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#### **Thanks For Reading**

With best wishes ...

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# CO VARIANTS AND SOCIO-ECONOMIC DIFFERENTIALS AMONG DISABLED CHILDREN : A STUDY IN ELEMENTARY SCHOOLS IN UTTAR PRADESH

## SINGH, AJAY KUMAR<sup>1</sup> & PANDEY, VIPUL VAIBHAV<sup>2</sup>

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#### ABSTRACT

Children with special need differ from many ways from their normal peers. Some walk differently, some talks differently, some cannot see the world and some understand differently. Due to these discrepancies specialty disabled child become easy victim of teasing and abuse at public places. Sometime disabled children are forced to brutalities if they tried to oppose any such teasing or oppression. These are some reasons that they don't want to mix or play with their peers, and even caring parents don't want them to go around. The disabled children are kept in protection and in ward ship of whoever loves or cares most in family. In present era, humanity and realization have opened new avenues of education for disabled children. It is now realized that a disabled child is not a different kind of person. He is a child with special needs like all other members of society. The disabled children must have the same right to education, work and participation. Those with mild disability can be educated along with the non-disabled peers in general schools with provision for extra help and support. Moreover education of children with special need (CWSN) has been found to be economical in terms of expense and coverage with nondisabled children at general schools. Children with special needs should be given priority. They have much in common with other children of their age. They have many common aspects of child's development like: personality, the

ability to communicate, resilience and strength, the ability to appreciate and enjoy life and the desire to learn. Each child has individual strengths, personality and experiences so particular disabilities will impact differently to individual children. They have all right to be the whole child, develop physically, socially, spiritually and mentally. They have right to education and dignified life. They have educational need, which sometimes may differ from non-disabled peers. Special educational needs may arise from primary four different types of disability: Physical, Sensory, Mental health, and Learning disability. For this study the common operational definition of disability has been used.

**Keywords** : Co Variants And Socio-Economic Differential, Disabled Children, and Elementary Schools In Uttar Pradesh.

#### **INTRODUCTION**

Children with disability should be educated, sometime child with disability may not require any special educational need. These children are like other children in intellectual functionary. They are not mentally diseased, they do have physical, visual or hearing problems, but they are otherwise like any other children. A description of problem arising out of disability has been given below -

- 1. Attention disorder of disabled
- 2. Memory problem of disabled
- 3. Reading problem of disabled
- 4. Listening problem of disabled
- 5. Movement problem of disabled
- 6. Reading disabled (vision)
- 7. Writing disabled (physical)
- 8. Adjustment problems.

For this study the common operational definition of disability has been used. The persons with disabilities in India has been defined by PWD Act, 1995-Ministry of law, justice and company affairs, promulgated this Act to give effect to the Proclamation on the Full Participation and Equality of the People with Disabilities in the Asian and Pacific Region, as adopted on 5<sup>th</sup> December 1992 at Beijing. India being a signatory to the said proclamation considered it necessary to implement the aforesaid proclamation. This Act is called the Persons with Disability Act (Equal Opportunities, Protection of Rights and Full Participation) 1995. As per this Act disabilities are defined as follow:

"Disability" refers to a condition where a person suffers from any of the following conditions, namely: -

a) Blindness;

- 1. Total absence of sight; or
- 2. Visual acuity not exceeding 60:60 or 200:200 in the better eye with correcting lenses; or
- 3. Limitation of the field of vision subtending an angle of 20 degree or worse;
- b) 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;
- c) Leprosy cured; means any person who has been cured of leprosy but is suffering from-
- 1. 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;
- 2. manifest deformity and paresis; but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

- 3. 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;
- d) "Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies;
- e) "Loco motor disability" means disability of the bones, joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy,
- f) "Mental illness" means any mental disorder other than mental retardation;
- g) "Mental retardation" means a condition of arrested or incomplete development of mind of a person, which is specially characterized by sub normality of intelligence;
- h) "Cerebral palsy" means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal or infant period of development;

#### LITERATURE REVIEW

National Policy on Education 1986, Sarva Shiksha Abhiyan (SSA), National curriculum frame work 2005, National curriculum frame work of teacher education 2009, Right to education act 2009, State rule 2011 for implementation of RTE-2009, all leads towards inclusive education for children with special need at main stream schools. For the last 40-50 years, a lot of research has been done in India and abroad in education of disabled children. Researchers have gone into different opinions on how economic conditions of parents influence their educational goal, how parental involvement in school activity affects learning's of disabled children, which type of parental role in school have greater impact ? What kinds of adjustments are needed in school, which are general adjustments and which are specific adjustments? What kind of

methodology should be used in educating children with special needs? What kind of schooling is required to a developing disabled child? Researchers have gone into areas like how should parents behave at home, how to balance between interest of normal children at home and disabled children? Some of these researches to some extent have influenced policy makers in enacting law of land for their states. Some government has introduced new educational schemes or programs on the basis of these researches and studies.

