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PHYSICAL AND EMOTIONAL CHALLENGES OF DIFFERENTLY ABLED SCHOOL CHILDREN IN COIMBATORE CITY

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THESIS SUBMITTED TO

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INTRODUCTION

Disability is the experience of any condition that makes it more difficult for a person to do certain activities or have equitable access within a given society. Disabilities may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors. Disabilities can be present from birth or can be acquired during a person's lifetime. Historically, disabilities have only been recognized based on a narrow set of criteria however, disabilities are not binary and can be present in unique characteristics depending on the individual (Francis, et al., 2016). A disability may be readily visible, or invisible in nature. The United Nations Convention on the Rights of Persons with Disabilities defines disability as: long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder a person's full and effective participation in society on an equal basis with others (UN General Assembly, 2007).

Disabilities have been perceived differently throughout history, through a variety of different theoretical lenses. There are two main models that attempt to explain disability in our society: the medical model and the social model. The medical model serves as a theoretical framework that considers disability as an undesirable medical condition that requires specialized treatment. Those who ascribe to the medical model tend to focus on finding the root causes of disabilities, as well as any cures such as assistive technology. The social model centers disability as a societal-created limitation on individuals who do not have the same ability as the majority of the population. Although the medical model and social model are the most common frames for disability, there are a multitude of other models that theorize disability. There are many different terms that exist to explain different aspects relating to disability. While some terms solely exist to describe phenomena pertaining to disability, others have been centered on stigmatizing and ostracizing those with disabilities. Some terms have such a negative connotation that they are considered to be slurs.

A current point of contention is whether it is appropriate to use person-first language (i.e., person who is disabled) or identity-first language (i.e., disabled person) when referring to disability and an individual. Due to the marginalization of disabled people, there have been several activist causes that push for equitable treatment and access in society. Disability activists have fought to receive equal and equitable rights under the law - though there are still political issues that enable or advance the oppression of disabled people. Although disability activism serves to dismantle ableist systems, social norms relating to the perception

of disabilities are often reinforced by tropes used by the media. Since negative perceptions of disability are pervasive in modern society, disabled people have turned to self-advocacy in an attempt to push back against their marginalization. The recognition of disability as an identity that is experienced differently based on the other multi-faceted identities of the individual is one often pointed out by disabled self-advocates. The ostracization of disability from mainstream society has created the opportunity for a disability culture to emerge. While disabled activists still promote the integration of disabled people into mainstream society, several disabled-only spaces have been created to foster a disability community such as with art, social media and sports.

History of disability

Contemporary understandings of disability derive from concepts that arose during the scientific Enlightenment in the west; prior to the Enlightenment, physical differences were viewed through a different lens (Moore& Michael, 2015*).* There is evidence of humans during prehistory that looked after people with disabilities. At the Wind over Archeological Site, one of the skeletons that were found was a male about 15 years old, who had spina bifida. The condition meant that the boy, probably paralyzed below the waist, was taken care of in a hunter-gatherer community (Brown, Robin (1994) & Milanich, Jerald, (1994). During the middle Ages, madness and other conditions were thought to be caused by demons. They were also thought to be part of the natural order, especially during and in the fallout of the Plague, which wrought impairments throughout the general population (David & Parrish, 2001). In the early modern period there was a shift to seeking biological causes for physical and mental differences, as well as heightened interest in demarcating categories: for example, Ambroise Pare, in the sixteenth century, wrote of ‘monsters’, ‘prodigies’, and ‘the maimed’ (Stiker &Henri, 2000). The European Enlightenment's emphases on knowledge derived from reason and on the value of natural science to human progress helped spawn the birth of institutions and associated knowledge systems that observed and categorized human beings; among these, the ones significant to the development of today's concepts of disability were asylums, clinics, and prisons (David & Parrish, 2001).

Disability, as well as other concepts including: abnormal, non-normal, and normalcy came from this (Davis & Lennard, 1995). The circulation of these concepts is evident in the popularity of the freak show, where show men profited from exhibiting people who deviated from those norms (Bogdan & Robert (1998). The Industrial Revolution and the advent of capitalism made it so that people were no longer tied to the land and were then forced to find

work that would pay a wage in order to survive. The wage system, in combination with industrialized production, transformed the way bodies were viewed as people were increasingly valued for their ability to produce like machines. Capitalism and the industrial revolution effectively created a new class of "disabled" people who could not conform to the standard worker's body or level of work power. As a result, disabled people came to be regarded as a problem, to be solved or erased (Russell & Marta (2019).

In the early 1970s, disability activists began to challenge how society treated disabled people and the medical approach to disability. Due to this work, physical barriers to access were identified. These conditions functionally disabled them, and what is now known as the social model of disability emerged. Coined by Mike Oliver in 1983, this phrase distinguishes between the medical models of disability - under which impairment needs to be fixed the social model of disability - under which the society that limits a person needs to be fixed (Oliver (1990) Shakespeare & Tom (2006).

Disability in India

There are 26.8 million people with disabilities in India according to the 2011 census of India, while other sources have offered higher estimates. India is a party to the United Nations Convention on the Rights of Persons with Disabilities. Legislation that affects people with disabilities in India includes the Rights of Persons with Disabilities Act, 2016, the Mental Health Care Act, 2017, the National Trust Act, 1999, and the Rehabilitation Council of India Act, 1992. People with disabilities in India are faced with negative social attitudes in the wider population. The number of people with disabilities in India was stated as 21 million in the 2001 Census of India (Chavan et al., 2014). In the 2011 census, the figure rose by 22.4% to 26.8 million. According to the 2011 census, 20.3% of people with disabilities in India have movement disabilities, 18.9% have hearing impairments, and 18.8% have visual impairments.

The 2011 census additionally collected data on mental disability for the first time, and found that 5.6% of Indians with disabilities fall into that category (Sivakumar, 2018). However, Ghai offered a higher estimate in 2002, of 70 million (Anita, 2002). The World Health Organization's World Health Survey data from 2002 to 2004 gave a far higher estimate that 25% of people in India have some form of disability, much higher than the world average, but WHO has acknowledged that this survey had serious limitations (Nandita et al., 2016). A 2009 World Bank report estimated that 5-8% of India's population had a disability (Kumar et al., 2008).

Two analyses of data from a 2004 study in a rural area of Karnataka have estimated the rate of disability to be 6.3% and the rate of mental disability specifically to be around 2.3%. Data collected in a village in Chandigarh from 2004 to 2005 found the prevalence of disability to be 4.79% (Amarjeet, 2008). A major study published in 2018 of five sites in India found that 9.2% of children aged 2–5 and 13.6% of children aged 6-9 had at least one of seven neuro developmental disorders (vision impairment, epilepsy, neuromotor impairments including cerebral palsy, hearing impairment, speech and language disorders, autism spectrum disorders and intellectual disability (Narendra et al., 2018).

The 2011 census figures show that the literacy rates for persons with disabilities are much lower than that of the non-disabled population of the country and even within that, certain disabilities and women across disabilities have a lower percentage. The overall literacy rate for persons with disabilities is 59 percent compared to 74 percent for the general population. The literacy level of women with disabilities in urban areas is 61 percent, which is 9 percent lower than their male counterparts. While women with disabilities in rural areas are worse with a literacy rate of 38 percent, 20 percent lower than disabled males. And people with multiple disabilities fare the worst, with a 35.8 percent literacy rate. Their education needs in terms of content, technology, training and support remain unfulfilled. Challenges faced by the disabled the issues faced by children with different disabilities vary. For instance, in the case of children with print impairment, there is need for aggressive implementation of schemes to provide assistive technology since most disabled students do not have access to technologies in most states.

Students who are blind are dependent upon Braille materials, which often do not reach them before half the school term is over. And this only supports the bare minimum need in terms of reading and not any extra knowledge building requirements. In some states, laptops are being distributed; however, these are unaccompanied by any training requirements, so it is unclear how many students are really able to use their devices. In places where these devices are available, they are mostly provided to students from the ninth standard. Thus, in some states, laptops are being distributed; however, these are unaccompanied by any training requirements, so it is unclear how many students are really able to use their devices. In places where these devices are available, they are mostly provided to students from the ninth standard. Thus, transition becomes difficult and they find it hard to write their own exams. So, while their sighted counterparts are experimenting with technology from a much earlier age, they are introduced to it at a much later stage, by which time their colleagues are far

ahead of them. Children with hearing impairments also face many challenges. They are isolated from mainstream communication as well; there are only around 250 sign language interpreters in India and sometimes one person has to cater to the requirements of an entire state. Hence, they grow and are educated in isolation without proper means of integration in inclusive schools.

The physical environments in most schools also tend to be inaccessible for those with mobility impairments. It is a rather dismal scenario content wise too. In the case of regional language content, the expense of typing out Telugu or Tamil is high and often increases the cost of the book 10-fold. The challenge is the lack of trained manpower and resources to provide an enriching reading experience for a child with a disability. Children not only have to deal with restrictive resource conditions, but also difficult social conditions and stigma at school. Attitudinal changes need to occur and a lot of this begins at home and school. Consider this, in a rural setting; students in a class have access to a teacher full time during school hours. But there may be only one special needs teacher catering to students with multiple disabilities across several schools. So instead of having more support, a student with disability has to actually deal with severely limited support. Often these teachers are ironically paid much lesser than other teachers, considering that they actually need more skills and patience to teach children with disabilities. Only in the field of disability does one encounter a situation where a specialization is undervalued and under paid, whereas in all other genre of professions like medicines, one has to do a generalization before a specialization.

The Convention of the Rights of people with disabilities adopted in the year 2006, defines a disability as "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." The term disables or special needs are a catch-all phrase which can refer to a vast array of diagnoses and/or disabilities of children. Hence the term "children with special needs" (CWSNs) is for children who may have challenges which are more severe than the typical child, and could possibly last a lifetime. They're children who have a disability or a combination of disabilities that makes learning or other activities difficult. Special-needs children include those who have: Mental Retardation, which causes them to develop more slowly than other children. Speech and Language Impairment such as a problem expressing themselves or understanding others, Physical Disability such as vision problem, cerebral palsy, or other

conditions, Learning Disabilities which distort messages from their senses, Emotional Disabilities such as antisocial or other behavioral problems. Children with special needs may have developmental delays, medical conditions, psychiatric conditions, and/or congenital conditions. In India various conditions and disabilities of CWSNs has been classified into below mentioned four major categories as per Disability Act 2016:

Physical Disability

A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina. It is a substantial and long-term condition affecting a part of a person's body that impairs and limits their physical functioning, mobility, stamina or dexterity. The loss of physical capacity results in the person has a reduced ability, or inability, to perform body movements such as walking, moving their hands and arms, sitting and standing as well as controlling their muscles. Physical disabilities include conditions like

A). Locomotor disability:

A person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both, it includes-

(a) "leprosy cured person" means a person who has been cured of leprosy but is suffering from-(i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity (iii) extreme physical deformity as well as advanced age which prevents him/her from accordingly.

(b) "cerebral palsy" means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth. Cerebral means having to do with the brain. Palsy means weakness or problems with using the muscles. CP is caused by abnormal brain development or damage to the developing brain that affects a person's ability to control his or her muscles.

(c) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less. A common cause of dwarfism is a genetic mutation that affects bone growth.

(d) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect

and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e) "Acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

B) Visual impairment

Vision impairment means that a person's eyesight cannot be corrected to a "normal" level. Vision impairment may be caused by a loss of visual acuity, where the eye does not see objects as clearly as usual. It may also be caused by a loss of visual field, where the eye cannot see as wide an area as usual without moving the eyes or turning the head. It includes: -

(a) "blindness" means a condition where a person has any of these conditions, after best correction—(i) total absence of sight; or (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or (iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "low-vision" means a condition where a person has any of the these conditions, namely: — (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C) Hearing impairment

Hearing impairment is the inability of an individual to hear sounds adequately. This may be due to improper development, damage or disease to any part of the hearing mechanism. Hearing is a prerequisite for the development of normal speech & language. It includes: -

(a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears.

(b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears.

D) "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

D) Intellectual disability

Intellectual disability (or ID) is a term used when a person has certain limitations in cognitive functioning and skills, including communication, social and self-care skills. These limitations can cause a child to develop and learn more slowly or differently than a typically

developing child. Intellectual disability can happen any time before a child turns 18 years old, even before birth. It includes: -

(a) “specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) “autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusal or stereotypical rituals or behaviours. The disorder also includes limited and repetitive patterns of behavior. The term "spectrum" in autism spectrum disorder refers to the wide range of symptoms and severity.

Mental behaviour “mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

Disability caused due to

(a) Chronic Neurological Conditions: Neurological disorders are medically defined as disorders that affect the brain as well as the nerves found throughout the human body and the spinal cord. Structural, biochemical or electrical abnormalities in the brain, spinal cord or other nerves can result in a range of symptoms such as

(i) “Multiple sclerosis” means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;

(ii) “parkinson's disease” means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder—Blood disorders are conditions that impact the blood's ability to function correctly. While some blood disorders are caused by genes, some can develop as a result of other diseases, medications or a lack of nutrients in your diet. It includes: -

(i) "Haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor would may result in fatal bleeding;

(ii) "Thalassemia" means a group of inherited disorders characterized by reduced or absent amounts of haemoglobin.

(iii) "Sickle cell disease" means a hemolytic disorder characterized by chronic anemia, painful events, and various complications due to associated tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments cause severe communication, developmental, and educational problems. Children with Special Needs will need extra support, and additional services. They will have distinct goals, and will need added guidance and help meeting academic, social, emotional, and sometimes medical milestones. Persons with special needs may need lifetime guidance and support while dealing with everyday issues such as housing, employment, social involvement, and finances.

Many governmental and non-governmental organisations support and run schools for only special children, like schools for autistic children, children suffering from cerebral palsy, and blind schools for blind and visually impaired children. Special children can also be admitted to normal schools. All government schools in India hire teachers who can teach them. The following figure shows that the government offering different schemes for disabled children.

Figure-1

Programmes/Initiatives for Disabled in India

Accessible India Campaign: Creation of Accessible Environment for PwDs

- A nation-wide flagship campaign for achieving universal accessibility that will enable persons with disabilities to gain access for equal opportunity and live independently and participate fully in all aspects of life in an inclusive society.
- The campaign targets at enhancing the accessibility of built environment, transport system and Information & communication ecosystem.

Deen Dayal Disabled Rehabilitation Scheme

- Under the scheme financial assistance is provided to NGOs for providing various services to Persons with Disabilities, like special schools, vocational training centers, community-based rehabilitation, pre-school and early intervention etc.

