Study On Special Education in India

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Abstract

: Similar to Western countries, the early origins of special education in India started with Christian missionaries and nongovernmental agencies which stressed a charity model of serving populations such as the visually, hearing, and cognitively impaired. However after its independence from Great Britain in 1947, the Indian government became more involved in providing educational, rehabilitation, and social services. Thus over the past four decades, India has moved gradually toward an inclusive education model. This chapter discusses the implementation of such a model related to the prevalence and incidence rates of disability in India as well as working within family environments that often involve three to four generations. Also included are challenges that an inclusive education system faces in India, namely, a high level of poverty, appropriate teacher preparation of special education teachers, a lack of binding national laws concerned with inclusive education, a dual governmental administration for special education services, and citizen's and special education professionals strong concern about whether inclusive education practices can be carried out.

Keywords: Special education, Inclusive education, Disabilities, Legislative framework and evaluation

INTRODUCTION

Historically, persons with disabilities in India have enjoyed coexistence with the general mass, though at different times, their treatment and attitudes toward them varied but they were never excluded from society by confinement in institutions. Rather, they lived with their families. As far as education was concerned, even the Gurukula Ashram (educational institutes) promoted the basic educational principles of special education, for example, ascertaining the abilities and needs of each pupil, individualization of teaching targets and methods to match their skills and interests, and preparing them to meet the social expectations of their prospective interests. The famous epic of Mahabharta is evidence that King Dhritrashtra was the king of all India although he was visually impaired.

However, during more recent times, systematic efforts took place in providing educational and vocational opportunities to individuals with disabilities in India. Starting with Christian missionaries in the 1880s, the charity model became part of the special schools they established (Alur, 2002). For instance, formal educational institutions were established for the blind in 1887, for the deaf in 1888, and for mentally deficient in 1934 (Misra, 2000). After these early establishments in the late 19th century or early 20th century, a growth was seen in the establishment of these institutions in the later half of the 20th century. After independence from Great Britain in 1947, there was a systematic development of special education in India that saw the establishment of 81 schools between 1960 and 1975. By 1979, the number of special education centers was 150. With the establishment of the National Institute for the Mentally Handicapped (NIMH) in 1986 and others soon after, the availability of trained personnel and suitable models of service made the growth of special schools for children with disabilities very significant.

HISTORICAL BACKGROUND

Although there are isolated examples of caring for and treating disabled individuals in ancient Greece and Rome, early societies typically shunned people who differed from the norm. During the Middle Ages the church became the first institution to provide care for physically or mentally impaired people, but the development of techniques associated with special education did not emerge until the Renaissance, with its emphasis on human dignity. In the mid-1500s Pedro Ponce de León succeeded in teaching deaf pupils in Spain to speak, read, and write; it is assumed that his methods were followed by Juan Pablo Bonet, who in 1620 published the first book on the subject. This gave rise to a wider European interest in the

education of deaf individuals. In 17th-century England John Bulwer published an account of his experiences teaching deaf persons to speak and lip-read, and in France similar work was carried on by Charles-Michel, abbé de l'Epée (1712–89), who changed the nature of communication for deaf and hard-of-hearing individuals by developing the natural sign language they used into a systematic and conventional language for more universal use. His work was developed by Roch-Ambroise Cucurron, Abbé Sicard, and gave rise to the manual system, or silent method, of teaching people with hearing impairments. In Germany Samuel Heinicke experimented with training deaf children to speak, and in the 19th century Friedrich Moritz Hill (1805–74), a leading educator of the deaf, developed this method in relation to the concept that education must relate to the "here and now" of the child—known as the "natural method." Thus arose the oral method of instruction that in time became an accepted practice throughout the world.

No serious attempt was made to educate or to train persons with visual impairments, however, until the late 18th century. Valentin Haüy, known as the "father and apostle of the blind," opened the National Institution of Blind Youth (Institution Nationale des Jeunes Aveugles) in Paris in 1784, with 12 blind children as his first pupils. News of Haüy's success in teaching these children to read soon spread to other countries. Subsequently, schools for the blind were opened in Liverpool, England (1791), London (1799), Vienna (1804), Berlin (1806), Amsterdam and Stockholm (1808), Zürich, Switzerland (1809), Boston (1829), and New York City (1831).

