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STATUS OF CHILDREN ENROLLED IN RESIDENTIAL BRIDGE COURSE (RBC) SCHOOLS (FOR SPECIAL CHILDREN) OF ANDHRA PRADESH

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Abstract:

The present research investigation was undertaken to study the status of RBC (Residential Bridge Courses) schools of AP, enrolling special children. The total sample selected for the present study includes, 20 RBC schools, 26 teachers and 200 children. Out of 200 children, 25 were visually impaired (VI), 75 Hearing impaired (HI) and 100 Mentally challenged (MC). Data was collected through Interview schedule developed for the present study. Based on the observations and data collected from RBC schools, it was found that the current status of RBC schools was good ie infrastructural facilities both for academic & residential purpose were adequate; quality of teaching was good; Children's self esteem levels & Psycho- social wellbeing was also found to be good. However number of children mainstreamed was found to be very less.

KEY WORDS:

Residential Bridge Course (RBC) , Children Enrolled , Special Children .

INTRODUCTION

The Disability Scenario: In India the disability information has been collected through sample surveys and censuses. The most recent being the Census of India in 2001 and the National Sample Survey Organization (NSSO) which conducted a survey of 'Disabled Persons in India' during 58th round (July - December 2002). According to Census 2001 the total number of disabled in India was reported at 21 million which constitute more than 2 percent of total population. The data reported by the Census 2001 is proportionately high when compared to data reported by NSSO 2002. The NSSO estimated the number of disabled persons in the country to be 18.49 million which formed about 1.8 per cent of the total population.

Table 1 – Estimated number of persons with disabilities in India

NSSO 2002			Male		Female	
	Total	%	Nos	%	Nos	%
Locomotor Disability	10634000	58	6633900	36	4000100	22
Hearing Disability	3061700	17	1613300	9	1448400	8
Speech Disability	2154500	12	1291100	7	863400	5
Blindness	2013400	11	928700	5	1084700	6
Mental Illness	1101000	6	664500	4	436500	2
Mental Retardation	994700	5	625800	3	368900	2
Low vision	813300	4	369300	2	444000	2
Any disability	18491000	100	10891300	59	7599700	41

Source: NSSO 58th round (Jul-Dec 2002)

Need for Inclusion in India: In addressing the issue of "why inclusion", the reality in Indian context should be reviewed. Some of the important facts in the Indian scenario are as follows:

It is estimated that about 15,000 schools have enrolled about 60,000 children under the Integrated Education of Disabled Children (IEDC) scheme of the Government of India.

The drop-out rate is high due to lack of support services and trained teachers to educate children with disabilities. Singh (2003) further notes that only 3 to 4 percent of children with special needs have access to education with or without support services.

More than 90% of disabled children are found in the rural areas in India. The special schools as well as integrated education programmes are only a few in numbers and cannot serve all disabled children. Therefore, inclusive education is needed to provide equal educational opportunities to all disabled children in their own locations.

The extent of disability in each category ranges from mild to severe and profound cases. The mild and moderate cases are more in number than the severe and profound cases and they depend on the general education system. This calls for the involvement of general education so that the children who are currently left out of schools or those who are at risk can be served.

Therefore, the reality in India focuses the need for inclusive education. However, the general education system is yet to be fully sensitized to the educational needs of children with disabilities and therefore, the general system needs the assistance of specialist teachers for occasional help to make inclusive education work. With the inclusion of special education inputs in general teacher preparation, the pre-service teachers in the future are likely to be equipped with skills to teach children with disabilities too in addition to their general classroom teaching. Therefore, presence of a specialist teacher in the inclusive setting in Indian context would be vital for another decade.