Assistance to Disabled Persons for Purchase / fitting of Aids and Appliances (ADIP)

- The Scheme aims at helping the disabled persons by bringing suitable, durable, scientifically-manufactured, modern, standard aids and appliances within their reach.

National Fellowship for Students with Disabilities (RGMF)

- The scheme aims to increase opportunities to students with disabilities for pursuing higher education.
- Under the Scheme, 200 Fellowships per year are granted to students with disability.

- Schemes of the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

In Tamil Nadu, the Directorate for the Rehabilitation of the Disabled was established by bifurcating the Directorate of Social Welfare in 1992 to deal exclusively with the Welfare of the Disabled. Subsequently, the Directorate was upgraded as the office of the State Commissioner for the Disabled in 1999 as per the provisions in the Persons with Disability Act, 1995. The Government of Tamil Nadu through various policies and initiatives has extended full support to the Differently Abled Persons in their pursuit of full and equal involvement in every aspect of society. Various schemes have been announced by the Government to make sure that the differently abled persons are in equal status to the other people. The State Policy for the Differently Abled Persons has been issued by the Government in 1994 taking into account of the latest developments in Science and Technology. This policy also provides for a mechanism for promotion and protection of the rights of Differently Abled Persons and methods for ensuring equal opportunities for their full participation in social life. History is replete with instances of differently abled persons exhibiting exceptional and extraordinary skills. It is the responsibility of everybody in a civil society to play a vital role in creating an inclusive society where differently abled persons have equal opportunities and full participation in the growth and development of the country. A change of mind set and an approach with human touch towards the challenges faced by differently abled persons are the aims of this Government so that they lead a life of dignity and honour.

Need for the Study

In order to speed up or expand the educational services to the disabled children it is important to probe into the existing facilities and the problems faced in rendering these services to the disabled children. As the roles played by the teachers, parents, disabled children in the education process of the disabled is important, it becomes a felt need to study the problems faced by special institutions, teachers teaching the disabled children, disabled students in special institutions and their parents. The problems faced by welfare associations which conduct special schools for the disabled children needs to be examined. The study of this kind helps to get insight into the global approach to the problems faced by all those involved with the education of the disabled children. Thereby a scheme for improvement or 5 expansions of special education can be drawn. An official committee was constituted in 1973 to study the problems and programmes of the physically handicapped. Studies by the Wright

Beatrice (1960) and others have made an attempt to study the problems of handicapped children whether at school, or at home, or in peer group settings.

Most of these studies emphasize on parental education, teacher awareness to the problems of handicapped children and the need for suitable environment at school. Another set of studies by Gearheart (1967), Beriter (1967), Abel (1958), Cutsforth (1958), Johnes (1953) and Quigley (1965) have studied the problems faced by the disabled children in specific areas of studies as well specific problems of visually handicapped, hard of hearing, deaf and mentally retarded children. There are several studies on disabled children in India such as Sexena, Surendra Saini, Seetharma Krishna Iyer, Jayawardhan, Dr. Vedapraksh Varma, B. Sharma, D.P. Agarwal and others have examined the problems of education of the disabled in a wider perspective and have emphasized the need for integration of the disabled with normal children, need for parental education, a bill of rights for the disabled with normal children, need for parental education, a bill of rights for the disabled, need for early detection and prevention of the handicap and the need for special aids and equipments for teaching the blind, the deaf and dumb.

The Government of Tamil Nadu through various policies and initiatives has extended full support to the Differently Abled Persons in their pursuit of full and equal involvement in every aspect of society. Various schemes have been announced by the Government to make sure that the differently abled persons are in equal status to the other people. The official committee on the problems of the physically handicapped appointed by the Government examined the existing facilities for the disable and identified certain areas of problems such as training of teachers, need for integration of the disabled children with normal children, absence of grant in aid code for special institutions, lack of awareness among parents, etc.

Scope of the Study

Disability looks much like sex or race, because women are more disadvantaged than their counterpart and face multiple discriminations. Disability classification is based on medical or socially constructed base and the disability classification based on right would address the central issues on disability. Well-being of a disabled body is affected by the inherent characteristics on the classification of disability. Disability is fundamentally different from race and gender discrimination in that it necessarily reduces well-being even in a world of non-discrimination, people with blindness, deafness or physically handicapped and mental disability would be worse off than their able-bodied counterparts. The scope of the

study seeks to find the challenges faced by teachers and education officials in providing special education to children with disabilities.

Objective of the Study

- To study the socio–economic background of disabled school children in Coimbatore city.
- To examine the society's attitude towards the disabled children
- To find out emotional challenges, counselling and promoting health services for disabled children at school.
- To investigate school's offering additional supports for disabled children independent living.
- To explore common barriers experienced by children with disabilities.
- To identify the problems faced by disabled children in their day-to-day life.
- To explain the accessible factors that influence educational facilities of disabled children.

Hypothesis of the Study

- There is no significant relationship between Socio Economic Status of the respondents and Difficulties of the Differently Abled School Children.
- There are no significant differences between Barriers and problems with gender of the Differently Abled School Children.
- The major factors influencing the society attitudes towards persons with differently abled were 'feeling discrimination among people, 'facing social hurdles' and 'Communication and interaction'.
- The main activities can ensure by the differently abled children were 'Doing puzzles', Singing, dancing and making noise' and 'Place a variety of toys on a tray'.
- 'Be patient and treat them well', 'Problem solving and decision making' and 'provide support' were the main counseling sessions given by the school counselors to the differently abled school children while studying.
- 'Discrimination', 'assistive device' and 'social access' were the major difficulties faced by the differently abled children while accessing their educational facilities.

Limitations of the Study

The current research is based on primary data. It is a known fact that primary data has its own limitations. The study relies only on the information gathered through surveys, observations and personal interviews, which are subject to bias. The present study undertaken opinion on physical and emotional challenges of differently abled school children with 100 respondents in the selected area of Coimbatore city and not the opinion of whole Coimbatore city. The opinion of individual differs from other individuals which may result in lacking accuracy in data collection. Time constraint was also regarded as a major limitation while collecting data prior to analysis.

CHAPTER- II

REVIEW OF LITERATURE

This chapter presented the view of literature related to the children with disability and their challenges faced by them in schools. It explores the concepts of disabilities in general as well as the empirical studies on the challenges faced by them in schools.

Manzoor & Sedwal (2022) the experience of people with disability varies depending on their particular circumstances, availability of resources and other external factors. Similarly, students with disabilities represent an emerging population in higher education institutions, whose insights and experiences of higher education are ultimately shaped by their socio-cultural experiences, the existing of environment, and the availability of specific facilities, required by them. The study aims to explore factors or barriers which affect the access of students with disabilities in higher education institutions and aimed to understand the experiences of disabled students while gaining higher education in Kashmir in Jammu and Kashmir. The study was directed on 22 students with disability studying I higher Education Institutions of Kashmir during the year 2021. The outcomes uncovered that these individuals face an enormous number of snags while getting to schooling and go over a tremendous measure of difficulties, for example, encountering badgering being rejected from the college, absence of institutional help, convenience, monetary help, classes and framework and offices important to get benefits from the same nature of instruction as their associate. Besides, the 'Millennium Development Goals' and 'Education for All' insist on justice, equality and quality education for all. Yet, like in other societies, in Kashmir too disabled people face a large number of obstacles while attempting to achieve higher education. Disability is an intricate experience, imitating an interface between characteristics of a person's body and characteristics of the culture in which they live (**WHO/World Bank, 2014**). Globally, more than 180 million young people live with some form of disability, bad enough to make their day-to-day living complicated and the majority of these reside in the developing countries. Despite notable progress in legislations and policies for these students in higher education institutions, many of them still face various challenges in completing their studies successfully. Yet, like in other societies, in Kashmir too disabled people face a large number of obstacles while attempting to achieve higher education. Unfortunately it was also found that there is a dearth of research studies in the context of Jammu and Kashmir

Ahammed (2021) elucidates the challenges faced by teachers while teaching learners with learning disability. The study designed to identify multifaceted dimensions of challenges faced by teachers while teaching learning disabled children. The study highlighted the challenges faced by teachers while teaching learning disabled children, i.e., 'Teaching material and Curriculum structure', 'Behavioural issues', 'Lack of time', 'Parental expectations and Parental issues', 'Motivation', 'Self-esteem' and 'Emotional issues. The methods used to overcome these challenges were pointed out and analysed. Each teacher was using their own methods to tackle these challenges but some methods were used generally and an individual tailored method were developed and used according to respective learners. Learning disabilities are professionally diagnosed difficulties with reading, writing, speaking, listening, spelling, reasoning or doing math. People with learning disabilities have trouble taking in information through their senses and processing that information accurately to the brain-Usually they will receive scrambling information like a distorted radio signal or fuzzy television picture. A child with Learning Disability appears to exhibit emotional problems due to adjustment difficulties resulting from academic failure. Sometimes kids have trouble expressing their feelings, calming themselves down, and reading nonverbal cues, which can lead to difficulty in the classroom and with their peers. Students with undetected learning disabilities might demonstrate undesirable behaviour for a variety of reasons. They might feel angry, sad, lonely, frustrated, or hopeless as a result of focusing on their difficulties. Special needs students are deprived of a suitable education when they are taught at a mismatched level with students how are significantly above their level. Children with learning disabilities may have problems with Academics, social, home and emotional aspects. These problems they may over come through attending special education classes and parental attention. There is a need for special education for children with learning disability and conduct awareness programmes regarding learning disability and their common problems.

Swift et al., (2021) explored about children with disabilities experience significantly poorer socio-emotional outcomes than their peers without disabilities. However, research evidence is scarce about children with disability and migration background, the group which this study aimed to investigate using data from a national longitudinal study. Secondary data analyses were conducted on a sample of 7,290 children (weighted with missing values imputed). Significant differences in socio-emotional outcomes were found in relation to impairment status but not in relation to migration. Having an impairment and activity limitation significantly increased the likelihood of experiencing poorer socio-emotional

outcomes over time. The study found higher risk of socio-emotional problems among children with disabilities, especially among children from lower income backgrounds and with parents with lower educational attainment. The study suggested that require policy development on two fronts: to raise professional and community awareness on these issues and to strengthen the capacity of health, education and social care systems to support schools, families, and communities.

Bekele et al., (2021) seeks to assess the socio-economic challenges of students with disabilities at the University of Gondar, particularly at the 'Maraki' campus. The study believed to show the challenges of students with disabilities and attempted to reckon the barriers which they faced while attending school in the study area. To acquire sufficient and detailed information, both qualitative and quantitative research approaches have been utilized. Besides, to achieve the ultimate objectives of the study, the researchers employed a descriptive narrative research design. Besides, the researchers, while investigating the study, used three basic instruments in the process of collecting necessary data for the study, namely: a survey questionnaire, an interview, and a focus group discussion. The findings of the study are shown in depending on their particular impairment and some pertinent socio-economic challenges; most of the disabled students on the 'Maraki' campus have experienced barriers to accessing quality of education. The findings of the study revealed that lack of money is the main hardship for those who lived with disability for the attainment of their education. Some of them were the head of the household. They have children and are unable to do additional work to get more income to meet their basic needs.

Murali et.al (2021) discussed about in India, the child population in the age group of 0-6 years as per the 2011 Census was 158,789,287million with boys accounting for 51.88 per cent of the population. Approximately 6 per cent of person's with some disability are in the age group of 0-14 years in rural areas and slightly more than 5 per cent in urban areas. According to the 2011 Census, the total population of the disabled was 2.68 crores of which 1.5 crores were males and 1.18 crores were females. It means 2.21 per cent of the country's population has been reported to have some kind of disability. The percentage of disabled males to the total males in the Country was 2.37 per cent whereas this percentage was 1.87 per cent for females. The scenario was not different in rural and urban areas. In the rural areas the proportion of the disabled males was recorded at 2.47 per cent and it was 2.12 per cent in the urban areas. Similarly, the percentage of disabled females in rural and urban areas was 1.93 per cent and 1.71 per cent respectively. The plight of disabled children is rooted in their

inability to manipulate the personal and environmental variables thereby restricting the performance of daily tasks and disrupting the established role patterns and social role expectations. The problem of disability emanating from physical, sensory or mental impairments therefore has insisted many policy issues in shaping the social roles of the disabled persons. While the issue of their equal rights to live with dignity and self -respect of a human being leads to continuous analysis of public policies and rehabilitation services for disabled persons. Professionals from various disciplines examine their problems and difficulties from different perspectives. Acknowledging the beneficial policies for the disabled in India, especially with respect to their education and employment, analyzing the prevalent policies in the proposals and the actual practice has become a crucial issue for study.

Johansson et al (2021) discussed that global commitments to the education of children with disabilities, have led to progressive policy developments in India, and a surge in the enrolment of children who were traditionally excluded from the formal education system. The study examined the perceptions and practices of mainstream teachers in rural government schools, within the context of increased learner diversity, focusing on how teachers understand, and respond to, the needs of children with disabilities. Data were collected through semi-structured interviews with teachers and classroom observations, in six primary schools, in three districts of Haryana. Our findings suggest that deficit-oriented views dominated teacher thinking, but they showed a readiness to engage with disability issues, recognizing the value of education for all. However, they struggled in their classroom practices in relation to meeting diverse learner needs and exclusionary practices were further amplified for children with disabilities. Teachers were unwilling to take responsibility for the learning of children with disabilities, expressing significant concerns about their own preparedness, while highlighting the lack of effective and appropriate support structures. The research concluded by drawing attention to the pressing need for effective teacher professional development opportunities and other support structures, to provide quality education.

Zemba & Chipindi (2020) aimed to examine the challenges faced by pupils with disabilities in accessing primary education at two selected inclusive education piloting primary schools in Livingstone district of Southern Province. The researchers adopted a descriptive case study approach with a qualitative perspective. Data were analysed using the thematic approach. The study found that the views of most school stakeholders were

predominantly positive, reflecting an acceptance of the inclusive status of the schools. The absence of significant negative attitudinal barriers, improvements in school accessibility, progress in teacher training and the production of locally made Inclusive Education (IE) modules are noticeable areas of achievement. The study concludes that despite the presence of various exclusionary factors, the two schools have made some observable headway towards the improvement of inclusive learning for children with disabilities. The study puts forward various recommendations for IE implementation and future research in Zambia.

Wondimu (2020) seeks to assess the socio-economic challenges of students with disabilities at the University of Gondar, particularly in "Maraki" campus. Finding of the study shown depending on their particular impairment and some pertinent socio-economic challenges, most of the disabled students in the "Maraki" campus has experienced barriers in accessing qualities of education. The study revealed that lack of money is the main hardship for those who lived with disability for the attainment of their education. Some of them were the head of the house hold, they have children and unable to do additional work to get more income to meet their basic needs.

