

**Child Disability in some countries of the MENA  
region: Magnitude, Characteristics, Problems  
and Attempts to Alleviate Consequences of  
impairments**

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# **Child Disability in Some Countries of the MENA region: Magnitude, Characteristics, Problems and Attempts to Alleviate Consequences of impairments**

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## **I. Introduction and Objectives of the Study:**

Scientific evidence suggests that investment during the early years of disadvantaged Child's life can generate high private and public pay-offs over time. There are numerous pathways linking cost-effective investments in Child Protection and development to improve health outcomes, increase productivity, reduce crime and other social ills (AUDI, 2004). Disability<sup>(1)</sup> is considered the most important source of vulnerability among children, specially in developing countries due to shortage in health services, insufficient training health service providers, lack of community education programs and limited rehabilitation services.

The last two decades of the twentieth century, have witnessed a growing concern about disability in many countries of the Worlds specially developed countries. The U.N. decade of disabled persons (1983-1992), asked the countries to implement the World Program of Action concerning people with disabilities. The idea of the decade was a response to the need for a concerted efforts to improve the quality of life of persons with disabilities world over. Among the success of that decade was the creation of an opportunity for concerned people and people with disabilities to meet globally to discuss their issues and to change attitudes towards persons with disabilities. These efforts have resulted in

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<sup>(1)</sup> According to WHO, disability is defined as any restriction or lack (resulting from an impairment) of ability to perform activity in manner or within the range considered normal for a human being. Impairment (any loss of abnormality of psychological, physiological, or anatomical structure or function), disability and handicap are all words which we use to describe a physical, visual, hearing speech, mental or other limitations that a person may have. Such a limitation means that the ability of a person to take part fully in societal activities for work, recreation and others is reduced.

the formulation of the U.N Standard Rules on Equalization of Opportunities for People with disabilities. During that decade, more organizations for persons with disabilities were formed than at any other times and those already in existence were strengthened. This decade led to the birth of disability movements and many national, regional and international organizations for people with disabilities<sup>(2)</sup>.

In October 2000, Prince Salman Center for Disability Research held the second International Conference on disability and rehabilitation in Riyadh (Saudi Arabia). The conference aims to cope with vast scientific explorations, new therapy techniques, preventive programs and rehabilitation of disabled. In addition, the conference aims to explore the future prospects for enhancing cooperation with local and international institutions, concerned with disability issues.

The study carried out by the World Bank in Egypt, Jordan and Yemen revealed that between 5% and 10% of children under age 18 are having at least one type of disabilities and many of disabled children in countries of the MENA region are facing health, educational, social and psychological problems (World Bank, 2004). Recent sample surveys and censuses have shown that disabled children are facing low enrolment ratios, partially due to unavailability of appropriate education and partially due to the fact that some parents do not send their disabled children to schools. According to the 1993 population census carried out in the Northern regions of the Sudan, only 28.5% of disabled children were enrolled in schools. (Department of Statistics, 1993).

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<sup>(2)</sup>Some of these organizations include, Disabled Peoples' International, World Blind Union, World Federation of Deaf, International Federation of Deaf, World Federation of Psychiatric and Pan African Federation of Disabled.

Low health awareness in some countries of the MENA region is certainly not only a reason for not detecting disabilities early enough to achieve maximum rehabilitation, but is also one of the underlying factors for the high prevalence of the phenomenon. Families with disabled children often become aware of the problem only when it is already late for successful intervention. Recent studies show that between 20% and 30% of disabilities can be cured if detected and treated early enough (El-Shorbagi, 2004). Some disabled children in countries of the MENA Region are facing problems of stigmatization, social exclusion and isolation, and thus they become deprived of active participation in social and community life. Some countries in the MENA region have limited number of institutions dealing with disabilities, and about 80% of rehabilitation services are provided with non-governmental organizations.

This paper discusses child disability in the countries of MENA region, asking four main questions about: (a) the magnitude and type of disabilities, with special emphasis on child disability. (b) what are the demographic and social characteristics of disabled children, with regard to age, gender, place of residence and mode of living?. (c). what are the problems and issues facing disabled children? (d). what are the public and private efforts made to alliviate problems of child disability?

