Chapter – VI

The Practice of Inclusive Education: Field Observations

[This chapter deals with qualitative data regarding the inclusive education in the selected areas. It is an attempt to understand the practical possibilities and impossibilities of particular policies. These implications are examined from four set of groups. Each group is examined in relation to inclusive education of the children with special needs. Hence the perceptions are related to the obstacles in giving better life and education to a child with special needs. This chapter also deals some case studies towards the end]

Part – I: Practices in Inclusive Education

As maintained in the previous chapters, one of the important the reason for disability in the study area is poverty. This poverty is not only a financial limitation, but affects at various levels of life. To elaborate, the impact is found in their understanding disability, following the remedial methods, creating self restrictions etc. At the same time, the limitations in learning process prevented the teachers to understand the special needs of the children and in return children with special needs (CWSN) are considered as persons with inabilities. The specially trained teachers, -Inclusive Education Resource Teachers- are struggling between mainstreaming the children and training the CWSN in certain skills. They have to reach their targets within the limited time allotted to them. The conceptual understanding of Inclusive Education has not been materialized in practice to the expected levels, due to the above mentioned problems. The following problems are found in the study area.

Data maintenance

The shortage of particulars of Children with Special Needs is found at all levels starting from District to Village. The available data is not sufficient to have an idea about the Children with Special Needs in the particular area. The study shows that maintaining the Children with Special Needs’ record is not given much importance. The Mandal Education Offices do not have data either on enrollment or dropout rates
of the Children with Special Needs. The data, at the time of research, in all the selected mandals was a general data of all special needs persons. It includes three year child to 32 years old person. It is the disability survey data in the village. Hence, the data did not contain any information regarding students. The cross checking of the data has identified a big gap between what is recorded and what is actually seen. There was mismatch with name, age, address and type of disability of the respondents, and in some cases it was unidentified. This was also limited to only few villages. There are villages where survey was not conducted. The village panchayats’ data recorded for the disability pension is considered for the research in some cases. It is because; the IERTs who are supposed to survey in the beginning of every academic year have neglected big villages. The reason, they said, is paucity of time. The village pension records also failed to give clear details of the beneficiaries. Hence, the researcher has used oral knowledge of the people to identify the address of the respondents. Many a times, people have similar names whose child is not a child with special needs. Sometimes, they have shifted the house but not updated in the records.

Mainstreamed Children

As a part of inclusive education, the entire home based education provided children supposed are supposed to be enrolled in the mainstream schools in the subsequent years. They are called as mainstreamed children with special needs. The study did not follow any criterion of mainstreamed and non-mainstreamed children in the selection, but it has cross checked the mainstreamed children available in the records with the sample selected. The following table (Table 6.1) will give a detailed view of it.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Mandal</th>
<th>No. of CWSN mainstreamed during 2008-09</th>
<th>No. of mainstreamed children found in sample</th>
<th>No. of mainstreamed children regular to school</th>
<th>No. of mainstreamed CWSN at Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alamuru</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Mandapeta</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Karapa</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Pedapudi</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>24</td>
<td>11</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Field study conducted during 2009-10
The number of mainstreamed children, according to the records, in 2008-09 is 24 in all the selected mandals. Among them, nine are from Alamuru, seven are from Mandapeta, and eight are from Karapa mandals. Out of the 24 mainstreamed children, eleven are found in the study. They are four children from Alamuru, four children from Mandapeta and three children from Karapa mandals. The study shows that almost of half of the children are not regular to school.

Alamuru mandal has the lowest number of regularity to school where Mandapeta mandal has highest number of children regular to school. The picture is different in reality. In the case of Alamuru mandal, ¾th of children with special needs are out of school. They were never regular to school because one suffers from Cerebral palsy with mental retardation, one suffers with cerebral palsy with orthopedic impairment and other one is with mental retardation. Only one girl is regular to school because her house is located very near to school and her aunts are keenly interested in giving her education but school teachers are unable to support her in providing appropriate education to her.

In the Mandapeta mandal, all the four mainstreamed children are suffering with Hearing Impairment. Among them, three children are studying 9th, 6th and 4th classes. They were enrolled in school before they are given HBE. The IERT intervention would have helped them to learn a few skills, but not mainstreamed. The other child is too young to enroll in school but listed in the records as mainstreamed.

In the Karapa madal, out of three mainstreamed students, two are regular to school. All of them suffer with hearing impairment. The other child is not interested in going to school, hence parents have stopped them.

The study says that there is gap in the date recorded and in practical situations. The process of mainstreaming is done on records than improving the conditions of Children with Special Needs. Some of the mainstreamed students are not enough intelligent to carry out the regular education, but they are mentioned as mainstreamed. There is a need of proper mechanism to cross check the process.
The road map of inclusive education in the selected district is not adequate to the thought created at the state level. There are flaws and misrepresentation at all levels of actions. The counseling to parents and trainings to children did not give the estimated result in the process. The study reveals that the state should be more responsible in dealing with inclusive education with reference to the Children with Special Needs.

**Special Residential Bridge Course (RBC)**

This is a separate design to empower the Children with Special Needs. East Godavari district had a bad experience with the model. Residential Bridge Course is a place where all the children with special needs are given residence to give focused training. The reluctant parents have been convinced after repeated requests from the district authorities and allowed for 10 months training. After the training, few parents were not interested in taking their children back to their home. They said, they cannot handle their child. Then it has become a big task for district authorities to handover the children back to their respective parents. With this experience, East Godavari has dropped the idea of RBC and concentrating only on HBE.

**Knowledge on Reasons behind disability**

In the whole study, it was found that no parent has an appropriate answer for their child’s disability. They were unaware of the causes behind the disability. In most of the cases they could not identify the special needs of their child until he/she attains 3-5 years of age. Some of the mothers do not remember what happened during their pregnancy even after the repeated enquiry from the researcher. It is identified during the study that none of interviewed families had the history of disability in their family. The study reveals that lack of awareness regarding disability, non identification of disability at the early age, improper care during pre-natal and post-natal period are causing disability in children. The prolonged unawareness on disability could not make any difference in the lives of persons with disabilities even after identification and leaving them on the same state of condition without attempting to cure the disabilities.
Lack of awareness

Lack of awareness remains the primary reason for all the backwardness in the society. The unawareness is found in each and every aspect of inclusive education proceedings. This multi dimensional unawareness became the biggest hurdle to achieve the expected goals in every policy related to inclusive education. Parents are unaware of the existing educational supports to their children, teachers are unaware of the policies which they supposed to implement, officials are unaware of the inclusive methodologies to spread, society is unaware of the contribution it has to make, and finally child is unaware of the actions he is supposed to inhibit. All of them are interrelated and interdependent. Exceptions to any single dimension will affect the whole process.