Shigeki Fujii (2007) at National Institute of special Needs Education research focused on ways in which the lifelong support system of people with special needs could be better delivered by examining the support system provided through the collaboration of specialists in the fields of education welfare, health care labor, etc., in Konan City, a city with a population of 50,000 located in Shiga prefecture. Pikul Leosiripong (2007), talks about "Employing the participatory process to develop standards and Indicators, appropriate for Internal Quality Assurance System in Special Education Schools" This is a study of the concurrent and needs of standards and indicator for internal quality assurance system in special education schools, which are coherent with the Basic Educational Standards. Economic impact on families caring for children with special health care needs in New Hampshire: the effect of socioeconomic and health related factors. Bumbalo J, Ustinich L, Ramcharran D. Schwalberg R. (2005): This paper describes the economic impact on families, caring for children with special healthcare needs (CSHCN), and tries to determine the relative impacts of socio-economic and health – related factors on the families in the State of New Hampshire. Study revealed, CSHCN were more likely belong to have public insurance (12% and 21% respectively) and less likely to belong to higher income families (56% and 48% respectively). Among CSHCN, nearly one quarter were greatly affected by their condition, 31% families had inadequate insurance and almost 15% needed professional care coordination. Adjusting for other factors in regression model, the impact of the condition was

associated with all measures of impacts, insurance type was associated with out of pocket costs, and income was associated with the total number of impacts. Parents of children who are usually or always affected by their conditions were 14 times more likely be affected than those who don't need care coordination. Researchers were of the conclusion that a Family's need for support services, and particularly for care coordination, may depend less on the family's means than on the impact of their child's condition.

Narendra Kumar S. Pal (2012) in "A Study of Effect of Caste on Physically, Handicapped Children's Adjustment" opinionated that though the country has witnessed a phenomenal expansion of educational opportunities in the post independence era. The disabled children however have not benefited substantially from this growth in educational facilities. The government of India therefore has given special attention to the education of children with special need to achieve the goal of education for all.

#### **NEED FOR THE STUDY**

Individuals are assessed usually as disabled after we feel that they have problem in understanding, communicating and receiving instructions in their day-to-day life and in school. A variety of tests are administered to ascertain type of disability and special need of such children. These test are not only to ascertain, how the child is differently abled than his/her peer but to ascertain which kind or type of support he/she needs to adjust with working, living and learning environment, what kind of process and material are needed for his/her unhindered learning, so that he/she may live a dignified life and may contribute to the society.

In this study significant effort have been made to establish factors affecting education of disabled children. Efforts have been made to find out correlation between different parameters with student enrollment, attendance in school and

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their learning level in language, mathematics, art and music. There fore disability under five domains are critical to understand under following operational premises

**Economic factor:** All the factors related to economic sphere i.e. income, earning, expenditure, resources, occupation. Some financial and resource support provided by government for livelihood of financially weak family.

**Social factor:** Social factors refer to culture, religion, caste category profession/occupation, customs, tradition and region.

**Educational factor:** Educational factors refer to educational status of mother, father, sister, brothers and other members of family. It is also related to availability of schools, teachers, special teachers and educational material.

**Disability:** Disability refers physical retardation, disorder or delayed development in one or more of the process of movement, vision, speech, language, reading, spelling, writing or arithmetic, resulting from a possible cerebral dysfunction and or emotional or behavioral disturbance and not for mental retardation, sensory deprivation, instructional factors.

Government and NGOs are initiating measures to review and plan appropriate strategies for special needs and inclusive education. These measures include evolving policy guidelines, analyzing practices, developing teacher-training programs, and creating resource persons and special teachers by establishing linkages to complement each other.

In the past few years, focus on children with disabilities has resulted in greater awareness and increased sensitivity towards these children. The launch of the

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District Primary Education Program (DPEP) in 1994 provided further impetus to existing efforts. The Equal Opportunities and Rights of Persons with Disabilities Act 1995 was comprehensive breakthrough legislation that provided educational and economic rehabilitation of people with disabilities. It states that free education for children with disabilities up to the age of 18 years must be provided in an appropriate and suitable environment. The government has launched the Sarva Shiksha Abhiyan (SSA), to implement 'universalization of elementary education' (UEE) in a mission mode with a focus on providing quality elementary education to all children in the age group 6–14 years. Inclusive education is an integral component of SSA, and promises to make 'education for all' a reality.