## **II. Sources of Data:**

There is no sufficient and accurate data on disabilities in most countries of the MENA region. Earlier population censuses and sample surveys provide limited information on disabled persons. Data collection on disabled persons is often obstructed by the fact that many families tend to hide handicaps and disabilities of their relatives or they are not aware that they suffer from disabilities. Moreover, data on disability in the region is sometimes constrained by heterogenous definitions. However, during the last two decades some countries

in the MENA region have shown a growing concern about data collection for disabled persons. For example, the 1993, 1996, 1997 and the 2004 population censuses of Sudan, Egypt, Qatar and Saudi Arabia have included valuable information about disability by type, age, gender, and other socio-economic characteristics. Many recent sample surveys in countries of the MENA region have provided data on disability.

The present study will depend mainly on data from recent population censuses, Household Budget Surveys, Demographic Household Surveys, and other information available from national, regional and international organizations and from research centers.

### **III. Demographic Characteristics (MENA Region):**

Most countries in the MENA region are characterized by high birth rates and gradually decreasing death rates, leading to a high rate of natural increase, specially when compared with developed countries and many other developing countries. The rates of population growth range from 3.5% for Saudi Arabia and Yemen, to 2.5% for Lebanon and Tunisia (UNICEF, 2003). Although the total fertility rate (TFR) has declined in some countries of the MENA region, the rates are still very high in many countries like Yemen (6.0), Saudi Arabia (5.3) Palestine (4.9), Iraq (4.1) and Jordan (4.0) (UNICEF, 2003: 76). These high fertility rates lead to a broad based population pyramid; the proportion of population under age 15 is about 40% of the total population for most of these countries. The number of children (0 to 18 years) in the MENA region is currently about 130 million and is projected to increase gradually to about 143 million in the year 2020. The rate of growth of children (0-18) varies significantly among countries. In the West Bank and Gaza Strip, and Saudi Arabia, the child population is growing rapidly at more than 3 percent per year, whereas in countries with rapid fertility decline, such as Iran and Tunisia, the

number and proportion of children has already started to decline (UNICEF, 2003). Table (1) shows the percentages of child population under 5, under 15 and under 18 years for some countries in the MENA region for the year 2001. The proportion of children under 15 years being 48.9%, 46.3%, 39.3%, 38.5% and 37.4% for Yemen, Palestine, Saudi Arabia, Jordan and Oman respectively. The proportions of children under 18 years for countries in the MENA region are considerably higher compared to corresponding proportions for the less developed countries and for the developed countries; the percentages being 48.6%, 42.73% and 25.17% respectively (Lynkeus and Censis, 2004).

The population projections for countries in the MENA region indicate that the child population will increase by about 30 percent in 2025, and the expansion will be faster in some countries like Yemen, Saudi Arabia, Palestine and Oman, compared to other countries in the MENA region (Lynkeus and Censis,2004). This expected increase in the number of children may adversely affect their socio-economic situation and welfare, especially for vulnerable and disadvantage children.

**Table (1)**

The percentages of child population (to the total population) in some countries of the MENA region in 2001

Country	% of population under 5 year	% of population under 15 year	% of population under 18 year
Bahrain	8.4	29.4	32.7
Iran	10.5	33.9	44.3
Iraq	15.4	N.A	48.1
Kuwait	7.6	26.3	37.7
Oman	15.9	37.4	50.6
Qatar	9.2	26.9	31.1
Saudi Arabia	15.5	39.3	49.0
United Arab Emirates	7.5	26.4	30.7
Yemen	21.2	48.9	56.4
Jordan	15.5	38.5	46.5
Lebanon	9.4	30.2	36.5
Palestine	18.5	46.3	52.8
Syria	13.8	39.1	47.7
Algeria	11.4	34.3	41.0
Egypt	11.6	35.7	41.6
Libya	12.3	32.0	40.6
Tunisia	8.7	29.4	35.5
Morocco	6.11	32.3	40.6

