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Maya Kalyanpur PhD

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The Paradox of Majority Underrepresentation in Special Education in India

Constructions of Difference in a Developing Country

Maya Kalyanpur

Towson University

In contrast to the phenomenon of minority overrepresentation in special education in developed countries such as the United States, a paradoxical situation occurs in many developing countries, whereby majority populations are underrepresented in the educational system. The author examines some of the prevailing and traditional societal and political-economic factors specific to India that contribute to this underrepresentation, such as a paucity of resources that affects children from low socioeconomic backgrounds, gender differences in child rearing and educational expectations that affect girls, and negative attitudes toward disability.

Keywords: *developing countries; India; special education; disproportionate representation; minority groups; disabilities*

In the debate over minority overrepresentation in special education in the United States, it is argued that a certain demographic of school-going children constituting a minority of the total population are placed in special education programs not necessarily because they have disabilities with clear etiologies but because factors such as low socioeconomic status; cultural, racial, or ethnic diversity; or limited English proficiency make them more prone to being perceived as disabled within the educational system. Scholars assert that the construction of these differences that relegate these children to inferior educational programs is the result, among other factors, of discriminatory practices in assessment, both at an individual level, with the authority invested in teachers to refer students for special education, and at a systemic level, with federally mandated statewide standardized testing (see Harry & Klingner, 2006, for a comprehensive discussion).

Paradoxically, in many developing countries (United Nations Educational, Scientific and Cultural Organization, as cited in Peters, 2004), such as India, children who constitute the majority of the population tend to be underrepresented in schools. Often referred to as “out-of-school children,” they come from low socioeconomic (or poor, consistent with international literature on poverty and disability [e.g., the World

Bank]) backgrounds in rural areas and urban slums. Most are girls; many have disabilities. This article presents an analysis of some of the factors that contribute to this underrepresentation toward a construction of difference within the Indian context, including negative attitudes toward disability, the paucity of resources and the caste system that affect poor children, and gender differences in child rearing and educational expectations that affect girls.

The Construction of Difference in an Indian Context

Depending on the source, there are as many as 40 million (Department for International Development, as cited in Singal, 2005) or as few, relatively speaking, as 13.4 million (Pratham, 2005) children who have either never been to school or have dropped out. Girls constitute 55% of this population (Pratham, 2005), and up to 95% of children with disabilities—who constitute 40% of the total population of individuals with

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disabilities—have never received an education, whether inclusive or special (Jha, 2004; Rao, Narayan, & Mani, 2005). Recognizing that poverty is both a cause and a consequence of disability, in that disability limits access to education and employment, which then leads to social and economic exclusion, the World Bank's (2002) Millennium Development Goals underscore the need to include people with disabilities in development efforts to improve the economic and human welfare of millions of poor people in the developing world. The *Biwako Millennium Framework Towards an Inclusive, Barrier-Free and Rights-Based Society for Persons With Disabilities in Asia and the Pacific* (United Nations Economic and Social Commission for Asia and the Pacific, 2002) specifically targets women and girls with disabilities as critical populations for development. In response, several government programs, such as poverty reduction programs and Education For All (EFA) (Asian Development Bank, 2002), have been launched in India, targeting groups of out-of-school children toward ameliorating these biases; however, despite recent surveys indicating that the numbers have fallen, the situation still prevails.

General and Special Education in India

Although responsibility for educational development rests largely with state governments, the central government focuses on developing policy and supplementing state government funding (Asian Development Bank, 2002). Policy efforts have included the National Policy of Education 1986, three major pieces of legislation (the Rehabilitation Council of India Act of 1992, the Persons With Disabilities [Equal Opportunities, Protection of Rights and Full Participation] Act of 1995, and the National Trust [for the Welfare of Persons With Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities] Act of 1999), and a bill recently introduced in parliament to make primary education compulsory. Although the legislation mandates that state or local governments undertake yearly screening to identify “at-risk” cases and ensure that every child with a disability has access to a free education in an appropriate environment and to promote integration in general education schools, there are no provisions for referral, screening, or placement procedures (Jha, 2004). An initiative for inclusive schooling, the Integrated Education for Disabled project, launched in 1987, has

since been subsumed under generic development programs such as the EFA. Called the Sarva Shiksha Abhiyan (SSA) program in India, EFA includes universal primary education; universal elementary education; and vocational or nonformal education, adult education (women's literacy), and education for disadvantaged children, children with disabilities, and ethnic minorities (Rao et al., 2005). Categories of disabilities covered are blindness, cerebral palsy, hearing impairment, locomotor disability, leprosy [cured], mental retardation, mental illness, and low vision (Asian Development Bank, 2002).