Program launched in the recent past have been able to make only a limited impact in terms of increasing the participation of children with disabilities in formal education. This situation needs to change in the near future, and a focused effort is required. Keeping in mind the large number of children whose needs must be addressed and the limited resources available, the best option is to promote inclusive education. However, the question is how to demystify the concept and make it acceptable in a country as large and diverse as India, with its multiple tracks offering inequitable schooling opportunities to different groups ?

There is a need to develop a long-term strategy in which every step taken and to the sound base for inclusive education. This can be facilitated by developing a better understanding of the present status of education of children with disabilities.

This study analyses the socio-economic cofactors and differentials in education of children having disabilities and how elementary education align with them.

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Good practices are documented for inclusive schooling, community-based programs that promote inclusion, and teacher development initiatives that assist primary school teachers in the classroom to identify, assess and support the needs of children with disabilities. Early childhood development interventions focusing on early detection and prevention of disabilities and preparation of children to enter mainstream schools have also been examined.

#### **DATA AND METHOD**

In order to know the socio-economic profile and the academic achievement of the children with special needs, visits were organized to see many bridge courses run by department of basic education of Uttar Pradesh. Schools were also visited, where children with special needs were studying in inclusive way. Some special schools run by non-government organizations were also visited to get a feeling of problems faced by these kinds of children in adjusting with routine daily personal work and education.

Teachers and warden of bridge courses, inclusive schools and special schools were consulted before making any research design. Their interaction was helpful in figuring out areas, which have greater impact on elementary education of children with special needs. On the basis of that research objectives and hypothesizes were constructed.

#### **RESEARCH DESIGN**

The research design followed in the study is descriptive (survey) and evaluative. In this research the focus of the study is to test certain hypothesises regarding elementary education of CWSN at present. The descriptive survey method has been adopted primarily due to the fact that it facilitate in collecting general information and its one of the most commonly used method of investigation that attempts to describe and interpret what exists in the present conditions.

#### SELECTION OF DISTRICTS

For the selection of districts the criterion followed was easy access to data, convenience in conducting survey, social structure and level of literacy. Since the study is proposed to be carried out in the educationally backward district. As per guidelines of Ministry of Human resource development all 20 blocks of district Allahabad are educationally backward, and being diverse in the sense of culture and education, it was selected for the purpose of study. Literacy rate of district Allahabad is 68%. It has homogeneous population of all section of society.

#### **POPULATION**

According to GOOD and HAT "Population is the sum of all the persons of a place, where not a single person in left in it whereas sample is the collection of handful of people that act as representative for the whole population"

The research contains study of disabled children's at primary schools situated in Allahabad district. Primary schools selected are run by Uttar Pradesh basic shiksha parishad, which is an autonomous body created by Act 1972.

In year 2010-11 there were approximately 10000 children of special need aged 6-11 years in the district of Allahabad. Department of elementary education conducts annual survey for the purpose of ensuring 100% enrolment at elementary level, generally called "House Hold Survey". Department also conducts, a survey of CWSN (children with special needs) to find out enrolment status of such children and reason for their dropping out. House hold survey data of year 2010-11 was taken from department of basic education at Allahabad.

#### SAMPLE

According to Karlinger "A sample is taking any portion of the population which is representative of whole population".

The most important characteristic of a sample is that it should be able to represent the characteristics of whole population. That is why; sample is taken carefully, so that results obtained from study of sample may be faithfully applied to the whole population. Following things are considered while selecting the sample.

- There should be no partiality while selecting the sample.
- All major sub group of population should be sufficiently represented.
- It should be manageable for completion of study.

In order to collect valid and reliable data about education status of CWSN a sample size of 500 (approximately 5% of population) was set for the purpose. Size of sample for four different types of specially is as follows for study.

- Orthopaedic 171
- Visually Impaired 103
- Hearing Impaired 114
- Mentally Retarded 107

In sample both the gender are sufficiently represented as:

- Male 252
- Female 258

In sample all social categories are sufficiently represented as:

- Scheduled caste
  187
- Other backward classes 199
- General 115

For this almost proportionate number of children were selected randomly from each kind of specially and population, to see effect of different kind of specialty on hypotheses.

## SAMPLING

Sampling is a process used in statistical analysis in which a predetermined

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number of observations are taken from a larger population. These processes simplify the learning about the population on the basis of a sample drawn from it. Thus in the sampling technique instead of studying every unit of the universe, we study a sample drawn on some basis from the entire universe. The methodology used to sample from a larger population depends on the type of analysis being performed, but may include simple random sampling or systematic sampling. In this study researcher has used stratified and purposive sampling.

The sample should be a representative of entire population to get a representative sample, it should be ensured whether all elements are equally represented or not.

