
Chapter-I
Introduction

CHAPTER-1

INTRODUCTION

“For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability.”

— **Herbert Hoover** (*Kidadl, 2021*)

1.1 Conceptual Framework

Every child is different, and they all require support in growing, changing, refining, and adapting to new conditions. Some children require more time, more help and assistance than others to accomplish some development of task. For example children with Intellectual Disability often need more attention and help for problems faced in learning social and academic skills. Some of them may be academic problems, slow development of reasoning, problem solving and generalizing skills. These children are also slow in language development (**Olivier & Williams, 2005**). Based on the research findings the investigator attempted to explore this area with a point of view of teachers teaching children with intellectual disability, the problems faced by the children with intellectual disability have been stated in various educational policies and commissions. *The Kothari Commission* observed that many children with disabilities found psychologically disturbed in regular school and these children could be sent to special schools. *“The National Policy of Education 1986”* has emphasized the need for special support and provision for the proper development of children with various needs. Section IV of the national policy of education entitled “Education for Equality” states that the children with motor handicapped and with mild disability will be provided education in integrated educational settings. In 1991 the Indian Government came up with a plan known as *“Integrated Education for Disabled Children (IEDC)”* to inspire regular schools to admit children with special needs

(Randhawa, 2011). 1981 was designated as the International Year of Disabled Persons by the United Nations General Assembly. Following that, the "World Conference on Special Needs Education" in Salamanca in 1994 played a critical role in highlighting the importance of education as a vehicle for inclusion and empowerment for children with disabilities. A similar effort was articulated in the "*Person with Disabilities Act, 1995*". The act endeavoured to "encourage the integration of children with disabilities in the regular schools" and also supported the "establishment and availability of special schools across the India" in both sectors Government and private as well as required. In 2001, a modification to the Constitution explicitly included children with disabilities and made access to education with fundamental right for children ages 6-14 (*Bhatnagar & Das, 2014; Kohama, 2012; Singal, Jeffery, Jain, & Sood, 2009; Singh, 2016*). According to census 2011, there are 5.6% intellectually disabled population of total disability population in India. Approximately 85% of the populations with Intellectual Disabilities are with Mild Intellectual Disability (MID) (*Kowsalya, 2013*). MID is the one who although lagging behind from typically developing children have the capacity to lead life relatively independently as compared to the other groups of ID. Children with MID go through similar stages of development as children without Intellectual disability (*Kowsalya, 2013; Sharma 1991*). Children with MID are an educable group and can be educated along with the typically developing children. Appropriate intervention can be provided systematically. This will help them to learn early and they also can become productive citizen of the country. In the present study, the investigator has taken children with MID to finding out their difficulties in learning. Researches have shown those intellectually disabled children are at a disadvantage from their peers in mental capacity and motor abilities. These children use aggression as a response to their disabilities (*Rad L. & Fathi F. 2014*). "National Sample Survey Organization of India" just completed the 76th round of the "National Survey of Persons with Disabilities" (July- December 2018). The main goal of the NSSO's 76th round of the Survey of Persons with Disabilities was to identify different indicators of disability incidence, different cause of disability, providing ease of facilities to persons with disabilities, barriers faced by disabled persons in accessing/using public buildings and transportation, care giver arrangement, and so on. The following table depicts the disabled population in the country as per the 2011 Census report (July- December 2018).

**Table 1.1 Total Population and the population of disabled persons in India -
Census, 2011 report (July- December 2018).**

Population of India (2011)-census			Disabled Population of India (2011)-census		
<i>Persons</i>	<i>Male</i>	<i>Female</i>	<i>Persons</i>	<i>Male</i>	<i>Female</i>
121.08 crore	62.32 crore	58.76 crore	2.68 crore	1.50 crore	1.18 crore

Source: Census of India 2011, G.O.I.

**Table 1.2 Total Population and the Disabled Population in Delhi- Census, 2011 report
(July- December 2018).**

Population of Delhi (2011)			Disabled Population of Delhi (2011)	
Total	16787941	Total	234882	
<i>Literacy status of disabled population of Delhi - Census, 2011 report (July- December 2018)</i>				
<i>Literate</i>	<i>Illiterate</i>	<i>Total Disabled</i>	<i>% literates</i>	<i>Total Literacy rate of population</i>
153420	81462	234882	65.32	86.34

Source: Census of India 2011, G.O.I.

According to the 2011 Census, India's overall population is 121 million, with 2.68 million handicapped people accounting for 2.21 percent of the total population. People with disabilities are a great human resource for the country, according to the “National Policy for Persons with Disabilities” (2006), which aims to establish an environment that offers equal opportunity, protection of their rights, and full involvement in society. People with disabilities are vulnerable because of the numerous challenges they experience, which include attitudinal, physical, social, psychological, and economical limitations. It is within our power to overcome these obstacles, and we owe it to ourselves to do so. Most importantly, reducing these barriers would enable many people with disabilities to make major contributions to society. Governments all across the world can no longer ignore the hundreds of millions of disabled individuals who are denied health care, assistance, education, and career opportunities, and who will never be able to shine.