**Note:** N.A: Not Available

**Source:** Lynkeus and Censis,2004,. Charting the Mediterranean Child, Genoa, Italy.

The countries of the MENA region are experiencing rapid urbanization due to the high rate of natural increase and to the continuous flow of rural-to-urban migration. The rate of urbanization is even higher in the Arabian Gulf countries compared to other countries in the region due to international labour migration from Southeast Asia, South Asia, Arab countries and from other countries of the

world. The rapid rise in population of MENA cities, has had a profound impact on the most vulnerable group of the society, namely the children. In Jordan, for example, 78.7% of the population now live in urban areas, and almost three quarters (72%) of Jordan's population live in three governorates: Amman, Irbid and Zarqa. The highest proportion of the population (38%) is residing in Amman (IRC, 2004:7). The study by Al-Sheddi and others, shows that the city of Riyadh is experiencing a very high rate of population growth, reaching 8.1% per year; the population of Riyadh has increased from 350,000 in 1970 to about 4,500,000 in 2003, and it is expected to reach 6.9 millions by 2010 (Al-Sheddi. et.al, 2004:2) The city of Beirut contains almost half of the population of Lebanon, including displaced persons. The growth of the city periphery and its population is due mainly to rural- urban migration, particularly from the South of Lebanon. The population living in the suburbs consists mainly migrants that were forced out of their rural villages in the southern regions of the country due to civil war and to the Israeli occupation (Deep, 2004: 5-6). The population of Greater Khartoum the three cities of Khartoum, Khartoum North and Omdurman) has grown very fast during the last three decades; the official estimate shows that the total population of Greater Khartoum was about 5.4 million in 2003, implying an annual growth rate of 4.3% compared to a national level of 2.6% (Ibrahim and El-Karib, 2004:3). The high rate of population growth for Greater Khartoum is attributed to the high rate of natural increase, and to the heavy rural-urban migration and to the continuous flow of internally displaced families due to civil war, famine, floods and desertification. It is worth noting here that children, and specially vulnerable and disadvantage children are the most affected by these disasters and by the civil war in the Southern, Western and Eastern parts of the country.

Gaza city is the principal city and the main administrative center in Gaza Strip, a rectangular coastal area on the Mediterranean sea adjoining Egypt. It is a

densely populated and impoverished region inhabited primarily by Palestinian refugees; the majority live in large, overcrowded refugee camps. Approximately 33% of the families in Gaza live below the poverty line. Gaza, like most other Palestinian cities, took active part in resistance and uprisings against Israeli occupation. It was in the Gaza camps that the first uprising (Intifada) broke out before it spread all over Palestine (Ali, 2004). After the second Intifada broke out in September 2000, almost half of the active population cannot find work, either because they are not allowed to seek employment in Israel, or because the local economy was ravaged which compels many households to live below their usual living standards. The population under 18 years old in Gaza accounts for more than half of the population; and it is expected to reach 53% in 2010. Children have always been the most marginalized group in the Palestinian society due to Israeli aggression, and they have always paid the heaviest price in times of political unrest. (Ali, 2004).

Algiers city has been the capital of Algeria since its independence in 1962. The population of Algiers has increased from 960,000 in 1966 to 2,700,449 in 2003, due to a high rate of natural increase and internal migration. The number of children under 19 years in Algiers city constitute 38.9% of its total population, distributed as: 8.9% for children aged 0-4, 9.4% for children aged 5-9, 10.1% for children aged 10-14 and 10.5% for children aged 15-18 (Gabi, 2004). The data shows no significant difference between male and female children in the city of Algiers; the percentages being 50.5% and 49.5% respectively.

#### **IV. Magnitude and Type of Child Disability:**

There is no comprehensive data on disabilities in Egypt. The estimates of the total percentage of persons with disabilities vary considerably according to definition;

the estimates range from 3.5% for CAPMAS<sup>1</sup> and 10% for WHO. A sample survey of Umbrella Organization for associations working with persons with special need that covered a total of 13812 families all over Egypt revealed that 4.9% of all Egyptians are handicapped with the percentages in urban (6.3%) being considerably higher than that in rural areas ( El-Shorbagi, 2004). According to CAPMAS, the 1996 population census revealed that 3.5% of the total population have some sort of disability (about 1,060,536 persons).

In the 1993 population census, carried out in the Northern States of Sudan, questions on disability had been included for the first time. This could be an indication of more attention to this forgotten and marginalized group. According to this census about 2% of the population are disable, with some variations among the Northern States. The highest child disability rate exists in Gedarif and Gezira states. Also rural areas have higher physical disability compared to urban areas; the percentages being 71.7% and 28.3%. The Multiple Indicators Cluster Survey (MICS), carried out in the year 2004, gave an estimate of over 90,000 children with disabilities (59% males and of 41% females) constituting 26% of the total number of persons with disability in Sudan. Generally, the causes of disability in Sudan can be attributed to: (a) civil war and armed conflicts where civilian are targeted; (b) malnutrition resulting from poverty; (c) child diseases and low coverage of child immunization; (d) genetic factors.