As given above sample district for study is Allahabad as it has a homogeneous population structure, it's one of the oldest district, it is educationally backward, it is one of the largest district with 20 blocks, its cultural and educational background and finally because it was convenient for us to conduct and give enough time to conduct activities at this place.

As we have read in literature there are 13-14 different types of disability in children. Even experts working in this area least understand and are able to diagnose only some of these disabilities. Children with some disability are very few in number as chances or probability of such disability is very rare. During visit of special schools, inclusive schools and bridge courses run by Government of Uttar Pradesh, we came to know, that majority of CWSN falls in category of:

- Orthopaedic
- Visually Impaired
- Hearing impaired
- Mentally retarded

So for the purpose of study only these four types of CWSN have been taken in sample.

## VARIABLES

Research has been done on following variables.

- 1. Types of Disabled children
- a. Orthopaedic
- b. Visually Impaired
- c. Hearing impaired
- d. Mentally retarded
- 2. Values-
- a. parental attitude,
- b. teacher's attitude,
- c. peer's attitude
- d. education value
- e. economic value
- 3. Adjustment-
- a. school infrastructure,
- b. supportive equipment
- c. Social category
- d. Gender
- e. Special teacher
- f. Physical barriers

## TOOLS USED FOR THE STUDY

A format was developed for collecting data and information from different sources, Format has following elements for different kind of information.

- Interview Schedule with child (CWSN).
- Interview Schedule for the members of family.
- Interview Schedule for the teachers of school (for students' academic competencies).
- School Information with head Teacher or teacher (about infrastructure at

school).

The Structured Information Schedule for all was developed by the researcher in order to assess the educational problems with respect to different types of CWSN. Observation of residential bridge course, primary school, kasturba gandhi balika vidhyalaya, special school for disabled children was done. Quantitative structured questionnaire has been used for this study.

#### **RESULTS AND DISCUSSION**

The present study examines the financial condition of parents affect disability and how financial condition of parents affects disabled children's education. This section provides the view, how the financial conditions of disabled children are going to affect their enrolment, regular attendance, academic achievement in language and mathematics, participation in sports, arts and music. We also tried in this section to figure out how financial problems are affecting students' adjustment to daily life, academic life and social life.

Earlier, India used to define the poverty line based on a method defined by a task force in 1979. It was based an expenditure for buying food worth 2400 calories in rural areas and 2100 calories in urban areas. In 2011, the Suresh Tendulkar Committee defined the poverty line on the basis of monthly spending on food, education, health, electricity, transport. According to this estimate persons who spends Rs. 27.2 in rural areas and Rs. 33.0 in urban areas a day are defined as living below the poverty line for a family of four, this comes around Rs. 3000 a month. (3200~3000)

To analyse the effect of financial condition two levels of income has been taken 1) those who have family income up to Rs. 3000 per month,

2) Those who have family income above Rs. 3000 per month.

Average income of student's family covered in the research comes around Rs. 2000, but it is below prescribed norm for poverty line so two levels based on poverty line for family of four (imaginary) have been taken to study the impact

| Parent's                  | Birth at | Birth with help of      | Birth at Hospital or |  |
|---------------------------|----------|-------------------------|----------------------|--|
| Income (in Rs)            | Home     | <b>Untrained Female</b> | in care of Doctor    |  |
|                           |          | (daayi)                 |                      |  |
| 0 - 1000                  | 61       | 3                       | 5                    |  |
| 1000 - 2000               | 180      | 16                      | 10                   |  |
| 2000 - 3000               | 54       | 12                      | 6                    |  |
| 3000 - 4000               | 22       | 17                      | 6                    |  |
| 4000 - 5000               | 12       |                         |                      |  |
| 5000 - 600 <mark>0</mark> | 4        |                         |                      |  |
| 6000+                     | 18       |                         |                      |  |

Table - 1

of income on education and adjustment issues on disabled children.

How the delivery (place and safety) of child is organized and its relation with disability has been studied. In this study place and attendant at birth and it's relation with disability have been tried to be built.

- Maximum disabled Children's family fall in poverty line less than Rs. 3000 per month income.
- It also shows that most of the disabled children's birth was at home without help of trained/untrained lady/doctor.
- Prevalence of Disability at Hospital birth is only on lower income group means Poverty is one of major cause for disability (may be due to malnutrition of mother or hygienic condition at home).
- Whereas safe delivery from upper income group has less chance of disability.