Table- 1.3 Education Level of Disabled persons in India & Delhi – Census 2011 report (July- December 2018).

<i>Education Levels</i>	<i>India</i>			<i>Delhi</i>		
	<i>Persons</i>	<i>Male</i>	<i>Female</i>	<i>Persons</i>	<i>Male</i>	<i>Female</i>
Illiterate	12196642	5640241	6556402	81462	40022	41440
Literate	14618354	9348354	5270001	153420	98357	55063
Literate but below Primary	2440345	1706442	1133905	15787	9481	6306
Primary but below Middle	3554859	2195934	1358927	31394	19137	12257
Middle but below Secondary	24480	1616538	831533	24793	16359	8434
Secondary but below Graduate	3448650	2330080	1118570	45945	31013	14932
Graduate & Above	1246857	839702	407155	26747	16984	9763
Total	26814994	14988593	11826401	234882	138379	96503

According to the census of 2011, there are 7.1 lakh people with various types of disabilities in New Delhi, accounting for 2.41 % of the total recorded population of the state. According to the National Sample Survey Organization (NSSO) and estimates, the state's children with specific needs are 1.4 percent, as reported in UNICEF's "state plan of action for children." Children with particular visual difficulties, hearing impairment, speech impairment, locomotors disabilities, and mental disabilities are included in this category. There are 3.1 lakh people with vision impairments, 0.69 lakh people with speech impairments, 0.84 lakh people with hearing impairments, 1.81 lakh people with mobility impairments, and 1.6 lakh people with intellectual disabilities. The following table depicts the different aspects of disabled population in Delhi as per the 2011-Census report (July- December 2018).

Table-1.4 depicts the different aspects of disabled population in Delhi as per the NCERT (2008- 7th All India School Education Survey for Physically Challenged Children, NCERT, New Delhi).

<i>Enrolment statistics of disabled child in Delhi</i>				
Types of Disabilities	Primary	Upper Primary	Secondary	Higher Secondary
Hearing Impairment	448	143	223	151
Multiple Impairment	327	20	18	12
<i>Total no. of schools for admitting disabled child in Delhi</i>				
Visual Impairment	-----	59	65	42
Hearing Impairment	-----	50	88	46
Multiple Impairment	-----	15	6	9
Others	-----	36	24	14

Source: NCERT (2008- 7th All India School Education Survey for Physically Challenged Children, NCERT, New Delhi).

1.2 Historical Development of Education for Disabled in India

All over the world the education of children with disabilities has evolved through five stages. The first stage was of rejection or neglect as they were not considered to have the right to live in the society. The second stage refers to the stage of mercy or pity which allowed them to live in the society and not to die. This was followed by the era of education of these children which resulted in the establishment of special schools by philanthropists and social reformers. Then came the time when the concepts of mainstreaming and integration of these children in regular schools were evolved. This stage was quite encouraging from the viewpoint of their personality as well as academic development. The latest trend is of inclusive education which emphasizes placing the disabled persons in the general education system. In industrialized nations,

education systems that have traditionally had parallel general and special schools are shifting away from mainstreaming and toward evolving inclusive schools (*Ainscow, 1994*). In the latter two decades of the nineteenth century, special education brought knowledge and techniques for educating disadvantaged children to India. In the 1880s, Christian missionaries established schools for the crippled as a philanthropic endeavor. Later, in 1883, a deaf and mute institute was created in Bombay. Miss Anne Sharp founded the first school for the blind in Amritsar in 1887. Physically challenged services were also established in the middle of the twentieth century. Children with mental impairment, however, were the last to get attention, since the first school for these children was only opened in 1984 (*Mishra, 2000*). The history reveals that earlier special education programmes were heavily dependent on voluntary initiatives but efforts have also been made by the Indian Government in this regard. In 1944, the “Central Advisory Board of Education (CABE)” report was presented by John Sargent. The report clarified that whatever had been done till 1944 it was done by voluntary agencies. The report also suggested that the education of the handicapped should not be ignored by the government of India. This report has the status of a landmark in the policy of education of disabled as it emphasized for the first time that these children should be taught in special schools only when it is not possible to teach them in general schools. It made two most important recommendations:

- a) Disabled education should be an important element of India's educational system;
- b) Separate fund for the education of disabled should be allocated.

After independence the Education Commission was appointed in 1964 headed by Dr. D.S.Kothari and the report was presented in 1966. The Commission made many recommendations on equalization of educational opportunities including the recommendations for handicapped children's education and rehabilitation. It stated “Their education has to be organized not merely on humanitarian grounds, but also on grounds of utility. Proper education generally enables a handicapped child to overcome largely (his or her) handicap, and makes him a useful citizen”. Further it suggested that “the education of handicapped children should be an inseparable part of the general educational system”.

