CHAPTER I
INTRODUCTION

1.1 INTRODUCTION
Education in a democracy emphasizes the freedom, dignity of the individual, responsible citizenship, economic efficiency, self-realization and equality of opportunities. Right To Education (RTE) is a universal human right as mentioned in Article 26 (1) of universal declaration of human rights. From this point of view, on no grounds can any individual be denied the RTE. Moreover, the right of all children to develop to their maximum potential is inherent in the philosophy of democracy. The landmark passing of RTE Act 2009 marks a historic moment for the children of India as it gives guarantee to their right to quality elementary education by the state. RTE provides a ripe platform to reach the unreached, with specific provisions for disadvantaged groups including Children with Disability (CwD). The Indian Education Commission (1964-66) also recommended the education of CwD in regular schools. The National Policy on Education (NPE, 1986) focused special attention on the education of CwD for achieving the goal of Education For All (EFA). The urgency of the need to educate and rehabilitate to the Persons with Disability (PwD) is not only based on altruistic and humanistic motive, but it also has an economic and political dimension. The uneducated and untrained CwD grow up into adults who are economically dependent and this influences the quality of life. It becomes imperative, therefore to train them in some kind of vocation which enables the PwD to become economically independent. In order to understand the present status of the education of the CwD in India, it is essential to know the concept of disability, meaning, history and concept of ‘Special Education’.

1.2 CONCEPT OF DISABILITY
In India different definitions of disability conditions have been introduced for various purposes such as PwD Act (1995), Population Census and National Sample Survey Organization (NSSO). Census of India (2001) used its own version of definitions of disabilities and defined five types of disabilities:- (i) seeing, (ii) speech, (iii) hearing, (iv) movement, and (v) mental whereas NSSO (2003) in its 58th round defined five types of
disabilities viz. mental, visual, hearing, speech and locomotor. The definitions adopted by the Census and NSSO were based on social model whereas the definitions given in PwD Act (1995) was based on medical model. The medical model is based on various criteria of ascertaining abnormality or pathologic conditions of persons, whereas, there is no standardization for evaluating disability in social model due to absence of a proper conceptual framework. In common parlance, different terms such as disabled, handicapped, crippled, physically challenged, are used inter-changeably, indicating noticeably the emphasis on pathologic conditions. There is variance in definitions of different kinds of disabilities, but through the PwD Act (1995) which is built upon the premise of equal opportunity, protection of rights and full participation, it provides definitions of disabled person as a person suffering from not less than forty per cent of any disability as certified by a medical authority (any hospital or institution, specified for the purposes of this Act by notification by the appropriate Government). As per the act "Disability" means - (i) Blindness; (ii) Low vision; (iii) Hearing impairment; (iv) Locomotor disability; (v) Leprosy-cured; (vi) Mental retardation and (vii) Mental illness.

The definitions of these disabilities given in act are presented below.

1.3 DEFINITIONS OF DISABILITIES
The definitions of various disabilities given in PwD Act (1995) were not found to be useful for enumerating the disabled population, particularly in Population Census process but these definitions are useful for education purpose as it is based on the medical model which is followed by educational institutes for admitting Students with Disability (SwD). The definitions of various disabilities mentioned in PwD Act (1995) are given as follows.

- **Blindness** refers to a condition where a person suffers from any of the following conditions:
  (i) Total absence of sight.
  (ii) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses.
  (iii) Limitation of the field of vision subtending an angle of 20 degree or worse.

- **Person with low vision** means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially
capable of using vision for the planning or execution of a task with appropriate assistive device. The following table 1.1 presents the categories of visual impairment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Corrected Visual Acuity- Better Eye</th>
<th>WHO Definition</th>
<th>Indian Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6/6-6/18</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>1</td>
<td>&lt;6/18-6/60</td>
<td>Visual Impairment</td>
<td>Low Vision</td>
</tr>
<tr>
<td>2</td>
<td>&lt;6/60-3/60</td>
<td>Severe Visual Impairment</td>
<td>Low Vision</td>
</tr>
<tr>
<td>3</td>
<td>&lt;3/60-1/60</td>
<td>Blind</td>
<td>Low Vision</td>
</tr>
<tr>
<td>4</td>
<td>&lt;1/60-PL</td>
<td>Blind</td>
<td>Low Vision</td>
</tr>
<tr>
<td>5</td>
<td>NPL</td>
<td>Blind</td>
<td>Total Blindness</td>
</tr>
</tbody>
</table>

* The standard WHO definition is solely based on visual acuity and does not take into account functional vision.

# The working definition is solely used for reporting purposes and should not be used for eligibility of services.

- **Hearing impairment** means loss of sixty decibels or more in the better ear in the conversational range of frequencies. The following table 1.2 shows the categories of hearing impairment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of Impairment</th>
<th>DB Level (in better ear)</th>
<th>Speech Discrimination (in better ear)</th>
<th>% of Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Mild</td>
<td>26-40 Db</td>
<td>80–100%</td>
<td>&lt;40%</td>
</tr>
<tr>
<td>II</td>
<td>Moderate</td>
<td>41-55 Db</td>
<td>50-80%</td>
<td>40-50%</td>
</tr>
<tr>
<td>III</td>
<td>Severe</td>
<td>56-70 Db</td>
<td>40-50%</td>
<td>50-75%</td>
</tr>
<tr>
<td>IV</td>
<td>Total Deafness</td>
<td>No hearing</td>
<td>No discrimination</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Near Deafness</td>
<td>91 Db &amp; above</td>
<td>No discrimination</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Profound</td>
<td>71-90 Db</td>
<td>&lt;40%</td>
<td>75-100%</td>
</tr>
</tbody>
</table>

(Source: Ministry of Social Justice and Empowerment - MSJE)

- **Locomotor disability** means disability of the bones, joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.
• **Leprosy cured person** means any person who has been cured of leprosy but is suffering from-
  (i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity.
  (ii) Manifest deformity and paresis; but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity.
  (iii) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly.

• **Mental retardation** means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence. The categorization of mental retardation, on the basis of IQ levels has been done in the following manner:
  (i) Mild IQ 50-70
  (ii) Moderate IQ 35-49
  (iii) Severe IQ 20-34
  (iv) Profound IQ under 20

• **Mental illness** means any mental disorder other than mental retardation.

1.4 **CATEGORIES OF DISABILITY**

The WHO (1980) has defined the terms ‘Handicap’, ‘Impairment’ and ‘Disability’ through the publication of the International Classification of Impairments, Disabilities and Handicaps (ICIDH), which is a manual of classification relating to the consequences of diseases. The ICIDH proposes the concepts and definitions of Impairment, Disability, Handicap and Diseases, the relation between these dimensions.

**Impairment:** According to ICIDH, impairment is any loss or abnormality of psychological, physiological or anatomical structure of functions generally taken to beat organ.
**Disability:** Disability has been defined as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being, generally taken to be at the level of the individual. It denotes the consequences of impairment in terms of functional performance and activity by the individual.

**Handicap:** The ICIDH defines Handicap as disadvantages for an individual resulting from an impairment or disability that limits or prevents fulfillment of a role that is normal for that individual.