## CONSULTING DOCTORS ABOUT DISABILITY

It was envisaged in study to see, did parent tried to consult doctors about

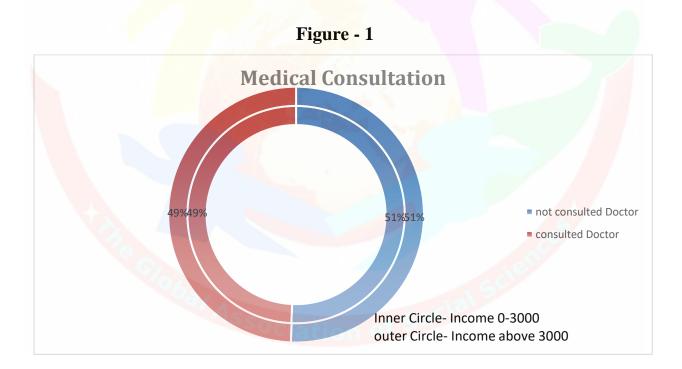
disability of students at the time of birth.

#### Table - 2

#### Parents effort to improve physical condition of child (after birth)

| Parent's Income (in Rs) | Not consulted Doctor | <b>Consulted Doctor</b> |
|-------------------------|----------------------|-------------------------|
| 0-3000                  | 220                  | 214                     |
| 3000 and above          | 39                   | 38                      |

Data shows that almost 50 percent of parents from both economic level have not consulted doctor.



It means parents of every economic section are concerned about their child. Every parent is willing to have a normal child but is unable to do anything because-

• Very few medical facilities are available in rural India. Poor parents have to rely on untrained village women or scrupulous Doctors.

- Less educated poor parents don't know whom to consult in case of such birth.
- Have not enough money to go to cities to consult specific doctors.
- Even doctors working in PHCs' have limited knowledge to help and suggest.
- Less number of qualified doctors and that too located in big cities.

It's not economic problem, problem lies somewhere else, which may be medical facility, literacy of parents, social attitude.

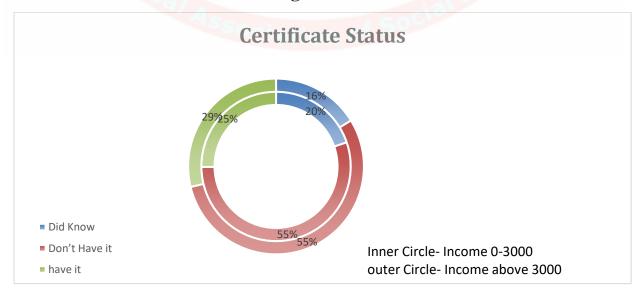
## **CERTIFICATE OF DISABILITY**

Certificate of disability is a tool, which gives an opportunity CWSN to be beneficiary of social/educational/medical welfare schemes of government and non Govt. organization. It has been envisaged to see, whether there is any biasness in proving certificate on the basis of family income.

| Table - 3               |             |               |         |  |
|-------------------------|-------------|---------------|---------|--|
| Parent's Income (in Rs) | Didn't Know | Don't Have it | Have it |  |
| 0 - 3000                | 85          | 237           | 108     |  |
| Above 3000              | 13          | 44            | 23      |  |

Data shows that Very few parents gets chance to get their child certificate done.

Figure - 2



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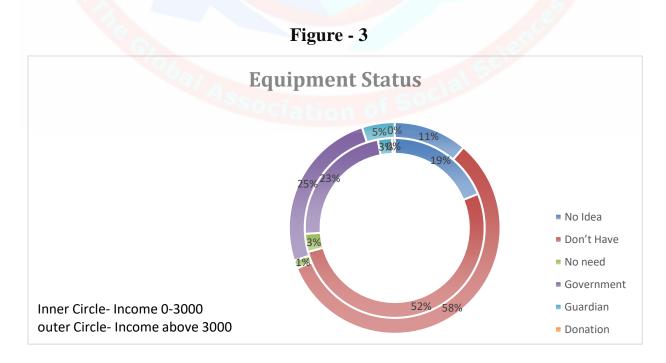
THE INTERNATIONAL RESEARCH JOURNAL OF SOCIAL SCIENCES AND HUMANITIES An Official International Double Blind Peer Reviewed Referred Recognized Indexed Impact Factor Open Access Monthly Scientific Research Journal of The Global Association of Social Sciences included in the International Serial Directories, Visit us at www.thegass.org.in It's not easy to get it done as facility is not readily available. Official dome at concerned place make them to run from home to PHC too many times for it. Sometime parents even don't see the purpose or benefit of having certificate.