“The National Education Policy (**NEP, 1968**)” followed all the recommendations made by the Education Commission (1964-66). “Integrated Programmes” were the main focus of the policy for enabling the handicapped children for studying in the schools meant for non-disabled or normal children. The policy also recommended for the expansion of academics facilities for physically and mentally handicapped children. Then after two decades the “national Policy on Education (**NPE, 1986**)” underneath the heading of “Education for the Handicapped” suggested to teach the gently disabled in comprehensive education system and severely disabled in special colleges. The Policy conjointly suggested coaching programs to affect special difficulties of disabled youngsters. Some modifications within the **NPE (1986)** were felt essential. So the Programme of Action (1992) was chalked out. The POA prioritized universal enrolment for both types of students by the conclusion of the 9th five-year plan: those who could be educated in ordinary primary schools and those who needed special schools or special courses in general schools (**MHRD, 1992**). The reorientation of pre-service and in-service teacher training programs was conjointly emphasized. Excluding this in 1974 the govt. of Asian country launched the centrally sponsored theme of “Integrated Education for Disabled youngsters (IEDC)”. The main focus of the theme was to produce instructional opportunities to students with special needs in regular colleges, to facilitate their retention within the establishment, and to put students from special colleges to common colleges. “The National Council of Educational Research and Training (NCERT)” implemented the “Project of Integrated Education for the Disabled (PIED)” in 1987 with UNICEF support. The goal was to improve the integration of IEDC within the NPE's framework and goals (1986). UNICEF provided support for creating educational material, counseling and training of parents and personnel, mobilizing community support and co-ordination of the project in remote and rural areas and troublesome places. By the middle Nineties evolving from the national expertise with space specific comes, a nationwide arrange popularly called “District Primary Education Programme (DPEP)” place native communities guilty of education. From the year 1995 the education of kids with disabilities has conjointly been enclosed as integral part of the programme. It emphasized that each one of such child within some selected districts would be listed for comprehensive education at the first level. With the adoption of the “Salamanca Statement and Framework for action (1994) on Special needs Education”, a policy agenda for comprehensive education has been implemented on worldwide basis.

Asian country India is a signatory to the “Salamanca Statement (UNESCO, 1994)”. There's a speedy incorporation of “inclusive education” in numerous official documents, reports revealed by establishments like the NCERT and media once adoption of this framework. The National program Framework for college Education flatly suggested comprehensive colleges for CWSN by creating applicable modifications within the content, presentation and dealings methods, getting ready lecturers and developing learning-friendly analysis procedures (NCERT, 2000). The govt. of India launched “Sarva Siksha Abhiyan (SSA)” in 2001 in conjointly with state governments to attain the long cherished goal of “Universalization of Elementary Education”. The aim of this programme is to produce eight years of sensible quality education to children between the ages of 6-14 years and to possess all children at school, teaching-learning and finishing primary and higher primary term by 2010. It conjointly ensures that each disabled child, no matter the type, class and degree of incapacity, is provided education in associate applicable setting. It had been complete by the framers of SSA that their objective might solely be met if the education of disabled child was a very important part of the programme. The SSA contains a specific feature i.e. “Zero Rejection Policy” that suggests that no disabled child needs may be neglected, not denied enrollment on the idea of such considerations. By the year 2002, the IEDC theme had extended to 41,875 colleges, benefitting quite one 33,000 disabled child in all States with four Union Territories “(Department of Education, MHRD, 2003)” whereas DPEP (2003) rumored that the overall range of learners with listed in regular colleges underneath DPEP was quite five 60,000: this represents virtually seventieth of the nearly eight 10,000 learners with subunit known underneath this programme.

1.2.1 Specific legislations for different Disabilities in India:

“**The mental health act 1987**”: This act came into force on 1st April 1993 in all the state and union territories. The goal of this act is to govern the admission of mentally ill people to psychiatric hospitals or nursing homes who lack the comprehension to seek treatment on their own initiative, as well as to guarantee their rights while in detention. Any individual who requires therapy for a mental disease other than mental retardation is considered mentally sick.

“Rehabilitation Council of India Act, 1992”: The Rehabilitation Council of India Act, 1992 was enacted with the goal of establishing a rehabilitation council to regulate rehabilitation professional training and maintain a central rehabilitation registers. The RTI Amendment Act of 2008 was updated to include a new goal of monitoring rehabilitation professional training and personal promotion of rehabilitation and special education research.

“Rights of the disabled under RCI Act, 1992”:

- To have the right to be served by skilled and certified rehabilitation specialists whose names are included on the council's registry.
- To obtain the assurance that the minimal educational standards necessary for the recognition of rehabilitated qualifications by Indian universities and institutions are maintained.
- To have the assurance that professional behaviour and etiquette will be maintained under the threat of disciplinary action and removal from the council's register.
- To have the assurance that the rehabilitation profession would be regulated by a statutory council under the jurisdiction of the central government and within the bounds set by the state government.