Title of the Research Project - Status of children enrolled in Residential bridge course (RBC) schools (for special children) of Andhra Pradesh

OBJECTIVES:

- To study the demographic profile of the child and teacher
- To study the pre-requisite skills of children enrolled in RBCs
- To study the self esteem & psycho social well being of children in RBCs
- To find out the opinion of the teachers with regard to the training received
- To find out the teaching strategies adopted by the teachers attending to children in RBCs
- To find the reasons for not mainstreaming
- To find the needs of the teachers

METHODOLOGY:

STATUS OF CHILDREN ENROLLED IN RESIDENTIAL BRIDGE COURSE.....

A. Sample Selection

· 20 RBC schools were selected from 3 regions ie Coastal Andhra, Rayalaseema, Telangana for the present study. 8 schools were selected from Coastal Andhra & Telangana and 4 schools from Rayalaseema
· The total sample selected for the present study includes, 20 RBC schools, 26 teachers and 200 children. Out of 200 children, 25 were Visually Impaired (VI), 75 Hearing Impaired (HI) and 100 mentally challenged (MC).

B. Location of the study: Government RBCs located in Andhra Pradesh

C. Method of collecting the data:

The Principal investigator along with the Co-investigator approached the technical staff of SSA to obtain the list of RBCs located in Andhra Pradesh. The contact persons (APC, CMO, IEC, and MDO) & their cell numbers were also obtained.

APC- Additional Project Coordinator CMO-Community mobilization officer

IEC- Inclusive Education Coordinator MEO- Mandal Education Officer

From each region schools were selected based on the availability of RBCs for different categories of handicapped children and proximity of clusters of RBCs available in the selected region.

The respective staffs (APC, IEC, MEO and CMO) of RBC (Residential Bridge Course) centres were contacted by the Principal investigator to find out the basic information about the RBCs in their respective regions in terms of transport availability, accommodation facilities and exact location of the centre etc. They were updated as to the purpose of the research study and requested to extend their cooperation and support to Research Assistants (three), in data collection.

Teachers of RBCs were initially oriented towards the purpose of the present study. The teachers who were willing were interviewed for the present study. With the cooperation and support of the teachers, the Research Assistants (3), selected and trained for the purpose of the present project collected the required information from the selected schools using simple checklists and interview schedules. Where ever necessary the information was supported by observations.

Children (HI & VI) who could comprehend, communicate and provide the required information were selected and the information was cross checked with the concerned teachers. Information related to MR children was obtained exclusively from the teachers.

TOOLS USED FOR THE STUDY:

Interview schedule to obtain the base line data pertaining to the child and the teacher

Check list to find out the pre-requisite skills of children enrolled in RBCs

Self esteem scale (Rosenberg, 1967) to find the self esteem levels of children

Open ended statement to find out the Psycho social well being of children.

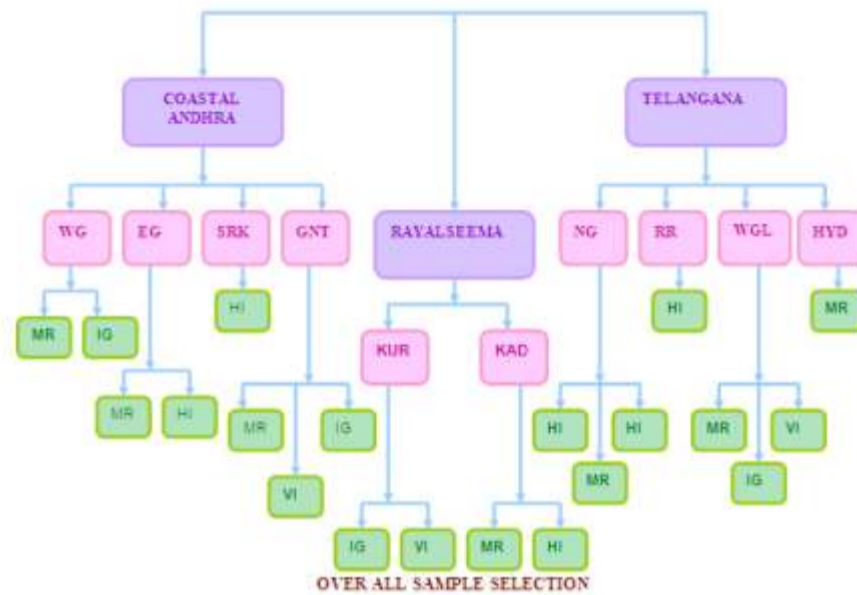
Questionnaire to find out the opinion of the teachers with regard to the training received in teaching special children