To elaborate, the study reveals that there are more than 50 percent of non-literate parents. They are not aware of the policies and programs of the government; they do not have proper medical awareness and they cannot assess the disease affecting their child. They believe that no one else can take care of their child other than their own family. In some cases, they are given utmost preference in terms of caring. Hence, parents are not interested in sending their children to hostels. They hear about others’ experiences about how the hostels do not care for the children. Moreover, they do not want to be away from their child. Some parents have stopped going to social gatherings, some have stopped visiting relatives’ homes, just to look after their children at home.

In other cases, parents are not aware of the child’s problem. They do not know why their child gets frequent toilets, seizures, cough, low memory, headache, improper digestion, and also why their child play only with children younger to their age. The parents are not aware of treatment to such children needs. Many a times, their time and and money are spent on going round the doctors but of no use. Parents are also unable to assess their children’s problem. For example, parents of hearing impaired children say that their children can listen from front side of his face but cannot listen from back. They are not present to their child’s managing skills. In fact, the child is managing with lip movement of the people. In the case of some mild disabilities,
parents believe that their child does not have any problem. They are surprised when their child’s name is recorded with disability.

**Perception of the Parents**


The study reveals that all the parents consulted in the study are completely unaware of the knowledge about education policies regarding Children with Special Needs. Even though some of the children are covered under Home Based Education (HBE) with a special teacher, they did not understand the concern behind the program.

Early identification is the primary responsibility of parents and medical persons in the area. The survey reveals that none of the respondent’s disability is identified at the early age. In many cases, it was only during 3rd year, the disability was recognized. Parents have become helpless after identification because they do not have any idea regarding disability and their rehabilitation. So, they have visited all places and finally left their children at home without any solution. Poverty is the main reason for their inability to go to the better hospital. In the entire process, there is no intervention of the government medical personnel, either in identifying the problem or in providing medical treatment.

Study shows that, Category [1] parents are not satisfied with IERT teaching in Home Based Education. According to them, IERTs are not regular to their home and they have not found any major changes in their child in most of the cases. Only few percentage of the parents have expressed that their child has shown a mild difference in skill performance, however it was not adequate even, after the IERT visits. All parents unanimously agreed that their child has developed intimacy with the IERT because of their friendly behavior and food items they bring when they visit every time. This is one of the successful parts of the inclusive education.
The parents while expressing their views about IERTs have said that they are irregular. These irregularities claimed by parents can be understood in two ways. One may be because of the gap in their scheduled visit i.e., once in a week and secondly they were not even regular in visiting the child as per schedule. Nevertheless, the parents have failed to convey the frequency of irregularities.

While examining Category [2] parents, who are out of Home Based Education, do not have any idea regarding Home Based Education (HBE). They are unaware that their Children with Special Needs can be trained through education which would provide education as well as learning basic skills to cope with the rest of the society. They kept their children out of the school system thinking that they have no option except bearing the child.

In the case of Parents Category [3] they could not assess their children’s performance in school because most of them are unlettered. They feel that their children’s regular visit itself was a big success. They buy whatever the child asks to buy expecting some betterment in the future. The parents are very optimistic while sending their children to school. They never disturb the regularity of their child’s visit to school, though they knew that he/she is not learning anything from school. They hope that their child’s regular schools visit may gradually help to learn something in life. The parents are completely unaware that there would be an alternative method of teaching for their children.

When enquired about children taking food in school, the parents are not satisfied with the Mid-Day-Meal (MDM) program. They opined that their children are not interested in eating in MDM. So, it is left to the interest of the child to eat or not to eat in the MDM. In fact, the researcher’s visit did not experience any low quality food in MDM and it is understood that it is the false notion they have about the unconventional non-home food. They always feel that their home food is better.

The parents had never attended any meeting in school. They have opined that they have no idea of parent-teacher meeting in schools to review their child’s performance. They have never got such call from the school authorities. Only few parents have told
that they had no meetings but were signing on records sent through their children. Parents assert it as teachers’ problem while teachers apprehend it as parents’ problem. Parents’ apprehension is that teachers would not organize such meeting where as teachers’ apprehension is that parents would not come to such meetings even if they organize meetings.

Parents from category [4] are not convinced/ satisfied with the school system. They have never thought of sending their children to school, thinking that their child cannot learn anything. In addition to it, they are also afraid of complications coming from school. Sometimes co-students ill-treat their child and sometimes it is teachers who ill-treat the child. In order to avoid such humiliating atmosphere, they prefer their children to play at home rather than going to school. In contrast, no authority has given them confidence that their child could be trained in some way.

Above all, as mentioned earlier, every parent loves their children. They show the ‘special love’ on them. This special love involved with taking care of the child. Hence, none of them are interested to send their children away from house. They think that others cannot take care of their child as they do. They are unaware that they are keeping their children away from learning skills.

**Perceptions of the Students**

Students are classified into three categories for the convenience. They are Category [1] Responding ‘Children with Special Needs’, [2] Non-responding ‘Children with Special Needs’ and [3] Home Based Education students. Most of the impressions are taken from responding children and attributed to the non-responding children. In some cases, parents’ observations are considered to understand the child.

While considering the “Responding children with special needs” only two categories i.e. Visual Impairment or Locomotor Impairment are found in school. They enjoy being in the school and with friends. Despite the disadvantages, these two categories are trying to cope with advantageous qualities in their life. To elaborate, students with visual impairment can understand whatever the teacher speaks and can respond to it. Students with locomotor impairment do not need specialized teaching but only
structural changes in construction of school buildings. Barrier free construction is not a big issue for them in many schools because they have low height buildings. Wherever there is a ramp, it is not constructed based on accessibility guidelines but for the electoral purposes. In both the cases, teachers have given no special attention, but it is students who put all efforts at their level to reach the classroom. Apart from orthopedic impairment categories, the other disability categories need a specialized teacher to teach them. This might be one of the reasons for non presence of other Children with Special Needs in the school. Because, the regular teacher could not spend much time for the Children with Special Needs in most of the cases.

The available special needs students’ performance in the class ranges from average to below average. They feel that mathematics is the toughest subject and Telugu is easiest subject for them. All of them have enrolled their names in MDM but not satisfied with the quality of food. No caste discrimination was found while serving the food in MDM or in the teachers’ behaviour in the whole study.

The Home Based Education (HBE) students are very happy at the IERTs’ visit to their homes. They respond that they are close to their IERT because they carry sweets along with them. Though the study did not find much development in terms of education, it has helped the Children with Special Needs to have an understanding person in the society. There are few behavioral changes due to these visits.

Some of the students have dropped from schooling. It is because of the humiliation caused by the behavior of general teachers. It is told that the teachers are scolding and showing exclusive places to sit. This process of exclusion has made parents not to send their children to school. The other way, students are also not interested in going to school.

With all the difficulties or advantages they have in the educational system they exist and none of the students has the idea of educational benefits they have, except the disability pension given in Panchayati office regularly.
**Interests of the Children**

The interest of the Children with Special Needs is never taken care of. It is found that nowhere a trial is made to identify the interest of these children. Sometimes their interests were ignored because they are not socially convenient to parents. To illustrate, they cannot leave their children to play with other children because they quickly enter a confrontation by either of the intervention. This confrontation among children will be expanded to parents also. To avoid such confrontation, parents will restrict the children to their home. Hence, the Children with Special Needs are not given an opportunity to play.