“Persons with disability (equal opportunities, protection of rights and full participation) Act, 1995”:

This legislation aims to give effect to the Asian and Pacific region's declaration on disabled people's full participation and equality. The proclamation was issued from 1 to 5 December 1992 in Beijing, China, to kick off the Asian and Pacific decade of the handicapped person, which was hosted by the Economic and Social Commission for Asia and the Pacific area. As a signatory to the aforementioned declaration, India was obligated to enact appropriate legislation for the disabled's benefit.

“Rights of the disabled under PWD act 1995”:

The following are the disabled's Cardinal Rights, which are entrenched in the act's name:

- Equal chance for handicapped and non-disabled people.

- Protection of handicapped people's legal rights.
- The right to full involvement in all aspects of life, on par with non-disabled people.
- The disabled have the right to be cared for and rehabilitated in society;
- The disabled have been statutorily recognised, and the different types of disability have been given legal definitions by this act.
- It is the responsibility of the federal and state governments to adopt preventative measures to reduce the occurrence of disabilities by providing training to personnel at primary health care facilities and improving cleanliness, health, and sanitation. At least once a year, school children should be screened to detect problematic cases and referred to referral institutions.
- Every child with a disability has the right to a free education in a suitable environment until the age of 18, and the government should establish special schools to provide special education, promote the integration of disabled students into regular schools, and provide vocational training opportunities for disabled children.
- Disabled children who have completed the fifth grade can continue their education as part-time students at open schools or open universities, and they are eligible for free special books and equipment from the government.
- For all categories, there will be a 1-percentage-point reserve of posts for the disabled.

“The national trust for welfare of persons with Autism, cerebral palsy, mental retardation and multiple disabilities Act, 1999”:

The bill stipulates the composition of the national institution for the “welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities”. The bill defines the different disabilities mentioned as:

Autism: It refers to “a condition of uneven development of skills, which mainly affects the communication and social skills of people characterized by repetitive and ritual behaviors.”

Cerebral palsy: refers to “a group of non-progressive diseases in humans, which is characterized by brain damage or damage that occurs before and after childbirth or during infant development that leads to abnormal motor control posture.”

Mental retardation (Low intelligence): refers to “a state of stagnant or incomplete mental development of a person, especially characterized by lower than normal intelligence.”

Multiple disabilities: “This refers to a combination of two or more disability as defined in Section 2(1) of the PWDs Act of 1995. They are blindness, low vision, leprosy cure, hearing impairment, movement disorder, low intelligence and multiple disabilities.”

“Sarva Shiksha Abhiyan”: The Government of India launched “Sarva Shiksha Abhiyan SSA” in 2002 with an aim to achieve universalization of elementary education. It was stated that the universalization of elementary education cannot be achieved unless disabled children are provided education in an appropriate environment. Therefore, inclusive education for children with special needs was made one of the interventions in “Sarva Shiksha Abhiyan”. The policy of inclusive education in “Sarva Shiksha Abhiyan” deals with education of disabled children up to class 8th. Afterwards, a scheme named inclusive education for the disabled children launched in 2009 caters to the need of disabled children up to 12th class. The interventions for inclusive education under “Sarva Shiksha Abhiyan” are identification and assessment appropriate educational provisions of aids and appliances preparation of individual education plan resource support removal of architectural problems teacher training parental counseling and community mobilization with research. It is important to mention that the “Sarva Shiksha Abhiyan” documents have used the term children with special needs to refer to the children with disabilities.

“Right to Education Act, 2009”: The “Right to Free and Obligatory Education (RTE) Act, 2009” ensures that all children, including CWSNs, receive free and compulsory primary education. This legislation establishes a legislative framework that guarantees all children aged 6 to 14 years free and obligatory elementary school enrollment, attendance, and completion. The RTE Act's Section 3, (2) emphasizes the

need of early childhood education for disabled children. A child with various or severe impairments have the right to choose “home-based education”, according to the 2012 Amendment. For children with exceptional needs, the component also stresses the implementation of the Right to Free and Compulsory Education (RTE) Act, 2009. (Within the age group of 6-14 years). Separate resource support (financial help for special educators' salaries) is also made available in order to adequately meet the demands of CWSNs inside the school.

“Rights of Persons with Disabilities Act, 2016”: Repeal the “Disabled Persons (Equal Opportunities, Rights Protection and Full Participation) Act 1995”. It is in line with India's commitments under the “UN Convention on the Rights of Persons with Disabilities (UNCRPD)”. According to the "Rights of Persons with Disabilities (RPwD) Act 2016" promulgated on December 28, 2016 and effective on April 19, 2017, the definition of disability is based on an evolving dynamic concept.

