

# CURRENT LEGISLATIONS FOR LEARNING DISABILITIES IN INDIA AND FUTURE PROSPECTS

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*Education is a fundamental right of every child. A substantial proportion of children in India suffer from various types of Learning Disabilities (LD). This article suggests that a majority of children with learning disabilities remain undetected in India due to different reasons including lack of awareness about the incidence and prevalence of LD, confusing regulations on the provision of accommodation for such children in schools and the medium of instruction. The article argues for a National Policy on Learning Disabilities that will provide uniform guidelines and direction to the regional and the local State.*

## INTRODUCTION

Education is a fundamental right of every child. The education system in India is very vast comprising of various schools and higher educational institutions. There are about 150 million students enrolled in about 80 million schools in India. In India, the school education system is divided into primary level and secondary level. The primary level consists of classes from 1 to 8 and the secondary level consists of classes from 9 to 12. The primary level is essential because, it strengthens the learning base in a student's life. In India, the efforts of the District Primary Education Programme (DREP) and the Sarva Siksha Abhiyan have made primary education a priority.

The Gross Enrolment Ratio in primary education has increased over the past years exceeding over 100 percent. Though the scenario looks very promising, almost 40% of the students drop out of schools before the completion of their primary education. One of the main reasons for high dropout rate is the lack of a holistic education that caters to the needs of every child.

Learning style is unique to each individual and it differs from student to student. Some students learn quickly when information is perceived orally, while some students require information visually. Some students require a calm atmosphere to learn, while others apprehend information quickly with lot of distractions around. So, each student has a specific learning habit and ability. However, some students cannot learn efficiently due to specific breakdown in the learning process involving listening, thinking, perceiving, memory and expression. Such difficulties are known as Specific Learning Disabilities. But these conditions are not visible from outside. As a result, students suffering from these conditions are termed as lazy, irresponsive etc., and are subjected to a lot of harassment in schools. They soon become susceptible to rejection and as a result drop out from the schools.

It is very important for a student to receive education in a way that he/she is receptive to. Many teachers and parents do not have immense knowledge about these conditions and many of them are not aware of the techniques of early recognition of these conditions and different teaching methods. In India, with socio-cultural differences it becomes important to identify these students and properly train them. We need proper legislations and training institutes for students with these special needs.

## **WHAT ARE LEARNING DISABILITIES (LDS)?**

Learning disabilities are neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing and mathematics. They can also interfere with higher level skills such as organizational, time planning, abstract reasoning, long or short term memory and attention. Learning disabilities should not be confused by learning problems caused by physical – visual, auditory and motor handicaps.

## **TYPES OF LEARNING DISABILITIES**

Learning Disabilities (LD) usually falls into four broad categories:

- Spoken Language – listening and speaking
- Written Language – reading, writing and spelling
- Arithmetic – calculation and concepts
- Reasoning – organization and integration of ideas and thoughts

LD manifest in three ways namely, developmental speech and language disorders, academic skill disorders and coordination disorders. It is an “umbrella” term describing dyslexia, dysgraphia etc.

## **SPECIFIC LEARNING DISABILITIES DEFINITION**

According to Individuals with Disabilities Education Act (IDEA) USA, “Specific Learning Disability (SLD) means a disorder in one or more of the psychological process involved in understanding or in using languages, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include children who are having learning problems which are primarily the result of visual, hearing, or motor handicaps; of mental retardation, of emotional disturbance or of environmental, cultural or economic disadvantages.”

## **TYPES OF SPECIFIC LEARNING DISABILITIES (SLDS)**

### **Dyslexia**

An individual with dyslexia has average to above average intelligence but has deficits in visual, auditory or motor process which interfere with reading and writing comprehension. It is a disability that affects reading and language based processing skills. The individual may also have difficulties with learning to translate printed words to spoken words with ease.

### **Dyscalculia**

Dyscalculia affects a person’s ability to understand numbers and learn mathematical facts. The individual may also have poor comprehension of mathematical symbols, may struggle with memorizing and organizing numbers, have difficulty telling time, or have trouble with counting. Some people may also reverse numbers.