Though some of the children with special needs are interested in going to school, parents do not allow them because of their vexation with the behavior of teachers who consistently ask them to join their children in a special school, confrontation with the children in the school, mobility problems, infrastructural problems and teaching methodology problem. Only few children who can manage these obstacles are going and few parents who are optimistic in life are sending their children.

**Practice**

**Traditionalism: 21st Century Implications**

India, as a traditional society, is still practicing the conventional methods to understand the special needs of a particular child. The study has observed that menstrual issues, belief in God, and superstitions are still prevalent and impacting the special/inclusive education.

It is observed that few girls were stopped going to school after attaining puberty. Puberty occupies a prominent place in traditional Indian society in deciding girls’ mobility. Educating them is important because it provides an opportunity for health education including genital hygiene. The girls, in the study, are forced to stop schooling because they are unaware of management of menstruation. This ignorance may cause health problems like dysmenorrheal, white discharge, diarrhea, and vomiting. To avoid such consequences, parents have chosen to stop them from schooling. The parents find it as an appropriate way to take care their child’s health
because the level of information about menstruation, genital hygiene, and related reproductive health issues imparted even to normal girls is not adequate. On the other side, media show many issues on physical abuse on children with special needs. Hence, improper knowledge dissemination on physical health and social insecurity are leading to children being pulled out of schools [Narayanan, et.al: 2001].

Society has lot of abstractive faith in God [Madan: 1999]. This faith in God is running up against facts. The respondents are very serious about God helping them in future by healing their child’s disability. It is the only hope, which is making the family deal with children with special needs. Considering poverty as the important cause to their inabilities, strong hope in God, keep these children away from medication would lead the parents to completely neglect the CWSN and leave it on the mercy of God. Some of the parents have narrated how their child is better after taking to certain preachers or religious practitioners. This particular belief has stopped them from trying other alternatives in terms of education and following scientific methods of normalization etc. A woman has observed fasting when she was carrying 8th month pregnancy. As a result she has suffered with severe weakness for some time and her child has born with deformity in the hand.

Superstitions: Forest Medicine

Another practice regarding chronic diseases is forest medicine. It has been a notion since long time that medicines made out of forest products or forest animals would cure such diseases, which are not cured by allopathic medicine. This belief made a few people to make it their source of income. They dress like tribes and visit the houses of children with disabilities. They influence parents to buy their medicines and promise their child’s normalcy within six months. In one case the parents, expecting speedy recovery, bought medicines by paying up to Rs.2000/- despite their poverty. But, the seller never came back to check the patient. The study has found similar experiences in other villages as well. Hence, it is understood that the ignorance of the parents and their beliefs tend to create further problems to children with special needs. This ignorance has limited them to understand the benefits of education and its future consequences.
Another false notion is about marriage and gender. Few parents consider girl’s marriage is more important than the girl’s disability. Unmarried girl in a family is not socially respected. So, they hide their daughter’s disability so that she would easily be married off. In the process of hiding, they do not enroll her in school/ in panchayat office for pension obtain medical certificate. This kind of importance given to marriage is a hurdle to the girl’s cure and learning process. Such problem can arise with mild disability kids. Hence, such students are kept away from the inclusive setup.

**Carelessness**

The stigma [Goffman: 1961] associated with the disability results in a careless approach from the father or the father’s families. Due to this, the child misses out on getting proper medication, training skills, love, and care. It restricts the child from further expansion of its life. In certain cases, fathers ignore the problems in the house. As a result, the mother is burdened with the responsibility of the house, or in the case of parents’ inability, grandmothers are forced to take care of such children. It was also observed that some parents feel shy to bring their children to public functions.

**Comfort zone**

A comfort zone is created either by parents or children or sometimes both. To elaborate, the main concern of the parents is to feed them as long as they live. They do not allow their children moving out of home so that they can avoid confrontation with other children and their parents or avoid being involved in accidents on roads. They have also chosen not to send their children to school to avoid abuses from teacher as well as fellow students. Some parents consider mid-day meals as of inferior quality, and so ask their children to come home for lunch. There is a serious need to come out of this comfort zone because the parents do not think of the future of the children, especially after the parents. This comfort zone provided by the parents/ elders curtails the highly needed peer group interaction. Confining Children with Special Needs to home may avoid accidents on roads, but the practice of socialization of children is being prohibited by the parents.
As a consequence of the comfort zone provided by parents, children choose their own space. When their peers are not comfortable with their disabilities, these children choose friends from younger age. It may be also because of their cognitive slow growth. This personal confinement is limited not only to choosing friends but also the places to play. They repeat the same game all through the day. Mostly, parents ignore such habits and so unknowingly let these children form a ‘comfort zone’. But, parents do not realize that this ‘comfort zone, restricts the children from expanding their life. This zone restricts their life. It also results in improper use of aids and appliances like hearing aids and Braille kits.

**Self Limitation: Devalued Status**

There are some stigmatized persons who accept their devalued status as legitimate [Davis: 2006]. This leads them to ignore the necessary steps to be taken in relation to children with special needs. The limitations in thoughts resulted in limited actions by the family. As a result, special provisions to children with special needs are considered as above their level. Therefore, anything above their level is ignored. The families were fighting for ration card in fair price shops, old age pension and disability pensions, but not for wheel chair, tricycle, walking stick, Braille kit, hearing aid, ramps in school, teacher’s acceptance, etc. As they do not consider them as the rights of children with special needs, the family does not fight with the administration. Above all, the family considers receiving sponsors from the government as charity and waits for the grace of politicians to sponsor the above-mentioned supports.

**Labeling: A Step before disability**

The self-concept change from normal to deviant is an affect of labelling. The prime actors in the process are social audience. In other words, behaviour is not inherently deviant or normal but is defined and labeled that way by people in charge of defining and labeling. Deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rulers and sanctions to an “offender” (Becker: 1963)
Parents and society label them as who ‘cannot speak’, ‘cannot hear’, ‘slow learners’, etc, and children start believing what is labelled on them. Hence, labelling limits the abilities of children. If they are not labelled, children would have developed skills to cope with their disabilities. Some of the respondents looked normal in appearance and response but they are considered as MR children, both by the parents and on records. It appears as the process of making future disabilities as mentioned by Hamlin and Becker.

**Role of Teacher: Blame Game**

When a child is successful in the learning process, the teacher takes pride in him, but if a child fails to learn, the blame goes on to the child. We never try to understand the root of the problem. We make so many demands to children one after the other. The child is not capable of fulfilling them because either we make so many different demands at a time or they are at a very high level. If we really want to make the child successful, then we have to give him/her clarity on what we are expecting to do and what we do not want him/her to do. Our failure to communicate leads to confusion in children. The present day teacher is confused and blames the failure on the learning process [Misra: 2002].