Open ended questionnaire to find the reasons for not mainstreaming

Open ended questionnaire to find the needs of the teacher

REGION AND DISTRICT WISE DISTRIBUTION OF THE SAMPLE

STATUS OF CHILDREN ENROLLED IN RESIDENTIAL BRIDGE COURSE.....



SALIENT FINDINGS OF THE STUDY:

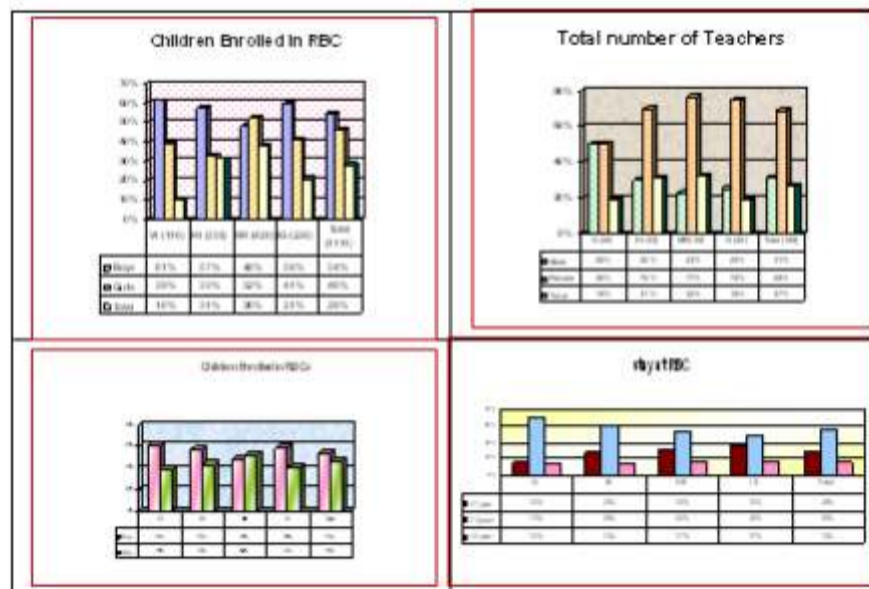
A. Demographic profile of selected children

Out of 200 children selected for the present study, 52% were boys and 48% were girls. Similar trend was seen across the category