In 2001, WHO issued the International Classification of Functioning, Disability and Health (ICFDH) which distinguishes between body functions (physiological or psychological, e.g. vision) and body structures (anatomical parts, e.g. the eye and related structures). Impairment in bodily structure or function is defined as involving an anomaly, defect, loss or other significant deviation from certain generally accepted population standards, which may fluctuate over time (WHO, 2002). Since an individual’s functioning and disability occur in a context, the ICFDH also includes a list of environmental factors. The ICFDH lists following nine broad domains of functioning which can be affected (WHO, 2002).

- Learning and applying knowledge
- General tasks and demands
- Communication
- Mobility
- Self-care
- Domestic life
- Interpersonal interactions and relationships
• Major life areas
• Community, social and civic life

The ICF was officially endorsed by all 191 WHO member states in the 44th World Health Assembly through the resolution 54.21 on 22 May 2001.

1.5 CHARACTERISTICS OF YOUNG CwD
The CwD exhibit certain characteristics that are making them different from the normal children. Category wise characteristics are listed below:

1.5.1 Children with Mental Retardation (CwMR):
• Exhibits a slow rate of learning
• Exhibits difficulty with memory (remembering)
• Is not an incidental learner (does not learn by observing others)
• Exhibits delays in expressive and receptive language development (diminished vocabulary late in language production)
• Exhibits overly aggressive behavior
• Self-stimulatory and/or self-injurious behaviour
• Experience sleep disturbances
• May be described as an imitable/fussy infant/toddler
• Withdrawn, noncompliant or aggressive
• Limited attention span
• Easily distracted
• Exhibits impulsive behaviour

1.5.2 Children with Visual Impairment (CwVI):
• Eye does not react to light sources
• Seems inattentive to visual stimuli, unless in close proximity or only when a sound (noise) accompanies visual stimuli
• Does not gaze (or visually explore) surroundings
• Does not attend or track (visually follow) a moving object
• Eyelids are red, encrusted, watery, or swollen
• Eye has a visible abnormality (i.e. drooping eyelid)
• Appears to be excessively sensitive to light

1.5.3 Children with Hearing Impairment (CwHI):
• Failure to exhibit a startle response (eyes blinking, rapid increase in sucking, whole body movement)
• Failure to localize (turn head or rotate eyes in the direction of a sound source)
• Failure to discriminate voices (startles cries at the sound of a familiar adult, doesn’t show preferences for familiar adult)
• Presence of ear discharge or persistent ear infections
• Pulling of ear(s)
• Delay in language, does not imitate sounds, words

1.5.4 Children with Orthopaedic Impairment (CwOI):
• Structural abnormalities (presence of a physical abnormality that impacts motor development or movement)
• Motor dysfunction (abnormal reflex patterns, lack or coordination of movements for age, occurrence of repetitious motor patterns or unexplained pauses in motor movement, poor balance, poor muscle tone)
• Delays in motor development (fails to meet developmental milestones at appropriate age, such as head control, rolling over, trunk control, sitting, pull to stand, creeping, etc.)
• Motor regression (motor or muscle tone appears to be deteriorating instead of becoming more mature and sophisticated)
• Neurological dysfunction (abnormalities in sucking behaviour, grasping, posture, reflexes, muscle tone. Delays in locomotion)

(Source: Mangal, S. K. (2009), Educating Exceptional Children: An Introduction to Special Education)
For very long time CwD were taught to be incapable of receiving education. In our country, we were practically at the stage of special education till the early 1980. CwD were, by and large, excluded from the general education system. Education of PwD was confined to special education only. The meaning, definition, aim, principles and origin of special education has been presented below.

1.6 MEANING AND DEFINITION OF SPECIAL EDUCATION

According to the theory of individual difference, there are many factors specific to each individual which are related to his/her learning, academic achievement and development. Some individuals can learn very fast but some cannot learn very fast but with suitable teaching-learning inputs they can learn the prescribed tasks, may be over a relatively longer time span. These individuals have special learning needs due to their learning problems arising out of physical or psychological deficit. Due to significant developments in medical science, technology and education, the individual with special learning needs can also be educated using special instructional methodology, instructional material, learning aids and equipment specific to their special learning needs. It also requires additional teaching competencies in the teachers. These special learning needs have given rise to the component of education known as Special Education. Special Education, therefore, is that component of education which employs special instructional methodology, instructional materials, learning-teaching aids and equipment, and special teaching aid managerial competencies to meet educational needs of PwD (Janigra and Mukhopadhyay, 1991).

Hallhan and Kauffman (1991) defines special education as specially designed instructions which meet the usual needs of children. This specially designed instruction may require special materials, teaching methods and technical equipment facilities.

Thus, special education is distinguished from usual educational provisions in terms of specific objectives, assessment, specialized content, instructional materials and methods of evaluation and evaluation procedure. For example,

- CwVI may require reading materials in large print or Braille.
• CwHI may require hearing aid, auditory training, lip reading etc.
• CwOI may require wheelchair and removal of architectural barriers.
• CwMR may need skill training, related service such as special transportation, medical and psychological assessment, physical and occupational therapy and counseling may be required if special education is to be effective.

1.7 AIM AND OBJECTIVES OF SPECIAL EDUCATION

The **aim of special education** is to help individuals to develop fully according to their unique needs. The CwD to be systematically taught those skills for independent living which are learnt naturally by other children of their age.

Rajkumari and Sundari (2004), in their book on special education mentioned that special education has the same objectives as those of regular education like human resource development through providing appropriate education to children, national development, social reconstruction, civic development and vocational efficiency. In addition to these objectives special education has certain special objectives which are given below:

(i) Early identification and assessment of special needs of CwD.
(ii) Early intervention to prevent a handicapping condition from becoming a serious one for remediation of learning problems and compensation by teaching the child new ways of doing things.
(iii) Parent counseling about prevention and remediation of defects, care, and training of CwD in daily living skills, self-help skills, pre-academic skills and communication skills.
(iv) Community mobilization and awareness of problems of CwD and their education.
(v) Rehabilitation of the CwD which is clearly stipulated by NPE (1986/1992).
(vi) Effective living of CwD.

1.8 PRINCIPLES OF SPECIAL EDUCATION

According to Rajkumari and Sundari (2004), special education is based on the following principles:
(i) **Individual Differences:** There are inter-individual differences and intra-individual differences. In other words, some students are very different from most in ways that are specific regarding education, and special education is required to meet their educational needs.

(ii) **Zero Rejection:** All CwD must be provided a free and appropriate education. The school system does not have the option to accept or reject a child for education in a regular school.

(iii) **Non-discriminatory Evaluation:** Students who need special education must be clearly identified to ensure that they receive appropriate services. Each student must receive a full individual examination before being placed in a special education programme with tests required at intervals to assess his/her progress and difficulties in learning.

(iv) **Individualized Education Programme:** Students with special needs require individualized education programme either in a resource room or a special class in the regular school for some part of the day. Such education must match with their current level of functioning and their special needs.

(v) **Least Restrictive Environment:** As much as possible, CwD must be educated with children with no-disability in the regular classroom. The regular classroom provides the least restrictive environment for CwD.

(vi) **Special Process:** The process implies that the parents of CwD have the right to evaluate the efforts of the school system to identify and assess the CwD, to modify the programme of the school to meet the special needs of these children and, if they are not satisfied with the programme of the school, they have the right to withdraw their children from that school for a better programme in any other educational institution.
(vii)**Parental Participation:** Special education can be made effective if parents participate actively in the educational programme designed for CwD.

