

GROWING UP MISUNDERSTOOD

Despite increased awareness and support, many children with developmental disabilities in India are growing up in environments not built for them



It's difficult for children with developmental disabilities to receive the support they need, as they're going against a mythical normal.

Dr Vibha Krishnamurthy, paediatrician

THE 92% GAP

Inclusive education depends on trained support. Yet, nearly 92% of Indian schools lack a dedicated special educator on campus.



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FEELING slower than peers, struggling to focus, missing social cues, or being labelled lazy and stubborn by the adults around them is a common experience for many Indian children with “invisible” developmental disabilities. These include conditions such as autism, ADHD, and learning disorders. Children with more visible disabilities, like Down syndrome or cerebral palsy, often face a different but equally isolating reality of exclusion, staring, and infantilisation. However, there seems to be a gradual shift in understanding developmental disabilities in India.

A shifting legal and scientific landscape

The Rights of Persons with Disabilities (RPwD) Act, 2016, expanded the list of disabilities from 7 to 21 to include Autism Spectrum Disorder (ASD) and learning-specific disabilities. The Right to Education (RTE) Act, 2009, also mandates free and compulsory education for children with developmental disabilities aged 6–14.

Paediatricians and disability rights advocates credit this to evolving understanding of developmental disabilities and neurology. “Today,

neuroscience tells us that developmental disabilities in children are often complex inherited conditions. New tools like Whole Exome Sequencing have become vital in detecting developmental disabilities that would otherwise go undiagnosed,” says Dr Vibha Krishnamurthy, developmental paediatrician and advocate for children with developmental disabilities.

She adds that perspectives shared by people with disabilities, along with better media representation, have also contributed to this shift. This increased awareness is slowly influencing disability care and education policy, with greater emphasis on early intervention and support rather than trying to “fix” neurodevelopmental conditions. India had over 367 functional District Early Intervention Centres (DEIC) and 14 Cross-Disability Early Intervention Centres (CDEIC) as of 2023.

Care that fails to reach the last mile

Experts note that awareness and care delivery remain scarce, and often depend heavily on a family’s social and economic circumstances. A 2017 study from western Madhya Pradesh published in the National Journal of Community Medicine highlighted how delayed diagnosis of developmental disorders often coexisted

OUT OF PLACE



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mind gap

with financial hardship and limited parental awareness.

Dr Vibha explains that parents from low-income and marginalised communities often cannot act as full-time caregivers because of financial constraints. “You cannot ask a parent who depends on daily wages to bring their child to therapy and lose a day’s income,” she states. She adds that care for children with developmental disorders must also account for “risk factors” outside biology, including caste, class, gender, poverty, and exposure to conflict.

“With these factors present, last-mile care delivery for such children still has a long way to go,” she notes.

Gaps in school settings

The problem also exists in educational spaces. According to a 2025 review of UDISE+, NAS, UNESCO, and UNICEF reports

published in the Journal of Education, Society and Behavioural Science, less than 35% of teachers have received training in inclusive education. UDISE+ data also shows that only about 55% of schools had barrier-free infrastructure such as ramps and handrails, while over one lakh schools continued to function with a single teacher.

Dr Vibha says many school environments still lack the support systems needed for children with developmental disabilities. “I’ve had to advise several of my patients’ parents to homeschool their kids if they had the means, because their particular school environments were detrimental to their mental health,” she says. She suggests establishing networks of schools for joint sensitivity training, workshops, and sharing inclusive practices.

Rethinking disability itself

For parents, Dr Vibha recom-

mends forming support networks with other families to exchange notes, gain awareness about disability rights, and access resources.

She adds that NGOs can also support parents from marginalised communities by helping them apply for government social security schemes or obtain Unique Disability ID (UDID) Cards.

“Early intervention looks different for every child. Sometimes, it could be ensuring that their parents have ration cards,” she states. “Several of these conditions are considered disabilities in environments not designed to include children who are born with them,” she explains, adding that disability care often involves fighting a “mythical normal.”

“We should not be trying to fix children with developmental disabilities. Rather, we must create environments that allow them to thrive,” she says.