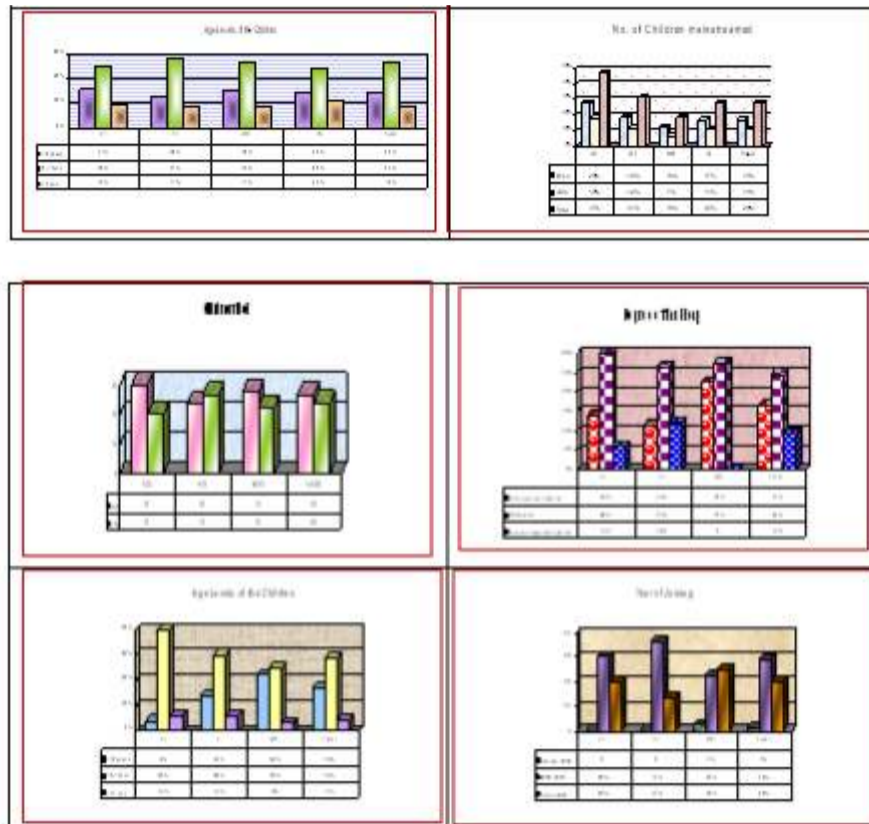
Out of 200 children, 35% were in mild category, 55% moderate category and 11% were in severe category (excluding MC children). Out of 25 VI children, 60% of children partially blind, only 12% were completely blind 28% had mild visual problems. Out of 75 HI children, 53% had moderate HI. Out of 100 MC children, 55% were in moderate level of retardation and 45% were in mild level of retardation.

Out of 200 children, 58% were in the age group of 10-15 years and 34% were below 10 years. Similar pattern was observed for the rest of the sample across the category.

Out of 200 children, 58% were enrolled between 2000-05 and 40% after 2005. Similar pattern was observed for the rest of the sample across the category.



STATUS OF CHILDREN ENROLLED IN RESIDENTIAL BRIDGE COURSE.....



Pre requisite skills learnt by special children (as stated by the teachers)

With regard to mobility orientation 84% of VI children were good i.e. could move around safely & independently and 16% needed help.

With reference to language & speech, 88% of VI children were good i.e. the child could speak clearly & converse fluently, 56% of HI children were in average category. Oral communication was a major problem among HI. 42% of MC children were in average category & 20% were in poor category. Language & speech skills includes: Vocabulary, Verbal skills & Comprehension, which was found to be average.

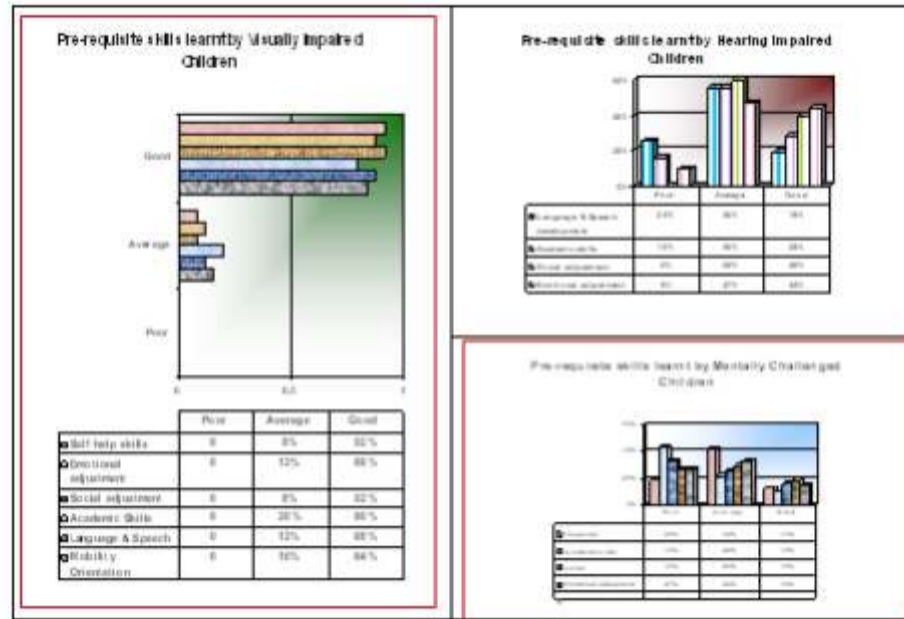
As to Academic skills, 80% of VI children were good. They are good in reading the Braille script, writing the Braille script, using of abacus for simple number concepts, using abacus for simple additions and subtractions etc. 56% of HI children were in average. Their verbal skills/speech, writing skills, reading skills, vocabulary, expressive language & receptive language, mathematical skills like simple additions & subtractions were average. These skills were very poor among MC children (43%).