### **Dysgraphia**

Dysgraphia is a specific type of learning disability that affects a person’s handwriting ability and fine motor skills. Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

## **Auditory Processing Disorder (APD)**

Also known as Central Auditory Processing Disorder, this condition adversely affects how sound that travels unimpeded through the ear is processed or interpreted by the brain. Individuals with APD do not recognize subtle differences between sounds in words, even when the sounds are loud and clear enough to be heard. They can also find it difficult to tell where sounds are coming from, to make sense of the order of sounds, or to block out competing background noises.

## **Visual Perceptual/Visual Motor Deficit**

This disorder affects the understanding of information that a person can see, or the ability to draw or copy. A characteristic seen in people with learning disabilities such as Dysgraphia or Non-verbal LD, include missing subtle differences in shapes or printed letters, losing place frequently, struggles with cutting, holding pencil too tightly, or poor eye/hand coordination

## **Non Verbal Learning Disabilities**

This is a disorder which is usually characterized by a significant discrepancy between higher verbal skills and weaker motor, visual-spatial and social skills. Typically, an individual with NLD (or NVLD) has trouble interpreting nonverbal cues like facial expressions or body language, and may have poor coordination.

## **Problems faced by students with SLDs**

In India, a student with SLD is most likely to exhibit emotional problems mainly due to poor academic performance. Since SLD is not visible, students suffering from these disorders are not recognized easily. As a result, the students are easily characterized as poor or bad learners. They are described by the words like lazy, irresponsible, inattentive etc. As a result these students are excluded and shunned by their teachers and their peer students. They are usually treated as exclusives from others. As a result, these students become emotionally stressed and show psychological problems.

Researchers have shown that students with SLDs have most of the following characteristics:

- Attention and concentration difficulties
- Socialization difficulties

- Low frustration tolerance
- Poor impulse control
- Poor speech and language development
- Hyperactivity.

Due to these factors, it becomes very necessary to recognize these problems in the students at an early stage. Parents and teachers should be very much aware of the existence of these problems. Teachers should consider the possibility of the existence of these disorders in a student when he/she demonstrates difficulties in certain aspects of learning or when they exhibit behavioural problems. Parents also should be keenly observant of any change in their child's social behaviour and academic performance. If left undetected, these small problems will magnify and will compromise the future performance of the students.

**Situation in India** – India has also adopted the USA's Federal Definition of SLDs. But the Learning Disability (LD) movement in India is very recent when compared to the western world, where LD movements started nearly half a century ago. In the eastern world, LD was considered a problem of English speaking countries. Since usage of English is not prevalent, there was a lack of concern of LD in India. LDs were considered as a problem caused by over-crowded classrooms.

However, during the last decade or two, there has been an increasing awareness and identification of children with LD in India. Despite this growing interest, there is not adequate data about the incidence and prevalence of LD in India.

At present, in India, LDs are considered only exclusive of a few especially in urban areas. Most of the research works on LDs are done by private organisations and NGOs. LDs are both a medical and an educational issue. Unfortunately, in India there is a large divide between the roles played by health and education departments in the recognition and treatment of LDs. India is a diverse country with multiple languages and varied cultural and social aspects. So, in India, students often learn through a medium or a language that is different than their mother tongue. This makes the estimation and diagnosis of the disorders very difficult. The Indian educational system places high emphasis on theory learning rather than application oriented learning. This system is very ill-suited for students with SLDs. Lack of an alternative system of education with vocational training are also other major hurdles for the education of a student with LD.

As per the newspaper Tribune Report, about 15% of the school going population is having dyslexia in India. A recent news article in Times of India states that dyslexia is the most common learning disability with nearly 35 million children suffering from it. The prevalence study on LD conducted at the L.T.M.G Hospital, Sion in Mumbai reveals out of a total number of 2,225 children visiting the hospital for certification of any kind of disability, 640 were diagnosed as having SLD. These children came from the lower, middle and upper middle socio-economic strata of society. Referral was due to their poor school performance. (LTMG, 2006)

Studies conducted by Shree Chithira Thirunal Institute of Medical Sciences and Technology, Kerala in 1997 revealed that nearly 10% of the childhood population has developmental language disorders of one type or the other and 8-10% of the school population has learning disability of one form or the other. The Institute for Communicative Cognitive Neurosciences (ICCONS) in Kerala has been conducting research programs in child language disorder and developing research and rehabilitation programs for LDs. Screening for LDs for classes I to VII in schools with follow up assessments by experts in 10 panchayats in Kerala have revealed that 16% of these school children have a learning disability.