Teachers, not being trained in special education, have become a problem for the entire education system both for children with special needs, as well as for other children. They feel that dealing with children with special needs is not their job and claim that they are not trained to do so. Further, they refer such children to special schools to escape from the responsibility. They extend their argument in showing mischievous behavior of such children and say they are disturbing the class. In several cases, Children with Special Needs are humiliated by forcing them to sit in last rows or corridors. No attempt has been made by teachers to identify the talent of the CWSNs. The study shows that nearly 40 percent of the respondents are good at replicating. But this skill is never recognized as a tool for teaching them further. All the above factors keep the children with special needs out of the inclusive education system.
General Teachers

The study found that, the perception of the teachers in general schools is quite contrast to policy. All of them seriously believe that no policy is implementable. They consider every new policy as a program to trouble the teachers. The teachers have understood ‘Learning Enhancement Program’ (LEP) as to identify the IQ levels of the students but not to identify the special needs of the children. The three level grading applied by general teacher does not include any children with special needs in practice. The main purpose of the three level grading to support the student according their knowledge levels and make them mainstream within the same year. Without the experience or orientation in identification of special needs in children and their teaching, the general teachers could not support the Children with Special Needs in the general schools. Hence, their stay, time and special care taken by the parents is being wasted. They believe that their conventional methods are far better than the new method of teaching.

They have also expressed that they are running after cooking up reports than concentrating on the children’s development. They are vexed with the ‘last minute calls’ to send the reports. It has become a common practice at all the levels. They have an apprehension regarding teacher-student ratio. The best ratio according them is 1:20 while they are managing 1:40 currently. This percentage limits the scope of individual care.

General Teachers do not consider Children with Special Needs as eligible students in the school. According to them, serving them is serving the God or it is an obligation from the state government to enroll all school going children into school. Some do not even allow such students into their class. They think it is waste of time with them and it is big disturbance to all. Some of the teachers have advised parents to join them in a special school rather than the general school. It was interesting to note that some teachers have no time to spend with the Children with Special Needs.

In the whole process of taking care of the Children with Special Needs, one-third of the teachers either develops sympathy or consider as a case under humanitarian grounds. The rest of them are treated as different children than the other children. But
no where it is mentioned special needs as a right and taking care of them is a responsibility of the teacher.

Though the implementation is poor, still they feel that the government should be stricter in implementing the policies. They are dependent on government. If government is strict they will implement properly, if it is not strict, they will not care the policies. So, they need consistent intervention of government regularly.

Though, to claim, government’s intervention is necessary in implementation but it is also important to note the personal interest of the teachers. Unless they take personal interest, no program can see the fruits. Hence, the government should concentrate on creating awareness among teachers on special needs because they are the key factors in the process of inclusive education.

There are another set of problems in dealing with the Children with Special Needs from the general teachers’ perception. They are [1] the general teachers lack of understanding of the special needs [2] their inability in teaching special children [3] inadequate atmosphere in dealing with the general class.

In most cases, teachers feel Mid-Day-Meal (MDM) program is a heavy burden on them. It has become a hurdle for teaching. One Head Master and a concerned teacher were always spending their time in arranging things at MDM. According to them; this problem is because of delay in releasing funds and materials. They also have strict instruction that MDM should not be stopped showing the delay in funds. The concerned teachers have to continue by whatever means they have. It is also interesting to note that they should never report the delay in funds into records. Hence, they spend all their energies to accumulate the above said resources to run the program. As a result their time spent on teaching is reduced to minimum. It has become a burden to the teacher to maintain good relations with local politicians and fair price shop dealers to get the maximum benefits to MDM and other higher officials. Finally, all the practices/ malpractices have become an open secret and the concentration was only on maintaining statistics.
In such circumstances, understanding disability is never in their curriculum or concern at least. So, they do not have any idea on special needs education or policies related to it. Hence, they are ignoring the Children with Special Needs in schools. It was neither mentioned in their Bachelor of Education degree nor during their professional career. They deal, Children with Special Needs, with humanity, sometimes, than the professional skill. Also they seriously feel that they cannot spare time for Children with Special Needs in the general class.

Knowledge on Inclusive Education

Though the literature spoke on vide varieties of inclusive educational methods and benefits in relation to Children with Special Needs, the teachers in the study do not have any idea regarding inclusive system of education. Their notion of inclusion is limited to enrolling SC, ST, BC category children into school. They are not considering special needs as one of the marginalized aspect to empower few sections of the society. So, they do not have special needs methodology along with them. There was no discussion on disability and special needs education in their meetings. If it is mentioned, it was just a formality not as a serious agenda. Majority teachers do not have any idea on special education policies.

Identification Process

One of the weak methodologies they applied in Children with Special Needs is their identification. The SSA has a LEP method to identify the Children with Special Needs but very few teachers will follow this methodology. The main source of identification is either personal knowledge on the child or peers information regarding one’s limitations. The teachers seriously assert that this methodology is not practical. Though they claim that they follow the SSA model\(^1\) to identify problems in the children, in reality they are following their own methodology to classify children. Due to this, the real special needs are not identified in children because they are not properly trained to in this process.

\(^1\) Learning Enhancement Program (LEP)
Advices to Teachers by IERTs

As a part of one’s job, the IERTs are supposed to train the teachers, in the school, to support the mainstreamed students with special needs. But most of the teachers have complained that they have never seen an IERT visiting their schools and even the few of them who visit are irregular. Their irregularity is because of their prime focus in Home Based Education. Their visit to regular schools is limited to 5 days month. This five day trip could not make difference in either teachers or students. On other, teachers also do not give much attention to IERTs’ information, because they are not ready to take up the job of caring children with special needs.

Accessibility

Society is not sensitive towards the Children with Special Needs. That is reflected in each and every aspect of the society. The researcher’s area i.e., education is also not an exception to it. All the parents, who are taking care of the Children with Special Needs, interviewed are either considering it as an unavoidable responsibility or charity. But no one considers it as a right of that child. As a result, no attempt is made in changing the communication, infrastructure and methodology. Hence, children with special needs are left with humanitarian support but not with the support they really require to cope up in life. As a result, the children do not get proper medication or training like Braille skills, sign language, daily living skills, or proper education.

Abilities /Practices

The available records classify Children with Special Needs into Visual Impaired, Hearing Impaired, Orthopedic Impaired, Mentally Retarded, with Cerebral Palsy and cleft lip. This Cerebral Palsy and Cleft are considered under Mental Retardation category. But in practice, children are multi-disabled. That is the reason the researcher has classified their abilities to get the appropriate knowledge on their skills and special needs.
Writing practices

Though some of the children are admitted in school and some of them are drop outs, but their writing skills are lower than their expressed educational levels. Their promotion in education is maintained through attendance at one level and promoting all the children to further class on the next level. There was not much concentration given on their abilities. It is nothing to do with their writing abilities in the perception of parents and teachers. Hence, very few of them could write equellanent to their learning levels.