1.9 **ORIGIN OF SPECIAL EDUCATION**

Universally in the past, PwD were viewed as bad omens, and were prevented from participating in the activities necessary for survival. They were excluded from the purview of normal educational experiences. They were treated as defective and hence unfit to profit from regular schools and facilities.

In the early nineteenth century, the idea of democracy, individual freedom and egalitarianism that swept in the west and advances in learning theory and technology have contributed to the emergence of optimistic attitude towards these people.

Globally, special education has evolved through **five stages**.

(i) The first stage refers to the **stage of neglect**.
   Disability was viewed as punishment for past sins and nobody wanted to interfere in the justice meted out to PwD by God.

(ii) The second stage refers to the **stage of pity and compassion**.
   During this stage, the PwD were protected and pitied especially, by the religious institutes to reduce misery and pain.

(iii) The third stage refers to the **stage of special school**.
   The innovation of Braille and efforts of doctors, psychologists and educators for education and training of PwD encouraged establishment of schools for CwD. Segregation continued to be the watch world in special education.

(iv) The fourth stage refers to the **stage of mainstreaming and integration**
   Mainstreaming and integration of CwD in general schools had received attention as a part of the normalization movement. As a reaction to categorization and labeling the artificial boundaries of general and special education came under the scrutiny in the fifth stage.

(v) The fifth stage refers to the **stage of development of the concept of special needs**.
The concept of special needs is based on the premise that most of the students encounter special needs in some learning activities at sometime. The teachers and the schools should be prepared in a way that all (children with no-disability and CwD) are able to learn to their fullest potential. All children are considered special. The ultimate goal should be to have ‘education’ and not ‘general’ or ‘special education’.

1.10 DEVELOPMENT OF SPECIAL EDUCATION IN OTHER COUNTRIES

The historical roots of special education are found in Europe and America primarily in the nineteenth century however systematic efforts to provide special education to CwD started in the tenth century. The important ideas in special education found their way from Europe to America. Many Europeans and American physicians and educators like J. M. G. Itard, Samuel Gridley Howe, E. Seguin, T. H. Gallaudet, Sigmund Freud, Phillipe Pinel and Ann Sullivan contributed greatly to the development of special education.

The sensational discoveries and revolutionary ideas of Itard, Seguin and their successors during the nineteenth century formed the foundation for present day special education is as follows:

(i) Individualised instruction for the CwMR.
(ii) A carefully sequenced series of educational tasks for the CwMR.
(iii) Emphasis on stimulation.
(iv) Meticulous arrangement of the child’s environment.
(v) Immediate reward for correct performance.
(vi) Tutoring in functional skills.
(vii) A belief that everyone should be educated to the greatest extent possible.
(viii) An assumption that every child can improve to some degree.

Special education services expanded rapidly after World War II both in numbers and types of children served. Legislative measures, parental involvement, early education or pre-school education for CwD all took off, including the education of those suffering from cerebral palsy, the learning disabled and the physically handicapped. By the 1970s
facilities were available for all categories of the handicapped in the advanced countries of the world and after 1981 in the developing counties.

Vocational rehabilitation, occupational therapy, physical therapy were brought into the services for the handicapped. Expanded technology, use of computers, transportation devices, learning and visual aid technology, telecommunication systems, tele-typewriters for the deaf all came into use. Talking boons for the blind, which convert print into vibrating images that can be read with fingers, were invented. The Kurzwell Reading Machine which converts print into spoken English, mobility aids etc. have further revolutionized the education of the CwD.

1.11 INTERNATIONAL POLICIES FOR THE PwD
1.11.1 United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Education for the CwD

In 1946, the general conference adopted a resolution to introduce special education into UNESCO’s regular programme. UNESCO thus joined the other United Nations (UN) specialized agencies in the rehabilitation field, namely International Labour Organization (ILO) which takes care of the vocational aspects of rehabilitation and WHO which takes care of medical aspects.

In 1994, UNESCO, the UN’s Education Agency, published the Salamanca Statement, a declaration on the education of CwD, which called for inclusion to be the norm, representatives of ninety two governments including India and twenty five international organizations agreed on it.

UNESCO’s statement is unequivocal in asking the international community to endorse the approach of inclusive schooling: ‘We call upon all Governments, and urge them to adopt as a matter of law or policy the principle of inclusive education, enrolling all children in regular schools, unless there are compelling reasons for doing otherwise.’
1.11.2 Education for All Handicapped Children (EFAHC) Act (1975), United States (US)

The EFAHC Act now called as Individuals with Disabilities Education Act (IDEA, 2004), became law in 1975, is referred to as Public Law (PL) 94-142. In US the fourteenth amendment to US constitution guarantees equal protection for all citizens under law. Civil rights movements in 1950s, and 1960s for the handicapped resulted in legislation guaranteeing that the CwD can no longer be denied appropriate educational services. PL 94-142 is said to be landmark legislation. The major features of the law are:

- Free, appropriate public education to be provided for all CwD.
- School system to provide protective safeguards to protect the rights of CwD and their parents.
- Handicapped to be educated with non-handicapped to the maximum extent possible.
- An Individualized Education Programme (IEP) to be developed and implemented for each child with disability, and
- Parents of handicapped children to play an active role in the process used to make any educational decision about their CwD.

1.11.3 The Warnock Committee Report (1978), United Kingdom (UK)

British parliament appointed the Warnock Committee to review the educational provisions for the children and Youth with Disability (YwD) in England, Scotland and Wales. The Committee recognized a continuum of special education needs from mild to severe and profound, in a single school population.

1.11.4 UN standard rules on the equalization of opportunities for PwD (1993)

These Rules set an international standard for policy making and action covering PwD. They give powerful support for the development of inclusive education for CwD worldwide. In order to implement inclusive education, countries should have a ‘clearly stated policy’ that is understood at a school level and in the wider community.
States should recognize principles of equal educational opportunities for children, young people and adults with disabilities, in integrated settings. Rule 6, covering education, says that states should ensure that the education of PwD is an integral part of the education system and it call for:

- Buildings to be accessible,
- Interpreter and other support services,
- Parents and organizations of PwD to be involved in the education process,
- A flexible curriculum plus additions and adaptations for SwD, and ongoing teacher training.

1.12 DEVELOPMENT OF SPECIAL EDUCATION IN INDIA

Some major themes have dominated the history of education for the CwD in India. First, the belief that the CwD require distinct schools to cater their special needs and secondly that the regular educational system should be sensitized and equipped to accommodate the PwD as far as possible. The second theme has been accepted very recently in India and efforts are going on in this direction.

Looking back into the history of development in this field in India, one would find a range of emotional reactions to the disabled from extermination to respect as a fellow human being.

“The treatment given to the disabled in India is comparable to that given elsewhere historically – they had to undergo a stage which can be described as Instinctive Darwinism, the parental instinct provided protection and some extent of informal education, so that the disabled could cope with their disability. (Jangira, 1986)

Next stage was Social Darwinism apparently originating from the sin theory, deep-rooted in the Theory of Karma, by which disability came to be viewed as punishment by God for the Karma (deeds) in the past life. The phenomenon of Social Darwinism which creped into education in the early stages of nineteenth century and continued till the later half is described an Educational Darwinism. It means that there was no specific provision for
education of the PwD and the attitude was of indifference and simple “come if you can, learn if you can, cope up if you can, repeat classes if you can’t, or stagnate as long as you can afford.” (Jangira, 1986)

In our country, we were practically at the third stage till the first half of the eighties recently. Education of PwD was confined to special education only. CwD were, by and large, excluded from the general education system. Even children with mild disabilities who could enter general schools in the absence of identification had little chance of success due to insensitivity to their special needs. In fact the definition of ‘Universalization of Elementary Education (UEE)’ and ‘EFA’ remained incomplete, since in practice it was ‘EFA’ minus PwD.