Current Legislation for SLD's in India Learning Disabilities being a developmental disorder, must be viewed from both the educational and health aspects. The legal definitions of LDs view the disorders from a medical or a psychological perspective, which results in a medical rehabilitation rather than a community based rehabilitation. Any scheme for children with LD has to include identification in a hospital. This is an inappropriate referral and it is discriminatory in nature. In India, the awareness about Learning Disabilities is only at the beginning stage. This is a great opportunity to create a non-discriminatory process to address the problem. Proper assessment patterns in schools can be followed to make it child friendly.

At present, there is no uniform guideline in India for diagnosis, assessment of severity and certification of LDs in India. There is a wide variation in recommendations from state to state and across one board of examination to another.

The Rights of Persons with Disability Bill which was passed in the year 2014 contains 19 disability conditions including the Specific Learning Disabilities. "The Bill includes autism spectrum disorder, low vision, blindness, cerebral palsy, deaf blindness, haemophilia, hearing

impairment, leprosy cured person, intellectual disability, mental illness, loco motor disability, muscular dystrophy, multiple sclerosis, specific learning disabilities, speech and language disability, sickle cell disease, thalassemia, chronic neurological conditions and multiple disability". The Bill allows the central government to notify any other condition as a disability. The bill states SLDs as 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, spell, write or to do mathematical calculations and includes conditions such as perceptual disabilities, dyslexia, dysgraphia etc.

However, the bill only gives general guidelines regarding the certification of the specific disabilities. It states that the Central Government shall notify guidelines for the purpose of assessing the extent of specified disability in a person.

1. The appropriate Government will designate persons having requisite qualifications and experience, as certifying authorities who will be competent to issue the certificate of disability
2. The appropriate Government will also notify the jurisdiction within which and the terms and conditions subjected to which, the certifying authority shall perform its certification.

But the bill does not mention anything about the diagnosis, assessment and certification specific and tailored to each of the disabilities.

## **CURRENT PROVISIONS FOR SPECIFIC LEARNING DISABILITY**

The Rights of Persons with Disability bill only mentions about detecting SLDs in children at the earliest and taking suitable pedagogical and other measures to overcome them. But the scenario across the nation varies from one state to another and also across various boards of examination. There are only 4 states – Maharashtra, Karnataka, Kerala and Delhi that have taken various measures for the identification and diagnosis of SLDs in India.

### **Maharashtra**

The state board of Maharashtra recognize certification of students with LDs only from 3 hospitals – Lokmanya Tilak Municipal Medical College, Mumbai Sion Hospital and Nair Hospital. The KEM Hospital in Mumbai also certifies children having LD or from the Government Surgeon General in Mumbai.

Maharashtra Government has provided concessions for children with LD from class I to XII. However, in the absence of a National Policy for LDs, many schools in Mumbai have been reluctant to follow these guidelines. There is a general feeling amongst those in the education sector that these concessions will dilute the standards of achievement and create difficulties with parents of other children.

According to an article published in 2006, in Times of India, cases have been cited where children with LD have been denied concessions at examinations. In response to the parent's petitions, the Mumbai High Court directed all schools in Maharashtra to abide by the guidelines for students with LD.

### **Karnataka**

The Karnataka Government states that candidates with SLDs need to be certified from the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, St John's Hospital, Bangalore or All-India Institute of Speech and Hearing, Mysore. The certification can be signed by any psychiatrist working in a government hospital or any clinical psychologist with M.Phil. Degree or can be attested by a government doctor but the doctor should not be below the rank of a district surgeon. The National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore has developed an index to assess children with SLDs (Hirisave, 2002).

There are two levels of this index. They are Level I for children of 5-7 years and Level II for children of 8-12 years. The index consists of the following tests:

- a. Attention Test (Number cancellation)
- b. Visuo-motor skills (the Bender Gestalt test and the Developmental test of Visuo-Motor integration)
- c. Auditory and Visual Processing (discrimination and memory)
- d. Reading, writing, spelling and comprehension
- e. Speech and Language including Auditory behaviour and Verbal expressions
- f. Arithmetic Tests

### **Kerala**

Till 2016, a SLD certificate with a LD assessment and IQ assessment report from a psychiatrist who held a rank above of Assistant Surgeon

in any Government Hospital was valid in Kerala. The report needed to specify the deficit (dysgraphia/dyscalculia/dyslexia) and be countersigned by the DEO. The request for an assessment and later submission for provisions must be made by the school principal. Due to some discrepancies, this system is being reviewed this year.