Government schools cater to the vast majority of students; however, although free and in the regional language, they are challenged by teacher shortages, inadequate resources, oversized classes, and a national curriculum that is “heavily rote-memory-based and theory-dominated” (Jha, 2004, p. 170). A parallel system of private schooling caters to the small percentage of students who can afford it, offering instruction in English, often perceived as a passport to economic success (Pinto & Sahu, 2001). By contrast, whereas private agencies tend to dominate special education services (mostly special schools), the major thrust for inclusive schooling has come from the government.

Children With Disabilities

The most recent census undertaken by the National Sample Survey Organization (2003) found that about 18.5 million people in India are disabled, constituting 1.8% of the total estimated population. Individuals with locomotor disabilities make up the largest group by category of disability across both rural and urban areas, averaging about 53%, followed by visual impairments at 13% and hearing impairments at 10%. Individuals with mental retardation constitute the smallest category at 4%. Unfortunately, people with disabilities are less likely to be employed and have a literacy rate (49%) far below the national average of 65% (Ministry of Social Justice and Empowerment, 2006).

Persons with mental retardation are least likely to have received an education, are 4 times less likely to go to school than children with physical impairments, constitute the lowest proportion of employed adults, and are the most likely to remain unmarried (National Sample Survey Organization, 2003). There are far fewer services available for people with mental retardation, and children with mental retardation have the

lowest enrollment in schools (Asian Development Bank, 2002). One explanation is that general education schools are less willing to make curricular adaptations because of the fiercely competitive academic and employment environment (Misra, 2000). Another is that children with mental retardation are less likely to be identified. First, deep-rooted negative attitudes and the social stigma attached to disability often make people unwilling to admit to having family members with developmental disabilities (Rao et al., 2005). Additionally, Persha and Rao (2003) suggested certain child-rearing practices—such as delayed breast feeding to avoid colostrum in the belief that its richness is harmful, or delayed weaning and supplementation with solid food to reduce expenses—can also contribute to malnutrition, a leading cause of developmental disabilities in developing countries.

Second, the definition for identification included only individuals with less than 40% levels of functioning, which suggests that individuals with mild mental retardation and/or individuals with no visible characteristics were not counted (Mohapatra, 2004). For example, poor children in rural areas who are consistently undernourished or suffer from vitamin A and iodine deficiencies, resulting in mild levels of developmental delay, may not be characterized as being “mentally retarded” within the collective perceptions of their communities (Mitra, 2005). The paradox is that in the United States what are considered low-incidence disabilities (e.g., physical disabilities and visual impairments) are considered high-incidence disabilities in India precisely because they are the most visible. Furthermore, enumerators were asked to distinguish between mental retardation and mental illness on indicators such as laughing or crying without reason; delay in walking, talking, sitting, or standing; and onset before 8 years of age, a spectrum of behaviors that could just as easily have resulted in an individual being categorized under mental illness as under mental retardation, suppressing numbers for the latter category (Kalyanpur, in press).

Poor Children

Despite recent governmental liberalization strategies and policy reforms that have contributed to a tremendous spurt in economic growth, India continues to have high poverty levels. The United Nations Population Fund (2006) reported that 29% of the population continues to live below the poverty line, with 80% living

on less than \$2 a day. Noting considerable disparities between rural and urban areas, the Asian Development Bank (2002) asserted that

India (still) needs to fulfill its foremost obligation of making investments in critical infrastructures such as rural electrification, the development of irrigation and water management systems, state highways, district and rural roads and social sectors such as education and health. (p. 6)