The later half of the eighties can be considered to be the period of movement towards the fourth stage of development of special education in India. It was during this period that the limitation of continuing with special education as welfare activity was realized. The implementation of the scheme of Integrated Education for Disabled Children (IEDC) was transferred to the education department. In addition, Project Integrated Education for Disabled (PIED) implemented in 1987 in selected areas jointly funded by United Nations Children’s Fund (UNICEF) and Government of India (GOI). It was during this period that advocacy led by the National Council of Educational Research and Training (NCERT) resulted in the consideration of special education by the National Commission on Teacher (NCT) – 1 (1986), NPE (1986), and finally, by the Ramamurthy Committee in 1990. It resulted in several positive outcomes. This policy laid special emphasis on the removal of disparities and to equalize educational opportunity for the CwD. During the nineties the need for education and training of PwD received a lot of attention. The concern for making up for the opportunity lost under ‘EFA’ led to experimentation on content specific modalities and struggle to secure the necessary funding from different sources.

The Central Advisory Board of Education (CABE) Committee (1992) while reviewing the NPE (1986) and the recommendation of the Ramamurthy Committee Report
reiterated that education of children with physical and intellectual impairments should be viewed as an integral component of education (GOI, 1992). The Programme of Action (POA, 1992) suggested that a CwD can be educated in a general school only and not in special school. Even those children who are admitted to special schools for training in curriculum skills should be transferred to general schools once they acquire daily living skills. The POA (1992) has rightly stressed the need for making it an essential component of the nationally and internationally funded EFA projects. The states have been advised to develop state plans to implement the POA 1992 (Ministry of Human Resource and Development (MHRD), 1992). The POA (1992) for implementation of the NPE (1986) envisages education of a sizeable number of CwD in common with other children. To realize this objective the central government has sponsored a scheme is to place mildly handicapped children in ordinary schools with the help of special teachers, aids and other resources.

In pursuance of the Salamanca conference (1994) for EFA, the GOI launched District Primary Education Programme (DPEP) where CwD are to be integrated into normal schools and with the aim of working of curriculum, teacher training for Early Childhood Care (ECC) including CwD. The implementation of DPEP programme in India has taken a step forward to the policy of inclusion. It was for the first time primary education was delinked from the state and linked with the district. Following recommendations were made under the DPEP.

- Convergence of different agencies and Non Government Organizations (NGOs) would be promoted.
- Teachers would receive in-service training through District Institute of Elementary Teachers Training (DIET) and State Council of Educational Research and Training (SCERT).

1.13 EDUCATIONAL POLICIES FOR THE CwD IN INDIA

1.13.1 Pre-Independence Scenario

The main recommendations of the Sargent Report (1944) were:
• Provision for the handicapped should form essential part of a national system of
education and to be administered by the education department.
• Wherever Possible, CwD should not be segregated from normal children.

1.13.2 Post-Independence Scenario
The Education Commission, (1964-66) was the first to suggest that a serious beginning
has to be made immediately for the education of CwD. The main recommendations of the
commission were:
• Strongly recommended for including CwD into ordinary schools
• New methods and technologies developed in advanced countries can be learnt and
adopted.
• Experimentation with integrated programs urgently required.

The National Policy for Children (NPC, 1974) was designed to provide guidelines to
the Ministries of the Central Government, State Government and other agencies for an
integrated approach to child development. The main recommendations of the policy
were:
• To suggest steps for the adoption of proper legislative measures for the education
and training of PwD, publicity and action research
• To formulate the detailed action plan on education for the PwD
• To give an idea of the financial requirements for implementing the various items
of the action plan

NPE (1986) laid special emphasis on the removable of disparities and to integrate the
physically and mentally handicapped with the general community as equal partners. It
was recommended a number of measures but there were much below the desired level of
integration of special and general education, so necessary for integration of CwD in
general schools.
The POA (1992) formulated by MHRD, GOI, took all these historical antecedents into account and focused on an operation framework for implementing the plan of education of PwD.

The GOI set up the Ramamurthy committee (1992) to comment upon NPE/POA stipulations. The main recommendations of the committee were:

- Early identification of CwD and formulation of stimulation programmes for them.
- Education of the CwD who cannot be educated in general schools up to the point when they can be integrated
- Bringing about mutual reinforcement of the pedagogies of special and general education

The National Policy on Education Review Committee (NPERC, 1992) made very useful recommendations relating to the modalities of implementing programmes for the education of the PwD.

The National Policy for Persons with Disabilities (NPPwD, 2006) recognizes that PwD are valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. The main recommendations for the education of CwD under NPPwD were:

- Barrier free and accessible schools for all type of disability
- Medium and method of teaching will be suitably adapted to the requirements of most disability conditions.
- Technical/ supplementary/ specialized system of teaching/learning will be made available within the school or at a common center easily accessible to a cluster of schools.
- Braille/talking books, appropriate disability friendly software will be made available.
- Incentives will be given to expand facilities for setting up of general libraries, e-libraries, Braille-libraries and talking books libraries, resource rooms etc.
• National Open School and distance learning programmes will be popularized and extended to other parts in the country.

• Sign language, Alternative and Augmentative Communications (AAC) and other modes as a viable medium in interpersonal communication will be recognized, standardized and popularized.

• Schools will be located within easy traveling distance.

• There will be separate mechanism to review annually the intake and retention of the girl child with disability at primary, secondary and higher levels of education.

• Many CwD, who cannot join inclusive education system, would continue to get educational services from special schools. Special schools shall be appropriately re-modeled and re-oriented based on technological development. These schools will also help in preparing CwD to join mainstream inclusive education.

• In some cases due to the nature of disability (its type and degree), personal circumstances and preferences, home-based education will be provided.

• Course curriculum and evaluation system for children with various disabilities shall be developed keeping in view their capabilities. Examination system will be modified to make it disabled friendly by exemptions such as learning mathematics, learning only one language, etc. Further, facilities like extra time, use of calculators, use of Clarke’s tables, scribes etc would be provided based on the requirement.

• Educational facilities will be provided in psychosocial rehabilitation centres for mentally ill persons.

• Many schools discourage enrolment of students on account of their disability due to lack of awareness about the capabilities of PwD. Programmes will be taken for sensitization of teachers, principals and other staff members in all schools.

• Adult learning/ leisure centers for adults with severe learning difficulties will be promoted.
• Three percent reservation for PwD in admission to higher educational institutions shall be enforced.

• Universities, colleges and professional institutions will be provided financial support to establish Disability Center to take care of educational needs of SwD. They will also be encouraged to make classrooms, hostels, cafeterias and other facilities in the campus accessible to SwD.

• Include a module in induction and in-service training programmes of teachers on issues relating to management of CwD.

1.14 MAJOR LEGISLATIVE ACTS

The following legislations enacted in the nineties have significant impact on the education and welfare of PwD in India:

- **The Mental Health Act (1987)** came into effect in all the states and union territories of India in April 1993 and replaced the Indian Lunacy Act of 1912. This Act consolidated and amended the law relating to the treatment and care of mentally ill persons and to make better provision with respect to their property and affairs.