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Vijayan et al., (2020) argued in developed countries, the proportion of people with disabilities ranges from 10 per cent to 20 per cent of total population. Prevalence of disability in developing countries is reported to be 1 per cent to 2 per cent of the population. Persons with disabilities are considered as the world's largest minority. They are more likely to live in poverty than their non-disabled peers; hence a small portion of governmental allocation will

not be sufficient to improve the social and economic conditions of differently abled people. The capacity building and overall development of differently abled persons on par with their non-disabled counterparts and their social inclusion in all developmental activities should be ensured. Persons living with disabilities face multiple barriers due to injustice on the basis of race, color, sex, language, religion, political opinion, national, ethnic, indigenous or social origin, property, birth and age. As a result, persons with disabilities are at a high risk of poverty, which in itself increases the likelihood of having a disability. Social exclusion and inclusive growth have opened up serious debates and discussions on the role of different factors in the development discourse across the globe. In India certain sections of the society are away from the mainstream society and are considered as the most vulnerable groups or outer class. They are often denied minimum access to the basic needs. In India social exclusion is stratified on the basis of caste, class and gender. Differently abled people are excluded from the process of advanced human existence and development (**Kummitha, 2015**). In addition to social exclusion, problems such as, poverty, unemployment and gender discrimination continue to affect the social and economic development of most of the marginalized groups in India.

Kayikkara (2018) studied that, birth of a new child in a family is a time for rejoicing and celebration in a family. Parents have so many dreams and aspirations for their newly born child that birth of a child with intellectual disability can be a traumatic and shattering event for a family. The feeling of grief and loss that the family goes through is caused by realization that the anticipated normal child they had waited for nine months was never born. The information collected from the study will throw light to the life of intellectually disabled children as well as to the parents of the children. The data was collected from 10 minorities owned institution for intellectually disabled children and from parents of 77 intellectually disabled children. The study found that socio economic statues of parents of children with intellectual disability have significant bearing on the statues of their disability. And it also contends that despite the national level awareness towards the disability, especially intellectually disabled, still a major section of our population is affected by such problem due to lack of information, awareness and necessary social support system in place. The parents with low level of educational and economical back ground tend to have more children with such disability because of certain degree of awareness missing from their decision making pattern in their live.

Muzamil Jan (2018) explored that disabled children are marginalized and discriminated against educational facilities. The study aimed at identifying school dropout rate among disabled children and signifying dissemination of education for their sustainable development. For the purpose, secondary data was obtained from the Jammu and Kashmir State in India, comprising all identifying disabled children in age group of 6-14 years. The results indicated that there are more disabled boys in Jammu and Kashmir than girls in the age group of6-14 years. Disabled children generally suffer orthopaedic complications. The number of disabled children attending formal school of education is very less, especially in case of disabled girls. The number of disabled children attending school in the age group 11-14 years is less than disabled children attending school in age group of 6-11 years. Though legislature provides equal and special rights and schemes for disabled children, yet its proper implementation is far from its goal. The study suggested that specific teaching methods and facilities for disabled children with effective implementation of schemes and services for them.

Barriers to learning refer to any internal or external factors to the learner, that cause a hindrance to that person's ability to benefit from schooling (**Zwane and Malale, 2018**). Children with disabilities worldwide face cultural, economic and social barriers from within and outside the education system that directly or indirectly impact their ability to get a high-quality education (**World Bank, 2018**). Demand-side barriers could manifest as stigma and attitudinal barriers—alternatively, as internalised parental and family misconceptions about children's ability to learn. Family resources and caregiving dynamics and financial supports could also be visible results of the barriers. Welfare provisions and placement eligibility criteria could also be manifestations of the demand-side barriers. Supply-side barriers refer to the physical accessibility of school buildings, such as classrooms and toilets and their community. Transportation means to get to school; inaccessible learning materials, inflexible curricula, teaching methods and examinations; teacher and educator knowledge on inclusive teaching practices and discrimination based on disability (**World Bank, 2018**).

Mumpuniarti (2017) explored pedagogical strategies carried out by teachers to support special needs children in improving their level of literacy and numeracy. The study utilized a qualitative research design to carry out in one of the elementary schools in Yogyakarta, Indonesia. Data collected was analyzed manually by focusing on the main aspects. Results demonstrated that 27 activities were frequently used by teachers in teaching language and mathematics. Those activities are the common teaching practice for slow

learners. In order to evaluate the effectiveness of those practices, a focus group discussion with a group of students was carried out. Results revealed that most students have problems in literacy (spelling, reading complex words and write long words) and numeracy (counting, subtraction, multiplication and division). As the common teaching practice was found to have minimal effect on children's literacy and numeracy and suggested rethinking of a new pedagogical approach for improving literacy and numeracy for slow learners.

Aliasa & Salleh (2017) conducted a study based on Maslow's Motivational Theory that focusing on Maslow's Hierarchy of Needs. The survey had implemented questionnaire instrument that had been adapted from Oklahoma Office of Handicapped Concerns: 2001-2002 Disability Assessment Study. Interview protocol was adapted from National Center for Postsecondary Improvement and was implemented to identify other problems. The respondents were 66 special education teachers from 18 schools in Muar district state of Johore Malaysia and 18 others were interview session that were chosen using purposive sampling. The data were analyzed using the IBM SPSS Statistic Version 22 by comparing mean and the findings from the interview were analyzed narrative. Both findings were divided into 3 levels which were low, medium and high according to mean value and percentage of respondent agreements. The study found 5 main problems according to priority were (1) emotional disturbance and lack of concentration (2) non-conducive environment in the classroom (3) communication problems (4) low cognitive level (5) lack of specific teaching aids. These findings were seen as good indicators for the authorities and special education teachers to develop and improve the education system, teaching pedagogy and high quality level of professionalism among special education teachers.

Nathm (2017) conducted a study with an objective to understand socio-economic situation of the people with disability living in Cachar district of Assam. An exploratory research design was adopted to gather information about education, income and occupation and further to understand the perception of the respondents on their present situation. For the study 50 numbers of respondents were selected by adopting convenient sampling method. Data on socio-economic status of the respondents were collected in respect of socio-personal information and economic status. Under the social background the respondents' sex, age, marital status, education, caste, types of disability suffered and their causes are examined. The study showed that the majority of the respondents selected for the study are striving hard to get economic sustainability to enjoy quality life, food, cloth, shelter.

Limaye (2016) discussed the Central and State governments in India have formulated programs and policies over the years for children with disabilities in order to help them to enter mainstream society. However, despite these policies, children with disabilities are amongst the most disadvantaged in terms of access to schooling and completion of elementary education, as their needs are not met effectively. Based on the author's personal experiences, research, and communication with different stakeholders involved in the field of education for children with disabilities over the last 30 years, the study explored the broader challenges in the current education system with respect to issues of quality of education and drop-out rates of primary students with disabilities. A number of factors that influence the accessibility of education for children with disabilities are perceptions of parents of children with disabilities and their difficulties in helping their children with disabilities, the general attitude of society, government officials, school staff and infrastructure, inadequate levels of training of key stakeholders, invisibility of disability in community, poverty, lack of acceptance, lack of interest, gender discrimination, lack of awareness, poor physical access, availability of various support systems and government policies should focused on the education of children with disabilities in specific.

Sharma et al., (2015) observed that adjustment is a necessary characteristic to live a peaceful and balanced life as a fully-functional individual. Adjustment refers to the harmonious relationship between a person and his living environment. The study aimed at analyzing the adjustment difficulties, namely emotional, social and educational adjustment of students with learning disabilities in Government schools of Chandigarh. The schools are divided into twenty clusters for administrative purposes. Out of these twenty clusters, one was randomly selected for the present study. The study was conducted on a sample of thirty five students randomly selected from the total number of learning disabled present in the cluster undertaken. The standardized tool used was the Sinha and Singh's (1995) Adjustment Inventory for School students. The results indicated a deficit in all three areas of adjustment. The students showed severe problems in educational adjustment while there are problems in emotional and social adjustment as well. The study found 51.4 percent, 42.8 percent and 31.4 percent students at unsatisfactory level of educational, emotional and social adjustment respectively. The study found that social and educational adjustments are correlated since educational activities take place in a social environment. On the contrary emotional and educational adjustment was not found to be correlated in learning disabled students due to the deficit in emotional regulation.

Thwala (2015) conducted a study -Challenges Encountered by Teachers in Managing Inclusive Classrooms in Swaziland. The study employed qualitative methods in which focus group discussions were utilized and thirty-five (N=35) teachers were purposively sampled from primary schools in the Manzini region. Results revealed that a majority of teachers were not trained on how to teach in an inclusive class. It can be concluded that mainstream teachers generally lacked confidence as they attempted to include students with disabilities into classes. The study recommends that The Ministry of Education should consider increasing the availability of special needs courses, workshops and conference for teachers in primary schools who are working with students with disabilities.

Ahmed & Kashem (2015) explained about despite having specific policy, laws and services, disabled children in Bangladesh are facing troubles in obtaining education. Poverty, limited institutional services, lack of trained teachers, weak academic support, etc. are the most common visual causes behind their physically challenged conditions but the root causes remains hidden in our social system. The study described as to how people view the concept, educational need and importance of the disabled children while considering existing social, cultural and religious misconceptions and stigmas. Based on quantitative research method, the data was collected from disabled children, their parents and their teachers through interviews and observation of the researchers. The findings revealed that majority of the population considered in the study are still maintaining different attitudes. Moreover, religious and cultural trends are not in favour of the disabled children. Families are found more attentive and sensitive but external supports are not appropriate to ensure their educational rights with harmony. Even disabled children often fail to receive proper cooperation and mental support from their institutions, society and from their parents. However, changes are visible but at a slower pace and this trend should be speeded up. The study was conducted in the Sylhet city of Bangladesh covering general and specialized schools where disabled children attend.

Janardhana, et al (2015) studied that persons with disabilities comprise at least 4 to 8 percent of the Indian population. Children with disabilities in India are subject to multiple deprivations and limited opportunities in several dimensions of their lives. Their families and caregivers also go through lot of stress and challenges in having a person with disability at home which ultimately leads to grave discriminatory practices towards these children. The study described the common discriminatory grounds that children with disabilities commonly face from their immediate families and from the larger community through analyzing the

field visit reports of the Basic Needs India Staff providing on job training (handholding support) for the community based rehabilitation workers. The study found the various ugly forms of the discriminatory practices seen in the community towards differently abled children, same been categorized as denial of disability, physical restraints, social boycott, denial of property rights, decreased marital life prospects due to disabled member in family, implications on sexuality of people with disability, women with disability, discrepancies in state welfare programs, and problems in measuring disabilities. During the last two decades, there has been a growing realization that institutional care for the disabled is not entirely suit able for their individual needs, dignity and independence. A movement towards community based rehabilitation has picked up pace and contribute toward greater independence and self sustainability of the disabled.

Tammanaeifar & Nezhad (2014) in a causal comparative study of social, affective, educational adjustment and academic achievement among students suffering from learning disabilities and normal students found significant between-group difference. The study makes a claim for absolute necessity for educational and counseling intervention for the enhancement of adjustment skills.

Kiyuba & Tukur (2014) discussed upon the introduction of the Universal primary education in 1997 by the government of Uganda, the idea of integrated education was put into practice. As of now, children with disabilities are accessing education through the mainstream schools though facing many challenges. However, the study has found out that CWDs are still facing many challenges in accessing special education in Uganda. It includes lack of good physical infrastructure, educational materials, easy access to classrooms, and other services. In addition, teachers are not motivated to take care of the needs of CWDs, resulting in low morale. Corruption among officials within the system is yet another factor affecting special education provision for CWDs. The study was conducted through qualitative method with semi structured interview questions. In one of the districts in Uganda, four teachers in one primary school and four education officials in the same district were interviewed. The aim of the study was to find out the challenges facing children with disabilities, and the possibilities of providing special education to them. Disability does not only affect an individual, but the social aspect as well (**Savolainen, 2000**). When trying to explain disability, the social model has an ethical and economic implication which is different from the medical model. It views disability from the medical perspective. In **Savolainen's (2000)** study in Finland, he found out that the social effect of disability had a profound effect

on the individual with disability than what could be seen as a disability. The weakness of the study is that it ignored children from poor social backgrounds, for example, low income families, single parent families, orphans etc.

Muwana & Ostrosky (2014) examined Zambian pre-service teachers' attitudes toward the inclusion of students with disabilities in general education classrooms. The study indicated that teachers had positive attitudes toward including learners with disabilities in general education classrooms. Besides, most pre-service teachers who took part in the research observed that learners with special needs have a fundamental right to be educated in the general education classroom that inclusion promotes self-esteem among students with special needs.

Humphrey (2014) conducted a study - Challenges faced by teachers when teaching learners with developmental disability in Tanzania. The study addressed the issue of children with developmental disability by examining the challenges faced by teachers who teach children with developmental disability and how they try to overcome these challenges. Local teachers in most of the primary schools in Tanzania lack training in special needs education for children with developmental disability and the general purpose of the study is to find out what challenges teachers face when teaching children with developmental disability.

Kabuta (2014) examined problems facing students with physical disabilities in higher learning institutions in Tanzania. Its specific objectives to examine infrastructural situations in higher learning institutions to determine whether they support students with physical disabilities to study and live comfortably or not, examining academic, social and financial problems facing the physically disabled students as well as assessing stakeholders' views on means they consider appropriate to address problems that faced the physically disabled students at higher learning institutions. The study employed quantitative and qualitative research methods in collecting and analyzing data. Documentary review was used to examine infrastructure situations in 5 higher learning institutions. Questionnaires and interviews were also used to collect data from 12 physically disabled students. The techniques were further used to collect data from 5 heads of institutions, 21 tutors/lectures, 40 parents as well as 82 students without disabilities. Findings revealed that, 75 percent of higher education institutions' infrastructures were available but inadequate. Eight five percent (85%) of the infrastructure was accessible with difficult to students with physical disabilities whereby 35 percent and 25 percent of all infrastructure conditions were average and poor respectively. The study also found high inadequacy of teaching and learning materials as well as lack of

special schemes, trained staff, funds and scholarship for students with physical disabilities. Hence it was recommended that government and other stakeholders should take special considerations and actions in order to accommodate students with physical disabilities in higher learning institutions.

A study conducted in some schools in Ethiopia, a developing country, by **Gezahegne and Yinebeb (2011)**, revealed insufficient funding as the biggest drawback to the implementation of major programs, like inclusive education, as in many countries (**Tirussew, 1999**). Furthermore, challenges like in teachers‟ training programs, teachers‟ attitudes, materials and equipment provision, are also factors that affect inclusive education for children with disabilities (Ibid).The study also revealed that the attitudes of the teachers were positively or negatively affected by the extent of a disability, either minor or complicated, in carrying out their duties diligently. Likewise, lack of special training and class size are the other challenges mentioned in the study (**Gezahegne & Yinebeb, 2011**).