Poor Children in Rural Areas

Although about 74% of the total population lives in rural areas, there are inequities across all quality-of-life indicators between rural and urban areas (Asian Development Bank, 2002). To name a few, only 30% of rural households live in *pucca*, or permanent housing (as opposed to 73% of urban households), fewer than 10% have toilet facilities within their places of residence (64% in urban areas), 72% have access to potable or safe drinking water (93% in urban areas), only 30% of those living in rural areas have access to electricity (75% in urban areas), and over 50% of villages with populations of fewer than 1,000 are yet to be connected by roads. Furthermore, landowners and affluent farmers corner a major portion of the few available services in rural areas, leaving very little, if at all, for the poor (Agarwal, 1995). Similarly, although in keeping with the national distribution, 75% of people with disabilities live in rural areas (Ministry of Social Justice and Empowerment, 2006), the incidence rate (or the number of people whose onset of disability occurred within a year of the enumeration) is comparable across urban and rural areas at about 69 persons per 10,000 (Asian Development Bank, 2002). One explanation is that there are fewer identification and screening services available in rural areas, and the lack of inclusion of rehabilitation services in the general health care services results in higher death rates for infants and children with disabilities (Asian Development Bank, 2002). For instance, studying the availability of special education and rehabilitation services nationwide, Rao and Reddy (2004) found less than 15% in rural areas, with early intervention programs the scarcest. Because private agencies manage most institutions, the fees charged make them inaccessible to poor children.

The primary causes of disability in rural areas are a lack of access to medical care and immunization for polio or measles, malnutrition such as vitamin A deficiency leading to blindness, and a lack of proper

sanitation, which, combined with a lack of awareness and education about hygiene (Asian Development Bank, 2002), leads to waterborne diseases such as cholera and typhoid. Certain types of disability, such as polio and blindness, are at least 4 times more likely among those below the poverty line than those above it (Pinto & Sahu, 2001). Thus, the inequities inherent in the uneven economic and social development in rural areas directly affect poor children with disabilities. While inadequate infrastructure, such as a lack of potable water and sanitation, increases the risk for disability, a lack of available health and educational facilities severely curtails access to preventive care and rehabilitation services (Persha & Rao, 2003).

Poor Children in Urban Areas

Although urban areas have better infrastructure than rural areas, poverty prevails in urban India. Furthermore, the absolute poverty levels are higher in urban areas than in rural areas because many in rural areas have alternative access to a sustainable living on agricultural land, whereas most poor people in urban areas have migrated there to seek employment, giving up their former rural lifestyles (World Bank, 2003). Although some work in construction for daily wages, others may get jobs as domestic helpers or autorickshaw drivers. Subsistence wages force them to congregate in slums, defined as compact areas of “at least 300 population or about 60–70 households of poorly built and congested tenements, in unhygienic environments usually with inadequate infrastructure and lacking in proper sanitation and drinking water facilities” (Government of India, 2001, p. 2). For the first time in 2001, the government officially enumerated slum dwellers at over 42 million, or 23% of the total population of people living in urban areas. Over 6 million, or 14%, were children between birth and 6 years of age.

Substandard housing, unsafe water caused by poor sewerage, illiteracy, and an increasing economic divide are socioeconomic concerns that affect the health and disability of children in urban slums (Raju, D’Mello, & Sarath, 2001). Maternal malnutrition plays a role, too. A study of causal factors for disability in children in urban slums found that the highest rates of disability come from infants who are born at term but have low birth weight as a result of nutritional insult during pregnancy (Persha & Rao, 2003). Referred to as infants with “intrauterine growth retardation,” this group constitutes 30% to 40% of the population of

infants born in slums, and unlike premature babies, they have relatively low mortality rates and are at the greatest risk for developmental delays. Although many of these children become the subgroup of out-of-school children who never go to school, others drop out of school at or before the transition to secondary school and are absorbed into the labor force (Raju et al., 2001). This leads to a discussion of child laborers and, inextricably linked to this context, of caste.