The official estimates of the Ministry of Social Development (MOSD) for the year 2001 report that the total percentage of all disabled persons in Jordan is 12.6% of the population. The total number of children served in MOSD registered institutions is 16719, or 7.94%of all disabled children. In 2003, the National Counsel of Family Affairs estimated that more than 230,000 disabled

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<sup>1</sup> Central Agency for Public Mobilization and Statistics.

children lives in Jordan with disabilities of varying types and severity. This constitutes about 10 percent of the young population in Jordan.

The Saudi National Sample Survey on disability, carried out as part of the National Research Project on disability, has shown that the percentage of persons with disability is about 3.73%. The proportions of disability differ significantly by regions, ranging from 2.95% for the Southern region to 4.23% of the Northern region. The causes of disability in Saudi Arabia may be congenital, pathological or traumatic. The causes of disability can also be related to social phenomena in the Saudi society such as marriage between near relatives. (Al-Turaiki, 2001). The 1997 population census for Qatar shows a total number of disabled persons of 2207, constituting 0.42% of the total population. The children under 19 years of age constitute about 37.1% of the total number of persons with disability. The Lebanon Housing and Population Survey estimates 10 disabled persons per 1000 individuals. The prevalence of disability is higher among males than females, the estimates being 12.3 and 7.3 per 1000 respectively.

Some countries in the MENA region, like Yemen, Sudan, Iraq, Palestine and Iran have high level of malnutrition (for children under age 5), compared to many developing countries. For example, children under-five years of age in Yemen are facing serious problems of malnutrition; 50.5% of the males and 45.1% of the females weigh less than average. Moreover, 22.9% of the males and 20.1% of the females under five are too thin for their height, and 8.6% of the males and 6.8% of the females face acute problems of wasting (Nour, 2004). Infant Mortality Rates (IMR) are higher for some countries in the MENA than the average for low middle-income countries. The Save Mother Survey of 1999 reveals an IMR of 68 per 1000 for the Northern part of the Sudan (Ibrahim & El-Karib, 2004:4). The rates for the Southern region is expected to be higher, due to the adverse economic conditions and to the civil war since 1956. The adverse

health situation in some countries of the MENA region is considered one of the sources of disability. Military conflicts and civil war in countries like Iraq, Palestine, Sudan, Algeria have led to more incidence of disabilities. Road accidents are considered one of the source of disability in the countries of the region, specially Gulf countries. The WHO report shows that the mortality rate per 100,000 population caused by road traffic injury in MENA region is among the highest in the world, about 26.4% per 100,000 compared to 19 per 100,000 for the World as a whole (WHO, 2003).

The data in table (2) shows the distribution of child disability by type for some countries for the MENA region.

**Table (2)**  
**The Percentage Distribution of Disability by Type in some countries of MENA region**

<b>Type of Disability</b>	<b>Saudi Arabia</b>	<b>Qatar</b>	<b>Lebanon</b>	<b>Algeria</b>	<b>Sudan</b>	<b>Egypt</b>
Mental disability	9.7	22.7	38.0	12.2	9.7	74.0
Visual impairment	29.9	9.8	4.3	10.0	23.5	7.0
Hearing impairment	24.1	13.6	9.4	4.1	14.5	4.0
Physical disability	36.6	27.8	16.4	21.8	38.2	15.0
Multiple disability	-	5.8	-	5.7	3.1	-
Other disability	2.7	20.3	15.5	37.4	10.0	-
Not stated	-	-	16.4	8.8	1.0	-
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: (1) Population Censuses in countries of MENA region.

(2) Sample Survey in countries of MENA region.

For most of the countries in the MENA region, physical and mental disability are the common types of disability. For Saudi Arabia, visual impairment ranks next to physical disability. Mental disability is considerably higher for Egypt and Lebanon; the percentage being 74.0 and 38.0 respectively. Multiple disability is noticed for Qatar, Algeria and Sudan; the percentages being 5.8, 5.7 and 2.0 respectively.