#### ADEQUATE EQUIPMENT

Equipment is an additional adjustment facility, which facilitates child to adjust to environment and perform routine work with ease. Most of the equipment is very costly and not available in general. Most of the equipment is made with thorough check up and this process is very expensive. So it is important to measure impact of economic status of family and availability of equipment.

| Table - 4                     |            |               |            |                    |                  |                  |
|-------------------------------|------------|---------------|------------|--------------------|------------------|------------------|
| Parent's<br>Income (in<br>Rs) | No<br>Idea | Don't<br>Have | No<br>need | From<br>Government | From<br>Guardian | From<br>Donation |
| <mark>0-30</mark> 00          | 81         | 223           | 14         | 99                 | 11               | 2                |
| Above 3000                    | 9          | 46            | 1          | 20                 | 4                | 0                |

Table



• Most of the children (52.75%) from all economic categories do not have proper equipment for making their life simple or adjustable to the environment.

• Most of the Parents are from below poverty line so they are unable to bear extra burden of arranging and purchasing equipment for their children.

• Parents due to their educational status, doesn't know, how to arrange proper equipment for their children.

• Agencies providing such equipment are very limited and situated very far for such parents. NGO's are very less in number in this area as shows out of selected population for study only 2 were provided equipment from NGOs.

• Government presence is effective but not enough to reach all needy children. So significant numbers of children are unable to adjust with environment and their life is still miserable.

#### **ENROL**MENT

Through education up to class 8 is free in the state, parents do need to invest money for education of children, in the form of copies, pencil, bag, dress, special equipment, transport (in case of need). Out of these special equipment and transport cost a lot, this may impacts on enrolment.

| Parent's Income (in Rs) | Enrolled    | Not enrolled | Dropped out |  |  |
|-------------------------|-------------|--------------|-------------|--|--|
| 0-3000                  | 293 (68.14) | 117 (27.20)  | 20 (4.65)   |  |  |
| Above 3000              | 51 (63.75)  | 25 (31.25)   | 4 (5%)      |  |  |

Table - 5

Data shows there is no impact of financial status of parents in enrolment of disabled children.

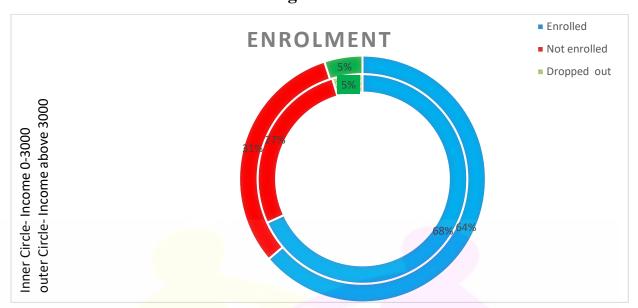


Figure - 4

Elementary schools too have been opened within 1km of habitation; its impact is visible in enrolment of disabled children too. Due to enrolment drive under Sarva Shiksha Abhiyan almost all children have been enrolled in schools.

#### ACADEMIC ACHIEVEMENT

Academic achievement of students depends on many factors like availability of study material at home, sufficient stationary to work on, educational materials, educational games, sport materials, needless to mention supporting equipment, which require sufficient investment on these days.

| Table - 6               |          |              |            |             |  |
|-------------------------|----------|--------------|------------|-------------|--|
| Parent's Income (in Rs) | Good     | Satisfactory | Not Good   | Poor        |  |
| 0-3000                  | 22 (5.1) | 63 (14.65)   | 28 (27.20) | 180 (41.86) |  |
| <b>Above 3000</b>       | 1 (1.25) | 15 (18.75)   | 4 (5.0)    | 31 (38.75)  |  |

Data shows that there is no impact of financial status of parents in learning level of disabled children.

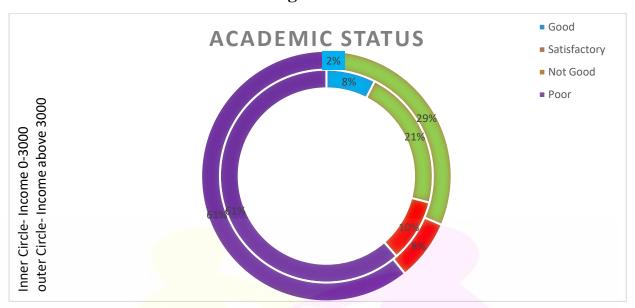


Figure - 5

Academic achievement of these children is not dependant on financial condition as most of them belong to economically weak group, those, who have slightly better financial condition, even cannot afford cost of materials. Academic achievement of these children are also not up to mark, due to following reasons-

- Social poverty,
- Education poverty,
- Parental awareness poverty.

#### SOCIAL POVERTY

we are unable to build up social organizations to look up need of the children, like infrastructure needed to go to school, infrastructure to adjust in day to day activity (equipment). Counseling services for children as well as parents. Care centers, which may look after such children in case of need.