The Impact of Caste

Social stratification in traditional Indian society was based on a fivefold division of society (Beteille, 1992; Ramaswamy, 2005). These social strata consisted of the Brahmin, the Kshatriya, and the Vaisya; the lower but nonpolluting caste, the Sudra; and the still lower, ritually polluting caste, the *untouchables* or *scheduled caste* (the official term used by the government) or Dalits (the term members prefer to use to describe themselves). The first three groups received the highest social prestige, the greatest secular power, and the greatest material wealth, in that order. The Sudras performed various services for the three upper castes, particularly in the field of agriculture. The Dalits were confined to the least desirable occupations from both social and economic standpoints: scavengers, sweepers, washermen, and laborers. Their occupational status resulted in extreme poverty in addition to the social stigma attached to such occupations. Because they were regarded as polluting, Dalits were prevented from intermarrying with other groups or eating with them, entering any religious structure, drawing water from a public source, or using any public facility and were residentially segregated. Even today, access to toilet facilities is lower for Dalit households than for other households in almost all states (Asian Development Bank, 2002).

Because Hinduism rationalized this traditional system of caste stratification, social inequality was accepted as a value of society. For individuals, as well as for the groups to which they belonged, their present status was perceived to be a result of the way they had performed their duties in their previous lives. Duties assigned to persons born to particular castes were considered their rightful activities, and the way they performed them was believed to determine their positions in the next life. In theory, no individual could achieve

upward social mobility within a single lifetime (although entire castes or subcastes could).

Since independence in 1947, the Indian government has made several efforts to improve the status of Dalits, including abolishing untouchability and ritual segregation through community development and welfare programs, as well as “reservation,” a form of affirmative action (Ministry of Social Justice and Empowerment, 2006). Although these policies and the process of modernization have produced an environment conducive to upward social mobility for Dalits, and many individuals have benefited from it, the structural distance continues to be maintained by the rules of endogamy and the barriers of untouchability; that is, an imposed inferior ritual status persists. As a result, Dalits tend to be overrepresented in low-level jobs, and those who are also poor are more likely to be discriminated against than affluent Dalits (Ramaswamy, 2005). For instance, 7.4 million urban slum residents (over 17%) are Dalits (Government of India, 2001).

The Legacy of Colonialism

Many children in urban slums are doubly disadvantaged: They are not only children from historically underprivileged communities but also products of the new development-related poverty. Proscribed by the social order and by economic circumstances, they drop out of school early and enter the workforce, maintaining the traditional occupations of their parents or adopting those of their newly immigrated parents. For many children with disabilities, begging becomes an inevitable occupation for survival (“Begging,” 2006). Often, parents do not educate their children with disabilities because they are unaware of their options (e.g., that EFA neighborhood schools might admit their children) or because they do not see the advantage of an education (Alur, 2002).

One might ask, why would a parent not see the advantage of sending his or her child to school? Indeed, inequities in educational systems are often perpetuated on the premise that families in poverty have inherent deficits that render them incapable of taking advantage of available systems or of benefiting from them. Yet various historical and structural forces have combined to keep poor children out of the educational system, because of deficits inherent in the systems. Primary among these is the impact of colonialism on

the current educational system. Although the colonial system of education was overtly elitist, designed to create a class of English-speaking, Western-thinking Indians to fill the lower tiers of the administrative system, it is ironic that the postcolonial system, purporting to be egalitarian, has actually perpetuated class distinctions and elitism by stepping quietly into the shoes of the system the British left behind (Balagopalan, 2002). As a result, schools are “norm referenced” (Woolman, 2002) to a privileged minority, constituting less than 2% of the total population, who currently occupy the top tiers of both private and public sectors and whose “cultural repertoire,” like that of middle-class Whites in the United States, “provides the referent against which other children are evaluated” (O’Connor & Fernandez, 2006, p. 8). For instance, students who aspire to succeed in this system must expect to be already conversant, if not competent, in oral and written English, in a country where English is neither an official national nor regional language. This class advantage weighs the system against poor children, who are unlikely to be exposed to English-speaking environments (Woolman, 2002).