- **Rehabilitation Council of India (RCI, 1992) Act** passed in the parliament to regulate the training policies in the field of rehabilitation of PwD.

- **The PwD (Equal opportunities, Protections of rights and full participation) Act (1995)** provides for preventive as well as promotional aspects of rehabilitation like education, employment and vocational training, reservation and rehabilitation.

- **National Trust Act (NTA, 1999)** has provisions for legal guardianship of the four categories and enabling environment for a much independent living as possible.

- **The RTA (2002)** was passed through the 86th Constitutional Provision which is the major piece of legislation codifying provision of the PwD Act which recommended access of free education until the age of eighteen, integration of Cwd in normal schools and necessary financial allocation.
These legal mandates have helped to shape the comprehensive National Action Plan for Inclusion in Education of the Children and PwD (MHRD, 2005) and the NPPwD (2006).

1.15 MAIN RECOMMENDATIONS OF THE WORKING GROUP/STEERING COMMITTEE FOR THE WELFARE AND DEVELOPMENT OF THE PwD SET UP BY THE MINISTRY OF WELFARE (MoW)

In the context of formulation of five year plan, working groups/steering committees have been set-up by the planning commission to make recommendations on various policy matters. The working group/steering committee for the welfare and development of the PwD set up by the planning commission. MoW had given the following recommendations during the tenth and eleventh five year plan.

1.15.1 Tenth Five Year Plan (2002-2007)

The working group of the tenth five year plan (2002-2007) recommended the following measures for education of CwD.

- Convergence of IEDC scheme with Integrated Child Development Scheme (ICDS) under the department under the Department of Women and Child Development (DWCD) for early intervention and with DPEP and Sarva Siksha Abhiyaan (SSA) for education of the CwD upto the elementary level.
- Convergence of IEDC with the special schools under the MSJE.
- Focus more on inclusive pedagogy and curriculum, training of teachers and preparation of teaching learning material.
- Support and services by way of educational addition/special teachers.
- Research and development, advocacy and evaluation.
- Funding through the Parent Teacher’s Associations (PTAs)/Village Educational Committees (VECs)/Management Committees of the schools with representations of the parents of the CwD.

(source: http://planningcommission.nic.in/plans/planrel/fiveyr/10th/10defaultchap.htm)
1.15.2 Eleventh Five Year Plan (2007-2012)

The working group report of the development of the eleventh five year plan (2007-12) recommended following for the PwD:

- Inclusive Education should become the idea of every school located in villages taking care of Scheduled Castes (SC)/Scheduled Tribes (ST)/Other Backward Class (OBC)/Handicapped.
- There is need for expansion of the IEDC scheme to cover other sectors of disability or to have separate schemes for other sectors of disability.
- The proposed revision of IEDC Scheme should have practical applicability and concentrate on teacher training and pedagogy.
- Allocation of Rs.3000/- per child per annum under the revised IEDC Scheme appears too low and hence should be enhanced. The special group set up for making specific recommendations in this regard recommended for a provision of Rs.8.1 Crore per district as one time cost and Rs.7.06 Crores as recurring cost per month with the assumption of 7170 CwD per district. The special group has suggested for taking up a pilot scheme for establishing the norms.
- The kind of disabilities should be defined and graded.
- The neighbourhood schools should become disabled friendly and a policy of inclusive system of education imbibed.
- A comprehensive scheme of establishing hostels at district level for the mentally retarded children studying at secondary level should be conceived and implemented.
- Financial commitment of the Government in any new scheme/product should at least be for two five year plan periods.
- Teachers and teacher trainers should be given special training especially in managing the CwD.
- Teachers and teacher trainers should develop a better relationship with community, NGO and Government.
- National Council for Teacher Education (NCTE) should be actively involved in finalization of a revised curriculum framework for teacher training.
• There should be barrier free facilities provided for SC, ST, Girls and CwD in all the institutions.

• With increasing number of private institutions entering in the field of higher education, the fees payable are observed to be too high for the disadvantaged groups. In view of this more freeships, scholarships, free textbooks, free hostels, subsidized facilities in institutions/hostels should be extended to this group.

• There should be subsidized loan facilities for the fees/hostel expenditure from the financial institutions like banks etc.

• Every university should have a Disability Coordinator to look into the facilities provided and complaints etc. so that the institutional bias and discrimination are eliminated.

• Disabled friendly facilities should be provided in all educational institutions within a time frame of 3-5 years. There should be substantial increases in the funds allocation to make the infrastructure in universities and other institutes disabled friendly. University Grant Commission (UGC) should start a Disability Cell and this should be extended to all the universities. There should be an anti-discriminatory authority/Ombudsman, and institutionalized system for checks and balances and corrections required in the system.

• A programme of gender sensitization for the disabled girls/women and plan to tackle cultural bias should be implemented.

(Source: http://planningcommission.nic.in/plans/planrel/11thf.htm)

1.16 FACILITIES OF SPECIAL EDUCATION IN INDIA

Implementing welfare schemes related to special education is being shared by Central as well as State governments of India through the Handicapped welfare bureau. According to Census, number of population with disability in India was 21,906,769 (2.13 % of total population of India) in 2001. The government of India has established several special institutes for the handicapped. There are four national institutes for four major category of disability.

i. National Institute for Visually Handicapped, Dehradun.

iii. National Institute for Orthopaedically Handicapped, Calcutta.

Besides these, National Institute for Rehabilitation, Training and Research at Olatpur (Cuttack), the Institute for the Physically Handicapped at New Delhi, the School for the Mentally Retarded Children at New Delhi and the Training Centre for the Adult Deaf at Hyderabad also assist in implementing the various programmes related to the PwD. These institutes have the main responsibility for training research workers, development of designs for funding and incentive.

The NPE (1986) planned to establish 10,000 schools with alternative models of teaching CwD like Hospital Model, Full time residential or Day School, Home bound model with peripatetic teaching, Part-time special schools resource room help and the like. There were 800-1,000 special schools for blind, deaf and mentally retarded children in the 2004 (Rajkumari and Sundari, 2004). The majority of them are run by Voluntary Organizations (VOs).

1.17 VOs WORKING FOR PwD

In the past, disability was regarded as a health and welfare issue and the government of independent India relied heavily on Charitable Institutions to deliver basic services for PwD. The government established the Central Social Welfare Board to assist voluntary agencies in organizing welfare programmes. This approach continues to mark the policy approach for the tenth five year plan. This approach goes against the spirit of constitution and the international Human Rights Law which holds the State duty bound to, ensure equal opportunities of Rights by all. The dependency which the welfare model creates disempowers PwD and isolates and marginalizes them from the main stream of society. In contrast, a human rights and development approach to disability leads to creation of equal opportunities.

MoW funds NGOs working for the education and rehabilitation of the CwD and for providing aids and appliances for the PwD. It may be recorded here that VOs have played
a major role in providing services for the PwD, at times more than the government efforts over the years, number of such NGOs is growing and becoming more organized. Important message to note is the role that NGOs have played in formulating the policies and providing support to government efforts and initiating action. According to survey of GOI (1995), there were more than 2,456 VOs in the disability area during the year 1995. Out of them, 450 VOs were receiving grants from the Government towards their operational costs. The majority of VOs were autonomous (GOI Directory of VOs, 1995).