## Delhi

Until a few years, Delhi Government allowed paediatricians, psychiatrists, clinical psychologists, special educators to provide certification. Currently, special educators and clinical psychiatrists have stopped certifying; they only assess and provide their assessment report to patients. The children are referred to the Institute of Human Behavioural and Allied Sciences (IHBAS). The Education department, NCT of Delhi have appointed special educators, who call themselves special teachers and there are a lot of confusing messages circulating regarding whose certification the various school boards would recognize for granting provisions.

The Delhi High Court, recognising dyslexia as a form of disability has ordered Delhi University to grant admission to dyslexic students under a 3% quota for people with disabilities. (The Tribune, 2004)

The Delhi Government has planned to test 35,000 students for learning disabilities, after 3.5 lakhs students out of 6.2 lakhs failed to read their textbooks in an assessment conducted by the government for classes VI to VIII during July 2016. Post the assessment, a campaign called 'Every Child can Read' was launched in November 2016. After the campaign, about 1 lakh students out of the 3.5 lakhs were able to read, but 35,000 students had showed no progress. So, the Delhi Government has planned to launch Project Smile, under which these 35,000 students will be tested for learning disabilities. The Government also intends to provide special assistance to these students (Hindustan Times, Dec 2016).

Noticing the efforts taken by these 4 states, in February 2005, the Goa Government introduced a novel scheme to promote education among students with special needs, slow learners and children with LD in the state. The families of the children with special needs are provided with financial benefits like transport, uniform allowance etc. Institutions are also given incentives to promote inclusion. Though this was a laudable initiative, the absence of guidelines has resulted in unfocused initiatives.

The Central Boards of Education have also recognized the existence of these types of disorders and have mandated certain types of certification for students with LDs. The ICSE council may grant exemption from the study of a second language, to a candidate with special difficulty, provided the severity of the disorder. Such an exemption will be granted only on a recommendation sent by the head of the school and on provision of the necessary documents certified by a competent authority approved by the State/Central Government and acceptable to the Council. Similarly, the CBSE board provides for the head of the institution to issue a certificate of school based evaluation covering the past 10 years' academic record

### **Concessions for students with LDs**

A few State Governments and the above mentioned boards give concessions for the students with LDs in an effort to provide a holistic education.

The Maharashtra Board of Secondary & Higher Secondary Education provides (i) Extra time - 30 minutes for SSC and 1 hour for HSC students; (ii) Exemption from second and third language (Hindi/Marathi) for HSC and SSC students respectively. Students may take a vocational subject instead; (iii) Exemption from paper II in Mathematics (Algebra and Geometry) for SSC students; (iv) Students may take a vocational subject of 75 marks in lieu of Mathematics Paper II; and (v) a writer may be provided as per the rules of the board. For students of class I to IX, the school may apply to the Deputy Director of Education through the Divisional Inspector for similar provisions. Maharashtra remains the only state where children with SLD are trained to take examinations, incorporating the provisions, from primary classes onwards. Similar provisions exist for students with LD attending schools affiliated to the ICSE and CBSE education board as shown below.

- ICSE – (i) Extra time - 15 minute/per hour or 25% of total time extra; (ii) Exemption from second language: student need not take another subject in lieu; (iii) Use of calculator in some cases for mathematics; (iv) Question paper will be read out to the student; and (v) Use of a writer, if required, as per the rules.
- CBSE – (i) Use of a writer as per the rules of the board; (ii) Additional 1 hour for each paper; and (iii) One compulsory language as against 2 in addition to any 4 of the following subjects: mathematics, science, social science, another language, music, painting and home science.

- A recent circular from the Higher and Technical Education Board extends these provisions to technical institutions, non-agricultural and agricultural universities, effectively covering students in under-graduate and postgraduate courses.

In the 29 States and 7 Union Territories in India, only these 5 states have taken an initiative to certify and diagnose learning disabilities. But considering the magnitude of students with LDs in India, the efforts by these states are negligible. A national policy must be framed by the Central Government and it should contain uniform guidelines for recognition and certification of these disorders. The assessment pattern that should be followed in schools should be the same. The guidelines should be common for all schools irrespective of the boards. Only when there are uniform methods, efforts will be taken by all other states.