Features of RPwD Act, 2016:

The number of sorts of impairments has been extended from seven to twenty-one, and the Government have the authority to add more. The following are the 21 disabilities:-

- Physical Impairment.
- Disability of the Loco-motor system.
- Person with leprosy cure.
- Cerebral Palsy: a condition that affects the brain.
- A condition of Dwarfism.
- Muscular Dystrophy: a kind of “muscular dystrophy”.
- Victims of “Acid Attack”.
- Impairment of vision.
- A condition of Blindness.
- Low Visibility.
- Impairment of hearing.
- “Deaf” and hard-of-hearing people.

- Disability in “Speech and Language”.
- Intellectual Disabilities.
- Learning Disabilities that are Specific.
- Autism Spectrum Disorder (ASD) is a group of disorders.
- Mental Attitudes (Mental Illness).
- “Chronic Neurological Conditions”, such as “Multiple Sclerosis”, cause disability.
- “Parkinson's disease”: a neurological disorder that affects people.
- Ailment of the Blood.
- Haemophilia.
- Thalassemia.
- Sickle Cell Disease is a kind of sickle cell disease.
- Multiple Illnesses.
- Individuals with "benchmark disabilities" are individuals who have been certified to have at least 40% of the impairments listed above.

1.3 Intellectual Disability

The term "intellectual disability" (mental retardation) refers to a specific condition of functioning that begins before the age of 18, and is marked by considerable limits in both intellectual performance and adaptive behaviour (*AAMR, 2002*). "Over the last few decades, the definition of intellectual impairment has been amended several times as people's perception of the illness has changed, as well as in reaction to diverse social, political, and professional influences." The AAIDD definition of intellectual disability is the most frequently accepted: “Intellectual disability (is) characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18” (*AAIDD [AAMR], 2002, p.1*)

In general, intellectually disabled children are those who have less than average intelligence. They were regarded as backward youngsters until the early twentieth century. Psychologists discovered in their research that some children lag behind

academically while having normal or above-average intelligence, thus they began to differentiate between backward and intellectually impaired children. At the moment, intellectually challenged children are defined as children that have lower IQ than the norm from birth and are unable to integrate into society. They are also known as mentally challenged youngsters. The most widely accepted definition is that offered by the American Association of Mental Deficiency (AAMD) in 1959. In the words of **Heber**,

“Mental-retardation refers to sub-average general intellectual functioning which originates during the development period and is associated with impairment in adaptive behaviour”.

1.3.1 Definitions of Intellectual Disability

In last 20 years, psychologist, psychiatrist, and health professionals have put many efforts to name ID appropriately (*Carulla et al., 2011*). The term ID, formerly also known, as ‘Children with Learning Difficulties’ and ‘mental retardation,’ has remained open to confusion. Historically in the US, ID referred as ‘Mental Retardation.’ The term mental retardation has newly been replaced with the term ‘Intellectual disability. However, the term ‘learning difficulty’ is more prevalent in the UK. People with mild to moderate ID are often referred to as having MLD (moderate learning difficulties) and with severe ID are referred as CMR or SLD (Severe learning difficulties). In present time most of the major academic journals throughout the world and all the National Institute for the person with disabilities use the term ‘Intellectual Disabilities’ (*Carulla et al., 2011; Chavan & Rozatkar, 2014; Henry, 2011a*). This change-over in terminology is supported by the organization like the “American Association on Intellectual and Developmental Disabilities” (AAIDD), “International Association for the Scientific Study of Intellectual Disabilities (IASSID)”, “National Institute for the empowerment of person with Intellectual Disabilities”, and “President’s Committee for People with Intellectual Disabilities”. Further, People with ID can be divided into two groups based on the presence and absence of organic cause. Individuals with ID who have the specific disorder and their exact cause is known such as Down syndrome, Williams syndrome, Fragile X, etc. are often treated as separate group than people with unknown biological causes (*Henry,*

2011b; Rutter & Taylor, 2005b, 2005a). This perspective provides different approaches to research.

1.4 Types of Intellectual Disability

Intellectual impairment is classified differently by different approaches. There are classifications based on psychological and educational factors. Psychological classification is based on intelligence quotient, whereas educational categorization is based on the ID person's/present child's level of functioning.