#### EDUCATIONAL POVERTY

We are unable to provide trained teachers in schools. Due to ineffective training, we still see teacher's discrimination with CWSN in classes. Schools

are not friendly for disabled children, though we have made ramps in most schools but that is not enough.

There is need of equal participation in all kind of school activity, like sports, culture. We are unable to provide such an environment in our school.

Teachers' mind-set is still a problem in most of the schools. Teachers do not know how to engage these children in constructing knowledge.

#### PARENTAL AWARENESS POVERTY

Financially weak to provide equipment to adjust in a meaningful way of learning.

Unable to provide games/sports material by which a child may engage at home.

Parents are not educated or counseled to think for development of child.

Parents even doesn't foresee educational objective for their children.

Parents don't know educational avenues for such children.

Parents don't have ability to correlate education and quality of life for such children because they correlate education with only job, which they feel, is impossible for such children.

#### CWSN INTEREST IN MUSIC

It has been tested how the interest of CWSN depends on their family economic status.

#### Table - 7

#### Visually Impaired

| Parent's Income | Good       | Satisfactory | Not Cood  | Door  | No onswor |
|-----------------|------------|--------------|-----------|-------|-----------|
| (in Rs)         | 000u       | Satisfactory | Not Good  | 1 001 |           |
| 0-3000          | 19 (22.35) | 24 (28.85)   | 3 (3.53)  | 15    | 24        |
| Above 3000      | 7 (38.00)  | 4 (22.22)    | 3 (16.66) | 1     | 3         |

| Orthopaedic   |           |              |          |            |            |
|---------------|-----------|--------------|----------|------------|------------|
| Income(in Rs) | Good      | Satisfactory | Not Good | Poor       | No answer  |
| 0-3000        | 23(16.92) | 34 (24.28)   | 8 (5.71) | 31 (22.14) | 44 (31.42) |
| Above 3000    | 3 (9.67)  | 7 (22.58)    | 2 (6.45) | 8 (25.80)  | 11 (35.48) |

Table - 8

#### Table - 9

| Hearing Impaired |           |              |                 |            |                          |
|------------------|-----------|--------------|-----------------|------------|--------------------------|
| Income(in Rs)    | Good      | Satisfactory | <b>Not Good</b> | Poor       | No answer                |
| 0-3000           | 8 (8.79)  | 5 (5.41)     | 12 (13)         | 29 (32)    | 37 (41)                  |
| Above 3000       | 2 (16.67) | 1 (8.33)     | 2 (16)          | 3 (25)     | 4 (33)                   |
|                  | -N        | Mentally Re  | tarded          |            |                          |
| Income(in Rs)    | Good      | Satisfactory | Not Good        | Poor       | No answe                 |
| 0-3000           | 8 (8.69)  | 22 (23.91)   | 3 (3.26)        | 27 (29.34) | 32 ( <mark>34.</mark> 78 |
| Above 3000       | 2 (13.33) | 1 (6.66)     | 0               | 7 (46.66)  | 5 ( <mark>33</mark> .33  |
|                  |           |              |                 |            | 1.9/                     |

Data shows that there is impact of financial status of parents on visually challenged students in learning music. Data also speaks that visually challenged students are more inclined or interested in music.

Data shows the impact of poverty on music learning in VI children specifically as it requires material, so only children whose parents can manage instrument expenses or those who can arrange tutor or teach the same can excel in it.

Data shows that there is no impact of financial status of parents in learning music in MR and HI, as most of them are not interested in it. Some of the MR and HI children even found exceptionally good in music, but majority of such children due to non-availability of resources and training remain untouched.

OH children have fair interested in music, and data shows there is no impact of financial condition of parents in pursuing their interest. Sometime even teacher and parents feel music useless for their children.

#### **MID - DAY MEAL**

As per Government of India scheme, Mid-day meal is provided free of cost to every school going children up to class 5, it has a rich menu based on calories decided by Hon. Supreme Court. MDM reflects how children socialise while eating and whether behavior of cook and teacher is respectable with them.

| Table 11                  |          |              |           |  |
|---------------------------|----------|--------------|-----------|--|
| Income(in Rs)             | Take MDM | Not Take MDM | No Answer |  |
| 0-3000                    | 304 (71) | 67(15)       | 59 (14)   |  |
| Abov <mark>e 300</mark> 0 | 57 (71)  | 9 (11)       | 14 (18)   |  |
|                           |          |              |           |  |

Financial status of parents is not a factor for taking MDM at school by disabled children. This data does not reflect that all school going children take MDM, as this data also include some not enrolled and dropout disabled children. Children of all income group take MDM with ease, which shows their social involvement & adjustment.

