A Project For Change: The Pervasive Need of Support for Children with Developmental Disabilities in China

Xiaojun ‘Joanna’ Gao, M.A., CF-SLP

Both clinical doctors and public health workers are lack of the knowledge and experience on autism or PDD. (2005) Clinical pediatricians have little information on the prevalence of developmental disorders, such as autism. China has the largest population in the world (Zhang et al., 2005)

PREVIOUS RESEARCH

Prevalence (Zhang and Ji, 2005)
In a study of 7,345 randomly selected children aged 2 to 6 years old in a metropolitan area of China, researchers found:
- The prevalence of ASD was 1.10 cases per 1000.
- The prevalence of intellectual disabilities was 10.76 cases per 1000.

Coping Strategies (Wang, Michael, and Day, 2010)
Study of stress and coping strategies being used by 368 families of children with Autism and other developmental disabilities in China. Researchers found:
- Parents exhibit stress around future outlook for their child.
- Parents perceived problems for themselves and other family members.
- Parents expressed lack of knowledge regarding their child’s diagnosis, behaviors and resources.
- Nine frequently used coping strategies: Social Support, Active coping, Denial, Behavioral disengagement, Restraint, Substance use, Acceptance, Suppression of completing activities, & Planning.

Services Received (Zhang and Ji, 2005)
88.4% of children in the study with developmental/intellectual disability received no treatment at all.
Of the 11.59% who did receive some treatment:
- Hospital (50%)
- Special Institution (38%)
- Educational Institution - only one child

NO HOME INTERVENTION AT ALL
Of the 8 children identified with Autism:
50% received no intervention.
The others received interventions at hospitals, educational institutions and at home.

Barriers

- Stigma/Cultural Beliefs
- Unemployment/Poverty
- Rural vs. Urban Environments
- Lack of affordable healthcare
- Parent Educational level

Observations of Private & Government-run orphanages (Gao, 2013)
- The majority of children with special needs are given away to private or government-run orphanages.
- Government-run agencies provide limited care to children with special needs.
- There is no capacity to train families in addition to providing care.
- Hospitals and special schools are too expensive or located in urban areas only.
- University training for healthcare professionals is limited in the special areas that children with disabilities most commonly need, and there are few professionals practicing in the disability field, few yet who engage in family centered care.

A PLAN FOR CHANGE

Train caregivers, inspire students, partner with local professionals in non-profit agencies to affect a sustained systematic change.

How You Can Help

- Interdisciplinary team to travel to China and conduct the first parent camp
- Locate and acquire funding
- Government
- Recruit motivated students with developmental disabilities
- Find families with special needs
- Internships for medical/social workers
- Interns with language barriers
- Early Intervention services
- Policies
- Funding for academic programs
- Funding for diagnostic and intervention centers
- Prevention
- Public funding
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There are cultural, Social and Economic barriers for families to access family-centered care.

References