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   REVIEW OF LITERATURE

   NEED/IMPORTANCE OF THE STUDY

   STATEMENT OF THE PROBLEM

   OBJECTIVES

   HYPOTHESES

   RESEARCH METHODOLOGY

   RESULTS & DISCUSSION

   FINDINGS

   RECOMMENDATIONS/SUGGESTIONS

   CONCLUSIONS

   SCOPE FOR FURTHER RESEARCH

   ACKNOWLEDGMENTS

   REFERENCES

   APPENDIX/ANNEXURE

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LANDSCAPING DISABILITY EDUCATION IN INDIA: A STUDY OF NORTH INDIAN CITY

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ABSTRACT

In India despite a large number of initiatives by central and state governments and variety of activities & programmes undertaken by the Non-Governmental Organisations (NGO), Persons with disability (PWD) continue to live an undignified life. The objective of our study was to bring in light the problems faced by institutes working in the area of disability in Chandigarh and Panchkula. We conducted survey in months of June and July 2013 with the help of self-prepared questionnaire. List of all the institutes was prepared. A brief tour of the institutes and an assessment of their pedagogy and vocational training was undertaken. A questionnaire consisting of 22 questions was prepared and the head of the institutes interviewed. Report was prepared on Microsoft Word and for quantitative analysis and chart preparation, Microsoft Excel used. Most of the institutes are working for more than 15 years and catered to the needs of mentally challenged children, with few dealing with various other categories of disabled children. Financial constraints, lack of awareness and counselling, social and religious prejudices, working parents, frequent transfers, inability to accept child's condition, make parents unable to co-operate with school authorities detrimental to the growth and upbringing of such child. The institutes working in the area of disability were giving their best, but lack of cooperation from parents and government hampered their programme activities .We the general public should come forward for the cause of this vulnerable section of the society .Given a chance PWD's are no less than the normal strata of any society. This would be possible if they receive timely interventions, vocational training proper education and guidance, which in turns is the prime responsibility of the institutes.

KEYWORDS
Disability, PWD, Education, Chandigarh, Panchkula, Problems.

INTRODUCTION

"We need inclusion not exclusion, empathy not sympathy, liberation not protection, opportunity not charity"

Principal, *Institute for Blind,* Chandigarh.

According to the World Health Organisation, a disability is "Any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being". The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Rates of disability are increasing due to aging of population and increase in chronic health conditions. People with disabilities have less access to health care services and therefore experience unmet health care needs. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports). Over a billion people are estimated to live with some form of disability. This corresponds to about 15% of the world's population. Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties in functioning.

Spectrum of Disability is extremely diverse. Some health conditions associated with disability result in poor health and extensive health care needs, while others do not. However all people with disabilities have the same general health care needs as everyone else, and therefore need access to mainstream health care services. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination. People with disabilities report seeking more health care than people without disabilities and have greater unmet needs. For example, a recent survey of people with serious mental disorders, showed that between 35% and 50% of people in developed countries, and between 76% and 85% in developing countries, received no treatment. Health promotion and prevention activities seldom target people with disabilities. For example, women with disabilities receive less screening for breast and cervical cancer than women without disabilities. People with intellectual impairments and diabetes are less likely to have their weight checked. Adolescents and adults with disabilities are more likely to be excluded from sex education programmes. People with disabilities are particularly vulnerable to deficiencies in health care services. Depending on the group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviours and higher rates of premature death. Secondary conditions occur in addition to (and are related to) a primary health condition, and are both predictable and therefore preventable. Examples include pressure ulcers, urinary tract infections, osteoporosis and pain. Co-morbid conditions occur in addition to (and are unrelated to) a primary health condition associated with disability. For example, the prevalence of diabetes in people with schizophrenia is around 15% compared to a rate of 2-3% for the general population. The ageing process for some groups of people with disabilities begins earlier than usual. For example, some people with developmental disabilities show signs of premature ageing in their 40s and 50s.