Rana (2012) attempted to study CWSN with respect to Socio-Economic Status (SES) and Self-Concept in Inclusive setting. The 204 CWSN were selected from upper primary schools/upper primary sections of Government Senior Secondary Schools of district Kangra of Himachal Pradesh through multi stage sampling. Out of these 204 children, 136 were males and 68 were females. Out of 136 males, 94 were rural and 42 were urban males. Results showed that majority of CWSN belonged to low SES and had moderate self-concept. There is no significant difference between boys and girls CWSN with respect to SES and self-concept. Residential background difference was not significant with respect to mean SES scores. However, it was significant in the self-concept of CWSN at 0.05 levels. Urban CWSN had significantly higher self-concept than rural CWSN. There was significant positive relation found between SES and Self Concept of CWSN.

Hussain (2008) conducted a study on randomly selected 100 students of class IX to examine the level of academic stress and overall adjustment of Public and Government High school students using Sinha and Sinha scale of academic stress, Sinha and Singh Adjustment inventory for school students. Results indicated that the magnitude of academic stress was higher for significantly higher among the public school students whereas Government school students were better in terms of the level of adjustment.

Lavakare (2009) personal and social adjustment with reference to age, gender and class in a sample of 263 adolescents selected randomly from 26 English medium schools of Mumbai. The results revealed that personal adjustment status was a good indicator of

physical ailments and behavior problems. In another study (**Sharma & Saini 2013**) studies the health, social and emotional adjustment problems of college going students. The study revealed average health and social adjustment and unsatisfactory emotional adjustment of girls, boys were average in social adjustment but unsatisfied in health and emotional adjustment.

A study conducted about children with disabilities in many countries Africa by **UNESCO (2004)** has shown that materials and general curriculum are designed to facilitate the involvement of learners with special needs to move with fellow peers to subsequent grades in school. It indicated that in order to achieve inclusion in the schools, collective efforts within the society are needed as it goes beyond individual or organization. However, the study revealed a major weakness as they had not included the co-operation of all teachers, peers, families, voluntary organizations, as well as the support of the public at large.

Peters (2003) carried out a comparative study on inclusive education between developing and developed countries on behalf of the World Bank. The author focused on attitudes of teachers in the classrooms ignoring other problems children with disabilities face in accessing education. The study found out that besides having necessary training skills attained from teacher training colleges, teachers must have a good will. Teachers, who changed and gained a positive attitude, benefit their learners immensely.

Kristensen et al., (2003) noted that, in order to achieve access to quality education, it is important for the support system to continue to provide competent advice both to teachers and learners. According to her, for teachers to have the competence to teach and understand the diversity of the children, they should be given proper training. Training is not the only thing the teachers need, they also need Braille materials for the blind children in the class, hearing aids and also well- designed classrooms that are easy to access for the case of the lame children.

Weiner & Schneider (2002) compared children with learning disabilities in four types of educational settings namely, in-class support, resource room for children with mild to moderate learning disabilities and inclusion class, self-contained special education class for children with severe learning disabilities in terms of social acceptance, number of friends, quality of relationship with best friends, self-concept, loneliness, depression, social skills, and problem behaviors. Children receiving In-Class Support were more accepted by peers, had higher self-perceptions of mathematics competence, and fewer problem behaviors than children receiving Resource Room Support. Children in Inclusion Classes had more

satisfying relationships with their best school friends, were less lonely, and had fewer problem behaviors than children in Self-Contained Special Education Classes.

Holbrook (1996) argued that children with visual impairment attending mainstream schools get the opportunity to interact, know one another, and share their concerns and experiences. The study suggested that providing them with adapted materials like Braille books and acquiring skills on how to use these materials can promote competition with their classmates.

Lacivita et al., (1966) examined that process of acquisition of grammar was studied with 320 children randomly selected from 2^{nd}, 4^{th}, and 6^{th} graders in three schools representing different socio-economic backgrounds. Ss were individually presented 6 nonsense sentences and asked to guess the meaning of a stimulus word planted in each sentence. Two types of cues, grammatical 'signal' and 'signal plus syntactic position', were provided to suggest three parts-of-speech (noun, verb, and modifier). Responses were classified either as homogeneous (proper grammatical identification) or heterogeneous. No difference was found in frequency of homogeneous responses with regard to children's socio-economic background. Significant differences were associated with increase in cue information and with increase in age.

Lavoie (1994) clearly demonstrated that individuals with learning disabilities tend to be less accepted by peers, interact awkwardly and inappropriately in social situations and are socially imperceptive. In the same study he opined that School-aged children and adolescents need to be accepted and supported by their peers. Their social incompetence often prevents them from establishing and maintaining such relationships.

Rose et al., (2021) discussed about in response to international agreements, recent Indian legislation has raised expectations that all children, regardless of need or ability, should gain access to formal education that is inclusive and addresses their social and learning needs. Initiatives designed to support the implementation of this legislation have been undertaken in several parts of India. Reports related to such initiatives have largely focused upon developments in large urban connotations, with studies in rural areas being less in evidence. The research reports a small-scale study conducted in Telangana a state in the south-central part of India. Through the application of semi-structured interviews data were obtained to enable a comparison to be made of the experiences of two purposive samples of families of children with disabilities and special educational needs, and the professionals who support them. The first sample was located in Hyderabad, a large metropolitan city, the

capital of Telangana State. The second was situated in villages in Sangareddy, a single rural district of the same state. Interviews were conducted either in English or in Telugu, the state language with all interviews transcribed and subjected to thematic analysis. The findings of the research, which will be used to support further development in the area, revealed a willingness on the part of professionals to support the education and social welfare needs of children with special educational needs and their families and an awareness of current national legislation aimed at achieving this objective. A disparity exists between the availability of professional support services available to families and children, with those living in the rural district experiencing greater difficulty in accessing appropriate support than their counterparts in the metropolitan city. The lack of opportunities for training and professional development is perceived to be a major obstacle to the progress of inclusive education as required by national legislation in both locations. The study recommended that for further research that is closely allied to changes in practice, for the development of professional development of teachers and other professionals and for the development of centralized provision in rural areas to address the needs of families.

CHAPTER– III

METHODOLOGY

The methodology adopted in the current study is discussed under the following heads:

- Locale of the study
- Selection of sample
- Data base of the study
- Period of study
- Techniques of analysis

Locale of the Study

Coimbatore, popularly known as the Manchester of South, is the third largest city and the second among the most industrialized cities in TamilNadu. It is located in the western part of Tamil Nadu, on the banks of river Noyyal. The region is bounded by Tiruppur district in the east, Nilgiris district in the north, Erode district in the north-east, Palakkad district, Idukki district and small parts of Thrissur district and Ernakulam district of neighboring state of Kerala in the west and south respectively. This highly progressive, entrepreneurial and commercial district of Tamil Nadu lies between 10,"10' and 11," -30' Northern latitude and 76,"-40’ and 77,"-30’ Eastern longitude. The district has a geographical area of 7469 sq.kms. With the formation of Tirupur district in 2008, the geographical area of Coimbatore shrank to 4,849.89 sq.kms. The district is divided into three revenue divisions, 9 taluks, 19 blocks and 482 revenue villages.

Coimbatore district is one of the 38 districts in the state of Tamil Nadu in India. Coimbatore is the administrative headquarters of the district. It is one of the most industrialized districts and a major textile, industrial, commercial, educational, information technology, healthcare and manufacturing hub of Tamil Nadu. As of 2011, Coimbatore district had a population of 3,458,045 with a sex-ratio of 1,000 and literacy rate of 84%. There were a total of 425,115 workers, comprising 1,539 cultivators, 2,908 main agricultural labourers, 11,789 in house hold industries, 385,802 other workers, 23,077 marginal workers, 531 marginal cultivators, 50 marginal agricultural labourers, 1,169 marginal workers in household industries and 20,877 other marginal workers. Located in the rain shadow region of Western Ghats, Coimbatore enjoys pleasant weather throughout the year. The rich red loam soil and red sandy soil in the district are favourable for production of cotton and a wide variety of cereals and food grains, spices, and condiments. The region has a total cultivable

area of 330,584 hectares.Forestcoveragespansacross158801hectaresandisprimarilysuitablefor timber, mango, walnut, and silk cotton. Coimbatore has been among the front runners in attracting a large amount of domestic and foreign industrial investments. The city is fast evolving into diversified activities such as engineering, textiles, power loom, hosiery, auto components, pumps, and motor sets. Rapid urbanization and improved standard of living is making the region one of the most preferred destinations for industrialization.

A major hub for manufacturing, education and healthcare in Tamil Nadu, Coimbatore is among the fastest growing tier-II cities in India. It houses more than 25,000 small, medium and large industries with the primary industries being engineering and textiles. Coimbatore is called the "Manchester of South India" due to its extensive textile industry, fed by the surrounding cotton fields. TIDEL Park Coimbatore in ELCOT SEZ was the first special economic zone (SEZ) set up in 2006. In 2010, Coimbatore ranked 15th in the list of most competitive (by business environment) Indian cities. Coimbatore also has a 160,000 square feet (15,000 m^2) trade fair ground, built in 1999 and is owned by CODISSIA.

Coimbatore region experienced a textile boom in the 1920s and 1930s.Though, Robert Stanes had established Coimbatore's first textile mills as early as the late 19th century, and it was during this period that Coimbatore emerged as a prominent industrial centre. In 2009 Coimbatore was home to around 15% of the cotton spinning capacity in India. Coimbatore has trade associations such as CODISSIA, COINDIA and COJEWEL representing the industries in the city. Coimbatore houses a number of textile mills and is the base of textile research institutes like the Sardar Vallabhbhai Patel International School of Textiles & Management, Central Institute for Cotton Research (CICR) and the South India Textile Research Institute (SITRA). Kovai Cora Cottonsaree is a recognized Geographical Indication.

Coimbatore is the second largest producer of software in the state, next to capital Chennai. TIDEL Park Coimbatore and other Information technology parks in the city has aided in the growth of IT and Business process outsourcing industries in the city. It is ranked at 17th among the top global outsourcing cities by Tholons. Software exports stood at Rs.7.1 billion (US$93 million) for the financial year 2009–10 up 90% from the previous year. Coimbatore has a large and diversified manufacturing sector and a number of engineering colleges producing about 50,000 engineers' annually. Due to huge demand from IT Companies for space at Coimbatore, TIDEL Park Coimbatore-Phase-II is planned to be built within ELCOT SEZ on an additional 9 acres of land with 5 Lakh sq.feet space at Rs.250

crores. TICEL Bio-Park III, a Bio-Technology Park is being constructed in 10 acres of land at Somayampalayam, Coimbatore.

Coimbatore is a major centre for the manufacture of automotive components in India with car manufacturers Maruti Udyog and Tata Motors sourcing up to 30%, of their automotive components from the city. G.D. Naidu developed India's first indigenous motor in 1937. India's first indigenously developed diesel engine for cars was manufactured in the city in 1972. The city is also a major centre for small auto component makers catering to the automobile industry, from personal to commercial and farm vehicles. The city contributes to about 75% of the 1 lakh total monthly output of wet grinders in India. The industry employs 70,000 people and had a yearly turnover of Rs.2, 800 crore (US$370 million) in 2015.The term "Coimbatore Wet Grinder" has been given a Geographical indication.

Coimbatore is also referred to as "the Pump City" as it supplies nearly 50% of India's requirements of motors and pumps. Coimbatore is largest pump manufacturer CRI pumps, contributes a lot towards the "pump city" status of Coimbatore. The city is one of the largest exporters of jewellery renowned for diamond cutting, cast and machine made jewellery. There are about 3,000 jewellery manufacturers employing over 40,000 goldsmiths. Coimbatore has a large number of poultry farms and is a major producer of chicken eggs. The city contributes to nearly 95% of processed chicken meat exports. Coimbatore has some of the country's oldest flour mills and these mills which cater to all the southern states have a combined grinding capacity of more than 50,000 MT per month. The hospitality industry has seen a growth in the 21st century with new upscale hotels being set up. Coimbatore is the largest non-metro city for e-commerce in South India.

Coimbatore has a well-connected communications infrastructure. Till the 1990s the state owned Bharat Sanchar Nigam Limited (BSNL) was the only telecommunication service provider in the city. In the 1990s, private telecom companies too started offering their services. As of 2019, BSNL, Reliance Communications, Bharti Airtel, Tata Communications, Tata Teleservices, Reliance Jio and ACT offer broadband service and fixed line services. MTS offers mobile broadband services. Cellular telephony was first introduced in 1997 and mobile telephone services available. Coimbatore is the headquarters of the Tamil Nadu circle of cellular service providers.

Coimbatore is a major educational hub. The first college of Coimbatore, Government Arts College, was opened in 1875. The first engineering college in the city, the Arthur Hope College of Technology (now known as the Government College of Technology, Coimbatore),

was started by G.D. Naidu in 1945 followed later by private engineering colleges PSG College of Technology, and Coimbatore Institute of Technology in the 1950s. As of 2010, the district is home to seven universities, 78 engineering colleges, 3 medical colleges, 2 dental colleges, 35 polytechnics and 150 arts and science colleges. The city has three government run universities Tamil Nadu Agricultural University, Bharathiar University, Anna University Coimbatore and four private universities. In 2008, Government of India announced a plan to establish a world class university in the region. Three types of schools operate in Coimbatore: government run schools, schools funded by the government but run by private trusts (aided schools) and schools funded completely by private trusts. Samacheer Kalvi or Tamil Nadu Uniform System of School Education or Equitable education system was introduced by the Tamil Nadu Uniform System of School Education Act 2010 to integrate the various school educational systems within the state.

In order to ensure that the differently abled children are not excluded from the general education system, the Government is providing special education through 72 Government and aided institutions for these children. There are 22 Government special schools. Among them each 10 schools for the visually impaired and hearing impaired and one each for severely locomotors disabled and intellectual challenged Children. The 22 government special schools which are functioning in the state includes 3 higher secondary schools for the visually impaired at poonamalle (Boys, Ttiruchirappalli (Girls) and Thanjavur (Boys and Girls) and 2 schools for hearing impaired at Dharmapuri and Thanjavur.