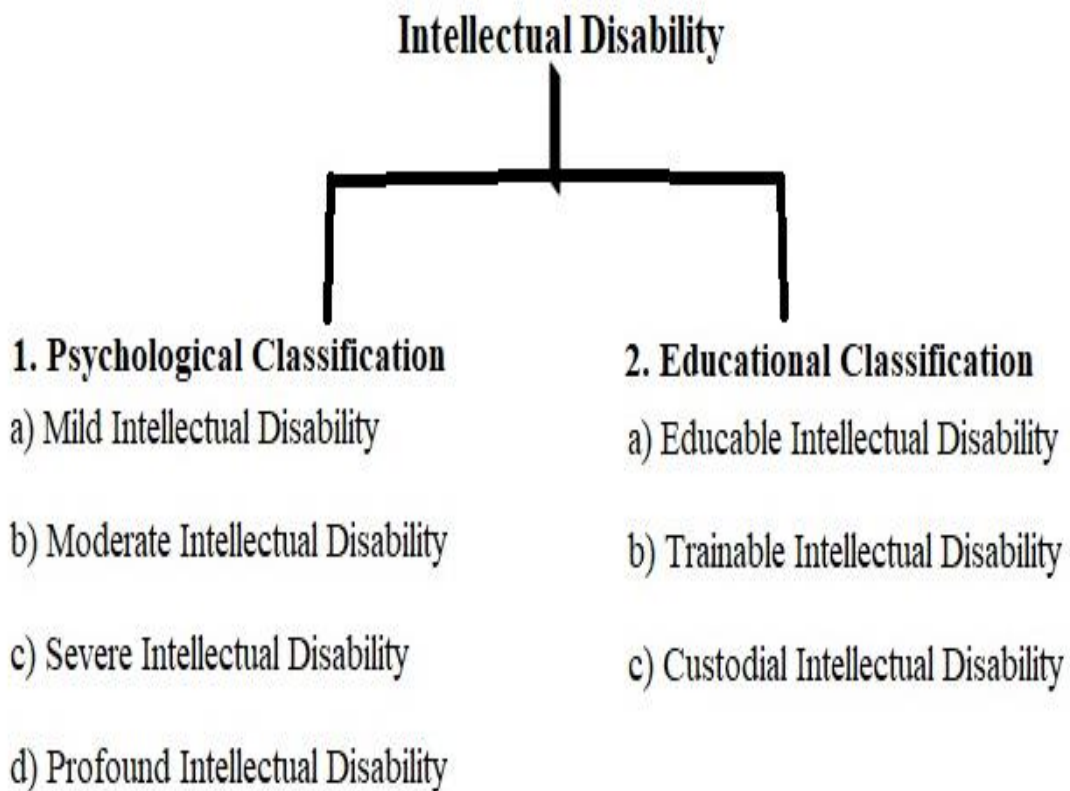


Figure 1.1 Types of Intellectual disability

1. Psychological Classification

The following classifications, based on standard scores of intelligence tests, show the categories of the American Association of Intellectual Disabilities, the Diagnostic and Statistical Manual of Mental Disorders-IV/V, and the International Classification of Diseases-10.

(a)Mild ID affects 85% of a person with ID population. IQ score range from 50- 69. Children within this classification can attain academic success at about the sixth-grade level. They can become self-reliant and in some cases, live independently with the community and social support.

(b)Moderate ID affects around 10% of the individuals under the classification of ID. IQ ranges from 35 to 54 and has satisfactory communication skills. Many of these persons can manage very well in the group homes and the community. Many are employed and can take care of them with minimal supervision.

(c)Severe ID is 3-4% of the population within this classification. IQ scores range from 20 to 40. Communication skills and self-help skills are very 4 minimal, and many individuals require supervision and assistance. Many of these persons reside in group homes with the help.

(d)Profound ID is a minuscule portion of the ID population, approximately 1-2% of these affected populations. These individuals are with IQ below 25 and require around-the-clock care and support. Their communication skills are very limited, and they need assistance for self-help skills. People with profound ID usually have neurological disorders as well.

Figure 1.2 Psychological Classifications of Intellectual disabilities

2. Educational Classification

Educators classify children with Intellectual Disability as educable mentally retarded (EMR), trainable mentally retarded (TMR), and Custodial Mentally Retarded (CMR). These various classifications help in providing an understanding that at which level a child with ID can function in society, his educational attainment, and his degree of independence.

(a) Educable Mentally retarded are those with IQ ranges from 50 to 69. Their intellectual development, when they become adults, roughly corresponds to typically developing children of age 8 to 12 years. EMR children go through the similar stages as normal children. EMR children may only come to notice in their early childhood years when their play, self-help skills are less developing than children of their similar age. For some EMR children, the problem may not be seen until their school years. EMR Children look like to their non-disable peers in the physical appearance, but their motor ability and coordination is little lower compared to the typically developing peers (*Kowsalya, 2013*). EMR Children are also characterized by a delay in cognitive development that influences the acquisition of both language and academic skills. Attention, memory, and generalization are the three most important cognitive skills which influence the acquisition of both language and academic skills. EMR children are found lacking in these three skills. However, Most of the time attention problems are confused with working memory problems. These cognitive skills are associated with the academic success and which of this skill is more related to academic achievement need to be sorted out to enhance academic learning.

(b) Trainable Mentally Retarded children are with IQ between 25 and 50. This group child can be trained in daily living skills and functional academics.

(c) Custodial Mentally Retarded children are those who have IQ below 25. These children with severe and profound retardation need more assistance for their daily living and leisure activities (*Rathore, 2015*).