Scientific attempts to educate children with intellectual disabilities originated in the efforts of Jean-Marc-Gaspard Itard, a French physician and otologist. In his classic book *The Wild Boy of Aveyron* (1807), he related his five-year effort to train and educate a boy who had been found running wild in the woods of Aveyron. Itard's work with the boy became notable for the possibilities it raised regarding the education of persons with mental or emotional disabilities. Years later his student Edouard Séguin, who emigrated from France to the United States in 1848, devised an educational method that used physical and sensory activities to develop the mental processes. Séguin's published works influenced Maria Montessori, an Italian pediatrician who became an educator and the innovator of a unique method of training young intellectually disabled and culturally deprived children in Rome in the 1890s and early 1900s. Her approach emphasized self-education through specially designed "didactic materials" for sensorimotor training; development of the senses was the keynote of the system.

Special education for people with disabilities became universal in developed countries by the late 20th century. Concurrent with this development was the identification of two concepts of individual differences: (1) "interindividual differences," which compares one child with another, and (2) "intraindividual differences," which compares the child's abilities in one area with the child's abilities in other areas. The grouping of children in special classes rests on the concept of interindividual differences, but the instructional procedures for each child are determined by intraindividual differences—that is, by a child's abilities and disabilities.

PREVALENCE OF DISABILITY IN INDIA

According to a UNICEF Report on the Status of Disability in India (2000), there were around 30 million children that had some form of disability. Another report, the sixth All-India Educational Survey reported that of India's 2,000 million school aged children (614 years), 20 million require special needs education (Rehabilitation Council of India (RCI), 2000). Although these numbers show a large discrepancy, it is clear that there are a large number of students with special needs that require appropriate educational services. Recognizing the large number of special needs population and regional disparities, the Government of India (GoI) initiated policy reforms and strategies for special needs and inclusive education. The educational system in India has witnessed many changes after the coveted independence from Great Britain in 1947. The post freedom era together with the economic and social development policies in the last four decades have contributed substantially to bringing about

an evolution in the overall educational system in India through legislative measures as well as social welfare activities.

GOVERNMENT'S EFFORTS IN PROVIDING SERVICES

The efforts of the GoI over the last four decades have been toward providing a comprehensive range of services for the education of children with disabilities. In particular, inclusive education has been the focus of delivery of instruction to the students with disabilities in the country. In considering the educational provisions made for students with special educational needs in India, Jha (2002) states that while the agenda for inclusion in the West is concentrated mainly on the inclusion of students with physical and intellectual disabilities and those whose learning difficulties are due largely to emotional and behavioral factors, in India the focus extends beyond such groups. They also include children who are educationally deprived due to social and economic reasons, for example, street children, girls in rural areas, children belonging to scheduled castes and scheduled tribes, as well as various minorities and groups from diverse social, cultural, and linguistic backgrounds. According to Jha, all these children are considered to have special needs. He argues that what is called "special needs" in Britain would be considered the "normal needs" of a large minority of children in India. Hence, the terminology, which has its origins in the medical world of diagnosing the disability in the West, cannot explain the educational deprivation of large numbers of children in the developing countries (Jha, 2002, p. 67)