Speaking Practices

Speech impaired persons are considered under hearing impaired category. The number of non speaking respondents is double than the official records. It included people who can speak few words and also who do not speak anything. They are multi-category along with HI, MR and CP categories. Hence they are considered as that respective category. As a whole, it is observed that major chunk of the respondents cannot speak in spite of their mentioned category. It indicates the necessity of speech therapy in each mandal.

Hearing Practices

As hearing and speaking are interrelated, it draws an immediate attention on proper measures need to be taken. But, it has not been identified even by parents for a very long time. Due to this, children have followed other alternative daily management skills to cope up with the society. No government agent was found to make early detention of the children. It was done by parent only at the later stage. When parents / family identified hearing impairment in children, society around them including family members stopped oral communication and started making signs. Then the child did not get opportunity to follow the lip movement and but only signals made by people around it. Hence, the society around them is responsible for creating an unfavorable environment instead of teaching the basic skills to certain section of children.
Visionary abilities

The only disability which can be easily identified is visual impairment. Visual Impairment respondents are having a very good support for social living and a very bad support for educational life. They were not provided with any special needs required for learning in school. None of the teachers or IERTs are trained in Braille teaching except one IERTs. Hence most of the CWSN with visual impairment are away from the education in the selected mandals.

Mobility Issues

The difference between recorded Othopedic Impairment and number of mobility problems found in the study shows a big gap in considering the disability. It was almost 3/4th times higher to the original number. These children do not need any specialization in teaching but their impairment becomes a big hurdle to reach the campus. There is no evidence that the state has provided transport support to them. No clutches, calipers, wheel chairs etc are provided by the school or government. Above all, the visited schools do not have ramps to walk and railings to hold to access the building. It shows the less care shown towards the Children with Special Needs.

Other daily living skills

Nearly half of the respondents needed 100 percent support in bathing, clothing and in toileting. General provisions may not satisfy their needs. They may need assistance also. Nevertheless, they are completely left out of the education system. They are taken care by parents and no IERT visits their home, because it is impossible for them to mainstream such student in 10 months duration.

IERT: A bigger task

Problems with specialization

Every Inclusive Education Resource Teacher [IERT] is by design trained in only one specialization. It specifically conveys that the needs of children are different and specialist needs teachers to be trained differently. The design of the Home Based
Education requires a multi skilled trainer to deal with different disability categories in the mandal. The multi-category training given by the Sarva Shiksha Abhiyan helped the IERTs to understand other category children’s needs but could not train as they do in their own specialization. This experience necessitates the need for increasing the number of specialists in the study area.

As earlier said, IERT has the freedom to choose majority children from their own specialization indicates that their multi-category training did not give expected confidence to deal all category children. Hence, the mainstreaming of children with special needs would be limited only to IERTs specialization rather than all category children.

**Duration of the Teaching**

It is observed that the duration given to train a special child is very less. One hour in a week is absolutely not enough to train a child with special needs, as reported by IERTs. The 40 hours training in 10 months duration could not give the maximum expected results to mainstream the Children with Special Needs. It is suggested by most of the IERTs that a child needs at least 4 hours training /teaching a day to make them mainstream in a year.

IERTs, though they are part of Inclusive Education system, they do not agree with the present form. They suggest special schooling to some severe disability students until certain age, where all the services, teaching, physiotherapy, skill learning etc are available.

It is observed during the study that IERTs are treated ‘special’ as they deal with special needs children and inferior to the general teachers. Their suggestion are not taken care by general teachers. When they visit school, the schools are absolutely without aids and appliances. So, they have grievance that their work is not treated on par with general teachers though they work more than them. So, IERTs expect job security, salary hike and equal status with other teachers to improve the working conditions.
Pension
Apart from the Sarva Shiksha Abhiyan’s initiatives to inclusive education of children with special needs, there is another program which is most successful to majority of the respondents in the study area i.e. disability pension given by Government of Andhra Pradesh. The structure of the pension was announced at three levels of disability. They are (1) Persons with mild disabilities (2) Persons with moderate disabilities and (3) persons with severe disabilities. The pension declared was Rs.200/- Rs.500/- and Rs.700/- respectively, but Rs.500/- was given to every person with disability irrespective of their disability. Nearly 90 percent of the respondents in study have benefited with this pension except families without ration card and migrated families. All the recipients’ families are benefited because they are from poor financial backgrounds and it helped to compensate some amount of expenditure on their child with special needs.

Part – II: Case Studies

The Part-II of the chapter highlights the real picture of the society at the grass root level. To exemplify the scenario in a concrete way, a few case studies have been presented in this chapter. These cases study depicts the school experiences of the children and the process of identifying the disability in the children and rehabilitating them; provision of medical facilities, social support for the children. This chapter focuses on the case studies and their consequences to further strengthen policies on disability and education.

Case -1

Aparna is a sixteen years old girl from Dwarapudi Village in Mandapeta mandal. She is a second child to her parents among four children. She is having an elder brother and two younger sisters. She got affected with locomotor impairment at an early age. She crawls on her hands and is confined only to four walls of the house. She is a strong girl as she manages the entire domestic work single handedly. She sweeps the house, cleans the utensils and cooks the food. She is second child to her parents among four children. Aparna has an elder brother and two younger sisters. Currently,
Aparna’s entire family is dependent on her only brother’s earnings as her father cannot work because of the old age. She belongs to Kapu community.

Earlier, Aparna’s father worked as a steel utensil seller. When Aparna was young her father carried her on his arms and in later years used bicycle to drop her in the school. Aparna was very much interested at studies and her performance was good in school too. Aparna was viewing a bright future irrespective of her situation. But as she grew older she put on weight which made impossible for her father to carry her to school. Looking at her father’s plight Aparna stopped going to the school after 7th standard. Her decision was accepted without any say. Now she stays at home doing nothing and remaining silent.

After inquiry, Aparna’s parents revealed that still today they do not know the exact reasons behind her impairment. The probability, they remember, is an injection given to the mother during pregnancy, which led to prolonged fever. Later, Aparna took birth with neck, hand and leg problems. Looking at Aparna the consulted doctor suggested hot water massage to all the problematic body parts and electric shock treatment. The treatment stood beneficial for neck and hand but legs remained dysfunctional.

Aparna’s case throws light on few important aspects i.e., significance given to women in education, poverty, dependency on political leaders, and unawares regarding the rights of the people with disabilities. Firstly, Aparna’s education was not given importance, as when Aparna dropped from school, there was no strong resistance from her family. If the family has thorough understanding on the benefits of education they would have found an alternative way. But the silence of the family approves that dropping out from school, by a girl with disability, is an appropriate decision to reduce the burden on the family. The gender perspective prevailed in the society silently or helplessly supported the family for not making education as compulsion for Aparna.