## FUTURE POLICY ROADMAP

The Government of India is committed to 'Education for All'. Inclusion is the key in India's current education policy. There have been various initiatives in the field of education such as DPEP, National Policy of Education etc., but none of these initiatives address the problems of LD and its related issue. The Government of India also launched Sarva Siksha Abhiyan for universalization of Primary Education but the objective cannot be achieved without including students with special needs including LD under primary education.

For a proper inclusive education system, especially for LDs, the Government can take the following measures:

- **Creating Awareness:** Because of varied socio-cultural factors and multi lingual usage in India, the awareness on LDs is very low in India. Even those who know, especially the parents, see learning disability as a psychological problem and refuse to accept it. They don't wish to go to a 'mental hospital' for any reason. As a first step, the stigma on LDs should be removed. Resource manuals on LDs should be circulated to all teachers and parents. LDs should not be treated as a psychological issue. It is a defect in the information processing ability in the child. The resource manual should contain the steps for early recognition of LDs.
  1. Parents should keenly observe for any behavioural changes in their child. A child with LDs will exhibit low socialization issues, will be withdrawn from others, will have low self-

esteem or will be hyperactive. Parents should look for these subtle changes in their child.

2. Teachers should also inform parents if there are any sudden or constant changes in a child's academic performance. Teachers should also keenly observe a student's behaviour with his/her peer students.
  3. Parents and teachers should constantly review their child's work and their notes.
  4. A psychologist must be appointed in institutions to provide help for students
- **National Policy for Learning Disabilities:** A National Policy for LDs should be framed by MHRD. This policy should define LDs and should contain uniform measures for recognition, certification, diagnosis and assessment for LDs. A psychologist certified by the Central Government, especially for LDs should be appointed in all Central Government hospitals like AIIMS and in all State run public hospitals. A certification and assessment from these psychologists must be accepted by various institutions. The assessment and the test patterns followed should also be uniform. Only this will ensure the efforts of all states.
  - **Setting up of a Commission for LDs:** A special commission for LDs consisting of psychologists, other doctors, representatives from NGOs and private sector and government officials should be set up with MHRD. This commission will form the guidelines and measures for recognition, certification, diagnosis and assessment for LDs. The measures should be uniform for all States and boards. The commission will also look into the implementation of the guidelines and has the authority to provide incentives for institutions for better inclusion of these students.
  - **Types of Concessions:** The concessions provided for the LDs should be specific according to the type of disorder. For example, students with dyscalculia should be allowed to choose a vocational subject instead of mathematics, or should be allowed to use a calculator in exams. Students with dysgraphia may be allowed to use a writer during exams. These concessions will be provided and mentioned by the commission for LDs
  - **Talent Recognition:** Studies have shown that as many as 33% of students with SLDs are gifted. It is interesting to note that many

successful people like Walt Disney, Albert Einstein, and Winston Churchill etc., had SLDs. Therefore, with proper recognition, intervention and hard work these students can succeed.

- **Reservation:** A separate reservation for persons with SLDs can be provided at Government offices.
- **Partnership with NGOs and other Private Institutes:** Most initiatives in the field of LDs involve a special school or learning services after school hours. These centres provide assessment and other pedagogical services. They are done by either a psychologist or a developmental paediatrician. Many NGOs also exclusively work in the field of LDs. Some organisations are: Alpha to Omega Learning Institute, Mumbai Dyslexia Association, Sangath etc. So, the government can build partnership with the private and the not for profit organisations for better out-reach, assessment for LDs.
- **Special Schools:** Special schools can also be set up by the various State Governments that cater to the special needs of the students with learning difficulties. Special education with special teaching methods and a student – teacher ratio of 3:1 can be provided to give individual attention to these students.
- **Research:** Specialised research should be conducted in the field of LDs

## CONCLUSION

There are a large number of students with LDs, particularly in India and most of them go undetected. India is a diverse country with varied socio-cultural backgrounds. The medium of instruction in schools varies from state to state. Hence, the recognition and identification of the students with LDs become very difficult and awareness about LDs is also very low in India. The guidelines for certification and assessment also vary from state to state. Therefore, a National Policy that provides uniform guidelines is very necessary for today.

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