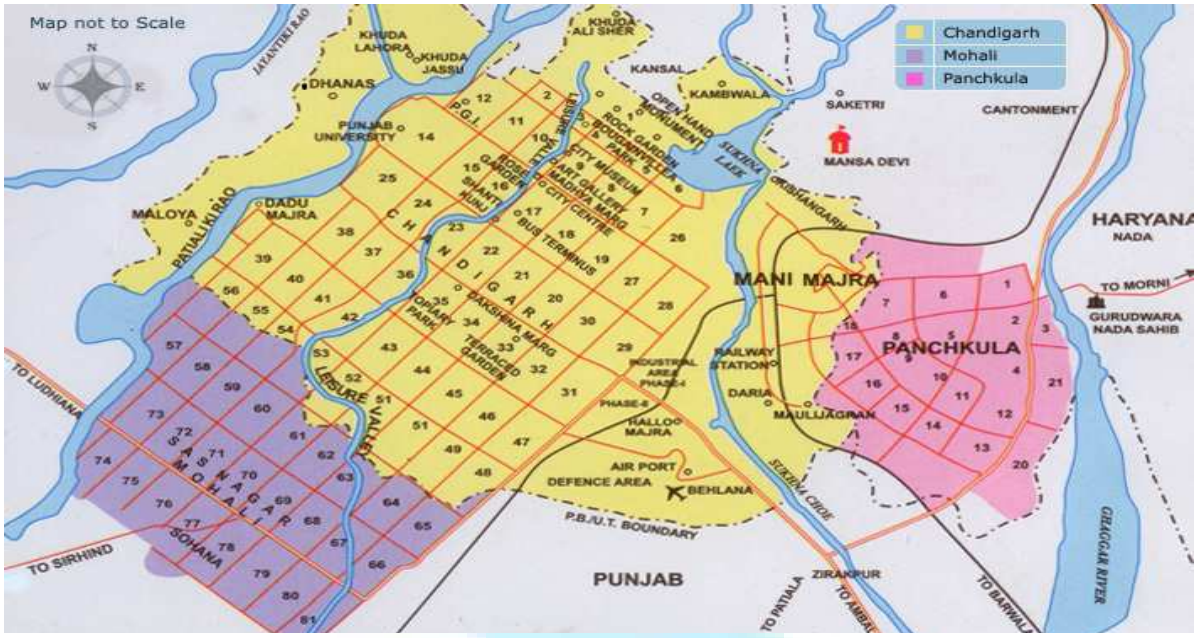
OBJECTIVES OF THE STUDY

The objective of our study was to bring to light the problems faced by institutes working in the area of disability in Chandigarh and Panchkula

METHODOLOGY

List of all the institutes working in disability around Chandigarh and Panchkula was prepared. We conducted survey with help of a self-prepared questionnaire consisting of 22 items at institute's premises. Report was prepared on Microsoft word and Microsoft Excel was used for quantitative analysis and chart preparation. Study excluded the Institutes not giving permission for interview and found closed on three visits. Study was conducted in months of June and July 2012.

FIGURE 1: MAP REPRESENTING STUDY AREA OF CHANDIGARH AND PANCHKULA



LIMITATIONS OF THE STUDY

The period of the internship was during the summer vacation of most of the institutes. It was a difficult interviewing heads of the institutions, organisations, and NGOs during the break. Even after to three visits some institutes could not be contacted. Limited time made us confine ourselves to this region of Chandigarh and Panchkula. So only 12 out of 15 institutes were covered. Some of the respondent institutions, organisations, NGOs were suspicious of the purpose and usefulness of this study. Head of one institute (Jai Durga) did not talked to us.