CURRENT STATUS OF SPECIAL EDUCATION IN INDIA

Sixty-one years ago India obtained independence from British rule. Indian citizens thus gained independence from the colonial education system where the British wanted ".. .a class of persons Indian in blood and color, but English in tastes, in opinions, in morals and in conduct" (Macaulay, cited in Alur, 2003 p.20). This is the history of colonial education in India, where education was restricted to upper and upper middle class families. Research on Indian education states public schools are for the poor and private schools for the rich (Alur, 2003; Jha, 2007; Singhal & Rouse, 2003). After looking at the colonial system of education and current literature, it appears that Indians still follow a system that was left by the British. Despite the passage of several laws to implement inclusive education, a government report in 1994 states that 98 percent of the people with disabilities do not receive any care from the government (Alur, 2007; Timmons & Alur, 2004). There are several discrepancies in the data regarding the number of children with disabilities in India. Timmons and Alur (2004) estimate a total of 50 million people have a disability or 'special ' needs. The Rehabilitation Council of India (RCI) estimated a total of 30 million children with disabihties in India (Singhal, 2006). According to the Office of the Chief Commissioner for People with Disabilities, existing data on the number of people with disabilities in India are highly unreliable (Singhal, 2006). According to the Department for International Development, a total of eighty million children between the ages of 6 and 14 years are estimated to be 'out of school' (Singhal, 2006). Children with disabilities usually receive their education in special schools in spite of the People's with Disabilities Act, where the state is required to ensure free education for children with disabilities. On the one hand families continue to struggle to take care of their children with disabilities; on the other the number of special schools has increased. As most of these schools are in urban areas, the lives of children in rural areas remain unchanged. However these initiatives are in direct violation of Indian laws to implement inclusive education. This is an example of the difficulty in implementing laws on inclusive education. The failure of the government to fully implement the laws, sustain initiatives, or upscale them to a national level has already been critiqued (Singhal, 2006). The growth in special schools has not succeeded in educating all citizens with disabilities but rather has addressed the problems of only relatively few children. The increase in schools reaches only a small portion of the intended population. Government officials and educational leaders continue to forget the reality that educational needs of millions of children with disabilities scattered around the country cannot be solved through a limited

number of special schools. India has approximately one million elementary schools (Singhal, 2005), but this figure does not include the total number of preschools, middle or high schools. In reality these schools usually do not admit children with disabilities, which is a violation of Indian law. Private state funded schools not admitting individuals with disabilities are also common practices. Jha considers the policies of these schools to be "...erratic and idiosyncratic" Qha, 2007, p.37). The scholar makes this comment, because these schools that are partly funded by the state government do not admit students with disabilities for a variety of unjustifiable reasons. The government and school officials often fail to understand that exclusion of children from schools is a violation of basic 'human rights and social justice' (Armstrong, Armstrong 6sr Barton 2000, p.9) and humanitarianism (Bartlinger 2006; Tomlinson 1982; Ysseldyke, Algozzine &Thurlow 1992).

Many schools are inaccessible to the poor, because of the internal and external barriers in schools 0^3. 2007). The internal barriers can include ".. .competive markets in education..." Qha, 2007, p.36), cost of books, fees and transportation (Timmons & Alur, 2004). According to Jha (2007), school buildings constructed without considering the mobility needs of children with mobility impairments are common internal barriers. Many public schools and buildings fall into this category. Jha also mentions how students assessed and identified with disabilities are isolated within public schools or classrooms, where they receive discriminatory curriculum. The restriction on children from receiving a free, appropriate public education in local public schools is one of the biggest external barriers to inclusion. The small number of schools located mainly in urban areas, social stigmatization, or economic conditions are other external barriers Qha, 2007). Lack of awareness regarding disability among community members and typically developing children are also barriers to inclusion in India (Antony, 2010). The external barriers also include cultural practices and attitudes (Alur, 2001; 2002; 2003; 2007; Antony, 2010; Jha, 2007; Kalyanpur, 2008; Kalyanpur & Gowramma, 2007; Timmons & Alur, 2004).

CONCLUSION

India appears to be at the crossroads with the implementation of inclusive education. On one hand, the Indian government has demonstrated its determination by implementing a number of policies, programs, and legislations for inclusion in the last four decades; while on the other it faces a number of unique challenges that limits its successful implementation. Policy makers need to address these challenges appropriately to make inclusive education a reality for millions of children with disabilities in India. While research (Singal, 2005; Singal & Rouse, 2003) on inclusive education in India is limited, external research can be evaluated and adopted to meet the unique socio-cultural-educational traditions of India. Similarly, specialized services can be sought from those professionals who have extensive experiences with the implementation of inclusive education in other contexts and an understanding of Indian scenario as well.

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