**Table (3)**

**The percentages distribution of disabled persons in Saudi Arabia according to type of disability , Gender, mode of living and age.**

Types Socio-economic group	Physical disability	Visual	Speech	Hearing	Mental	Psychosocial
<b><u>Sex</u></b>						
Males	55.8%	58%	61.5%	53.6%	60.2%	53,5%
Females	44.2%	42%	38.5%	46.4%	39.8%	46.6%
<b><u>Mode of living</u></b>						
Urban	39.6%	48.2%	37.7%	36.9%	38.8%	68.7%
Rural	60.4%	51.8%	62.3%	61.1%	61.3%	31.3%
<b><u>Age groups</u></b>						
Less than 3	2.0%	1.6%	4.2%	3.0%	21.0%	3.4%
3-13	25.0%	8.0%	44.6%	25.0%	51.3%	23.7%
14-24	20.0%	18.8%	23.1%	8.4%	26.6%	20.0%
25-60	36.0%	41.1%	13.1%	24.0%	5.0%	38.9%
More than 60	18.0%	31.5%	15.0%	39.6%	15.0%	14.0%

Source: I-Turaiki, Mohammed, 2001, The Saudi National Research Project on Disability and Rehabilitation and Community-Based Rehabilitation. Arab Health Journal, Vol.(1), Riyadh, Saudi Arabia.

The data in table (3) shows the percentage distribution of disabled person according to gender, age and mode of living by type of disability in Saudi Arabia. The most important findings from table (3) can be summarized in the following:

Males have higher proportions of disability than females, and this is being true for all types of disability.(a) Except for psycho-social disability rural areas have higher proportions of disability compared to urban areas .(b) Mental disability is a youth phenomena; about 80% of individuals with mental disability are under 25 years of age.(c) Physical disability is higher among adults; 53% of persons with physical disability are adults (over 24 years of age). This may partly be attributed to very high rate of car accidents in Saudi Arabia.(d) visual impairment is higher among adults; about 72.6% of individuals with visual impairment are aged 25 years and over.(e) The data for both Saudi Arabia and Sudan show that disability is a rural phenomena; about 72.3% of disability in the Sudan is concentrated in rural areas (see Table 4).

**Table (4)**

**Percentage distribution of disabled persons in the Northern States of Sudan by age, gender and mode of living (1993 population census).**

<b>Group</b>	<b>Number</b>	<b>Percentage</b>
<b><u>Gender</u></b>		
Males	184915	54.8%
Females	152692	45.2%
<b><u>Age</u></b>		
Children	90248	26.7%
Adults	247362	73.3%
<b><u>Mode of Living</u></b>		
Urban	93531	27.7%
Rural	244079	72.3%
<b>Total</b>	<b>337610</b>	<b>100.0</b>

Once again males in Sudan have higher proportions of disability compared to their counterparts; the percentage shown in Table (4) are 54.8% and 45.2% respectively. Child disability constitute about 26.7% of the total number of disability in the Northern States of the Sudan (see table 4).

#### **V. Problems Facing Disabled Children:**

In many countries of the MENA region disabled children are facing health, educational, social and psychological problems. For example, disabled children are facing low enrolment ratios, limited health care and low health awareness among families of disabled children. Some disabled children in MENA region face problems of stigmatization, social exclusion and isolation, thus they become deprived of active participation in social, economic and community life.

In the present section an attempt is made to identify some problems facing disabled children in MENA region.

### **(1) Education and Disability :**

Many children with disabilities need special education and training to become valued and productive members of the society. The 2000 Demographic and Health Survey in Egypt has estimated the total number of children in need of special education at 600,000. However, according to Ministry of Education, only 15% of them receive education in regular schools. Girls are even more disadvantaged than boys. The low level of enrolment is partially due to the unavailability of appropriate education and partially to the fact that some parents do not send their disabled children to schools. [El-Shorbagi, 2004]. Some families believe that disabled children are not capable of receiving education. The study by Al Deep and Gerbaka for Lebanon shows that 57.5% of handicapped registered at the Ministry of Social Affairs for the year 2002 are illiterate and the percentage of those receiving regular primary education and specialized primary education are 26.6% and 5.4% respectively (Deep and Gerbaka, 2004).

