes can play a major role in improving the health status of older people, maintaining their independence and dignity, reducing the institutionalization rate and duration, and ultimately reducing the cost of health care.

Children and young people with special health care needs are those that are or are at higher risk of having a chronic illness and need resources that are beyond what children typically need. Such conditions include cystic fibrosis, asthma, diabetes mellitus, food allergies, sickle cell disease, juvenile idiopathic arthritis, genetic disorders, myelomeningocele, neuromuscular disease, epilepsy, congenital heart disease, HIV, and voice, language, learning, and behavioural disorders. Children with special needs may have been born with a syndrome, terminal illness, severe mental disorder, or severe psychiatric problems. Other children may have special needs that include dealing with learning disabilities, allergies to food, delays in development, or panic attacks. If they have a learning problem or disability that makes it more difficult for them to learn than most kids their age, a child has special educational needs. They may have schoolwork, communication or behaviour issues. Children are affected; their age and developmental stage, as well as each family's socioeconomic needs may determine whether only minor accommodations or complete meal modifications are requested by the family. There are 27 million individuals with special needs in India, in a population of 1.2 billion. This implies that there are special needs for about 2.2 percent of our population. There are about 4.6 million people in the 10-19 age groups. The picture for 0-6 years is bleaker, with special needs in this age group of about 2 million. Some misunderstanding may be caused by the term 'special needs.' This applies to specific educational requirements resulting from learning difficulties, physical disability, or psychological and behavioural problems. These can often overlap according to the condition of the child.

- Physical difficulties may affect the physical functioning, mobility or endurance of a child. It can refer to respiratory disorders, blindness, or epilepsy, aside from obvious ones like loss of limbs. Hearing loss and chronic tiredness also fall under these conditions. This may happen before or after birth because of infection or other problems.
- Mental challenges cover a wide range of issues. The most prevalent are learning challenges, in which a person cannot learn in the usual way. The common ones are dyslexia and dyspraxia. Communication disorders such as autism-induced stuttering or speech delays also fall under this. Because of chronic

conditions, developmental challenges can also arise. A common instance of this is developmental delays induced by Down's syndrome.

- Emotional and behavioural problems are usually social problems that may not be caused by biological variables. These may be internalized, because the child may not relate well or have poor self-esteem with others. They may also be externalized, because in the classroom the child may behave disruptively. These are often encountered by children with anxiety, OCD or other mental illnesses.

Children with special needs want specific mealtime provisions for school meals, helping schools provide students who need them with meal modifications. Without adequate paperwork from healthcare providers, schools should not change food textures, make food substitutions, or modify a student's diet at school. Completion of these items will encourage the school of your child to establish a plan with you to provide your child with nutritious, suitable meals and snacks while at school. Your role is very relevant in this process. Self-help group understand the Nutrition Program for special needs kids school plan and their member will prepare the food for kids with special needs. Self-help groups (SHGs) are a type of women's collectives that seek to empower and tackle poverty in women and communities. To encourage common goals, they draw on women's social capital. The goal of SHGs is to meet the vulnerable and economically disadvantaged, to be scalable at low cost, and to achieve potentially wide-ranging and lasting results. "Children with special needs" is for children who may have problems that are more serious than the average child and may last a lifetime. Extra support and extra resources will be required for these children. They will have various objectives, and will require extra support and assistance to reach academic, professional, emotional, and sometimes medical milestones. When coping with daily concerns such as housing, jobs, social engagement, and finance, individuals with special needs can need lifelong guidance and support. Families with special needs are on a lifetime journey that is both emotionally and financially challenging. Upon diagnosis, families of children with special needs can experience a variety of feelings, including rage, sadness, loss, and denial. Remembering to be gentle with you is crucial, as these feelings are a natural part of the process. Acceptance comes with time, and then you and your family will concentrate on starting the process of helping your child with special needs reach their fullest potential. Severe health issues such as cancer, heart disorders, muscular dystrophy, and cystic fibrosis are protected by health care needs. It also encompasses chronic conditions such as asthma and diabetes; congenital conditions such as cerebral paralysis and dwarfism; and among other things, health factors such as food allergies and obesity.

Children with special healthcare needs and their families are facing a daunting journey; lengthy, rigorous and often invasive medical testing may be needed. They face long hospital stays, and will need costly disability services and housing. Frequent crises, confusion, concern, and emotional and financial stress have to be dealt with by their families. These families may have to make choices that they do not feel able to manage and face contradictory counselling, treatment, and medical theories. Often the wealth of data affecting children with special healthcare needs may be daunting. In their early years, children develop quickly and several improvements are predicted in a year or even a month's time. As a result, even experts can find it difficult to make a firm diagnosis based on the circumstances of a young child. Compared with other children of the same age, children with relatively poor global learning abilities have substantially lower performance in every aspect. Typically, they are slower to learn new skills and abilities, harder to adapt to new situations and items, more unwilling to take challenges and appear to be more dependent as well. Have difficulty understanding and absorbing the subjects' material (e.g., language, general studies and arithmetic); or, despite repeated training, fail to generalize their acquired knowledge for application to other circumstances.

Conclusion:

Children with special educational needs are children first and have a lot in common with other children of the same generation. Each child has individual strengths, personality and experiences, so various disorders can affect individual children differently. A special educational need for a child does not describe the whole child. Children with special needs for education are all different and have individual criteria. Often the wealth of data affecting children with special healthcare needs may be daunting. The goal of SHGs is to meet the oppressed and economically vulnerable, to be scalable at low cost and to deliver potentially wide-ranging and sustainable impacts.

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