Related to this is the argument that programs such as EFA continue to subscribe to “hegemonic values” (Dyer, 2001), whereby schools begin to perceive students who do not have these expected skills as failing or at risk for failure rather than recognizing and valuing the skills that they do bring with them. For instance, in a study of illiterate nomads in western India, Dyer (2001) found that they saw literacy to be irrelevant to their pastoral way of life, not because they did not see any long-term benefit from it for them but because the differences in school culture and their culture made access to formal education extremely difficult. A final argument against the deficit view of poor children is the issue of returns from investment in education. Although middle-class parents can afford to invest in their children’s education because of the long-term returns to the family in terms of the children’s increased earning capacity and social status, many poor families can afford neither to send their children to school nor to defer the loss of earning potential. For most poor families, there is greater immediate economic advantage in their children being out of school and earning, a factor that directly contributes to high dropout rates after primary education (Balagopalan, 2002). The reduced earning capacity of children with disabilities further limits their chances of receiving any education.

“The Girl Child”

Both sociocultural and political-economic factors have led to women and girls with disabilities becoming “one of the most marginalized groups in society” (United Nations Economic and Social Commission for Asia and the Pacific, 2002). These include the cultural legacy of patrilineage and “strong son-preference” (Patel, 2003) among many communities that makes them victims of discriminatory practices and abuse (Khan, 2004; Patel, 2003).

More girls than boys are likely to be out of school at all ages; for instance, 4.8% of girls between the ages of 11 and 14 years have never been enrolled, as opposed to 2.9% of boys in the same age range, and 6.3% of girls drop out compared with 4.7% of boys, while 5.4% of girls between the ages of 6 and 10 years drop out compared with 1.2% of boys at the same ages (Pratham, 2005). Girls constitute 55% of the population of out-of-school children and only 37% of the total enrollment in schools (Pratham, 2005). Although girls with disabilities constitute a mere 0.47% of the children with disabilities from birth to the age of 14 years, almost 68% are not enrolled in schools (Rao et al., 2005).

Census data (Government of India, 2001) indicate that more men are likely to have access to and use assistive devices than women, and although only 8% of men with disabilities are widowed, divorced, or separated, as many as 31% women are in corresponding situations. More men with disabilities are employed than women in both rural and urban areas, and boys with disabilities have higher enrollments across region (i.e., urban and rural) and by type of schooling (i.e., general and special schools) than girls. Women and girls with disabilities are 2 to 3 times more likely to become victims of physical and sexual abuse than women and girls who are not disabled (Asian Development Bank, 2002).

India is one of few countries where the child sex ratio of 100:92 is inverted below the norm of 100:94.8 in favor of boys; that is, there are more boys than girls (Sen, 2005), generating concern that girls are becoming “an endangered species” (“Girls,” 2006). A primary factor is the patriarchal society, which discriminates against women and girls and perpetuates the perception of women as burdens, relegating them to subordinate positions in the family and low-paid or unpaid jobs in the workforce and denying them property and inheritance rights (Patel, 2003). Other

discriminatory practices that contribute directly to the inverted child sex ratio include female infanticide and female feticide, or the sex-selective abortions of female fetuses, particularly in the North and the West (Sen, 2005). The idea of women as burdens is embedded in the cultural belief that any economic investment in girls, such as an education, accrues to the husband, not to the natal family, as opposed to boys, whose education is seen as feeding back into the earnings and status of the family.

A large number of girls in India also drop out of the education system around puberty for reasons of safety, particularly if schools are located a distance away from their families’ homes and would require them to travel alone, or because they are needed to help with household chores or income generation (Mehrotra, 2005). Because of the additional vulnerability of girls with disabilities, families worry about allowing them to work in places where other employees are male and often develop employment options within the family support network that provide the protection they seek (Kalyanpur, 2007). One outcome of this practice is that adolescent girls with disabilities are less likely to access educational or vocational services.

Government Policy and Programs

Political commitment and economic investment also play a significant role in bringing about change. This section provides a brief overview of the government’s efforts to reduce the disparities described above, followed by an analysis of their impact.