Figure 1.3 Educational Classification of Intellectual disabilities

In the academic community, the term mental retardation is now being replaced with the word intellectual disability. The “American Association on Intellectual

and Developmental Disabilities” (AAIDD) terminology and the “Diagnostic and Statistical Manual -5” are frequently utilized in therapeutic services. Mental retardation has been replaced by the terms Intellectual Disability in both AAIDD and DSM-5.

According to the Persons with Disabilities “(*Protection of Rights, Equal Opportunities, and Full Participation*) Act 1995 of India”, "Mental Retardation" is defined as "a condition of stopped or incomplete development of a person's intellect, which is marked by sub-normal intelligence." Children with Intellectual disability encounter several challenges as a result of their brain's halting growth. They are deficient in a number of areas, all of which have a direct impact on their educational development. The table below summarizes their possible issues as well as the educational implications of these difficulties.

1.5 Role of Teachers in Education for intellectually disabled Students

The Role of the Resource Teacher Countless ways to deal with educating mildly retarded children in the resource room and integrated class setting have been proposed by various specialists. Among them the significant ones are which the resource room should embrace in addition to all different strategies specified at better places in this part.

- The physiological technique for Seguin-and educational program focusing on the preparation of the senses and motor training.
- Montessori’s auto-educational framework is showing strategy in light of the presumption that training ought to be enjoyable and that students ought to decide for themselves those exercises that are best for them.
- Piaget's approach which focuses on those youngsters learn by doing as opposed to by being instructed it proposes that kids must find coherent connections for themselves.
- The unit strategy for diagrams showing technique, practical knowledge and the utilization of academic subjects to real life.
- Perceptual motor preparing an educational framework accentuating extraordinary perceptual and motor activities to fill in gaps in normal development.

1.6 The Role of the Regular Classroom Teacher for Mild Intellectually disabled Students

- Shaping and permitting suitable cooperation encounters among students with and without handicap.
- Developing planned instructions.
- Assessing change of states of mind among peer group and creating appropriate attitude among non-retarded students.
- Accepting instructional duty regarding mainstreamed students. It is challenges but one must know how to meet the challenges.
- The educator must utilize the developmental expertise preparing approach in sequencing skill training, attention training, consideration preparing, rehearsal training, figuring out how to learn, and instrumental improvement. He should attempt to simplify and show social adjustment aptitudes.
- The teacher must utilize cognitive strategy approach. Self-direction, Problem-solving, are a portion of the pertinent procedures.
- Mental retardation is the most predominant type of disability in the population. This fluctuates from educable range through trainable to custodial group.
- The beginning of mental retardation is hereditary in severe cases and sociocultural in mild cases. These children until were institutionalized and taught either in special schools or special classes.
- It is simply after 1980's mainstreaming the mildly retarded has been expanding. Different intervention strategies have been presented in various ranges of abilities.
- Resource room and regular classroom educator roles have been indicated and are of awesome significance in the education of mildly mentally retarded. The education and care of the severely retarded has also been expressed.

1.7 Need and Rationale of the Study

Learning is the innate nature of human beings. A few months after birth, they started to imitate the activities of the persons with whom they come into contact. As they grows a little, whatever new they see, they asks questions ‘what, why and how’, and gains knowledge about the objects and activities around him. As they grow a little more, they sent to school. There he/she gains knowledge of different subjects and get training in different activities with the help of their teachers. Generally this is called learning. Psychologist **Woodworth** has defined it in his words, “Learning is the process of gaining new information and developing new reactions”. When we take teaching-learning as a joint concept it has five components- learner (student), trainer (teacher), material to be taught (curriculum), teaching methods and environment for teaching-learning. It is necessary to maintain these five components properly in order to make the process of teaching-learning effective.

Teacher is the most important component of teaching-learning process and when it comes to disabled children, the role of teachers becomes more important. Students can still learn best when their learning styles are recognised through systematic evaluation and suitable teaching techniques by teachers, regardless of the handicap or its severity.

This study discusses the different perspectives of teachers in inclusive school of New Delhi with respect to intellectually disabled students at secondary level. The prime objective of the research is to study and explore the factors affecting the process of learning of intellectually disabled students from a teacher’s point of view. The research data is analysed qualitatively and reveals that some of the different factors in learning: the age of commencement of IQ loss in intellectually challenged students, level of intellectual disability, social factors, social exposure, psychological factors and learning environmental factors, school environment, family support, attitude of parents, past and present experiences of teachers in inclusive school.

- As far as the intellectually disabled child is concerned, at the initial stage of the life, the child lives in a protective world along with his/her family members. Then, if the family decides to educate the child, the family has two options, either to send the child in a special school, i.e. school for mentally challenged children or to send the child in a mainstream school, where all the children without discrimination study together. In this whole process since the birth, a child develops his/ her memory and

other learning skills. Now, the issue under study is how the school, policies, curriculum developers in this initial stage are reacting and contributing towards learning processes of intellectually disabled students.

