

THE INCLUSION OF STUDENTS WITH DOWN SYNDROME IN CHILD EDUCATION

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Abstract: The inclusion of children with special needs in the regular education system is one of the most important challenges experienced today, especially by educators, so this work is based on the interaction between students with and without Down Syndrome, also aiming at pedagogical practices, since their Early Childhood Education, because it is from there that children can evolve as much as the others, but with a longer time of learning and the stimuli received. The main objective is to propose planned actions to promote affective relationships between family, students, teacher and school, having as a reference laws that guarantee inclusion, curricular adaptations and, above all, equality for all, for the disabled. The work also analyzes the causal factors of Down syndrome and its pathogenesis. In addition to bringing a review of the natural history of this syndrome and the effects of chromosomal band 21q22 trisomy, considered critical for the disorder. For, although this chromosomal imbalance is necessarily present in Down syndrome, the relevance of genetic determinism is questioned from the observation of the possibility of development of cognitive potential in subjects affected by the syndrome, after the application of neuromotor stimulation and psychopedagogical programs.

Keywords: Special education. School inclusion. Social interaction. Organization of Pedagogical Action. Down's syndrome.

The concept of inclusive education gained greater strength from 1994 onwards, with the Salamanca Declaration. Thus, with regard to schools, the idea is that children with special educational needs are included in regular education, for this the entire education system needs to be reviewed, in order to meet the individual demands of all students.

With this, it is observed that the inclusion process needs many adjustments so that it can demonstrate an evolution of the culture, so that no child must be separated from the others for presenting some difference or special need. This integration takes the advantage of interaction between children, seeking joint development, with equal opportunities for all and respect for human and cultural diversity.

However, inclusion has found it immensely difficult to advance, since regular schools have shown a lot of resistance due to the fact that they have difficulties adapting and being able to integrate children with special needs, as well as the continuous coexistence with the family of the children. Down and the students considered "normal", and mainly to the high costs to create the right conditions. In addition, some educators are quite resistant to this new paradigm, which demands from them a broader training and a different professional performance from what they have experience.

Down syndrome or trisomy 21 is a common chromosomal condition that occurs most frequently in pregnancies in women aged 35 years or older. A person with Down syndrome has an additional complete chromosome 21 which causes a certain facial appearance and an increased risk of congenital heart defects, thyroid problems, vision problems and mental retardation.

This organic anomaly is called Trisomy of Chromosome 21, due to the alteration in the genetic material of chromosome 21, presenting three chromosomes in addition to the two characterized as normal in humans.

The probability of a 20-year-old woman having a child with this syndrome is lower than a 35-year-old woman (CARNEIRO, 2008). This way, it can be seen that Down Syndrome, also known as Trisomy 21, affects children who are generated by mothers over 35 years of age, which causes a range of complications in the child's health, a fact that occurred due to the lack of information. necessary in order to avoid a risky pregnancy.

In Brazil, data from DATASUS (2007) revealed the birth of 3,035,096 people in 2005, therefore, it is estimated that 5,058 individuals were born with Down Syndrome in that year alone and that about 300,000 Brazilians have the syndrome. The characteristics of this syndrome are related to mental retardation, muscular hypotonia, short stature, cardiac anomaly, flattened profile, small ears, eyes with slanted palpebral fissures, large, protruding and furrowed tongue, curving of the fifth digits, and increased distance between the first digits. and the second toe and a single crease in the palms (SMELTZER; BARE, 2005).

From this perspective, it must be noted that the diagnosis of Down Syndrome is most often made soon after the child is born, and the same is performed through three-dimensional ultrasound examinations. The shock that the family suffers when learning about this diagnosis causes the mother to feel helpless and, according to the author, with regard to bereavement about her own mothering, there is a feeling of helplessness in the woman, in the face of a pregnancy that did not go well. unsuccessful, due to a miscarriage or because the baby had some malformation. She believes that the woman can feel powerless. It is up to women to exercise motherhood socially (COUTO et al, 2007).

Every diagnosis must be informed to the patient and family through a helping relationship, however, the lack of guidance from the discovery to the advanced age of the

children was constant; It is worth mentioning that in the resolution of a crisis situation, the patient needs a professional who acts in an understanding, welcoming way and, above all, concerned with the suffering of others. This moment can be less painful and quickly overcome when the professional has an appropriate, sensitive conduct and, above all, does not destroy all the parents' expectations.