Disability rights activists assert that until recently, children with disabilities were “invisible,” uncounted in the demographics and excluded from policy initiatives and planning (Alur, 2002). This has changed somewhat with disability legislation and the inclusion of people with disabilities, especially individuals with mental retardation, in the 2001 Census (Government of India, 2001). Of particular relevance to this article are the initiatives inspired by the Millennium Development Goals (World Bank, 2002) and the *Biwako Millennium Framework* (United Nations Economic and Social Commission for Asia and the Pacific, 2002): the poverty reduction program and the EFA program. The Velugu Project, for instance, launched in 2003 as part of the Andhra Pradesh Rural Poverty Reduction Program, is cited as an example of a program that has “adopted a rights-based empowerment approach in its development path” and is hailed as

the only project where disability is one of the components in the social map, treated at par with other vulnerable groups, such as women, and scheduled castes and tribes . . . a model of how disability can be integrated into development efforts. (World Bank, 2003, p. 2)

A midproject evaluation reported that pilot activities on disability included providing computers in residential schools for students with visual and hearing impairments, transportation and bus passes, and advanced teaching and learning materials in special schools; conducting teacher training programs; offering academic concessions during examinations to students at the secondary level; reader and scribe allowances; and scholarships to children with mental retardation (World Bank, 2006).

Also in 2003, the government launched SSA, an EFA scheme, with the goal of ensuring universal primary education by 2007 and universal elementary education by 2010 for all children between the ages of 6 and 14 years, while bridging all gender and social category gaps for school-age children (Ministry of Human Resource Development, 2003). The program seeks to encourage the education of female children among poor families and targets out-of-school children, such as the children of migrant workers and urban slum dwellers, and children with disabilities by building additional schools, some exclusively for girls, and providing basic infrastructure, such as potable water, electricity, and working toilets in existing schools. For instance, under this scheme, the Andhra Pradesh Government (2005) runs 46 integrated schools for students with hearing and visual impairments, while 115 more integrated schools have been sanctioned, all in urban areas. In rural areas, the government claimed that

63 camps were conducted in 63 mandals [districts] [that] 16,865 disabled children attended, medical certificates issued to 6,965 disabled children, train/bus concessions provided to 5,486 disabled children, 3,313 disabled referred to for special education, aids and appliances distributed to 3,110 disabled children, 1,252 disabled children referred for surgical interventions, and 698 children referred for physiotherapy. (p. 316)

Yet despite these efforts, certain issues persist. Chief among these is the lack of political will. As Singal (2005) argued, much of the rhetoric about including children with disabilities appears to be the result of

imperatives from the West, a dutiful response to India's signatory status on various international initiatives, such as the *Biwako Millennium Framework* (United Nations Economic and Social Commission for Asia and the Pacific, 2002), and scarcely reflected in policy or programmatic realities. For instance, governmental expenditures on health have increased from 0.6% in 1996–1998 to merely 1.3% in 2005, while expenditures on education have remained stagnant at 3.2% (United Nations Population Fund, 2006). Similarly, a study assessing 51 neighborhood EFA schools (*anganwadi*) for their “inclusion potential for children with disabilities” on the criteria of accessibility to the building, teacher/class ratio (classes were combined because of a teacher shortage), the availability of electricity, clean drinking water, and toilet facilities found that not a single school met all the criteria for effective inclusion:

Only 22 schools had electricity. Visibility is extremely poor on cloudy days in many of them and on hot, sunny days, they are like baking ovens. The situation is appalling and does not augur well for children trying to study under these conditions. Even a healthy child studying in these schools is susceptible to poor eyesight in the near future. The most basic facility of clean drinking water and toilet was available only in 23 schools. And only 36 schools were accessible for disability. Only 7 schools had a teacher to class ratio of 1:1. (Raju et al., 2001, pp. 32–33)

Inadequate policy dissemination is another factor. Despite government mandates for media coverage on disability-related issues (Rao et al., 2005), studies have shown that teachers and families are either unaware or knew very little of policies that targeted them (Kalyanpur, 2007; Misra, 2000; Singal, 2006). Pointing out that the allocation of responsibility for the various programs is distributed across nine central ministries, Rawat (2004) noted that the government's good intentions are often lost in the layers of bureaucracy and lack of accountability and recommended that “grand government plans [be] broken into understandable targets. The common villager should know that his focus is not some aggregate enrollment figure but the little girl in his village who doesn't attend school” (p. 4). Others have suggested that government efforts to increase enrollment of girls have been neither creative nor considerate of local values and customs: Fixed schooling hours and a lack of transportation and hostel facilities and separate toilets for

girls contribute to overall low enrollments of girls and, in particular, the steep drop at the secondary level (Khan, 2004).