Children with Special Needs (CWSN) studying in regular schools in Coimbatore Education District would have better facilities from this academic year. Child-friendly toilets for differently abled, ramps and hand-rails in school buildings and strengthening resource centres for CWSN were given importance in SarvaShikshaAbhiyan (SSA)'s activities under Inclusive Education for Differently Abled (IED) this year. An SSA report states that Coimbatore Education District excelled in providing facilities for differently abled children by conducting 148 surgeries and distributing assistive devices to 968 children, the highest across the State (Nileena, 2016, The Hindu).

Selection of Sample

The tests were administered among the Differently Abled School Children in with a view to getting the whole sample base and better results. Respondents were selected from 4 Special Schools covering Coimbatore District namely Ondipudur, Mettupalayam, Thudiyalur, Therkkupalayam. The investigator personally approached and distributed the questionnaires

to the respondents. The purpose and procedures for filling out the questionnaires were personally explained to the differently abled school children's who acted as respondents. The details of selected Special Schools and sample respondents were Star Special School in Ondipudur is located in Coimbatore South and 20 samples were collected from the respondents. Mettupalayam is located in Coimbatore North and 10 samples were collected from the respondents. Thudiyalur is located in Coimbatore North and 60 samples were collected from the respondents and Therkkupalayamis located in Coimbatore North near Periyanaickenpalayam and 10 samples were collected from the respondents.

Data Base of the Study

Data pertaining to the study were collected by personal interview method. The interview schedule consisted of questions relating to the socio-economic background of the differently abled school children, the intention factors that, physical and emotional challenges of differently abled school children and how they facing their problems and accessibility of education facilities. The schedule was first pre-tested with few selected sample units and based on their responses the questions were reformulated and the final interview schedule used in the study is given in Annexure I and Ethical Clearance is given in Annexure II.

Period of the Study

Data for the study were collected from the sample units by administering a pre-tested interview schedule during the period of December 2022 to May 2023.

Techniques of Analysis

Besides averages, percentages and graphs, the following techniques were applied.

Chi-square test

The χ^2 test is one of the simplest and most widely used non-parametric test in statistics. The quantity χ^2 describes the magnitude of the discrepancy between theory and observation and is symbolized as:

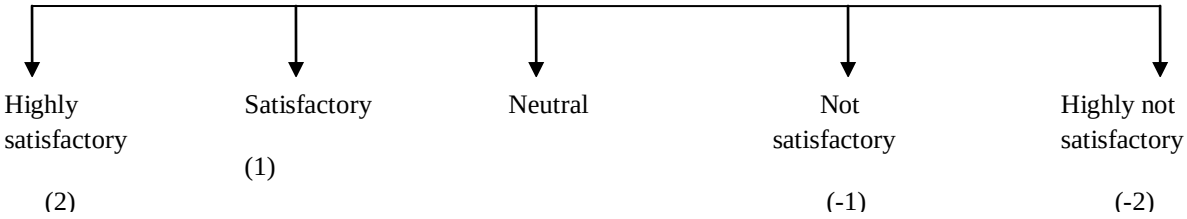
$$\chi^2 = \frac{\sum (O-E)^2}{E}$$

Where O refers to observed frequency and E refers to expected frequency.

In the present study, Chi-square test was applied to find the association between demographic factors like age, gender, religion, monthly income, educational status, occupation of the family and difficulties of differently abled children.

Likert's Summated Scale

The Likert summated scaling technique were used to scale the attitudes of the society, activities of differently abled children ensure schooling, school counseling and accessibility of the educational facilities. In the Likert scale, the respondent was asked to respond to each of the statements in terms of several degrees, usually five degrees of agreement or disagreement.



Each point on the scale carries a score. Response indicating the least favourable degree of satisfaction is given the least score (say 1) and the most favourable is given the highest score (say 5). These score values are normally not printed on the instrument but are shown here just to indicate the scoring pattern. The Likert scaling technique, thus, assigns a scale value to each of the five responses. The same procedure is repeated for each and every statement in the instrument. This way the instrument yields a total score for each respondent, which would then measure the respondent's favourableness toward the given point of view.

Factor analysis

Factor analysis is a generic name given to a class of multivariate technique whose primary purpose is to define the underlying structure in a data matrix. Broadly speaking, it addresses the problem of analyzing the structure of the interrelationships (correlations) among a large number of variables by defining a set of common underlying dimensions, known as factors. With factor analysis, the researcher can first identify the separate dimensions of the structure and then determine the extent to which each variable is explained by each dimension. Once these dimensions and the explanation of each variable are determined, the two primary uses for factor analysis, namely summarization and data reduction can be achieved. In summarizing the data, factor analysis derives underlying dimensions that, when interpreted and understood, describe the data in a much smaller number of concepts than the original individual variables. Factor analysis was used in the

present study to find out the attitudes of the society towards differently abled school children, school counseling, accessibility of educational facilities and their activities differently abled ensure schooling.

One Way ANOVA

A **One-Way ANOVA** ("analysis of variance") compares the means of three or more independent groups to determine if there is a statistically significant difference between the corresponding population means.

A one-way ANOVA uses the following null and alternative hypotheses:

- **H_0 (null hypothesis):** $\mu_1 = \mu_2 = \mu_3 = \ldots = \mu_k$(all the population means are equal)
- **H_1 (alternative hypothesis):** at least one population mean is differentfrom the rest

Typically use some statistical software (such as R, Excel, Stata, SPSS, etc.) to perform a one-way ANOVA since it's cumbersome to perform by hand. If the p-value is less than your chosen significance level (e.g. 0.05), then you can reject the null hypothesis and conclude that at least one of the population means is different from the others. To find out the barriers of the differently abled school children and the ANOVA test is applied.

CHAPTER - IV

RESULTS AND DISCUSSION

The data collected in the research were not simply because it contained unnecessary information and over or under emphasized facts. Therefore, only relevant data were included in the analysis chapter. For better understanding, the collected data are simply represented in the form of diagram and charts. Interpretation of the data is also given to share the meaningful information. Hence, the findings of the current study are presented and discussed under the following heads:

1. **Socio – Economic Profile of the respondents**
2. **Entertainment at Home**
3. **Society Attitudes towards Differently Abled**
4. **Emotional Challenges of the Differently Abled Children**
5. **Activities of Differently Abled Children Ensure in Schools**
6. **Counselling Sessions for Differently Abled School Children**
7. **Frequency of visiting doctor in a year**
8. **Barriers and problems with gender of the Differently Abled School Children-ANOVA Test**
9. **Accessibility of Educational Facilities-Factor Analysis**

1. Socio-Economic Profile of the Respondents

A Performa was designed and standardized to get pertinent information regarding socio-demographic variables. The variables studied were age, gender, religion, family type, domicile, socioeconomic status, occupation and education of the children's parents. The demographic factors surrounding an individual play a great role in one's intellectual development as well as adaptive skills. The socio-demographic data obtained from the subjects are tabulated in table-1.

Table -1

Socio – Economic Profile of the Respondents

S. No	Socio - Economic Profile	Characteristics	Frequency	Percentage (%)
1.	Age (In years)	0-6	6	6.0
		7-12	33	33.0
		13-18	61	61.0
2.	Gender	Male	36	36.0
		Female	64	64.0
3.	Religion	Hindu	87	87.0
		Muslim	9	9.0
		Christian	4	4.0
4.	Educational Qualification	Primary	6	6.0
		Secondary	31	31.0
		Higher Secondary	63	63.0
5.	Occupation of the Parents	Daily Wages	81	81.0
		Private Companies	8	8.0
		Electrician	4	4.0
		Bus Mechanic	3	3.0
		Driver	4	4.0
6.	Monthly Income (Rs.)	5000-10000	98	98.0
		10001-20000	1	1.0
		20001-30000	1	1.0
7.	Place of Residence	Urban	18	18.0
		Rural	82	82.0
Total			100	100

Source: Field Survey, 2023

Age: The above table shows the age of the respondents who are participated in the survey. It's clearly stated that 61% respondents were in the age group of 13 years - 18 years which is the highest % among other age category. The next highest age category of was belonged to 7 years -12 years (33%) and the lowest categories of age group were belonged to 0 years -6 years (6%). The study found that majority of the respondents belonged to 13 years to 18 years age group category.

Gender: The present study shows the classification of respondents on the basis of gender. Out of 100 respondents, 64 percent of them are female and the remaining 36 percent are male.

Religion: Religious education is necessary for children with learning disabilities to participate in spiritual activities to give them the sense of strength and wellbeing (Hakiman et al., 2021). There is a huge expectation that religious education provided to children with learning disabilities would leave a good impact on them. In the present study, majority of the respondent's (87 percent) religion was Hindu; followed by nine percent of them were Muslims and rest four percent of them were Christians. Hence, the study revealed that maximum numbers of respondents were worshiping the Hindu ideals.

Education: Education is the key to human development. Education is a fundamental right of every child. The Article 45 of Constitution of India notes free and compulsory education for all children under the age of 14 years. Further, the Article 41emphasizes the right to education for persons including those with disabilities. Under the Constitution of India, persons with disabilities have been guaranteed all the Fundamental Rights as provided to other citizens of the Country. Now the most significant fact about education of the disabled children of India is that, it is widely available to them in comparison with yesteryears. In the present study found majority of the disabled children were studying higher secondary education which is 63 percent; followed by 31 percent of them were secondary schooling and rest 6 percent of them were primary education.

Occupation of the Parents: The child, who has got some disabilities, may not become able to explore the environment and other sources of learning for the physical-motor, cognitive, social and psychological development. The present study revealed that level of occupation of the parents included daily wages, private companies, electrician, bus mechanic and driver. In this majority of the respondent's parents were coolies i.e., 81 percent; followed by 8 percent of the parents were working in private companies; 4 percent of them were working as drivers and rest of them were electrician and bus mechanics. Hence, the study investigated that majority of the parents were working as daily wagers which is belong to below poverty line category.

Monthly Income: The measurement of income, which seems easy, is difficult to conduct in practical situations such as this one. The most direct method is to ask students or their parents to report monthly or annual income. However, many people are reluctant to disclose the real amount of their income. Income level is one of the demographic variables that influence the

family expenditure. In the present study, majority of the children's parent (98 %) monthly income range between Rs. 5,000/- to Rs.10,000/-. Followed by each 1 percent of the parents' income range between Rs. 20001/- – Rs. 30,000/- and Rs.10,001/- – Rs. 20,000/- respectively.

Place of Residence: Place of residence was one of the demographic variables that influence the respondent's life style. The present study revealed that majority of the differently abled children have residence in urban area i.e., 82 percent and the remaining 18 percent of them have residence in the rural area. The following figures 1-6 represent the socio-economic profile of the respondents.

Figure -1

Age of the respondents

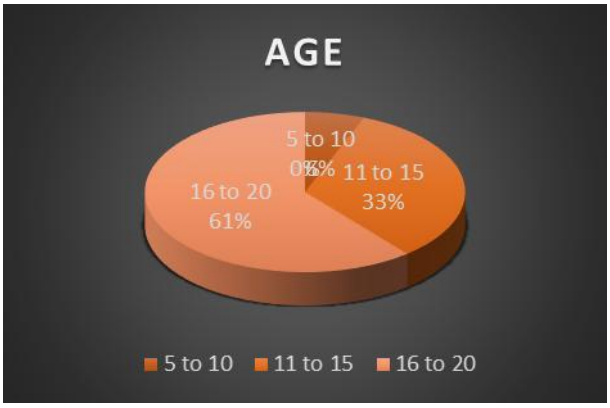


Figure -2

Gender of the respondents

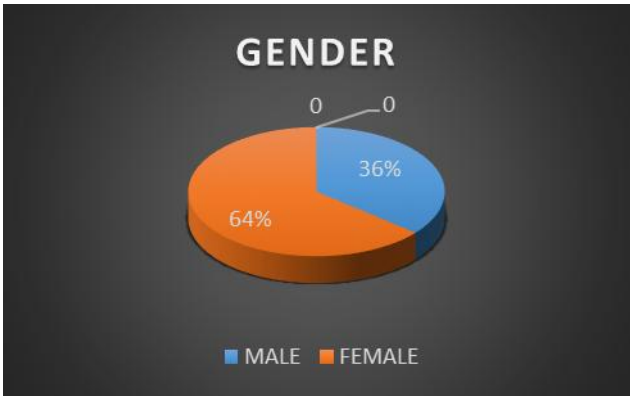


Figure -3

Education of the respondents

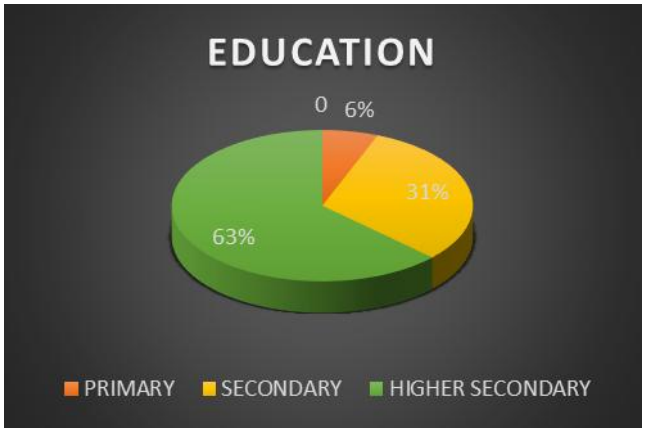


Figure -4

Occupation of the family

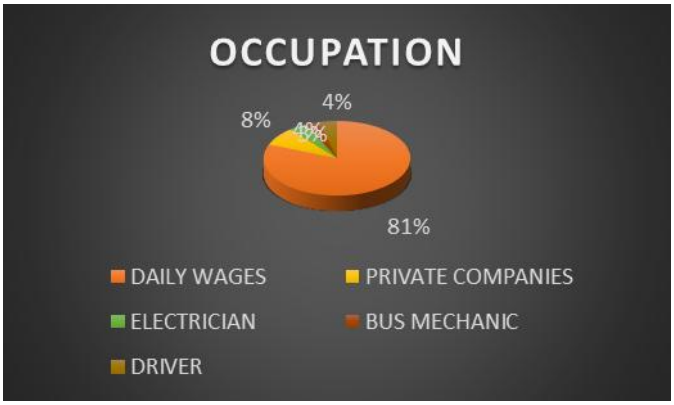
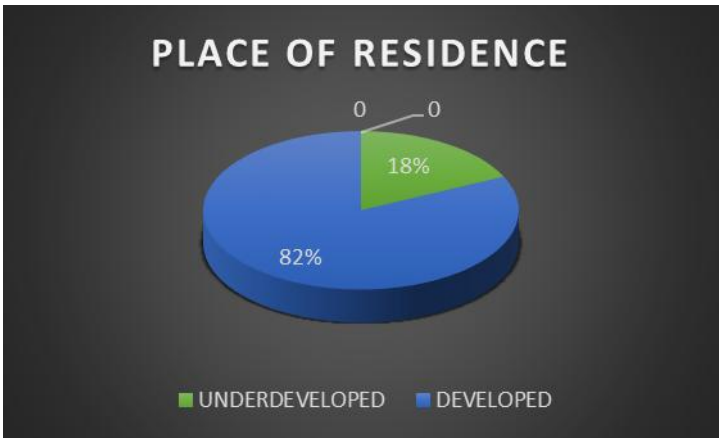


Figure -5

Monthly income of the family

Figure -6

Place of the residence



1.1 Socio - Economic Profile – Family details of the Respondents

The below table 2 represents the type of family, size of the family and Number of Siblings

Table-2

1.1 Socio-Economic Profile – Family details of the Respondents

S. No	Socio - Economic Profile	Characteristics	Frequency	Percentage (%)
1.	Type of family	Nuclear Joint Extended	89 6 5	89.0 6.0 5.0
2.	Size of family	Small (4 or less than 4) Medium (5-6) Large (More than 6 members	85 10 5	85.0 10.0 5.0
3.	Number of siblings	1-2 3-4	91 9	91.0 9.0
Total			**100**	**100**

Source: Field Survey, 2023

Type of family: From table 2, it is seen that the respondents are mainly from the nuclear family. It shows that 89 percent of the respondents are from nuclear family; six percent from joint family and rest five percent of them were extended family. Nuclear families add on more responsibility and burden in caring for a child with disability and burden in caring for a child with disability as the parents have to take care of the child single handed. Whereas joint and extended families have a better opportunity compared to nuclear family as the family members can share responsibilities and provide support to reduce burden of the parents.