With regard to social adjustment, 92% of VI children were good, 60% of HI children were in average category and 33% of MC children were in poor category. Social adjustment involves getting along with peers / friends, social interactions, communicating freely with friends. These skills were found to be good among VI, average for HI and poor for MC children.

As to the emotional adjustment, 88% of VI children were good, 47% of HI children were in average category & and 44% were good and 29% of MC children were in average category & 27% were in poor category. It includes the ability to control & manage the emotions and behaving to ones' age i.e. emotional maturity, which was found to be good in case of VI children, average for HI and MC and few MC children were in poor category also.

With reference to self help skills, 92% of VI children were good in attending to their personal needs, where as 42% of MC children were in average category & 20% were in poor category. They have problem in attending to their personal needs and need assistance from others. Their fine & gross motor skills were also poor & in average category.

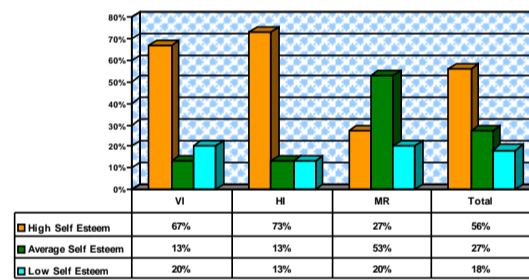
STATUS OF CHILDREN ENROLLED IN RESIDENTIAL BRIDGE COURSE.....



Self esteem levels of children

Responses for Self esteem levels of children for the 10 statements designed by Rosenberg (1967) were obtained. 56% were in high self esteem category. Similar pattern was shown across the category except for MC children. 53% of MC children obtained average self esteem scores.

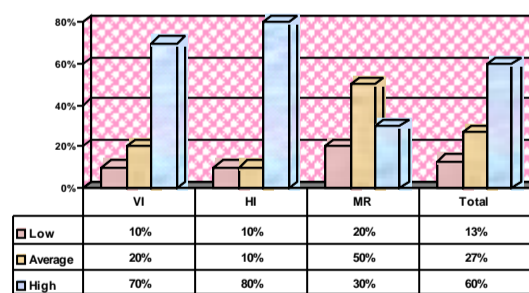
Self Esteem Levels of Children



Psycho social well being (PSW)

10 statements were prepared by the Principal Investigator to find out the Psycho social well being (PSW) of children. 60% of children obtained high scores. Similar pattern was shown across the category except for MC children. 50% of MC children obtained average scores.

Psycho social well being



STATUS OF CHILDREN ENROLLED IN RESIDENTIAL BRIDGE COURSE.....