Furthermore, because state governments implement central government policy directives, there is considerable regional variation in policy prioritization and implementation. For instance, just 10 states include children with disabilities under EFA (Rao et al., 2005) and the World Bank–funded poverty reduction program has been implemented in just 2 states, Andhra Pradesh and Chhatisgarh. A midproject evaluation of the project in Chhatisgarh, a landlocked state, noted that implementation lagged till December 2004, because \$20 million was reallocated for tsunami reconstruction (World Bank, 2006). Although there may be advantages in starting small, Rawat (2004) noted that the quality of education under SSA has been questionable: Uncertified teachers will open schools “anywhere—in a temple, at home, or under a tree [so that] the government can accumulate statistics that show that all children, including the girl child are in school. This is a ‘misdirected shortcut’” (p. 1).

A final point that raises questions about the government’s commitment to inclusion, given the climate of resource scarcity, is the decision to maintain the programmatic option of special schools as a parallel system for “children such as those with multiple disabilities and those who do not have access to even general education” (Rao et al., 2005, p. 33). Instead, Singal (2005) recommended, the government would be better served if it diverted the money currently spent on private agencies to run these special schools toward inclusive schooling and provided incentives to these agencies to move in the same direction.

Conclusion

Equity is at the heart of the debate on disproportionality. In developed countries such as the United States, this has revolved primarily around the issue of lack of access to education and better long-term options for historically disadvantaged communities. The oppressed status of these minority groups is compounded by placement in inferior educational systems that guarantee them neither equity of opportunity or access to the same treatment such as the general education curriculum, nor equity of outcome or access to differential treatment such as individualized intensive interventions (A. J. Artiles, personal communication,

April 23, 2006). Thus, although these groups may be the numerical minority, their overrepresentation in a broken special education system is problematic precisely because it is disproportional and, therefore, inequitable.

Although equity continues to be a pivotal concern in the issue of disproportionality in education in developing countries, such as India, it plays itself out in two markedly different ways. First, historically disadvantaged communities, such as the poor, children in rural areas, and girls, form the numerical majority. Yet, the systematic exclusion of these majority groups from educational services has contributed to an inequitable underrepresentation. Second, the question of equity of access is not so much about quality, or whether the general or special education system is inferior, but at a more basic level about quantity, or whether there are sufficient numbers of schools to serve the school-age population. Children with disabilities, another historically disadvantaged group, albeit a minority, are particular victims of this exclusion. It might be argued that at a simplistic level, it is merely a question of numbers, that there are too many people and too few resources. Although the scarcity of resources might certainly be a contributory factor, the interplay of politics and policy, gender bias, caste, and attitudes toward disability in the construction of difference and the exclusion of various groups from educational systems cannot be overlooked. Indeed, the issue is less about numerical minorities, whether in the United States or in India, as it is about the social or economic power, or lack thereof, of a group of people in a sociopolitical system.

The Asian Development Bank (2002) used a participatory approach with key stakeholders at national and provincial levels to elicit recommendations for action. Priority needs identified included providing early childhood education facilities for rural poor children with disabilities between 3 and 6 years of age and increasing government accountability and enforcement of policy implementation through punitive measures and rewards for compliance, developing a central database on the numbers and needs of persons with disability toward facilitating service planning and resource allocation, and increasing teacher salaries to improve the quality of services. Other recommendations included the need to reframe culture and traditions as strengths rather than impediments (e.g., karma as acceptance rather than fatalism and resignation) and identify indigenous knowledge and resources (such as

community-based rehabilitation programs whose inherent components of community participation and belonging optimize the highly developed sense of community in Indian society). Emphasizing the importance of recognizing disability as a cross-cutting issue and making it a core component of all development programs, the stakeholders recommended mandating the inclusion of persons with disabilities in all programming, earmarking 5% of rural and urban development budgets for disability concerns, and promoting barrier-free basic and nonformal education.

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Maya Kalyanpur is a professor in the Department of Special Education at Towson University, Maryland. Her research interests focus on the intersection of culture and special education, with a specific focus on families of children with disabilities from culturally diverse backgrounds. She has conducted research in the United States, India, and Cambodia and has worked as an international consultant on inclusive education for children with disabilities.