The data from the 1997 population census indicate that only 41.7% of children of special needs in the Palestinian territory are enrolled in schools. However, the above percentage increases with age irrespective of gender. It seems that children with special needs in West Bank have better educational opportunities than those in Gaza Strip. As for disabled females, their enrolment in schools is less than that for their counterparts (Ali, 2004).

In recent years many countries in the MENA region started to increase their awareness about special students who have special learning needs. For example,

the World Bank recently approved the second phase of Tunisia Quality Improvement Project for primary and secondary education, which includes a component aimed at ensuring that all vulnerable and handicapped children go to school. In addition, the World Bank worked with “Handicap International” to identify the constraints that face Tunisian handicapped children from attending schools, and to develop a communication strategy to build awareness and improve the educational system for handicapped children (<http://Inweb18.WorldBank.org/mna/MENA.sft/sectors>)

Saudi Arabia is one of the countries in the MENA region which made great efforts in including students with special needs (disabled and gifted) in the general educational system. The Department of Special Education is responsible for planning, implementing and supervising special educational programs for children with special needs. This includes; discovering children with special needs, planning the suitable services and providing educational services in the least restricted environment of those children. In addition to educational services, this department provides all educational tools free of charge such as text books, visual and hearing aids, teaching aids, and provide free transportation to schools. Each student is given monthly allowance depending on his/her educational level. The teachers working in special educational programs are given an extra allowance in addition to their salaries ranging between 20% and 30%. The number of students with special needs in Saudi Arabia has increased significantly from 5208 (boys) and 2517 (girls) for the academic year 1994/1995 to 25132 (boys) and 9465 (girls) for the academic year 2003/2004 (Moussa, 2004: 41-51). Although Saudi Arabia has recently adopted the policy of mainstreaming<sup>2</sup> students with special needs in public

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<sup>2</sup> Mainstreaming refers to “inclusion of special students in the general educational process” . Students are considered mainstreamed if they spend any part of the school day side by side with regular class peers. They often receive additional instruction and support from a special educator such as resource teacher.

schools, yet its experience is becoming a well known practice in the MENA region.

Most university programs in the countries of MENA region suffer from a lack of international knowledge in the area of disabilities. This is reflected by the lack of accreditation programs, continuing education opportunities, and research in the field of disability. Current education and training programs for professionals in the various fields of disability are inadequate. They usually do not have the full range of knowledge at their disposal to be effective, lack a multidisciplinary approach, and in many cases are not accredited or licensed.

## **(2) Health and Disability :**

Low health awareness is certainly not only a reason for not detecting disabilities early enough to achieve maximum rehabilitation, but is also one of the underlying factors for high prevalence of the phenomenon. Families who have disabled children often become aware of the problem only when it is already late for successful intervention. Specialists point out that 20% - 30% of disabilities, particularly mental disabilities, can be cured if detected and treated early enough (El-Shorbagi, 2004). Children of poor families in many countries of MENA region are less likely to have access to health care to be treated for conditions that may result in disability. Many countries in the MENA region have insufficient health facilities and poor training for medical personnel working with disabled children. The lack of community education programs leave many undetected child disabilities. Many communities, specially in rural areas, lack rehabilitative services for disabled children (AUDI, 2002).

The National Research Project on disability and rehabilitation has examined the relationship between disability and heredity in Saudi Arabia. It has been revealed that people practicing relative marriages have higher risk for child

disability compared to their counterparts (Al-Turaiki, 2001). According to El-Shorbagi, the preferred option to marry first cousin, particularly in rural areas and Upper Egypt has increased the probability of disability inheritance (El-Shorbagi, 2004). Recent study in Yemen shows strong link between first-cousin marriages and disabilities. There are also war-related causes for disabilities in Yemen; landmines left over from civil strife have been an important source of disabling injury to children (AUDI, 2002: 8). War-related causes of disability have also been notice for the children in Sudan, Palestine, Syria and Lebanon.

Successive generations of Palestinian children have lived continued Israeli military occupation. This has left deeper scars on the psychological well being of the Palestinian children and families. According to Bir Zeit University, 75% of adults believe that Palestinian children are facing more emotional problems now than before the current Intifada (uprise) [Ali, 2004] . In many countries of the MENA region, no provisions are made to design public space, public institutions and transportation services that allow children with disabilities to have access to services and to move freely and safely.