The organizations working for the welfare of PwD (service provider organizations on various aspects) are mainly:

- GOs
- NGOs
- International Organizations (IOs)

The notable GOs, NGOs and IOs working for the welfare of PwD in India are as below:

### 1.17.1 GOs

- Ali Yavar Jung National Institute for the Hearing Handicapped
- Institute for the Physically Handicapped
- National Institute for the Orthopaedically Handicapped
- National Institute for the Visually Handicapped
- RCI
- Office of the Chief Commissioner for PwD
- Census of India
- MSJE
- Ministry of Statistics and Programme Implementation

### 1.17.2 National Level NGOs

- Amar Jyoti Research and Rehabilitation Center
- Artificial Limb Manufacturing Corporation of India
- Blind People’s Association
Blind Relief Association
Concerned Action Now
Denvar Foundation For The Blind
Disability India Network for child development
Disability News and Information Service
DISHA-Center For Special Education
Indian Handicapped Welfare Association
Institute For Remedial Intervention Services
Manovikas Kendra Rehabilitation and Research Institute for the Handicapped
Mobility India
Natioanal Association for the Blind
Sanjeevani Seva Sangam
Shruti Information Center
Sweekaar Rehabilitation Institute for Handicapped
Mainly I Love Kids

1.17.3 IOs
Sense International
Action Aid India
Hope World Wide
Christottle Blind Mission

1.18 SCENARIO OF PwD IN INDIA
An estimated ten percent of the world’s population experiences some form of disability or impairment (WHO Action Plan, 2006-2011). The number of PwD is increasing due to population growth, ageing, emergence of chronic diseases and medical advances that preserve and prolong life, creating overwhelming demands for health and rehabilitation services (Srivastava and Khan, 2008). According to the census 2001, there were 21.9 million PwD in India which was 2.13% of the total population of India. The following table 1.3 shows age-group and disability-wise population of PwD.
Table 1.3: Age-group and Disability wise Distribution of the Population of PwD in India

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Age Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-14</td>
<td>15-59</td>
</tr>
<tr>
<td>Visual</td>
<td>2,813,975</td>
<td>5,814,403</td>
</tr>
<tr>
<td>Hearing</td>
<td>210,804</td>
<td>573,781</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>1,545,873</td>
<td>3,510,620</td>
</tr>
<tr>
<td>Mental</td>
<td>534,818</td>
<td>1,541,841</td>
</tr>
<tr>
<td>Total</td>
<td>5,669,233</td>
<td>12,391,360</td>
</tr>
</tbody>
</table>

(Source: Census of India, 2001)

From the Table 1.3, it can be observed that out of the 21,906,769 population with disability, Persons with Visual Impairment (PwVI) and Persons with Orthopaedic Impairment (PwOI) constitutes about 48.5 percent and 28 percent respectively. 72,564 PwD did not respond about their age and around 56.6 percent of the total disability population was of the age group 15-59 years. The following figure 1.1 shows the educational status of the PwD in India.

Figure 1.1: Educational Status of the Population with Disability in India

(Source: Census of India, 2001)
Out of the total disability population of India, 51 percent were illiterate while remained 49 percent of the population was literate. Out of total literate PwD, only 6 percent of them had received higher education i.e. graduation and above while majority of them (56 percent) had received education up to the primary level only.

### 1.19 STATUS OF SCHOOL EDUCATION OF CwD IN INDIA

The children with severe disability cannot cope with the pressures of school activities needs the facility of special schools for catering their special educational needs. Out of total 5,86,465 villages of India, there were only 272 special schools located in 241 villages whereas out of the total 6,461 town and cities of India, a total 630 special schools located in 334 towns and cities (Sixth All India Educational Survey-The Main Report, 1999). There was a total of 47,262 CwD enrolled in these special schools. Majority of them i.e. 37,419 were reported in urban areas whereas only 9,843 CwD were reported in rural areas. Out of them, 10,021 were CwVI, 17,936 were CwHI, 8556 were CwOI, 7,412 were CwMR and remaining 3,337 children were of other disabilities (Sixth All India Educational Survey-The Main Report, 1999).

Children with mild and moderate can be educated with the normal children in general schools by providing special facilities. For such children, the Integrated Education for Disabled (IED) scheme has been designed. The coverage of CwD in integrated education under PIED, IEDC, DPEP and SSA were 5800, 203146, 621760 and 1665729 CwD respectively in the year 2006. The following table 1.4 shows the category wise enrollment of the CwD in general elementary schools in India.
Table 1.4: Category wise Enrollment of CwD in General Elementary Schools of India

<table>
<thead>
<tr>
<th>Category of Disability</th>
<th>Class I-V</th>
<th></th>
<th>Class VI-VIII</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td>Boys</td>
</tr>
<tr>
<td>VI</td>
<td>1,43,214</td>
<td>1,22,034</td>
<td>2,65,248</td>
<td>64,454</td>
</tr>
<tr>
<td>HI</td>
<td>59,990</td>
<td>45,700</td>
<td>1,05,690</td>
<td>27,302</td>
</tr>
<tr>
<td>OI</td>
<td>1,55,109</td>
<td>1,02,093</td>
<td>2,57,202</td>
<td>82,437</td>
</tr>
<tr>
<td>MR</td>
<td>1,19,263</td>
<td>83,293</td>
<td>2,02,556</td>
<td>27,926</td>
</tr>
<tr>
<td>Other</td>
<td>87,508</td>
<td>79,483</td>
<td>1,66,991</td>
<td>24,666</td>
</tr>
<tr>
<td>Total</td>
<td>5,65,084</td>
<td>4,32,603</td>
<td>9,97,687</td>
<td>2,26,785</td>
</tr>
</tbody>
</table>

Grant Total 14,09,996


From the above table 1.4, it can be observed that in all over the India, a total of 14,09,996 (0.73 percent of the total 19,26,75,265 enrolled children) CwD were enrolled in general elementary schools of India. Out of these, 7,91,869 were boys whereas 6,18,127 were girls. The majority of them i.e. 397396 (28.18 percent) were CwOI whereas 3,84,583 (27.27 percent), 1,54,445 (10.95 percent) and 2,51,729 (17.85 percent) were CwVI, CwHI and CwMR respectively.

Table 1.5: Category wise Enrollment of CwD in General Secondary and Higher Secondary Schools of India

<table>
<thead>
<tr>
<th>Category of Disability</th>
<th>Class IX-X</th>
<th></th>
<th>Class XI-XII</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td>Boys</td>
</tr>
<tr>
<td>VI</td>
<td>11,446</td>
<td>9,448</td>
<td>20,894</td>
<td>3,144</td>
</tr>
<tr>
<td>HI</td>
<td>5,119</td>
<td>3,875</td>
<td>8,994</td>
<td>1,255</td>
</tr>
<tr>
<td>OI</td>
<td>17,880</td>
<td>11,230</td>
<td>29,110</td>
<td>6,383</td>
</tr>
<tr>
<td>MR</td>
<td>1,899</td>
<td>1,253</td>
<td>3,152</td>
<td>367</td>
</tr>
<tr>
<td>Other</td>
<td>5,458</td>
<td>3,365</td>
<td>8,223</td>
<td>2,160</td>
</tr>
<tr>
<td>Total</td>
<td>41,802</td>
<td>29,171</td>
<td>70,973</td>
<td>13,309</td>
</tr>
</tbody>
</table>

Grant Total 91,738

From the above table 1.5, it can be observed that in all over the India, a total of 91,738 (0.2 percent of the total 4,44,75,476 enrolled children) CwD were enrolled in general secondary and higher secondary schools of India. Out of these, about sixty percent (55,111) were boys whereas about forty percent (36,627) were girls. The majority of them i.e. 39,107 (42.62 percent) were CwOI whereas 26,132 (28.48 percent), 10,919 (11.90 percent) and 3767 (4.10 percent) were CwVI, CwHI and CwMR respectively.