Secondly, poverty is also seen as a hindrance for the women education. They have considered disability as an additional burden and only added income would help to support. Purchase of a tricycle to Aparna would have supported her to continue
education but the family felt it beyond their capacity and financial limitations. They requested few local politicians to sponsor a tricycle but none of the promises materialized. It is known that the family is still looking for someone to sponsor a tricycle. It is observed in the study that the tri-cycle is not prioritized as an important need. They are unaware that they can try for a tricycle from the government. The experiences of Aparna could be seen as violation of her educational right. Whether it is known or unknown to the society around her, the consequences have led her to be deprived of education. In fact, Aparna was a very good student. She scored above 90 marks in all subjects. Her friends were cooperative in carrying her bag and sharing the notes.

Currently, Aparna is staying at home doing nothing for her tattered future. She is feeling deprived and lack of financial assistance and problems of the family, lack of support from government and psychological burden feeling of Aparna excluded from the education.

Case – 2

Surya Bhagawan is ten years old boy from Alamuru Mandal Head Quarters. He is studying in 5th grade at nearby elementary school. He is an above average student in the school and he is affected with cerebral palsy. He suffers with spastic triplegia. His both legs and right hand are dysfunctional. He is heavily dependent on others as he cannot move on his own. His father is a money collector in a local finance company and he spends his maximum time in the office. Bhagawan is elder son to his parents. He has one younger brother and three younger sisters. His mother has hearing impairment as they report but her appearance and behavior makes the researcher feel that she also has low cognitive growth. He is from ‘Vaishya’ community.

Bhagwan is rejected by his parents. His father stopped attending to his needs and grandmother is forced to do so. The boy is currently under the supervision of the grandmother. She runs a small shop in order to care Bhagawan. She carries him to school and back to home. She runs to school with a single call by any students to
attend Bhagawan’s nature calls. She is very humble and patient lady. She wishes her grandson to get good education.

His family members do not have any idea behind Bhagawan’s disability. He was given polio drops at the required age but still his both legs were affected. The problem was identified by grandmother when he was not walking in 9th month. The probable cause for his disability is cross cousin marriage between his parents.

It was said that the parents have tried for a tricycle when he was very young but to no use as he was too weak to handle it. Later, none of his family members tried again because they didn’t had minimum amount to purchase it. As per doctor’s suggestions he was given electric shock treatment but to no use. He is not frequently taken to social functions unless they are very close family relatives. It would be difficult for the family to carry him all the way.

Bhagawan’s case is an example for human rights violation by parents due to their financial in-abilities. He needs personal assistant and a good transport facility to reach the school. His experience shows that he does not have an accessible toilet either in the school or at home. Inspite of his father’s disinterest, Bhagawan was able to continue studies due to the constant encouragement and support of his grandmother. It has to be noted here that, without the timely intervention and encouragement of his grandmother, Bhagawan, despite being able to read, would have been out of the education system.

Case – 3

Nela Jyothi Raj is from Mandapeta town. He is eight years old boy whose father is no more. He is second child in a three children family. The elder one is a sister and younger one is a brother. Raj is suffering with cerebral palsy and mental retardation. He is surviving by lying on the bed since birth. All his daily needs are taken care by the mother and grandmother. He cannot speak, listen and move. It was told to the researcher that an old woman in the family suggested not to care the boy in order to let him die. But, the mother and grandmother did not agree and continued their caring. The boy always wishes his mother to be around him. He will be worried so much if
his mother is not around. Though the mother was trained in nursing, she did not opt for working for the sake of her son. She spends all her energies in caring the child. The whole family is dependent only on grandmother’s earning. The family has also stopped going to all social gatherings in order to take care of the child.

He belongs to ‘Mala’ community. The family is unaware of the cause behind their child’s disability. It was told that the child was having health problems since the birth. Immediately after birth, he was kept in intensive care for 20 days even without mother’s care. He suffered with seizures and suffers thrice in a day. Raj has physical growth but no strength in the body. That is why he is confined only to bed. He communicates through his eyes and touch. He opens his mouth to communicate that he is thirsty and hungry. His diet is only milk as he cannot digest the regular food. The family could give only milk and could not mix any pretentious compliments due to their week financial condition. Once, the care takers forced Raj to take rice but it resulted in two days sickness. Hopelessly, the doctors advised the family to stop spending money on Raj as the situation is out of their financial pockets.

Till today, the family did not lose hope on Raj. They trusted everyone who spoke about the betterment of him. As a consequence, the fell in trap with a stranger who promised a quick relief and took Rs 2000/- from the family but it turned out to be fake deal. The stranger never turned back forcing debts on the family. The love towards the boy, poverty, lack of proper knowledge on medicines, and ignorance brought the family in shattered state. Today, the mother curses her own plight and pities the Raj’s situations. Eduaction in Raj’s life is nowhere near in future.

Case - 4

Kurram Devi is twelve years old girl. She is from Pedapudi village of Pedapudi mandal. Devi is elder daughter in the house. Her father is a gunny bag carrier in Kakinada port and mother is a home maker. Her father is an illiterate and mother studied up to Grade 5th. Devi has mild mental retardness and low vision. Due to her low vision, she many a times hit her to dogs on the roads and poles. Devi is irregular
to the school. Due to her inability Devi cannot write nor read except her name. Devi belongs to ‘kapu’ community.

According to grandparents, Devi is a neglected girl in the family. The second child, who is considered to be normal, is treated with love and care. Hence, Devi spends most of the time in grandmother’s home which is located in the same street. According to her mother, Devi cannot do anything. Devi also believes that she cannot do anything because her mother labeled her as in-able. Generally, Devi is a talkative and active girl. She responds very well with anyone.

Devi’s mother neither recorded this disability with mandal office nor applied for a medical certificate. She did not apply for disability pension or for any government support. She, intentionally, wanted to hide disability of Devi as she is afraid that, Devi’s marriage future may hinder.

Taking Devi’s case into consideration the mother’s primary concern is of marriage rather Devi’s present necessities. The mother is waiting for Devi to attain marriage age, so that she can discharge her duties as mother and get relieved of her. The mother is not thinking of post marriage consequences of the child. The mother is feeling burdened of Devi’s presence and is also overloaded with stigma. She is not aware that she is violating the rights of child. Her main concern is society and she wanted to look like a responsible mother in the society. As result, poverty of the family, notion of marriage regarding girl child, ignorance of the medical facilities is causing Devi to be struggling in her life for bare necessities which is hampering her future too.

Case - 5

Gudala Leela Manikantha is a sixteen years old boy from Penuguduru village in Karapa Mandal. He is a person with locomotor impairment. His parents expired at an early age. His paternal family did not show any interest to take the responsibility of Manikantha but his maternal uncle, who is a tailor, took the responsibility and made him part of the family along with his three children. Manikantha belongs to caste ‘Mangali’ (Barber).
Manikantha completed his Grade 10th. He did his elementary schooling in Penuguduru and High school in Karapa. He was using tricycle in Penuguduru. He used tricycle up to the main road and then took an auto to reach Karapa. He could not continue his studies further. When approached by the researcher, Manikantha specified two reasons for not continuing his education. They are his physical disability and his uncle’s financial weakness. He said that he faces a psychic trauma due to his physical disability. He cannot carry his own books or bag and every day he dependents on someone. The cringing feelings grow stronger during rainy days as his troubles multiples. He suspired sadly when he slipped down every time. He silently mourned and cursed God for creating him with impairment. He did not share this with anyone. But the family said that he was tired every day when returned to home.