B. Information about RBC teachers:

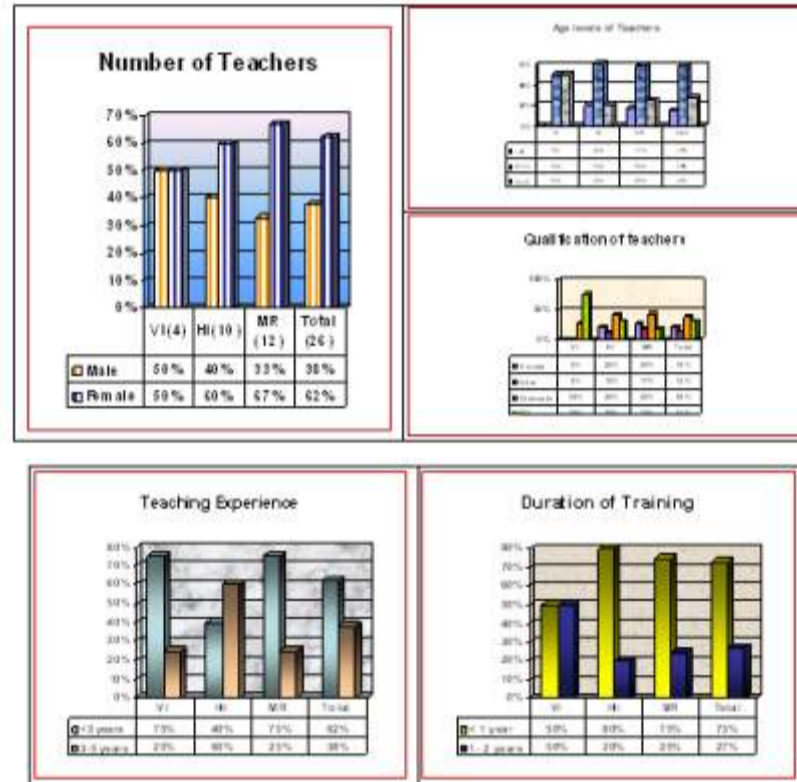
Out of 26 teachers selected for the study, 54% were female teachers and 46% were male teachers. Similar trend was noticed across the category.

Out of 26 teachers, 62% were female teachers and 38% were male teachers; similar pattern was observed for the remaining category of teachers.

58% were in the age group of 25-30 years; 38% were graduates & 31% were post graduates.

62% have 3 years of teaching experience & 38% one year of teaching experience.

All have undergone training programme in special education. 50% attended 6 months training programme and 50% had intensive coaching of one year. All the Principals of RBC were specialized in special education.



Opinion of teachers about the Training received

Opinion of the teachers obtained about the training they received: Duration of training, relevancy of theory covered, providing practical experiences, effectiveness of teaching methodology, competency of the resource person, provision of supportive materials, opportunity to share experiences with other teachers, and providing feed back on teacher's learning skills. All the teachers were satisfied about the training they attended for teaching special children.



Teaching strategies followed by teachers for children with special needs

Most of the teachers (72%) were following all the aspects related to teaching special children. It includes effective teaching methodology, curriculum adaptations as per the performance levels of the children, effective teaching strategies, use of supportive and instructional materials.

Methodology followed for VI children included oral method, multi sensory method and Braille method which all the teachers, teaching VI are following. For teaching HI children, Oral method (lip reading & auditory training was provided for mild & moderate category); Manual method (Sign language & finger spelling) was followed for severe category. For MC children, multi sensory approach, play way method and task analysis method was followed by the teachers.

With reference to adaptations made, all the teachers made necessary adaptations as per the needs of the special children. Hindi & English subjects were exempted for VI & HI children. Mode of evaluation is done as it is done for normal children, i.e. conducting unit tests, quarterly, half yearly and annual exams.

For MC children, flexibility in curriculum is maintained. Based on the level of their abilities the children grouped in small numbers and enrolled in pre-primary, primary secondary, pre-vocational & vocational levels. Evaluation is individual based.

With regard to the supportive aids used, all the teachers used specially designed material for instructional purpose as per the nature of the handicap. Audio- aids & concrete objects were used for VI children. Recorded tapes, Articulation charts, Audio visual aids, Concrete objects and Photo album or pictures were used for HI. Picture charts, Models, Audio visual aids, Concrete objects and sensory material were used for MC.