- Through researches it has been found that the curriculum, its transaction, school environment and home environment affects the quality of learning process. (*Radvansky, 2015*) Students with low IQ from various region, gender, socio-cultural and socio- economic conditions have scored low on learning process due to their ability to learn. It reveals that there are some problems due to which the students fails to inculcate in them and these problem can be overcome with the help of teacher. Competencies of teachers, freedom of teaching methodology and other aspects of teaching make inclusive education interesting for teachers and also for students.
- Various factors have been identified in the different studies like content and teaching methodology are closely related but also identical, it can be said that there will be no learning without using appropriate transaction methods. Having intellectual disability with low IQ level students with mild intellectual disability has poor academic performance, low enrolment rate and large dropout rates in Indian schools. And it is the important issues of concern for the educationist and Investigator also.
- The main problem of such students is that they are not comfortable with their school environment used for all types of learning processes. According to researcher, a teacher itself can create a favourable environment for students in school or in classroom also, so it would be great if the policy-makers can form a policy or curriculum according to teachers who has experienced lot of time in teaching students with intellectual disabilities.
- According to this study, researcher attempts to gaze the views of teachers related to the factors influencing learning process in term of ability of the intellectually disabled students to gain from schools and at home; including the application of different strategies, problems of concentration, different learning methods and knowledge necessary for their life.
- This study provides an insight to everyone who relates themselves to inclusive education in somehow place and especially the future teachers in teaching- learning of

students with intellectual disability into different factors towards learning of students with respect to teaching-learning, role of school environment, home environment, psychological and social factors also. It would help to appreciate the positive aspects of students with intellectual disability regarding their education, transaction techniques and at the same time it would help to make a better learning environment for them if any loopholes are found.

1.8 Statement of the Problem

The study aims to throw light on dealing teacher's way of experiencing the whole process of learning, school environment, psychological, social factors and other aspects of learning processes towards intellectually disabled students. Therefore, the study titled as "**Factors Affecting Students with Intellectual disability in Learning at School Level: A Qualitative Analysis**"

1.9 Operational Definition of Keywords

Teacher:

Conceptual Definition: According to *The Social and Emotional Issues of Teacher's Professional Identity Development*, "A person who helps students to acquire knowledge, competence or virtue. Those who are employed, as their main role, to teach others in a formal education context, such as at a school."

Operational Definition: Teacher is a person who teaches his/her students, provides education to them in a formal and non-formal settings.

Learning:

Conceptual Definition: According to "*Richard E. Mayer (Learning in Encyclopedia of Educational Research)*", "Learning is the relatively permanent change in a person's knowledge or behaviour due to experience."

Operational Definition: Learning is a process by which an individual receives new facts and learns how to do new activities or by learning is meant acquiring new facts and getting training.

Intellectual Disability:

Conceptual Definition: According to **Heber**, “Mental-retardation refers to sub-average general intellectual functioning which originates during the development period and is associated with impairment in adaptive behaviour”.

Operational Definition: “A form of mental disability that involves problems affecting functioning of mental abilities like mental activities (such as learning, thinking, problem solving, making judgments) and Adaptive behavioural activities (living skills and independent living).”

Inclusive School:

Conceptual Definition: According to **UNICEF**, “All pupils in the same classrooms and schools are referred to as inclusive education. It implies that not only children with impairments, but also speakers of minority languages, will have access to actual learning opportunities.”

Operational Definition: Inclusive school means all children get education under the same roof including disabled child, minority, backwards and a normal child; in this study inclusive education is specifically related to intellectually disabled students only.

1.10 Objectives of the Study

1. To study the perceptions of teachers for factors affecting the learning of intellectually disabled students.
 - a) Psychological Factors,
 - b) Social Factors,
 - c) Learning-Environment Factors,
2. To explore the barriers perceived by teachers in learning of intellectually disabled students.
3. To identify the skills of teachers needed to enhance learning of intellectually disabled students.

4. To identify the support structures of government schools for implementing the inclusive education with special reference to intellectually disabled students in New Delhi.

1.11 Research Questions

1. What are the perceptions of teachers for factors affecting the learning of intellectually disabled students in schools of New Delhi?
 - a) Psychological Factors,
 - b) Social Factors,
 - c) Learning-Environment Factors
2. What do teachers perceive to be barriers in in learning of intellectually disabled students?
3. What are the skills teachers think they need in order to enhance learning of intellectually disabled students?
4. What are the support structures of government schools for implementing the inclusive education with special reference to intellectually disabled students in New Delhi?

1.12 Delimitation of the Study

To explicate the extent of the problem under investigation was carried out with the following delimitation:

- The study was confined to the secondary stage in government inclusive schools of New Delhi.
- The study was confined to only 60 teachers of government inclusive schools of New Delhi.