His school was semi accessible. It has low height verandah and minimum steps. He did not find any problem to enter the school building. He faced difficulty only during rainy season as the whole premises were filled with water. Especially in this season he slips a lot on the roads. His friends supported him many times to manage such situations. The teachers have also tried to give their best support to him. He was very much confused when his teachers asked him to go home early in evening while a special class was going on. He struggled in between staying back for the class and going early to home. He wants to gain education and for that he attends to school regularly but his inability always poses lots of practical dilemmas and confusion without any solutions.

Another dilemma continued after his high school education. He needed to travel to a nearby town Kakinada to continue his collegiate education. He had to use his tricycle from his village Penuguduru to Karapa, and then he should catch a bus. He was literally afraid of this journey. The reasons are Motion Sickness and the Distance between Bus stop and college. Firstly, he could not bear the smell in the bus, if he dare to it; he has to suffer with vomiting; and, secondly, he needs another tricycle from Bus stop to college, which is out of his hands. He could not overcome the challenges in transport. Manikantha found it as a tough job to manage. Then he thought of dropping
from the education to escape all the problems and he did it. Apart from his problems, his uncle also expressed his inability to fund his further education except food and shelter. His uncle was afraid of auto fares and educational expenditure. The Bus pass given by the government could not help the family because of the Motion Sickness. The other apprehension from the family is about sending Manikantha to a hostel near by the college. They believe that there would be no one to care their child and he may face troubles even to manage his daily needs. Hence, Manikantha is without work and staying back at home.

In spite of all his difficulties, he is aspiring for a small government job. He thinks he is fit only for that job. He is interested in completing Industrial Training (ITI), so that he could at least survive with a mechanic shop. Being orphan, financially poor, physical weakness, transport problems, lack of intelligence to make use of other resources deprived him from his aspired future. He is still hoping that someone will extend financial aid in order to gain minimum education in his life.

**Case - 6**

Padipe Anil Babu is a twelve year old boy from Dwarapudi village in Mandapeta mandal. He is affected with cerebral palsy leading to mental retardation. His cognitive growth is comparatively less when compared to his age children. His father is a watch man and mother is a home maker. Anil is younger child at home. The elder to him is a sister. Anil was born after 35 years of the marriage to their parents. It was a difficult delivery for his mother. He hails from ‘Mala’ community.

Anil is a mischievousness boy. He cannot speak and listen. He only understands the gestures with his vision. As a reason, his sister denies his friendship and the teachers deny schooling. He is also denied by his age children because he is different from them. Hence, Anil spends and plays most of his time only with younger age children and he spends his most time out of the home. Nobody knows what did he understands but keeps himself laughing all the time.
He had five years of primary schooling in the nearby school. After that he was sent out of school because he completed his five years of regular schooling. The parents have felt so sad because he could not learn anything except letter ‘A’ in these five years. The teachers openly opposed regarding his schooling and have openly told that they are not for this category of students and advised him to send him to a special school. Parents were unaware of neither special education nor inclusive education.

They thought it is their fate and stopped him from going to school. The school has given a ‘pass’ certificate for the duration he has attended, but it has made no difference for the boy. In reality, he is neither promoted to high school nor eligible to stay back in the previous school. This certificate was used as an instrument to exclude him from schooling.

Parents have come to know about the special school and hostel in the later phase, but they are not ready to send him because they doubt his caring over there. The experiences of Anil reveal that lack of appropriate teaching methodology in schools, unawareness regarding special education both by parents and teachers, and over caring of the parents made Anil to be excluded from the education system.

**Case – 7**

Galinki Sujatha is an eighteen year old girl from Kesavaram village in Mandapeta mandal. She has completed Grade 10\textsuperscript{th} and discontinued Nursing course. She has problem for one eye. Sujatha is the last child of a six children family. She was constantly humiliated by all her peers throughout her childhood. It has been continued even during her career too. She hails from ‘Madiga’ community.

She aspired for a quick settlement in job. She found nursing as good option to fulfill her dreams. She joined the course immediately after 10\textsuperscript{th} class. The humiliation continued even in the course. Her single eye posed as a problem for the correspondent of that college. Correspondent told her to leave the course. She tormented Sujatha by saying that she could not manage reading and writing the prescription, and cannot give an injection etc. Sujatha patiently clarified the correspondent’s doubts by showing her potentiality. Still, the correspondent did not stop irritating Sujatha to leave the course.
Sujatha’s protestation against leaving the course was continued till the end of theory classes, i.e., 14 months. But at the time of practical classes, which is scheduled in district head quarters, Kakinada, the correspondent did not give permission letter to Sujatha. Sujatha could not protest further and returned home helplessly.

Sujatha’s family members have begged for the continuation of the course but correspondent rejected relentlessly either to continue the course or return the fee back. Sujatha’s friends and few faculties have supported during her course to continue the work, but their efforts could not go beyond certain extent and finally Sujatha was expelled from the course.

Sujatha is a confident girl who understands her abilities and challenges to perform well in education too, if given opportunity. She was also awarded as best volunteer during pulse polio campaigns by the state government. It is very simple to understand that the physical inabilities sometimes take a back seat in front of intellect and confidence but in Sujatha’s case it turned in other way. She was turned down every step due to minor physical appearance in her eyes. As a result, Sujatha lost money as well as time in the process of fulfilling her unmet dream.

Lack of legal support with respected disability issues; and due to the ignorance of the respondents’ family and notion of beauty, Sujatha lost her course and left in the midst of nothing. Sujatha’s life experience oriented her that disability not only as problem but not as a right.

Case - 8

Veera Babu is ten years old boy from Penuguduru village in Karapa mandal. He is currently studying in Grade 2nd in a private school. He has hearing impairment. He is first child in a two children family. His father is a Lorry Driver and mother is a home maker. Both have studied up to Grade 7th. Veera Babu was an early born child. His hearing impairment was not identified till he attained 4 years. The concerned parents took him to the doctor who confirmed ‘hearing and speech impairment’ and said that it cannot be cured. He hails from caste ‘Kapu’. 
Both mother and father could not accept the doctor’s attribution. They wanted to see their child as normal like any other child. Their intention was to see their child speaking and coping up with society. The society advised them to leave hope of the betterment of the Veera babu but the parents did not resigned from their hopes. They started searching for an appropriate trainer. The father, being a Lorry driver enquired about his requirement wherever he visited. Their commitment resulted positively in finding out a trainer. They found a speech therapist in Kakainada. The mother took the responsibility of taking the boy to speech therapy every day. She took Veera Babu to this therapy for five years every day. She stayed all through the day along with his son. She used to sit in the corner of the class while training and observed each movement of the trainer. As result, she also understood teaching speech therapy and repeated the same at home. She also developed a suitable attitude to empower her son. Her practice yielded positive results and Veerababu started understanding the lip movement and people’s communication.