Figure 1.2: Schooling Level wise Enrollment of the CwD


From the above figure 1.2 it can be observed that the enrollment figure of the CwD is decreasing as the schooling level increasing. Thus it is clear that the CwD either drop-out from the school due to the inability to cope up with school activities or not receiving proper supporting devices. The reason could also be lack of parental interest, weak economic condition or lack of interest among general school community for promoting inclusive education policy.
1.20 STATUS OF HIGHER EDUCATION OF YwD IN INDIA

According to the survey of National Council for Promotion and Employment of Disabled Persons (NCPEDP, 2001), out of the total 322 universities of India, only 129 universities responded. Fifty two universities clearly mentioned that they do not follow the three percent reservation rule availed for the PwD. The following table 1.6 shows enrollment figure of the students of four major category of disability in the universities of India.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Category of Disability</th>
<th>Number of the SwD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Visually Impaired</td>
<td>311</td>
</tr>
<tr>
<td>2</td>
<td>Hearing Impaired</td>
<td>38</td>
</tr>
<tr>
<td>3</td>
<td>Orthopaedically Impaired</td>
<td>1,203</td>
</tr>
<tr>
<td>4</td>
<td>Mentally Retarded</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,574</td>
</tr>
</tbody>
</table>

(Source: www.ncpedp.org)

From the table 1.6, it can be observed that, only 1,574 SwD were enrolled in all the 129 universities of India. Out of them, 1,203 were Students with Orthopaedic Impairment (SwOI), 311 were Students with Visual Impairment (SwVI), thirty eight were Students with Hearing Impairment (SwHI) and twenty two were Students with Mental Retardation (SwMR). From the table 1.6, it can be observed that the enrollment of the SwD in higher education is very less and there is no growth of their higher education as per the enrollment figure of CwD either in general or special schools.

1.21 FACILITIES REQUIRED IN THE UNIVERSITIES FOR THE PwD

The PwD Act (1995) indicates that the PwD should have access to education at all levels. In higher education, UGC is supporting universities and colleges in the country to involve in special education activities to empower PwD. The MHRD announced Comprehensive Action Plan for the Inclusive Education of Children and Youth with Disabilities (IECYD) in 2005. So, disability friendly unit, scholarships similar as given to the SC/ST students, special aids and assistive devices etc facilities should be available in all higher education institutes for making higher education accessible to the PwD. The UGC (2009) notified to all universities of India for strict implementation of PwD Act (1995) and for providing
the provisions and facilities to the PwD who are in higher education. Majority of the universities of Gujarat are recognized by the UGC and nine universities among them are funded by UGC so these universities need to follow the UGC provisions and have to provide such facilities to PwD.

1.22 UGC SCHEMES FOR PwD

UGC is supporting universities and colleges in the country to involve in special education activities to empower PwD. The UGC had started the scheme of assistance to universities/colleges for Higher Education for Persons with Special Needs (HEPSN) from the ninth five year plan which is basically meant for creating an environment at the higher education institutions to enrich higher education learning experiences of PwD. Creating awareness about the capabilities of PwD, construction aimed at improving accessibility, purchase of equipment to enrich learning, etc., are the broad categories of assistance under this scheme.

The discussion on the theoretical aspects of education for CwD and practices has made it clear that a lot has been tried in the past, but based on the current status, still the problems stand. The changing scene of education of CwD continuous to create new problems, which means that studies on CwD and their education should be a continuous process. Furthermore, as the education status of CwD improving at primary years it should be improving at higher level too. Therefore, the approaches which have been tried in the last three decades for the education of CwD have left scope for further trial. Perhaps a micro-level study, like this one, on the CwD who are in higher education is needed to understand their problems and needs from grass root level.

1.23 RATIONALE OF THE STUDY

For a very long time CwD were thought to be incapable of receiving education. This was despite the fact that many distinguished PwD have made significant contribution to science, arts and literature. To quote a few illustrations, Homer the immortal Greek poet was blind. Saunderson, who was also a blind person, did most of the mathematical work. Luise Braille who was a blind from his early childhood developed a revolutionary system
of reading and writing for the blind. Stephen Hawking who is severely physically handicapped is regarded as one of the most leading physicist of the world. Beethoven a famous musician was blind, deaf and dumb person, Hellen Keller who was blind, deaf and mute from early childhood became a graduate and wrote number of books. So we could say that PwD are not dis-abled but specially-abled.

The NPE (1986) has laid special emphasis on the removal of disparities and to equalize educational opportunities by attending to the special needs of those who have been denied equality so far. The main objective was to integrate the physically and mentally handicapped with the general community as equal partners, and to prepare for normal growth and to enable them to face life with courage and confidence. Due to insufficient documentation, researches in the past fifty years, both India and abroad, are poorly informed about India’s special educational needs and disability issues in the nineteenth century. Until about 1947, the then provincial governments had taken sporadic interests in the education and training of the handicapped, usually by giving adhoc grants to schools and other institutions for the handicapped, and it emerges that it was voluntary efforts that played a pioneering role in the field of education and social service (Gupta, 1984). Jangira et. al. (1988) mentioned that research in special education is a neglected area of operation and it requires strengthening considerably if education of the SwD is to be made an effective proposition. More research on accommodations, services and the level of support given to SwD relative to their disability they possess is needed (DiFulgo, 2005). Ongoing research programmes on disability are limited in India. Although, one of the objectives of NPPwD (2006) and the PwD Act (1995) is to support the research in prevention and management of disability, the major focus is on the social upliftment, monetary benefits (like job opportunities, exemption from taxes, pensions, etc.) and providing rehabilitation facilities to disabled people (Walia, 2010).

The result of the survey conducted by the NCPEDP (2001) revealed that only 1,635 SwD were enrolled in 129 universities of India. Among them fifty two universities were not following the three percent reservation rule available for the PwD. In each Indian University, thousands of students are studying every year, if we measure the expected
enrollment figure of SwD based on three percent reservation quota availed to them then the enrollment figure of SwD should be more than the revealed which indicates that total enrolment of SwD in the universities of India is very less. According to the UGC (2006), six percent of India's youth population is in Universities and Colleges. Proportionately, based on the most conservative estimate for the disabled youth population in the country (NSSO, 2003), at least 3160,000 disabled youth should be in the Universities and Colleges of India. However, just 1.2% of the 3.6 lack disabled youth, who should have been studying according to India's norm for the general youth population, are in the Universities and Colleges. It brings the stark reality into an established truth that India's higher educational system is not accessible to 98.8% of its disabled youth. Also, Walker (2008) reported that very few researchers have looked upon about the issues of university/college going SwD.

EFA is one of the cherished goal for national development and efforts are being made in order to realize this goal. One of the difficulties in the realization of the Universalization of Primary Education (UPE) goal refers to non-enrolment and dropout of CwD. It is therefore necessary that the CwD receive greater attention to benefit under the UPE goal. The SSA (2007) reports note a steady increase in the numbers of SwD in schools from 6,83,554 in 2002-03 to 26,21,077 in 2007-08. So, the question emerges here that, why the numbers of SwD is not increasing in higher education same as schooling level? What is the status of SwD in higher education? What kind of problems SwD are facing in higher education? The present study attempts to find answers of these questions.