### **(3) Stigmatization, Social Exclusion and Disability :**

Some disabled children in countries of the MENA region face problems of stigmatization, social exclusion and isolation. The study on social acceptance of disabled in Jordanian society has shown a general trend of rejection to disabled persons. The study has revealed a significant difference in social acceptance of disabled persons by sex, educational level; type of disability and nationality (Al Badianah, 1996). El-Shorbagi has noticed that families and communities tend to perceive children with disabilities as deficient and dependent which results in social exclusion and isolation. The prevalent practice of separating and isolating children with abilities deprives them of active participation in social, economic

and community life. Some disabled children in countries of MENA region are also vulnerable to maltreatment and humiliation particularly those living in rehabilitative care institutions where emotional, physical and sometimes even sexual abuses are not uncommon (El-Shorbagi, 2004:40).

#### **(4) Legislations and Disability:**

The last decade of the twentieth century has witnessed the ratification of the Convention on the Rights of the Child (CRC) by all countries of the MENA region, thereby emphasizing the commitment of countries to children rights and its strong will to move forward in improving the situation of children, including disabled children. In Egypt, for example the child law No. 12/1996, contains eleven articles addressing disabled children and protecting their rights. Persons with disability in Egypt are eligible for a number of pensions, namely pensions according to law No. 30/1997, modified by law 88/1996. (El-Sharbaji, 2004). In the year 2000 Lebanon has issued the disabled law No. 220 and the government approved the application of half the tariff for children, including disabled for common transportation, visits to archeological and touristic places, cultural locations, theaters, exhibitions, cinemas, and swimming pools for children. The government also issued the decree No. 36 dated 30.06.1995 for the classification of disabilities and the issuance of a personal card for the disabled to obtain health care with full coverage by the Ministry of Health and other government institutions. (Deeb and Gerbaka, 2004: 76-77).

In the Sudan the president issued a decree exempting all students with disabilities from any school fees at all educational levels starting from the school year 2002. That was announced during the opening ceremony for the 4th Conference on Disability and Rehabilitation, organized by the Conference of the Islamic World, in Khartoum, in February 2001 (Save the Children, 2003: 72).

Although most of the countries in the MENA region have recently passed several laws and decrees regarding issues of child disability, yet the law enforcement remains the main challenge for the governments of these countries. Moreover, in many countries of the MENA region these laws and decrees have neglected issues related to prevention, early detection, community based rehabilitation (CBR), information and registration as well as issues concerning cooperation and integration between governmental agencies, NGO's and international organizations working in the field of child disability.

## **VI. Concluding Remarks:**

The present study indicates low enrolment rates for disabled children in many countries of the MENA region. In addition, experiments with inclusive education are still new in the region. However, mainstreaming projects proved, successful and had positive impact on the quality of education for disabled children, in some countries of the region. The study shows that many disabled children in the MENA region are facing health problems, low health awareness and psychological and emotional problems, specially in countries involved in civil wars and military conflicts. Some disabled children in the region are facing problems of stigmatization, social exclusion and isolation.

Some countries in the MENA region have no comprehensive national strategy to address issues related to child disability. There is a need to integrate disability in the country's development programs if child disability projects are to receive funding from national and international donors. Many countries in the MENA region lack reliable statistics on child disability. There is a clear lack of standard definitions of disability across the countries of the region, but also within countries. The government and NGO's do not apply the same definition. This problem continue to obscure the situation pertaining to determine the magnitude

of disability, as well as to identify the required intervention strategies. Many countries in the MENA region are unable to undertake proper planning in the area of child disability due to lack of relevant, accurate and useful statistics. There is an urgent need for development of standard definitions and consistent data collection mechanisms.

The limited Community based Rehabilitation Project (CBR) implemented by some countries of MENA region, should be expanded to include welfare rehabilitation, training and employment of the disabled by using available local community resources and transforming the disabled into a productive persons, consequently, enabling the disabled individuals to fully integrate in their community, and contribute effectively to its progress and hence promoting their rights to live a decent life. Finally, the governments in the MENA region should aim to remove whatever, physical or social barriers that stands in the way of people with disabilities, full integration into society, in order to have the opportunity for a quality of life equal to any other member of the society.

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