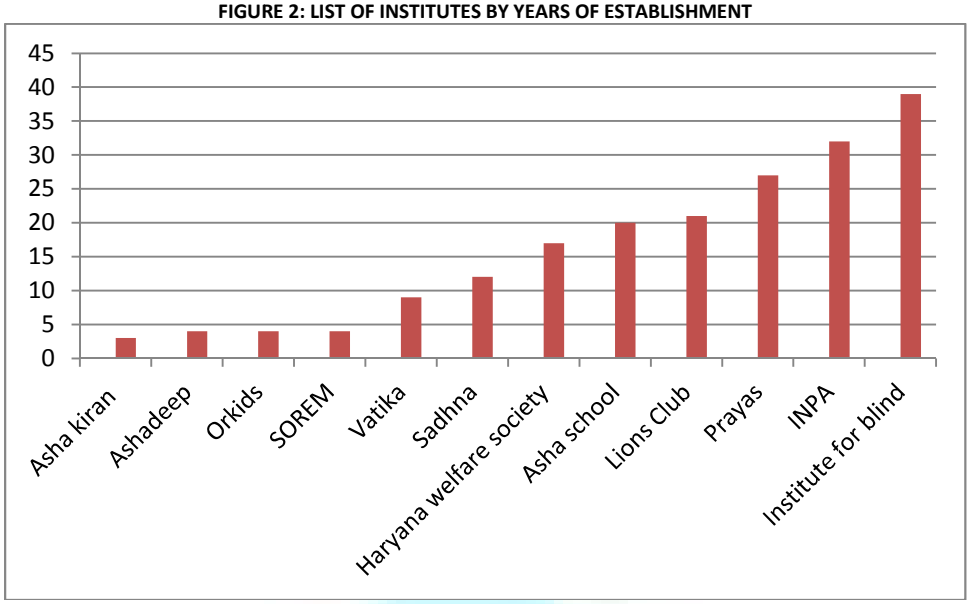
RESULTS

TABLE 1: TYPE OF INSTITUTE BY FUNDING

Sr. No.	Name	Address	Funding
1.	Ashadeep (regional institute for mentally challenged)	Sec 31 ,Chandigarh	Govt
2.	Ashakiran	Sec 46 ,Chandiagrh	Govt
3.	Indian national patronage association	Karuna sadan 1st floor ,sec 11 ,Chandigarh	Semi Govt
4.	Prayas	Opp Dainik Bhaskar, Sec 38 ,Chandigarh	Semi Govt
5.	Institute for blind	Sec 26,Chandigarh	Govt
6.	Vatika school of deaf and dumb	Sec 19 ,Chandigarh	NGO
7.	Sadhana vocational institute for mentally handicapped	Raen basera building ,Manimajara	NGO
8.	Haryana welfare society for hearing and speech handicapped	Sec 16,Panchkula	Govt
9.	Orkids	Sec 15,Panchkula	Private
10.	Asha school	Western command ,Chandimandir	Army
11.	Lions club school for deaf and dumb	Sec 18 ,Chandigarh	NGO
12.	SOREM	Sec 36,Chandigarh	NGO

Maximum number of institutes are in govt sector followed by private initiative with considerable chunk of institutes working in semi govt. mode. Army was also operating one institute in Chandimandir. By years of establishment, six institutes are working for more than 15 years. Most of them had good infrastructure provided by central government. However, pay and facilities for the teachers were the sore points. One institute have leased its Premises for generating revenue, which could be utilised by opening up more classes or increasing the intake of students. Some of the institutes also complained about the lack of co-operation from the parents. New institutes were also grappling with their own problems; some were deficient in infrastructure while others lacked teaching expertise.

FIGURE 2: LIST OF INSTITUTES BY YEARS OF ESTABLISHMENT



Institutes were extending help to the students from the lowest to the highest strata of society. Govt institutes attracted a large no of students due to affordable services. They got most of the children referred from PGIMER, GMCH, and other medical institutions. They also got children referred from welfare department. Army Institute was providing services for children of army personnel with considerable representation to civilian population. It got children referred from Military Hospital. NGOs attracted their audience largely due to of mouth and public awareness campaigns carried out by them. They consisted of children of mixed socio-economic status. Some institutes even arranged funds by collective responsibility system in which children belonging to well to do families paid for their poor peers

Most of the institutes catered to the needs of mentally challenged children, Except one, none of the institute was dealing with orthopedically handicapped children. It required a great amount of effort on the part of both teachers and parents to deal with mentally challenged children. A point worth noting here is that mentally impaired children were at a loss, as Disability Act provides no reservation to them in govt. sector. Avenues where they can cope up need to be created and nurtured. Promotion of Safe and harmless activities like arts and crafts is need of hour. Late realisation on the part of parents about the condition of their ward led to dismal performance and adaptation problems of these children.

Private institutes were providing specialised services with personalised care in the area of learning disabilities. Such students also attended inclusive systems of education and had the benefit of early interventions. The students so admitted were both from urban and rural background. Those who could not afford were given free services, some of the institutes even went out of their way and arranged bus passes for students who could travel locally. Some institutes even tried to provide financial help to poor students by way of mobilizing support from well to do friends.