He is watching T.V, he is admitted in a school, and studying 2nd class at the time of research, while his younger brother is in 4th class. He, as good student, goes to school every day by school bus.

The parents’ commitment and mother’s extra ordinary courage and support resulted in bright future to Veera Babu. The impressed, speech therapist charged very less amount as fee, the bus conductor did not increase ticket for five years and reserved a seat in the bus for mother and son. The family members also supported them in their journey towards Veera Babu’s prospective future.

At present, Veera Babu got enrollment under Home Based Education. The mother intervened into IERT’s teaching. She humbly requested IERT to teach English because he has already leant Telugu and also suggested to write English pronunciation in Telugu script, so that the child can learn English language too. The commitment, action oriented planning and intensive care of the parents helped Veera Babu to learn skills to cope up in the society.
Case - 9

Geddada Manikantha is an eight year old boy from Alamuru mandal head quarter. He has cerebral palsy with mental retardation. He looks like a four years old boy. He is a second child in two children family. His parents are working in a private firm. They had cross cousin marriage. He is an out of school student. He hails from caste ‘Settibalija’.

Parents do not remember the actual cause of their son’s problem. He was born normal. They only remember an injection given by a private doctor. It caused him severe fever. Their repeated trials to different doctors could not show any difference in Manikanta’s intelligence. At the age 4, one doctor has suggested stopping all trials about the boy because the boy has slow cognitive growth and cannot be cured by any medicine. It needs to be developed along with age. It made the parents to stop their efforts and started caring the child in their capacity.

Manikata likes to play especially in Water. As his general intelligence is low, one of the family members is constantly, needed to dedicate their time to observe his movements. Otherwise it may turn to negative outcomes also. They had such experience earlier. One day he was playing near the cement and sand mixing point. Everyone was busy in house construction activities. The boy ate the cement. No one has observed it. As a result, his health was severely disturbed. The cement has affected to blood and he suddenly became fat and he had a problem in stomach. He was having frequent bowel movement. The frequency has no time. It is another job of his accompanies to clean him and surroundings. It was little uncomfortable situation if some relatives visit the house. Another problem is sleepless nights. He does not sleep at night and moves in the house. Hence, it is must for at least one family member to be with him without sleep. The grandmother is looking after him while parents.

The IERT visited house once in a month. The parents got the required documents and enrolled him in the special school. Due to frequent toilets, the teacher asked the parents to stop sending him to school. With this experience, they did not approach the school again; ultimately, the child’s education is at stake. Parents strongly believe that
they are not interested in sending the boy to a special school. And more over, they say, they cannot live without their child. He is very much attached to his mother. They believe that nobody can care their child better than themselves. Nobody has been able to convince the parents about the future of the kid.

Manikantha’s case reveals that the identification of the problem and cure are completely away from the parents’ knowledge. They have not found any medical expert at least to give orientation to them. Hence, they cannot solve the medical problem; they cannot send their child to school. Whatever may be the reason, Manikantha’s is deprived from the schooling.

**Case study -10**

Satyavada Naveen is a thirteen years old boy from Rameswaram Village in Pedapudi Mandal. His father is an agricultural labour and mother is a house wife. His parent’s marriage was a cross-cousin marriage. Naveen is suffering with cerebral palsy. No one could identify the problem in Naveen till the completion of one year after his birth. Naveen’s maternal grandfather identified a problem family immediately took the boy to a doctor in the nearest town Kakinada. The doctors clearly stated that the boy has slow brain growth. But the family did not lose the hope and started giving extra care. The society around them mentioned several times to leave hopes but the mother stood adamant and continued medication in the best possible way.

The problem in Naveen was identified as spastic triplegia. Only right hand was functioning and all other three parts (hand and both legs) were non functional. Doctors took an x-ray and said that Naveen will have a steady growth. He was unable to bear any kind of sounds. Even a small sound disturbed him and he is prone to seizures and bubbles on the body. But, in contrast, the doctor asked to make noise repeatedly near the boy so that he would be used to that sound. The technique has worked out and he could bear the sounds in the later days. He has another problem i.e., sudden falling down while walking. The head bulged out on his every slip. It happened several times. Some positive changes occurred as his seizures got reduced, leg got cured but not
hand. His appearance is like a small kid and he started speaking at his tenth age. He is orally active child to his surroundings. He was suffered by unrest in the family and he could not bear it even today.

He was admitted in a special school for some days and brought back. They thought of admitting him in a private school to give good education but the administration of the private school refused to give admission due to his disability. Since then, the family is sending the boy to government school in the village. He is regular to school and studying in third grade. He could not read or write anything but he writes something for himself every day as homework. No teacher in the school was taking special care of this boy. Naveen manages himself with one hand. The school is afraid to enroll such student in school because he/she cannot manage their things, and it would become a problem for them. The parents of Naveen are very happy for whatever he was doing. They say Naveen is training himself by understanding the things around him. They felt, it is much better than any other training they have seen.

The boy was also taken to regular physiotherapy for some days. They could not continue it because of their poverty. The case study reveals that the parents do not have proper knowledge regarding the suffering, Naveen is going through. Lack of knowledge regarding medical facilities, no school around their home, and no proper guidance is making them helpless to save Naveen from the stigma. Whatever the benefits they have achieved is because of their personal understanding than state trained orientation. The boy would have learned good skills if he was provided with appropriate supporting system.

**Summing Up:**

This chapter unveils a big gap between what is ought to be done and what is happening in rural areas of Andhra Pradesh. Though all the policy interventions are directed to bring sustainable changes in the lives of children with special needs, but still there is a strong necessity and need of commitment, responsibility, and proper supervision in framing the policies and implementation of the same. This chapter
raises the important issues to be considered while making the policies. The study exclusively projects that the parents are unaware of causes behind their children’s disabilities; teachers insensitive in handling children with special needs and the notion of disability in total misunderstood by parents and teachers both. It also shows age old superstitions attached to cure disabilities concomitant of children living in self – claimed stigmas and unproductive comfort zone. Children by no choice are forced to live in de-valued status thus leading in formation of anti-disability structures in the society. The study also depicts that how the functional limitations in the body are misunderstood as mental problems and leading to the exclusion of children with disabilities. If this existing lacuna is not properly examined and addressed, then the state of special education would be in great dilemma.

At present, the impact of disability is tarnishing the very existence of the individuals with disabilities and their family members, as they are inclusively deprived from the medical, psychological and financial support systems. It is widely seen that the contemporary society is still attaching stigma to enthusiastic and potential students with disabilities. This chapter throws light on responsibilities to be undertaken in future by the state and respective civil societies; to respect and value the human rights of the persons with disabilities and provide them with quality education and facilities appropriate to their knowledge.