Based on the Census (2001), the literacy rate of the disability population in Gujarat was very low as it stood at 3.59 percent of total literacy population of Gujarat and 9 percent of total literacy disability population of India.

Present study focuses upon the enrolment figure of SwD, various problems of the SwD, their family background, their need and the supporting services provided by the universities of Gujarat State to the SwD. The survey of NCPEDP (2001) reveals that out of the 129 respondent universities of India, only Veer Narmad South Gujarat University
(SGU), Surat responded from the Gujarat while other universities did not respond. So it is important to study the enrollment figure of PwD in the universities of Gujarat in order to bring the comprehensive picture regarding the enrollment of SwD in higher education in Gujarat. In higher education, most of the students without disability are facing various problems and regarding their problems various studies have been conducted in India but no single study focused on the problems of SwD in India who are receiving higher education. The study of Pathak (1984) reveals that poor academic achievement and physical disability were found to be highly relative and academic performance of SwD was average/poor and they are facing various educational problems (Mathur, 1985). But what kind of academic as well as non-academic problems SwD are facing is still unanswered. Therefore, it is also necessary to study the problems faced by the SwD and what they need to overcome their problems. The UGC (2009) notified to all universities of India for strict implementation of PwD Act (1995) and for providing the provisions and facilities mentioned in the act. So it is equally important to study the provisions and facilities provided by the universities to the SwD. Despite having disability, there could be many PwD who succeeded in education. They can be role-model for other fellow SwD. Also, other SwD can motivate and learn great lesson from the life of the successful SwD. So, the researcher wanted to conduct case studies on academically high achiever SwD as well as academically low achiever in order to find out the reasons for their high achievement and low achievement. Hence, in the light of above, it has been thought of to undertake a study on SwD that focuses on their enrollment figure in the universities, their problems and needs, help-seeking behavior and reasons of their success and failure. The review of related literature helped the investigator to develop insight into the SwD and their educational life. However, for the comprehensive conceptualization of the area, the following questions need to be studied systematically.

1.24 RESEARCH QUESTIONS

It would be unwise to comment here about the reviewed studies. However, the review succinctly raises a few questions which need to be examined thoroughly. It should be remembered that these questions should be examined in the light of the policies, facilities
and provisions for the education of the PwD made by the government and practiced in the state. The questions are:

- What is the status of SwD in the universities of Gujarat?
- What are the reasons of difference between the SwD and students without disability in institutional adjustment, social adjustment and total adjustment?
- Whether disability prevents SwD to participate in curricular and co-curricular activities or not?
- What is the extent of utilization of facilities offered by the universities of Gujarat?

All these questions therefore, call for more indepth study in order to present a real picture regarding higher education of the SwD. In the present study, an attempt is made to seek answer to these questions.

1.25 STATEMENT OF THE PROBLEM

A STUDY OF STUDENTS WITH DISABILITY IN THE UNIVERSITIES OF GUJARAT

1.26 OBJECTIVES OF THE STUDY

1. To study the enrolment figure of the students with disability in the universities of Gujarat.
2. To study the educational profile of students with disability in the universities of Gujarat.
3. To study the academic, social, financial and health related problems of students with disability in the universities of Gujarat.
4. To study the help-seeking behaviour of students with disability in the universities of Gujarat.
5. To study the facilities provided to the students with disability by the universities of Gujarat.
6. To study the needs of students with disability to overcome their problems.
7. To conduct case studies on selected academically high achiever and low achiever students with disability in order to find out the reasons of their success and failure.

1.27 EXPLANATION OF THE TERMS USED FOR THE PRESENT STUDY

Educational Profile
Personal information, educational qualification, activities, family background, type and nature of disability, present position and information regarding scholarship and vocational training received by the SwD are considered as the educational profile for the present study.

Students with Disability
For this study the term Students with Disability is used in relation to:
   - Students with orthopaedically impairment
   - Students with hearing impairment
   - Students with visual impairment
   - Students with Mental retardation

Help-seeking behaviour
Here help-seeking behaviour means the desire of the SwD for the help from others either for their academic or personal work.

Academically high achiever
Here academically high achiever means those SwD from the sample of three different categories of disabilities who have scored high percentage of marks in their last examination.

Academically low achiever
From the sample of three different categories of disabilities, in each category those SwD who have scored low percentage or marks have been considered as academically low achiever.
1.28 DELIMITATION

☐ For this study the term SwD is used in relation to:
   a) Students with orthopaedically impairment.
   b) Students with hearing impairment.
      • Mildly hearing impairment: Decibel (dB) level $\rightarrow$ 26 to 40 dB $\rightarrow$ upto forty percent of impairment
      • Moderate hearing impairment: dB level 41 to 55 dB $\rightarrow$ fourty one percent to sixty percent of impairment
      • Severe hearing impairment: above 55 dB level $\rightarrow$ above sixty percent of impairment
   c) Students with mental retardation.
      • Educable mentally retard group: Intelligent Quotient (IQ) $\rightarrow$ 50-70
   d) Students with visual impairment
      • Totally blind (100 percent of impairment)
      • Partially sighted or one eyed person

☐ The present study was delimited to the UGC recognized and funded universities of Gujarat offering only formal education.

☐ Further the present study was delimited to the SwD enrolled on three percent reservation seats availed to them in various teaching departments of the universities of Gujarat only.

1.29 ORGANISATION OF CHAPTERS

Present study is reported in six chapters. Details regarding the chapters have been presented below:

Chapter I: Chapter I is entitled as ‘Introduction’. This chapter deals about the conceptual framework of the study including the components like, concept, definition and categories of disability, characteristics of young CwD, meaning, definition & aim of special education, objectives of special education, principles of special education, origin of special education, special education in other countries, development of special education
in India, various educational policies of special education, major legislative acts, UGC schemes for the persons with disability, VOs working for the PwD, present scenario of persons with disability in Gujarat, scenario of universities in the Gujarat, rationale, research questions, statement of the problem, objectives, definition of terms, operational definition of the terms, and the scheme of the chapters.

**Chapter II:** Chapter II is entitled as ‘Review of Related Literature’. This chapter provides the overview of the review of related research work done in the area of education of the SwD along with the implications of the review of related literature on the present study.

**Chapter III:** Chapter III is entitled as ‘Methodology’. This chapter deals with the methodological procedures used in the present study including the major points like, design of the study, population, sample, procedure of sample selection, tools for data collection, development of tools, procedure of data collection and data analysis techniques used in the present study.

**Chapter IV:** Chapter IV is entitled as ‘The Setting’. This chapter deals with the profile of Gujarat state, education in Gujarat, scenario of the PwD in Gujarat and the status of education of CwD in Gujarat.

**Chapter V:** Chapter V is entitled as ‘Data Analysis, Major Findings, Discussion and Conclusion’. This chapter deals with the analysis and interpretation of data related to the information schedule of the universities, information schedule of the teacher departments of the universities, questionnaire of SwD, interview of academically excellent and academically poor SwD. This chapter also includes major findings of the study, discussion of the findings, and conclusion.

**Chapter VI:** Chapter VI is entitled as ‘Summary’. This chapter deals with the summary of the whole study and suggestions for further research.

This chapter is followed by bibliography and appendices.