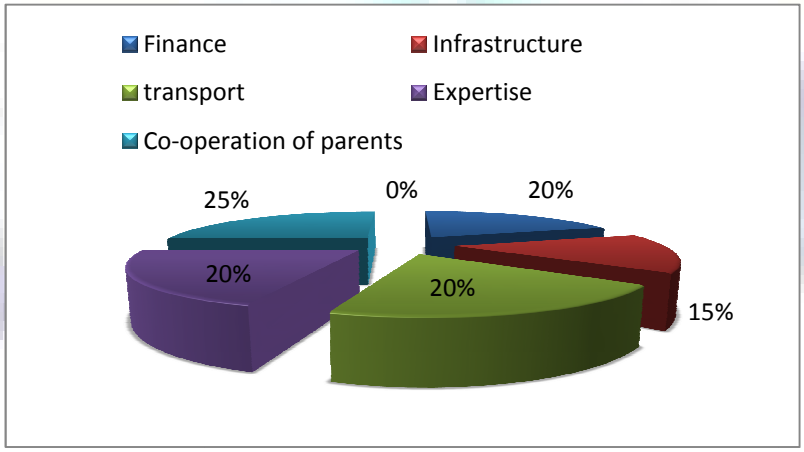
Ideal Teacher student ratio is 1:4 but none of the institute maintained it. Pressure and the lack of expertise among teacher leads to suffering on part of students. Low salaries was the cause of frustration among teachers

Regular medical check-up is also a part of duty for these institutes. Although the institutes had full time and part time therapists working with them, yet they lacked the in-house facility of a specialist doctor. Most of the institutes either referred their children to PGIMER or Govt. Hospital, sector 16 or conducted monthly check up in their institutes as of ENT, Dental etc. Those serving in cantonment area gave their children special card for free check-up in Command Hospital

MAJOR PROBLEMS REPORTED BY INSTITUTES

Institutes complained about students leaving courses mid-way as biggest problem. Financial constraints, inability to accept child's condition, lack of awareness and counselling, frequent transfers, social and religious prejudices, make parents unable to co-operate with school authorities. This is detrimental to all-round growth and upbringing of children. Institutes conducted family sensitisation programmes, yet they found it difficult to counsel.

FIGURE 3: BREAKUP OF PROBLEMS FACED BY INSTITUTE



LACK OF COOPERATION FROM PARENTS

Parents totally depend on the institute for their child with no effort at personal level. Poor education status of the parents is a great hindrance especially of mothers. An educated and well aware mother is best guide child can get.

FINANCE

No less were the problems of finance, transport and lack of expertise. The government schemes as, told by the institute heads, were mostly confined to papers and they still have to run for their share of money. Available funds need to be distributed adequately and regularly

TRANSPORT

The children were coming from far off places daily in absence of proper transport facility parents had to face a tough time .The lack of proper transport was one of the reasons of drop out of children.

EXPERTISE

With low salaries, it was difficult for the institutes to hold on to teachers who preferred to leave the institutes for better opportunities and pay scales.

INFRASTRUCTURE

Infrastructure in the form of space and accessibility was seen lacking in most of the institutes. Vicious cycle of low funding and non-cooperative government was being experienced by most of the institutes.

DISCUSSION AND CONCLUSION

TABLE 2: REASONS AND CAUSES OF CHILDREN DROPPING OUT OF INSTITUTES

Lack of interest in studies	Family problems	Lack of proper transport facility
Unfamiliar environment	Poverty	Unavailability of school buses
Homesickness	Poor Education	Lack of co-ordination with transport dept.
Teasing	Late realisation of Child's condition	Issuance of bus passes time repeatedly
Poor student teacher ratio	Inadequate knowledge about condition	Restriction on travel in some state depot buses, pass not recognised by private and other state depots
Syllabi	Accessibility to institutes	No long travel facility
Lack of further studies	Lack of earning hand	No separate counter for disabled at bus stands
Lack of counselling	Rural and slum Dwellers	inconsiderate behaviour of fellow passengers in buses

Institutes/organisations/NGOs working in the area of disability require immediate attention. There is need for constant monitoring of institutes by the government for ensuring availability of proper funds. The government should strictly implement its schemes and ensure institutions/organisations/NGOs, dedicating themselves for the cause of disability have adequate funds. Up gradation of institutes is next herculean task for the government. There is also need to provide incentives to the teachers working in the area of disability. Access to vocational training for such children, after they complete their studies, will provide them a dignified life. This would lead to a bright future for children with disabilities.

Holistic approach in the area of disability by government and changing the attitude of mainstream society is the need of hour. Lack of awareness on the part of society should be dealt through education and campaigning by media. More and more philanthropists should come forward to help PWDs and institutions/organisations/NGOs working in the area of disability. The improvement of these institutions would definitely lead to the better rehabilitation and vocational training in these institutes. Given a chance, they are no less than the normal people are, so we should create avenues for them to lead a normal and self- reliant life.

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With sincere regards

Thanking you profoundly

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