In short, when the family of a child with Down Syndrome is faced with the situation of having to live with and face a different reality from the one they had planned with the child that they expected to be generated without disability, they are faced with an impact that comes to shake its entire psychological structure, if this diagnosis were revealed in stages, the relationship with the child would become more harmonious and the emotional shock would be less. Based on Couto, et. al, (2007) this must be the way in which mothers must be presented to their disabled newborns by the hospital team, which would evidently favor the establishment of a bond with the child, as well as the elaboration of emotional suffering.

According to Micheletto (2009), genetic counseling (GA) must be worked with the family at the moment the news is received, so that there is a balance between the emotional shock and the conformism of the experience they will experience in the future. After the "moment of the news", the family must be referred for genetic counseling (GA), a multidisciplinary communication process that aims to provide all information related to the problem and the risks of its recurrence and to provide psychotherapeutic support. (MICHELETTO, et. al, 2009).

Faced with these conjunctures, it is essential that there is an interdisciplinarity among professionals, as they need to know their area of training and make contributions to other areas for the full treatment of the child and their

family. For, for there to be a better cognitive and social evolution, “[...] stimulation programs from an early age, leisure activities and family reinforcement throughout schooling represent a very considerable personal effort for parents” (COLL, et. al, 2004, p.3). In this sense, it is clear that a Psychological support is necessary so that all family members and the child feel supported and informed about the possibilities for the evolution of the capacities that the same (the child) has (Micheletto *et. al*, 2009).

Early Childhood Education is the most important stage in the development of any person. The stimuli that a child receives in the first years of life will directly interfere in their school trajectory and in their future development. The entry of children with Down syndrome or other intellectual disabilities into early childhood education usually brings very positive results, especially if the institution is prepared to promote inclusion.

By interacting with their non-disabled peers, children with Down syndrome benefit not only themselves but also other children in their community. For while they learn from developmentally normal children, who serve as role models for age-appropriate behavior and achievement, they may need additional help and support.

Most children with Down syndrome will be at an earlier stage of social and emotional development than their peers due to learning difficulties. In addition, it is more difficult for them to absorb conventions intuitively. As a result, their understanding of the world will be less advanced and their behavior may be more balanced with that of younger children.

For any child, it is much more difficult to make progress in cognitive areas until they are able to behave and interact with others in a socially acceptable manner and respond appropriately to the immediate context. The focus of further help and support in the early

years must therefore be on learning rules for normal and appropriate social behavior. Social inclusion goals for the young child with Down syndrome include: learning to participate and interact; respond to verbal requests and instructions; learn typical patterns of behavior, eg taking turns, sharing, lining up, sitting down; learning to play in cooperation; develop independence, self-help and practical skills; develop friendships; caring about others; among others.

Children with Down syndrome often have shorter attention spans than their peers, in addition to having greater difficulty processing demands for more than one sense at a time (eg, copying and listening), which inhibits their ability to concentrate. These difficulties are particularly apparent in the early years and many young children can be easily distracted, floating from one activity to another.

The less defined and more informal the situation, the more difficult it will be for a young child to focus attention on an activity that will last. Children with Down syndrome respond well to structures and routines and are able to grasp them well. Teaching them the routine and structure of their days with the help of strong, clear visual aids such as photographs and reference objects can help them learn. By these means, they can better understand their environment, learn appropriate behavior for specific situations and activities, and predict the next activity. Difficulties with understanding verbal explanations and instructions are also overcome.

Furthermore, most children with Down syndrome will need additional support in their early school years, although this may not mean providing extra staff. Every member participating in the child’s contexts must be familiar with the child’s needs and be able to work well with the child. In addition, it is also necessary for the team to meet regularly to plan, communicate, feedback and monitor

the child's progress.

In view of the above, it is possible to affirm that the fact that the child with Down Syndrome develops differently from the one who does not have the syndrome, does not make it impossible for them to progress in the educational process, however, it is necessary to have an intervention in learning in order to enable the educational and social inclusion of this child, from the Early Childhood stage.

Taking into account the arguments set out in the present study, the combination of efforts of different professionals is pertinacious, all with the objective of seeking positive advances in the development of the most diverse aspects of the child with Down Syndrome in order to improve their quality of life, social and educational and guarantee their access and permanence in an environment that provides their integral development.

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