## CONCLUSIONS AND RECOMMENDATIONS

The overall study elucidates the issue of disabled children and over all need on bringing out recommendations and suggestions for further research that has emerged out of the analysis and interpretation of data is presented.

## **Financial Implication On Disabled Children Education**

• Most of the disabled children belong to families living below poverty line.

- Majority of the disabled children were born without help of doctor or trained health worker. Hospitals were found, not at easy reach for poor in rural and remote areas.
- Almost 50% of parents didn't contacted medical centres after coming to know, that a differently abled child has taken birth in their home.
- Parents have no idea, whom to consult and where to consult.
- Most (>60%) of the poor parents couldn't get certificate of handicapped for their ward to get benefits of social schemes. Some parents even didn't see the purpose or benefits of having a certificate, which may be termed as social illiteracy.
- Most of the children from poor families do not have proper equipment for making their life simple or adjusting with the environment.
- Most of the Parents are from below poverty line so they are unable to bear extra burden of equipment cost.
- Parents due to their educational status, doesn't know, how to arrange proper equipment for their children.
- Agencies providing such equipment are very limited and situated very far for such parents.
- NGO's are very less in number in this area as shows out of selected population for study only 2 were provided equipment from NGOs.
- Government presence is effective but not enough to reach all needy children.
- Significant numbers of children are unable to adjust with environment and their life is still miserable.
- No financial impact is visible in enrolment of disabled children in elementary schools. Academic achievement of disabled children does not have any impact of financial status of family or parents.
- There is impact of poverty on music learning in students of Visually Impaired children specifically. Music requires material, so only children whose parents can afford instrumental expenses or those who can arrange

tutor for the purpose can go for it. For all other type of disability financial impact is not visible. Some of the MR and HI children even found exceptionally good in music, but majority of such children due to non-availability of resources and training remain untouched.

- There is no impact of financial status of family on Art learning in disabled children, it is a common interest for all children, if it taught in tune with children interest, they learn.
- Data depicts that except type 'VI' children, all the other type of disabled children falls in 'fair category'.
- There is no impact of financial status of family or parent on regular attendance of disabled children in school.
- Financial status of parents is not a factor for taking MDM at school by disabled children.
- In case of VI student's equipment availability is better in financially secured family. It is because, it's general availability is not good, second anyone who purchase it has to make sure that children gets training for it otherwise it will be useless for them.
- There are evidence that children belonging to orthopaedic disability of higher income group have higher chances of getting, equipment to adjust to environment and conditions. This equipment is easily available in market and those belonging to higher income group may easily manage it.
- Most of the families irrespective of their financial status wishes to send their disabled children to school.
- It is highly recommended that parents should take care of their child and must visit medical centres and health facility for their children check up even for minor symptoms. It is well established that in most of the cases in earlier stage children have very minor problem/symptoms but in long run it came in category of disability.

- We find that most of the children availing aid and appliances were provided by school system.
- Children come to school at age of 6 year; there should be an arrangement for aid and appliances for children below 6 years and not attending schools.

#### SOCIAL IMPLICATION ON DISABLED CHILDREN EDUCATION

- Social categories have very limited influence on attendance of disabled children at school.
- Occupation of father has very limited influence on attendance of disabled children at school.
- It is also evident from analysis that those who are in service sector mostly introduced their disabled child into school system for education.
- If we see independent women verse Housewife then we will find independent women an edge over house wife.
- Government and public organization should try to make public facilities adjustable to them like bus riding, rail riding, public toilet, ATMs, Public booths etc.

Social construct about disability is biggest barrier, due to some religious believe on rebirth based on their work, such children are seen as if they have done curse in their previous life, so society as a whole see them as a cheap soul or inferior. Even parents think that they have done some sin in their previous life that's why they have got such a son/daughter/grandson/granddaughter at their home. Very few strongly believed it as medical issue. Social construct that such children are burden and have no capacity to contribute. This construct is basically framed because such children lack one or more specific ability, but people forget that they still have other capacity and abilities. Since such children have limited abilities to focus on, if trained in those ability, may beat everyone in those abilities. Poverty is one of the biggest barriers as it not only reduces chance of

development of CWSN but is also in root cause of many other barriers. Parental poverty affects in form of medical aid, consulting appropriate doctors, arrangement of adjustable equipment, redesigning home as per need of child, choosing suitable school, arranging caretaker in case of need, providing nutritious food.

Infrastructure at public place is barrier for development and growth of CWSN. Our public transport is not compatible for CWSN, our public toilets are not compatible for them, our market places are not compatible for them, and most of the public offices, courts, bus stops, railway stations are not suitable for their need. Even our pathways are not built in such way that CWSN may walk without any problem on them.

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