Size of Family: the survey shows the majority of the respondent's (85 percent) family size is small 4 to or less than 4 members; followed by 10 percent of the having medium size family i.e., 5 to 6 members in a family and rest 5 percent of them having large size of family i.e., more than 6 members in family.

Number of Siblings: from the table, 91 percent of the respondent's parents having children one or two and 9 percent have more than 3 to 4. Parents having first child with disability are emotionally at lost and trauma due to which they are scared to have another child particularly when the child is intellectually disabled.

1.2 Positions of Disabilities

The following table 3 represents the order, types, degree and causes of disabilities of the respondents.

Table- 3

Positions of Disability

S. No	Degrees of Disability	Characteristics	Frequency	Percentage (%)
1.	**Ordinal Position**	**1st**	**8**	**8.0**
		2nd	**34**	**34.0**
		3rd	**58**	**58.0**
2.	**Type of disability**	**Visual**	**40**	**40.0**
		Hearing	**43**	**43.0**
		Locomotors	**2**	**2.0**
		Speech	**11**	**11.0**
		Multiple Disability	**4**	**4.0**
3.	**Degree of disability**	**Mild**	**34**	**34.0**
		Moderate	**41**	**41.0**
		Severe	**23**	**23.0**
		Profound	**2**	**2.0**
4.	**Causes of disability**	**By Birth**	**89**	**89.0**
		Illness	**2**	**2.0**
		Accident	**2**	**2.0**
		Wrong	**1**	**1.0**
		Treatment	**6**	**6.0**
		Un Known		

Source: Field Survey, 2023

Ordinal Position: Parents have high level of expectation and excitement from the first born child but when the child is born with disability the parents undergo high level of stress and trauma due to which they are scared to have another child. As a result this leads to increase level in anxiety among the parents mainly the child is intellectually disabled. With this the table 3, it can be seen that 58 percent of the children of the children are born in the 3rd order; followed by 34 percent middle born and 8 percent first born i.e., 1st order.

Type of disability: In India disability prevalence is very high and people with disabilities experience discrimination in accessing education, employment, health care, social recognition and transportation. The differences in access to basic services and degree of social marginalization among persons with different types of disability are also striking, and they become marginalized and magnified with differences on account of type of disability and severity of disability conditions. From the table, majority of the respondents having hearing impaired disability (43 percent); followed by 40 percent of them having visual impaired; 11 percent of them having speech disability; 4 percent having multiple disability and rest 2 percent having locomotive disability. The proportions vary marginally across different types of disability.

Degree of disability: Further the respondents were grouped based on the degree of disability suffered by them. This information is provided in Table 3. The survey investigated about the degree of disability, majority of the respondent's having moderate disability i.e., 41 percent; followed by 34 percent of them having mild disability; 23 percent of the respondents having severe disability and rest 2 percent of them having profound disability.

Causes of disability: from table 3 provides information about various causes of disability. The previous paragraph showed that hearing impaired disability is the most common disability among the respondents. The sample studied indicates that majority of the respondent's (89 percent) disability caused by birth. The next important cause relates to unknown disability which constitute 6 percent; illness and accidents were together responsible for 2 percent of the respondents and wrong treatment responsible for the cause of disability which constitutes just one percent of the respondents.

1.3 Economic Status of the Respondents

The below tables depicts that the economic status of the differently abled children's' family.

Table -4

Economic Status of the Respondents

S. No	Economic Status	Characteristics	Frequency	Percentage (%)
1.	Economic Status	Low Income Group	6	6.0
		Middle Income Group	91	91.0
		High Income Group	3	3.0
Total			**100**	**100**

Source: Field Survey, 2023

The above table revealed that majority of the respondents (91 percent) belongs to middle income category; followed by 6 percent belongs to low income category and last 3 percent of them belongs to high income group. Hence, the present study found that maximum number of the respondent's family income level belongs to middle income category. They are neither poor nor rich.

1.4 Chi-square Analysis

In order to investigate the relationship between Socio Economic Status of the respondents and Difficulties of the Differently Abled School Children, Chi-square test was done. The null hypothesis framed was

H_0: There is a significant relationship between Socio Economic Status of the respondents and Difficulties of the Differently Abled School Children

Ha: There is no significant relationship between Socio Economic Status of the respondents and Difficulties of the Differently Abled School Children

Table -5

Relationship between Socio Economic Status of the Respondents and Difficulties of the Differently Abled School Children

Variable	Chi-square value	Degrees of freedom	Asymptotic significance	Inferences
Age	**45.380**	**2**	**.000**	**Reject H_0**
Gender	**7.840**	**1**	**.000**	**Reject H_0**
Religion	**165.860**	**2**	**.000**	**Reject H_0**
Education	**48.980**	**2**	**.000**	**Reject H_0**
Occupation	**96.040**	**1**	**.000**	**Reject H_0**
Monthly Income	**64.000**	**4**	**.000**	**Reject H_0**

Source: Field survey, 2023

From the table, it is evident that the association between the Socio Economic Status of the respondents and Difficulties of the Differently Abled School Children is statistically significant at 5 % level. Hence reject H0. There is a significant relationship between the socio economic status of the respondents such as age, gender, religion, education, occupation and monthly income and Difficulties of the differently abled school children.

2. Entertainment at Home

Life without any form of recreational activity can become dull, and cause a negative impact on our overall health and wellbeing. Keeping ourselves physically active and mentally stimulated is beneficial to our mental health, can boost our physical health, and can encourage productivity. However, if we are limited to what we can do, trying to live an active lifestyle can become extremely challenging especially for people living with a disability. Whether it is a physical, intellectual, or invisible disability, there are still several simple activities you can safely do at home with family, friends or your companion carer. In this section, an attempt was made to explain how the differently abled children spend their time at home. The below table 5 represents the number entertainment engaged by themselves at home.

Table-6

Entertainment at Home

Variable	Frequency	Percentage
Videogames/Computer	19	19.0
TV	35	35.0
Reading	24	24.0
Writing	15	15.0
Painting	1	4.0
Playing indoor/outdoor games	3	3.0
Gardening	2	3.0
Swimming	1	1.0
Total	**100**	**100**

Source: Field Survey, 2023.

The above table 5 revealed that the maximum number of differently abled children (35 percent) were watching Television; followed by 24 percent of them were reading books;

nineteen percent of the respondents playing Videogames and Computer; fifteen percent of them were writing and three percent were playing indoor/outdoor games; two percent of them were doing gardening and rest one percent were do swimming. Hence, the present survey investigated that majority of the differently abled children were having foremost entertainment at home was watching television.

3. Society Attitudes towards Differently Abled

As by Helen Keller, a famous disabled writer, "the chief handicap of the blind is not blindness, but the attitude of seeing people towards them". Attitudes toward the disability involve multidimensional evaluation of people, and can be either positive or negative, or comprised of both (Dunn, 2015). A number of studies have reported the impacts of different attitudes, for example, positive social attitudes could facilitate inclusion and facilitate acceptance by family, friends, and employers (Findler et al., 2007), while negative attitudes may lead to low expectations, discrimination, and marginalization (Kleintjes et al., 2013). To be more specific, evidence showed that negative attitudes of the healthcare professionals have been indicated as a barrier for the disable's participation in several demands such as physical activity, fitness, and education settings (Rimmer et al., 2004). Given on this global situation and the importance of attitude, it is important to urge the public to rethink and promote their attitudes towards people with disabilities, in order to build a more inclusive society. Therefore, the present study analyses the factors associated with society attitudes towards persons with differently abled.

Factor Analysis

The foremost questions while examining the factors that influence the attitudes of society towards persons with various disabilities whether the respondents are feel better. Keeping in mind the above statement, respondents were asked to express their opinions regarding the attitudes towards society with disability. Nine statements were prepared and respondents were asked to state their opinion on these statements. The opinions were classified on a five-point scale with designated attributes such as strongly agree/ agree/neutral/disagree and strongly disagree. Factor analysis was used in the present study to identify the underlying pattern of relationship between various factors that influencing the attitudes of society and whether these factors can be grouped in terms of a composite variable. To determine the appropriateness of applying factor analysis, the KMO and Bartlett's test measures were computed and the results are presented in table 7.

Table- 7

KMO and Bartlett's Test

Test Measures	Factors
Kaiser-Mayer-Olkin Measure of Sampling Adequacy	.836
Bartlett's test of sphericity: Approx. Chi-Square	579.452
Degrees of Freedom	76
Sig.	.000

Source: Estimation based on field survey

KMO statistics for attitudes towards society were .836 signifying higher than acceptable adequacy of sampling. The Bartlett's test of sphericity was also found to be significant at one percent level providing evidence of the presence of relationship between variables to apply factor analysis.

The communalities for each variable were computed to determine the amount of variance accounted by the variables to be included in the factor rotations and the results are shown in table 8.

Table-8

Communalities

Factors	Initial	Extraction
Communication and interaction	1.000	.899
Inclusive education	1.000	.989
Job opportunities	1.000	.739
Transport facilities	1.000	.686
Buildings and infrastructures	1.000	.792
Feeling discrimination among peoples	1.000	.570
Getting avoidance from peoples	1.000	.660
Facing social hurdles	1.000	.491
Open minded people	1.000	.612

Source: Extraction Method: Principal Component Analysis

All the variables had values greater than 0.50 signifying substantial portion of the variance accounted by the factors. Table 8 presents the Eigen values, their relative explanatory powers and factor loadings for 09 linear components identified within the date set. The Eigen value greater than one alone was considered for inclusion in the analysis.

Table-9

Rotated Component Matrix

Factors	Component		
	1	2	3
Communication and interaction	.744		
Inclusive education	.721		
Job opportunities	.709		
Transport facilities	.680		
Buildings and infrastructures	.535		
Feeling discrimination among peoples		.802	
Getting avoidance from peoples		.718	
Facing social hurdles			.809
Open minded people			.698
Eigen values	5.661	43.550	43.550
Percentage of variance explained	1.483	11.410	54.960
Total variance explained	1.054	8.150	63.065

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. Rotation converged in 9 iterations.

The results indicates that for the sample data, Eigen value of the all factors was greater than one indicating that these factors alone were appropriated for inclusion in the analysis. These factors together accounted for 63 percent of the variations in the factors. Factor 1 had significant loadings on 5 dimensions namely 'Communication and interaction', 'Inclusive education', 'Job opportunities', 'Transport facilities', and 'Buildings and infrastructures. These dimensions explained one percent of the variance. Factor 2 had significant loadings on two dimensions namely 'Feeling discrimination among peoples, and 'Getting avoidance from peoples', and explained 11 percent of the variance. Factor 3 had significant loadings on two dimensions namely 'Facing social hurdles' and 'Open minded people' and these explained nearly 55 percent of the variance. To sum up, 'feeling discrimination among peoples', 'facing social hurdles' and 'Communication and interaction' were the main factors that influencing the society attitudes towards persons with differently abled.

4. Emotional Challenges of the Differently Abled Children

Sometimes children have trouble expressing their feelings, calming themselves down, and reading nonverbal cues, which can lead to difficulty in the classroom and with their peers. Social and emotional skills are an area where you can have a huge impact as a parent. For all children, but especially those with learning disabilities, social and emotional skills are the most consistent indicators of success, outweighing everything else, including academic

factors. Academic challenges may lead to low self-esteem, withdrawal and behaviour problems, but you can counter these things by creating a strong support system for your child and helping them learn to express themselves, deal with frustration and work through challenges. Your focus on their growth as a person, and not just on academic achievements will help them learn good emotional habits and the right tools for lifelong success. The consequences of learning disabilities are rarely confined to school or work. Some children may exhibit an immaturity and social ineptness due to their learning disability. While seeking acceptance, their eagerness may cause them to try too hard in inappropriate ways. Therefore, the present study deals with the emotional challenges faced by the differently abled children in schools and the following table 10 depicts the same.

Table-10

Emotional Challenges of the Differently Abled Children

Variables	Frequency	Percentage
Feeling anxious	11	11.0
Poor motivation	9	9.0
Anger	40	40.0
Depression	2	2.0
Sadness	35	35.0
Tension	2	2.0
Emotions	1	1.0
Total	**100**	**100**

Source: Field Survey, 2023.

The above table revealed that the majority of the (40 percent) respondents were emotionally challenged by getting anger; followed by 35 percent of them express their emotions by way of sadness; eleven percent of the respondents through feeling anxious; nine percent of them shows poor motivation; two percent of them expressed by way of depression and tension and rest one percent of them gets emotional feelings. Therefore, the present study revealed that the differently abled children show their emotional challenges by way of anger.

5. Activities of Differently Abled Children Ensure in Schools

Participatory and self-motivating participation in recreation and leisure activities is thought to be a vital part of the development of children and young people (Larson, 2000). Recreation activities are defined as 'everyday activities of childhood in all sport, entertainment, learning and religious expression' (Majnemer, 2009). Being active and involved in freely chosen activities are essential for the development of skill competencies, socializing with peers, exploring personal interests and enjoying life. Without opportunities to participate in recreation activities 'people are unable to explore their social, intellectual, emotional, communicative and physical potential and are less able to grow as individuals' (King et al., 2003). Moreover, participation contributes to the quality of life for children and youth (Mc Manus, et al., 2008). Children and youth with physical disabilities participate less in recreation activities than their able-bodied peers (Bult et al., 2010). In this section, the current research discussed about the activities that differently abled children can do themselves as their day-to-day activities.