With reference to teaching strategies: verbal cues, providing multi-sensory experiences, & group interactions, team activities and reinforcement techniques were followed for VI children. Continuous assessment & feed back was provided. Tuition / extra classes were also taken in the evening for children needing extra support. Some times peer support was also taken.

Role plays & dramatization (for teaching abstract concepts), action oriented situations (for teaching emotional concepts), visual cues & providing concrete sensory experiences were observed in 80% of schools attending to HI. Continuous assessment and feedback was also provided. Tuition / extra classes, group discussion & peer support was also observed. Reinforcement techniques & multi sensory experiences were provided.

Verbal cues, simplifying learning tasks, teaching from concrete to abstract, simplifying instructions, providing concrete sensory experiences, breaking up problem in to smaller units, using reinforcement & behaviour modification techniques, drill and repetition , sequencing learning tasks, play way method for younger children, dramatization, multi-sensory approach were some of the techniques used by teachers (83%) attending to MC children. Continuous assessment & feed back was done. Extra classes & peer support was provided by teachers (42%) to children needing extra help.

Reasons for not mainstreaming (teacher's responses)

a) Child related:

- Only Partially blind are mainstreamed
- Only Mild & moderate category of HI children are mainstreamed
- Only mild category of MR children are mainstreamed
- Children may not be able to follow the syllabus followed in normal schools.
- Children cannot follow the method of teaching in normal schools.
- Children are not ready to go to normal schools.
- Children cannot follow the syllabus followed in normal schools.
- Many children are not willing to go to normal schools.
- Most of the children need special attention which they do not get in normal schools.

b) Technical:

- Normal schools cannot provide Braille books for special children.
- Teachers in normal schools cannot use sign language while teaching children in normal school
- Absence of infrastructure facilities & supportive material may create problems in instructional & learning process

c) Teacher related (regular schools)

The teachers teaching normal children are not competent to teach special children i.e. they have to be trained in Braille & sign language
They may not have the right aptitude & empathy to teach special children
Regular class teachers are not trained to handle and educate disabled children

d) General:

Parents of normal children are not accepting special children to study with their children.
Due to overcrowded classrooms, regular teachers may not be able to attend to the needs of special children.
Social and political pressures may also interfere in enrolling these children in regular classrooms

Needs of the teacher

50% wanted technical guidance in assessing the children with HI & MR. 67% of the teachers needed training in behaviour modification techniques as it is affecting the child's concentration & academic performance. 50%, 60% & 42% of the teachers attending to VI, HI & MC children wanted supportive material assessing the degree of handicap & performance levels of the child, to enable them to make suitable changes in curriculum.

Implications and Recommendations: Based on personal observations & research studies on mainstreaming, the following recommendations are framed for successful inclusion of children with special needs.

Provision of greater support services to enable teachers to improve their competency levels in teaching special children.

Using the services of special school teachers in regular schools would enable the special school to provide both whole school and individual support for all children.

Support for more severely disabled students might include provision of programs and resources to meet individual needs and aides in strategies such as task analysis, behaviour modification and non-speech communication

Training is the next issue that needs to be addressed. Without exposure to actual classroom experience, it is difficult to meet the expectations of the inclusion model. Teachers now are held accountable for student achievement. This additional pressure can cause negative attitudes toward teaching especially when the teacher has not had training in how to meet the unique individuals' needs.

Another issue is the availability of resources, such as materials, which are necessary for instruction.

The final factor that has an impact on inclusion is the number of students in each class. It is not possible to meet the diverse needs of all students when the class sizes are so large.

SUMMARY & CONCLUSION:

Inclusive education is possible, but with the help of special educators, paraprofessionals, and teacher aides to help the general education teachers. Integration is not a matter of placing children with special needs in an ordinary school. The reason special schools have been necessary is that ordinary schools have not been able to or willing to educate students with special educational needs. So the task is one of school reform, of creating schools which provide appropriate education to the widest possible range of students.



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