Factor Analysis

Factor analysis was used in the present study to identify the underlying pattern of relationship between various activities can differently abled children do themselves and whether these activities can be grouped in terms of a composite variable. The respondents were asked questions relating to their activities on a five-point scale ranging from -2 (strongly disagree) +2 (strongly agree). To determine the appropriateness of applying factor analysis, the KMO and Bartlett's test measures were computed and the results are presented in the table 11

Table-11

KMO and Bartlett's Test

Test Measures	Factors
Kaiser-Mayer-Olkin Measure of Sampling Adequacy	**.837**
Bartlett's test of sphericity: Approx. Chi-Square	**490.548**
Degrees of Freedom	**56**
Sig.	**.000**

Source: Estimation based on field survey

KMO statistics for activities can differently abled children do personally were .837 signifying acceptable adequacy of sampling, Bartlett 's test of Sphercity was also found to be

significant at one percent level, providing evidence of the presence of relationship between variables to apply factor analysis.

The communalities for each variable were assessed to determine the number of variables accounted by the variables to be included in the factor rotations and the results are shown in the table 12.

Table-12

Communalities

Factors	Initial	Extraction
Variety of toys on a tray	1.000	.646
Game using a ball	1.000	.556
Make a video of the things	1.000	.723
Reading books	1.000	.715
Singing, dancing and making noise	1.000	.555
Walking	1.000	.476
Playing in a playground	1.000	.443
Visiting a park or a zoo	1.000	.688
Doing puzzles	1.000	.615

Source: Extraction Method: Principal Component Analysis

All the variables had values greater than 0.50 signifying substantial portion of the variance accounted by the factors. It presents the Eigen values, their relative explanatory powers and factor loadings for 9 linear components identified within the date set. The Eigen value greater than one alone was considered for inclusion in the analysis.

Table-13

Rotated Component Matrix

Factors	Component		
	1	2	3
Variety of toys on a tray	.759		
Game using a ball	.694		
Make a video of the things	.671		
Reading books	.636		
Singing, dancing and making noise	.828		
Walking	.719		
Playing in a playground		.634	
Visiting a park or a zoo		.527	
Doing puzzles			.874
Eigen values	3.973	33.105	33.105
Percentage of variance explained	1.668	13.900	47.005
Total variance explained	1.187	9.892	56.897

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
Rotation converged in 9 iterations.

The results indicates that for the sample data, Eigen value of the all factors was greater than one indicating that these factors alone were appropriated for inclusion in the analysis. These factors together accounted for nearly 57 percent of the variations in the factors. Factor 1 had significant loadings on 6 dimensions namely 'Variety of toys on a tray', 'Game using a ball', 'Make a video of the things', 'Reading books', 'Singing, dancing and making noise', and 'Walking'. These dimensions explained nearly 2 percent of the variance. Factor 2 had significant loadings on two dimensions namely 'Playing in a playground, and 'Visiting a park or a zoo', and explained nearly 14 percent of the variance. Factors 3 had significant loadings for only one dimensions i.e., 'Doing puzzles' and these explained nearly 47 percent of the variance. To conclude, the main activity can ensure by the differently abled children were 'Doing puzzles', Singing, dancing and making noise' and 'Place a variety of toys on a tray'.

6. Counselling sessions for differently abled school children

The counselling services provided to children with disabilities are significantly outside the average range of general counselling. Many areas of the counseling profession in primary schools have fallen short, with a lack of understanding and appreciation (e.g., attitudes, values, beliefs), a limited repertoire of skills (e.g., techniques, strategies, interventions), and knowledge base. When school counsellors do not provide services or develop programs to accommodate the needs of children with disabilities, they deny these students of their expertise and themselves of the enrichment that comes with working with children with disabilities who are challenging, deserving, and responsive. Children with disabilities are often misunderstood and frequently less served by the counseling profession, these children need services just as much as other children (McDowell, Coven, & Eash, 1979). Hence, an attempt was made to explain the counselling sessions for differently abled school children while schooling in this section.

Factor Analysis

Factor analysis was used to identify the underlying pattern of relationship between the various dimensions of counselling for differently abled school children and whether these school counselling can be grouped in terms of a composite variable. The respondents were asked questions relating to school counselling while studying in school, a five-point scale ranging from -2 (strongly disagree) +2 (strongly agree). To determine the appropriateness of applying factor analysis, the KMO and Bartlett's test measures were computed and the results are presented in the table 14.

Table-14

KMO and Bartlett's Test

Test Measures	Factors
Kaiser-Mayer-Olkin Measure of Sampling Adequacy	**.640**
Bartlett's test of sphericity: Approx. Chi-Square	**286.656**
Degrees of Freedom	**45**
Sig.	**.000**

Source: Estimation based on field survey

KMO statistics for respondents having counselling sessions in schools were .640 signifying higher than acceptable adequacy of sampling. The Bartlett's test of sphericity was also found to be significant at one percent level providing evidence of the presence of relationship between variables to apply factor analysis.

The communalities for each variable were computed to determine the amount of variance accounted by the variables to be included in the factor rotations and the results are shown in table 15.

Table-15

Communalities

Factors	Initial	Extraction
Provide support	**1.000**	**.618**
Gives encourage or motivation	**1.000**	**.758**
Give them empathy not sympathy	**1.000**	**.664**
Consider the disability whenever needed	**1.000**	**.744**
Be patient and treat them well	**1.000**	**.650**
Problem solving and decision making	**1.000**	**.706**
Creating opportunities	**1.000**	**.299**

Source: Extraction Method: Principal Component Analysis

All the variables had values greater than 0.50 signifying substantial portion of the variance accounted by the factors. It presents the Eigen values, their relative explanatory

powers and factor loadings for 7 linear components identified within the date set. The Eigen value greater than one alone was considered for inclusion in the analysis.

Table-16

Rotated Component Matrix

Factors	Component		
	1	2	3
Provide support	**.805**		
Gives encourage or motivation	**.775**		
Give them empathy not sympathy	**.744**		
Consider the disability whenever needed	**.514**		
Be patient and treat them well		**.819**	
Problem solving and decision making		**.814**	
Creating opportunities			**.682**
Eigen values	**3.026**	**30.265**	**30.256**
Percentage of variance explained	**2.063**	**20.634**	**50.899**
Total variance explained	**1.060**	**10.601**	**61.500**

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

Rotation converged in 7 iterations.

The results indicates that for the sample data, Eigen value of the all factors was greater than one indicating that these factors alone were appropriated for inclusion in the analysis. These factors together accounted for nearly 62 percent of the variations in the factors. Factor 1 had significant loadings on four dimensions namely 'Provide support', 'Gives encourage or motivation', 'Give them empathy not sympathy', and 'Consider the disability whenever needed'. These dimensions explained two percent of the variance. Factor 2 had significant loadings on two dimensions namely 'Be patient and treat them well', and 'Problem solving and decision making' and these explained nearly 21 percent of the variance. Factors 3 had significant loadings on only one dimensions i.e., 'creating opportunities' explained nearly 51 percent of the variance. To sum up, 'Be patient and treat them well', 'Problem solving and decision making' and 'provide support' were the main counselling sessions given by the school counsellors to the differently abled school children while studying.

7. Frequency of doctor visits in a year

Childhood disability impacts healthcare significantly as these children experience a wide spectrum of issues ranging from medical complications such as seizures, spasticity,

contractures to functional impairments such as mobility issues, dependency for daily living activities, poor cognition, behavioural issues, and poor social interaction. A comprehensive rehabilitation started as soon as diagnosed with an impairment helps in maximizing functionality and reducing caregiver burden in long run. Literature suggests that in India, one in every tenth child is either born with or subsequently acquires a physical, mental, or sensory disability. With a large percentage of disabled pediatric patients, rehabilitation has become an essential aspect of country's healthcare. However, recent WHO survey estimated that 76%–85% of disabled people in developing countries receive no care and only 2% of them can access rehabilitation. Hence, the present survey explain how the doctors visiting frequently to the differently abled schools in a year and showed in the following table.

Table-17

Frequency of Doctor visits in a year

Frequency of visiting	Frequency	Percentage
Two or three times	19	19.0
More than three times	18	18.0
Frequently	24	24.0
Sometimes	37	37.0
Not at all	2	2.0
Total	**100**	**100.0**

Source: Field Survey, 2023.

The above table revealed that majority (37 percent) of the respondents has stated that the doctors visiting a school sometimes in a year while next major percentage of children (24 percent) has expressed that doctor visiting frequently in a year. Nineteen percent of them told doctor visits hardly two or three times in a year; eighteen percent of them told doctor visits more than three times in a year and remaining 2 percent of the respondents were expressed that doctor not at all visit to the school. Therefore, the present study investigated that majority of them expressed that doctor's visits sometimes in a year to the schools.

8. Barriers and problems with gender of the Differently Abled School Children-ANOVA Test

ANOVA was done to determine between common barriers with Gender of the Differently Abled School Children. The hypothesis framed was:

H_o: There are no significant differences between common barriers with Gender of the Differently Abled School Children.

H_a: There are significant differences between common barriers with Gender of the Differently Abled School Children. The results are presented in table 18

Table-18

Common Barriers with gender of the Differently Abled School Children

S. No	Barriers and problems	Sum of Squares	Df	Mean Square	F	Sig.	Inferences
1.	A physical environment that is not accessible	Between Groups	2.374	1.187	.628	.536	Accept H_0
		Within Groups	106.066	1.093	.695		
		Total	108.440	1.085			
2.	Lack of relevant assistive technology	Between Groups	2.374	1.187	.043	.057	Accept H_0
		Within Groups	106.066	1.093	.752		
		Total	108.440	1.085			
3.	Negative attitudes of people towards differently abled school children	Between Groups	2.374	1.187	.144	.118	Accept H_0
		Within Groups	106.066	1.093	1.217		
		Total	108.440	1.085			
4.	Discrimination	Between Groups	2.374	1.187	.720	.538	Accept H_0
		Within Groups	106.066	1.093	1.294		
		Total	108.440	1.085			
5.	Lack of awareness	Between Groups	2.615	1.308	.043	.033	Reject H_0
		Within Groups	105.495	1.088	1.299		
		Total	108.110	1.085			
6.	Lack of individualization	Between Groups	2.615	1.308	.720	.490	Accept H_0
		Within Groups	106.529	1.104	1.299		
		Total	108.110	1.085			
7.	Unavailability or lack of accessible study materials	Between Groups	1.581	.693	1.001	.908	Accept H_0
		Within Groups	106.529	1.104	1.103		
		Total	108.110	1.085			

Source: Field Survey, 2023.

From the above table there is association between the sample respondents barriers and problems with their gender. There is a significant value which is < 0.05 and the H_0 is rejected at 5% level of significant. Hence, gender is significantly associated between lack of awareness.

9. Accessibility of Educational Facilities- Factor Analysis

Children with disabilities in India are among the most disadvantaged in terms of access to schooling and completion of elementary education. The World Bank Report (2009) noted that the people with disabilities are subject to multiple deprivations and that they are

the most excluded from education. The report noted that children with disabilities are about four to five times less likely to go to school than the children from scheduled tribes and scheduled castes. Due to, school fees, transportation cost and parents not having time to accompany children to school, parents are often forced to make a choice between providing education to a child with a disability and without a disability. Therefore, an attempt was made to explain the difficulties faced by the differently abled children due to accessibility of educational facilities in this section.

Factor Analysis

Factor analysis was used to identify the underlying pattern of relationship between the various dimensions of accessibility of educational facilities to the differently abled children and whether these facilities can be grouped in terms of a composite variable. The respondents were asked questions relating to the accessibility of educational facilities to the differently abled children, a five-point scale ranging from -2 (strongly disagree) +2 (strongly agree). To determine the appropriateness of applying factor analysis, the KMO and Bartlett's test measures were computed and the results are presented in the table 19.

Table-19

KMO and Bartlett's Test

Test Measures	Factors
Kaiser-Mayer-Olkin Measure of Sampling Adequacy	**.847**
Bartlett's test of sphericity: Approx. Chi-Square	**576.432**
Degrees of Freedom	**78**
Sig.	**.000**

Source: Estimation based on field survey

KMO statistics for accessibility of educational facilities were .847 signifying higher than acceptable adequacy of sampling, Bartlett's test of Sphercity was also found to be significant at one percentage level, providing evidence of the presence of relationship between variables to apply factor analysis.

The communalities for each variable were assessed to determine the number of variables accounted by the variables to be included in the factor rotations and the results are shown in the table 20.

Table-20

Communalities

Factors	Initial	Extraction
Discrimination	**1.000**	**.810**
Lack of funding	**1.000**	**.736**
Poor health conditions	**1.000**	**.398**
Parents	**1.000**	**.621**
Lack of awareness about facilities	**1.000**	**.655**
Gender discrimination	**1.000**	**.739**
Selection of school	**1.000**	**.686**
Assistive device	**1.000**	**.792**
Shortage of special teachers	**1.000**	**.570**
Social access	**1.000**	**.660**

Source: Extraction Method: Principal Component Analysis

All the variables had values greater than 0.50 signifying substantial portion of the variance accounted by the factors. It presents the Eigen values, their relative explanatory powers and factor loadings for 10 linear components identified within the date set. The Eigen value greater than one alone was considered for inclusion in the analysis.

Table-21

Rotated Component Matrix

Factors	Component		
	1	2	3
Discrimination	**.895**		
Lack of funding	**.780**		
Poor health conditions	**.744**		
Parents	**.721**		
Lack of awareness about facilities	**.709**		
Gender discrimination	**.680**		
Selection of school	**.535**		
Assistive device		**.802**	
Shortage of special teachers		**.718**	
Social access			**.809**
Eigen values	**5.661**	**43.550**	**43.550**
Percentage of variance explained	**1.483**	**11.410**	**54.960**
Total variance explained	**1.054**	**8.150**	**63.065**

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. Rotation converged in 10 iterations.

The results indicates that for the sample data, The Eigen value of the all factors alone was greater than one indicating that these factors alone were appropriate for inclusion in the analysis. These factors together accounted for 63 percent of the variations in the factors. Factor 1 had significant loadings on seven dimensions namely ‘Discrimination’, ‘Lack of funding’, ‘Poor health conditions’, ‘Parents’, ‘Lack of awareness about facilities’ ‘Gender discrimination’ and ‘Selection of school’ and these dimensions explained 1 percent of the variance. Factor 2 had significant loadings on two dimensions namely ‘Assistive device’ and ‘Shortage of special teachers’ and these dimensions explained 11 percent of the variance. Factor 3 had significant loadings on only one dimensions namely ‘Social access’ and this dimension explained nearly 55 percent of the variance. To sum up, ‘discrimination’, ‘assistive device’ and ‘social access’ were the major difficulties faced by the differently abled children while accessing their educational facilities.

Summary and Conclusion

CHAPTER – V

SUMMARY AND CONCLUSION

Education plays a pivotal role which brings equilibrium between medical and vocational rehabilitation and brings societal changes of the disabled. It is more crucial element than that of the muscular strength or swiftness in the movements of the joints in a body. Through education a revolution may occur by which social uplift as well as the scenario of life would get changed. Where a child who is born blind or physically challenged has to spend years of childhood in rigorous training in overcoming such hurdles rather than taking education at right age. The child whose development gets delayed and by age of seven starts walking that too with external aid, the child who utters the first word at the age of eight or the child who starts spelling at the age of nine cannot be normal in receiving education in comparison to his counterpart who starts walking, talking and writing at a much lower age. In India, there shall be compulsory education for children at schools about treatment with disabled persons and special teachers should be engaged in schools for sign language training as well as providing special classes for disabled persons for their overall development.

National Policy on Education for the first time considered education for all as one of the cherished goals of national development. Revolution in primary education is a major step towards attaining this goal. The policy states that non-engagement of such groups of special children is one of the major hurdles in the realization of this goal. Handicapped person feels apprehensive about his communication with others. Inter-personal transfers of emotions are quite important for the mental health of the individual. The physically handicapped person is subjected to lot of stress because of lack of social relations. In addition to increased physical and emotional stress, the crippled individual is condemned to a similar outcome in his social life. The attitudes of society towards the physically handicapped are always reprimanding when it comes to the capabilities of them. Frustration, anxiety and insecurity are major factors seen in disabled persons due to their inabilities to do work efficiently. In this background the present study throws light on physical and emotional challenges faced by the differently abled school children in selected areas of Coimbatore city. The objectives of the study as follows;

- To study the socio–economic background of disabled school children in Coimbatore city.
- To examine the society's attitude towards the disabled children

- To find out emotional challenges, counselling and promoting health services for disabled children at school.
- To investigate school's offering additional supports for disabled children independent living.
- To explore common barriers experienced by children with disabilities.
- To identify the problems faced by disabled children in their day-to-day life.
- To explain the accessible factors that influence educational facilities of disabled children.

Hypothesis of the Study

- There is no significant relationship between Socio Economic Status of the respondents and Difficulties of the Differently Abled School Children.
- There are no significant differences between Barriers and problems with gender of the Differently Abled School Children.
- The major factors influencing the society attitudes towards persons with differently abled were 'feeling discrimination among people, 'facing social hurdles' and 'Communication and interaction'.
- The main activities can ensure by the differently abled children were 'Doing puzzles', Singing, dancing and making noise' and 'Place a variety of toys on a tray'.
- 'Be patient and treat them well', 'Problem solving and decision making' and 'provide support' were the main counseling sessions given by the school counselors to the differently abled school children while studying.
- 'Discrimination', 'assistive device' and 'social access' were the major difficulties faced by the differently abled children while accessing their educational facilities.

Methodology

The tests were administered among the Differently Abled School Children in with a view to getting the whole sample base and better results. Respondents were selected from 4 Special Schools covering Coimbatore District namely Ondipudur, Mettupalayam, Thudiyalur, Therkkupalayam. The investigator personally approached and distributed the questionnaires to the respondents. The purpose and procedures for filling out the questionnaires were personally explained to the differently abled school children's who acted as respondents. Data pertaining to the study were collected by personal interview method. The interview schedule consisted of questions relating to the socio-economic background of the differently

abled school children, Data for the study were collected from the sample units by administering a pre-tested interview schedule during December 2022 to January 2023 Besides averages, percentages and graphs, the following techniques were used like Likert Summated Scale, Chi-square, Anova test and Factor Analysis.

Results and Discussion

Socio-economic profile of the respondents

- Sixty one percent respondents were in the age group of 13-18 years which is the highest percentage among other age groups.
- Out of 100 percent, 64% of respondents are males and the remaining 36% are females.
- Majority of the respondent's 87% religion was Hindu, followed by nine percent of them were Muslims and rest four percent of them were Christians.
- Higher Secondary occupied the largest proportion of the respondents which is 63 percent.
- Majority of the respondent's parents were coolies i.e., 81 percent.
- Majority of the children's parent (98%) monthly income range between Rs. 5,000/- to Rs.10,000/-.
- Majority of the respondents were belong to urban area i.e 82 percent and the remaining 18 percent of the respondents were belong to rural area.

Socio - Economic Profile – Family details of the Respondents

- Majority of the respondents were from nuclear family i.e., 89 percent.
- Majority of the respondent's (85 percent) family size is small 4 to or less than 4 members.
- Majority of the respondent's parents having children one or two i.e., 91 percent.

Positions of Disabilities

- Majority of the children are born in the 3rd order i.e., 58 percent.
- Majority of the respondents having hearing impaired disability i.e., 43 percent.
- Majority of the respondent's having moderate disability i.e., 41 percent.
- Majority of the respondent's (89 percent) disability caused by birth.

Economic Status of the Respondents

- Majority of the respondents (91 percent) belongs to middle income category.

Entertainment at Home

- Majority of the differently abled children were having foremost entertainment at home was watching television. i.e., 35 percent.

Society Attitudes towards Differently Abled

- Feeling discrimination among peoples', 'facing social hurdles' and 'Communication and interaction' were the main factors that influencing the society attitudes towards persons with differently abled.

Emotional Challenges of the Differently Abled Children

- Majority of the respondents were emotionally challenged by getting anger i.e., 40 percent.

Activities of Differently Abled Children Ensure in Schools

- The main activity can ensure by the differently abled children were 'Doing puzzles', Singing, dancing and making noise' and 'Place a variety of toys on a tray'.

Counselling sessions for differently abled school children

- 'Be patient and treat them well', 'Problem solving and decision making' and 'provide support' were the main counselling sessions given by the school counsellors to the differently abled school children while studying.

Frequency of visiting of doctor

- Majority of the respondents have stated that the doctors visiting a school sometimes in a year i.e., 37 percent.

Barriers and problems with gender of the Differently Abled School Children- ANOVA Test

- There is association between the common barriers, problems faced by the differently abled children and gender.

Accessibility of Educational Facilities- Factor Analysis

- Discrimination', 'assistive device' and 'social access' were the major difficulties faced by the differently abled children while accessing their educational facilities.

Conclusion

To be conclude, disability is considered to be a social stigma in society which needs to be improvised. Disability is nothing but impairment in mind of people rather than being impaired by limbs. People in the society have such belief for them which makes them unable to stand on their own. The Disability need not be an obstacle to success rather it should be ladder to climb unusual. India is still lacking behind in providing infrastructure to disabled

persons despite several efforts and campaign. It is a high time when we should work together to create a stress-free environment for such persons breaking the barriers with the aim of changing negative attitudes about disabled persons into positive recognition of their attributes, skills and their sole rights. Therefore, the present study revealed that, the majority of the differently abled children having hearing impaired with moderate disability by birth and they are belonged to middle income category. Further the study found that the activities can ensure by differently abled children like doing puzzles, singing, dancing and making noise and place a variety of toys on a tray and the school counselor provide proper counseling support to the differently abled children. The major difficulties faced by the differently abled children while accessing their educational facilities such as discrimination, assistive device and social access. The study suggested that there is a need for special education for children with different disabilities and conduct awareness programmes regarding different disabilities and their common problems.

Recommendations

- The creation of barrier free environment including provision of ramps, transport facilities for accessibility to school.
- Creating facilities for home-based schooling or special education for children with multiple disabilities, deaf-blind and intellectual and severe disabilities who may not be able to attend regular school.
- Organizing teacher training refresher courses for all teachers from private and government school on information on disability, individual educational plans, teaching learning methods to support the education of children with disabilities.
- Addressing attitudinal barriers by community awareness programme on disability and education. Making it mandatory for representation of parents of children with disabilities in education committee.
- Conducting parental education programme such as workshop, training materials to help parents support their child's learning.
- Ensuring coordination with various ministries and line departments responsible for education and spell out each one role for effective implementation of educational policy for children with disabilities.

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Annexure - I

ANNEXURE - I

PHYSICAL AND EMOTIONAL CHALLENGES OF DIFFERENTLY ABLED SCHOOL CHILDREN IN COIMBATORE CITY

QUESTIONNAIRE

PERSONAL DETAILS

1. Name:
2. Age:
3. Gender: a) Male b) Female c) Prefer not to say
4. Religion: a) Hindu b) Muslim c) Christian d) Others
5. Education: a) Primary b) Secondary c) Higher secondary
6. Ordinal position: a) 1st b) 2nd c) 3rd
7. Type of family: a) Nuclear b) Joint c) Extended
8. Size of the family: a) Small (4 or Less than 4 members) b) Medium (5-6 members) c) Large (More than 6 members)
9. Number of siblings: a) 1-2 b) 3-4
10. Type of disability: a) Visual b) Hearing c) Locomotors d) Speech e) Multiple disability
11. Degree of disability: a) Mild b) Moderate c) Severe d) Profound
12. Cause of disability: a) By birth b) Illness c) Accident d) Wrong treatment e) Un known
13. **Family Composition:**

S. No	Name of the family member	Age	Relation with the child	Education	Occupation	Annual income

14. Socio Economic Status: a) Low income group b) Middle income group c) High income group
15. Surroundings of the residence: a) Underdeveloped b) Developing c) Developed

16. Entertainment at home in which s/he engage himself/herself?

Entertainment	Approx. time spent
Videogames/ computer	
Watching TV	
Reading	
Writing	
Painting	
Playing-indoor /outdoor	
Gardening	
Swimming	

17. Attitude of the society:

Attitudes(factors)	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Communication & Interaction					
Inclusive Education					
Job Opportunities					
Transport Facilities					
Buildings and Infrastructures					
Feeling discrimination among peoples					
Getting avoidance from peoples					
Facing social hurdles					
Open minded people					

18. Communication: a) Oral communication b) Sign communication c) Total communication
19. Type of daily living activity:
    a) Personal hygiene (bathing, grooming etc) b) Ability to use a restroom c) Eating and continence d) Music therapy e) Walking or cycling
20. Emotional challenges of disabled students:

Challenges	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Feeling anxious					
Poor motivation					
Anger					
Depression					
Sadness					
Tension					
Emotions					

21. Do you having a good relationship with the students & teachers?
    a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
22. What are the activities can a disabled person do?

Activities	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Place a variety of toys on a tray					
Make up a game using a ball					
Make a video of the things you have recorded					
Reading books					

Singing, dancing and making noise					
Walking					
Playing in a playground					
Visiting a park or zoo					
Doing puzzles					

23. School counselling sessions for disabled students:

School Counselling	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Provides support					
Gives encourage or motivation					
Teaches personal and academic skills					
Career development					
Give them empathy not sympathy					
Consider their disability whenever needed					
Be patient and treat them well					
Problem solving and decision making					
Creating opportunities					

24.Promoting health services (awareness):

Health services	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Promote Self esteem					
Boosting their self confidence					
Encouraging students to eat healthy and stay fit					
Providing outlets to relieve anxiety and stress					
Open communication with honesty					
Participate or volunteer in awareness events					
Changes in sleep and eating patterns					

25. How many times in a year do you go to the doctor?
    a) Two or three times
    b) More than three times
    c) Frequently
    d) Sometimes
    e) Not at all
26. Common barriers to the participation experienced by people with disabilities:

Barriers	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
A physical environment that is not accessible					

Lack of relevant assistive technology					
Negative attitudes of people towards disability					
Discrimination					
Lack of awareness					
Lack of individualization					
Unavailability or Lack of accessible study materials					

27. What are the assistive devices that you using?

Assistive devices	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Wheelchairs					
Tricycles					
Crutches					
Walking sticks					
Walking frames					
Adapted books					
Pencil holders					
Page turners					
Canes and Scooters					

28. Does your school offer additional supports for independent living?

Additional supports	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Accessing meals					
Public transportation					
Campus Healthcare					
Student counsellors					
Language center					
Student gym					
Study training and workshops					
User friendly sanitary arrangements					
Accessible seating arrangements					

29. Difficulties of disability:

Difficulties	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Sustaining					
Shifting					
Sharing attention					
Problems of concentration					

Distractibility					
No social support					
Difficulties in Travelling					
Accompanying people					
Lack of mobility					
Ability to speak					

30. What are the factors influencing the accessibility of educational facilities?

Factors	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Discrimination					
Lack of funding					
Poor health conditions					
Parents					
Lack of awareness about facilities					
Lack of awareness about disability certificate					
Gender discrimination					
Selection of school					
Assistive device					
Shortage of Special Teachers					
Social access					

Annexure - II

ANNEXURE - II

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Avinashilingam

Institute for Home Science and Higher Education for Women
(Deemed to be university under Category 'A' by MHRD, Estd. u/s 3 of UGC Act 1956) Re-accredited with 'A^{++}' Grade by NAAC.
Recognised by UGC Under Section 12 B
Coimbatore- 641043, Tamil Nadu, India

Chairman
Dr.Sudha Ramalingam
Director – Research and Innovation
Professor- Community Medicine,
PSG Institute of Medical Sciences
& Research, Coimbatore

Member Secretary
Dr. A Thirumani Devi
Professor
Department of Food Science and Nutrition

Members
Mr. K. Arulmoli (Legal Expert)
Dr. Subashini K.Sripathi
Dr. A Saraswathy (Medical Officer)
Ms. D. Kavitha
Dr. A R Sudamani Ramasamy
Dr. G. Victoria Naomi
Dr. Judith Justin
Dr. Anitha Subash
Dr. K. Sampath Rani

05.01.2023

To
Ms. Vaishnavi, S.
Department of Economics
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore- 641043

Dear Vaishnavi,

Ref: Your proposal No. IHEC/22-23/EC-11 entitled "A Study on Socioeconomic Conditions of Differently abled Students" submitted for approval of IHEC on 21.11.2022.

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No. IHEC/22-23/EC-11 entitled "A Study on Socioeconomic Conditions of Differently abled Students" submitted by you. The Approval number for the same is AUW/IHEC/EC-22-23/XPD-11.

We wish you all the best in your research endeavours.

Regards

5.1.23

Dr. A Thirumani Devi
Member Secretary

Institutional Human Ethics Committee