

SPECIAL EDUCATION
IN THE DEVELOPING COUNTRIES OF THE COMMONWEALTH

INTRODUCTION

"1. Everyone has the right to education.
Education shall be free at least in
the elementary and fundamental stages....

"2. Education shall be directed to the full
development of the human personality."

Universal Declaration of Human
Rights: Article 26.

"The child who is physically, mentally or
socially handicapped shall be given the special
treatment, education and care required by his
particular condition."

Third Declaration of the Rights
of the Child: Principle 5.

"Educational programmes should take into account
the special problems of disabled children and
young persons and their need of opportunities,
equal to those of non-disabled children and young
persons, to receive education and vocational
preparation best suited to their age, abilities,
aptitudes and interests."

International Labour Conference,
1955, Recommendation 99:
Recommendation concerning
Vocational Rehabilitation of the
Disabled, IX Special Provisions
for Disabled Children and
Young Persons, paragraph 37.

The handicapped exert little political influence. In the developing countries, particularly, governments beset by political, social, financial and economic problems on a formidable scale, have been unable to allocate high priority to the education, training and rehabilitation of their handicapped citizens. In the three declarations cited above, most members of the United Nations acknowledge implicitly and explicitly that the care and development

of the handicapped are essentially governmental responsibilities, yet the allocation of funds for those handicapped physically or mentally through birth, disease or accident, lags all too far behind expressions of official goodwill. Few governments in poorer countries feel able to implement these undertakings by making provision on any considerable scale for the handicapped when preparing national development plans. By no means all current plans contain even a passing reference to the handicapped: of those which do, few express more than a statement in principle of the desirability of some provision being made.

Some would doubt the advisability of promoting at this juncture the cause of the handicapped in developing countries, pointing to the great problems facing governments in their attempt to provide educational facilities for ordinary children. Faced by serious and growing problems of unemployed school leavers, governments may easily consider that developments in special education must be delayed until a more propitious time. Many poor countries are falling well behind their educational targets and yet at the same time are rapidly approaching their budgetary ceiling for educational expenditure. The increase in school-age population is nullifying benefits which would otherwise accrue from growth in the national economy. Very soon a number of these countries will reach the point at which either they accept a decreasing percentage of children in school or they evolve less costly methods of providing education. In the context of such a stark situation the case for inclusion of the handicapped in the overall state provision of education will be heeded only if it is advanced soberly and convincingly, with skill and persistence. Facilities for the handicapped should be shown as in the national interest as well as in the interest of the sufferers and their families. Appeals for provision on behalf of the handicapped will be more effectively based on economic advantage to the country than on humanitarian and emotional grounds.

1970 saw the beginning of the Second Development Decade and the International Rehabilitation Decade. The Fifth Commonwealth Education Conference, meeting in Australia in February 1971, had special education on its agenda for the first time, and accepted in principle that provision should be made within the resources available. The moment, therefore, seems propitious for action to be started. During the coming decade the number of handicapped children in developing countries of the Commonwealth (some five millions in all) will increase by about one third. If they are to be given the slenderest hope of enjoying education and training to fit them for an independent and self-confident adult life as fully participating members of their community, the plans should be formulated without delay. Many of the handicapped children who will need help and education during the decade are already born. Only a comprehensive approach to their problems and a radical reassessment of special educational provision can ensure that their lives will be worth living.

This study attempts to bring together information about all the major types of physical and mental handicap affecting children in the developing countries of the Commonwealth. Until the problem has been defined strategies cannot effectively be determined. Until realistic aims are formulated programmes cannot efficiently be evolved.

It will be apparent that information about the incidence and distribution of handicap is, in the case of many countries, slight or non-existent. The degree of disability which constitutes a handicap will in any case vary according to the society and the location. Nevertheless, it may be assumed that the incidence of handicapped children in need of special educational

provision will be not lower than that in a richer country such as Britain. The Isle of Wight survey (1) indicated that about 16% of all children could benefit from special educational treatment for a greater or lesser period. This implies that the efficiency of the schools in developing countries are at present adversely affected by the presence of undiagnosed mildly handicapped children. Governments in these countries might well consider the probable extent to which they are already devoting scarce funds to the unwitting and unprofitable support of an appreciable number of these children. Primary schools usually have unselective intakes; the teaching quality in lower primary classes is rarely high. These two factors make it certain that slightly backward children, visually-handicapped, hearing-impaired, mildly epileptic children, and children with slight motor malfunction, with minor cerebral disfunctions, are already in the ordinary schools unrecognised, undiagnosed, unassessed. They can gain little for themselves and may prejudice the chances of their classmates. The numbers of children who drop out of school because of ill-health, disability, backwardness, deprivation or prejudice has not yet been investigated in depth. They could well prove disturbingly high.

The study puts forward for each type of handicap proposals for appropriate educational provision based on practices which appear to have had most success. The case for special education is strengthened by the potential value of developments in this field to general educational practice. For example, research undertaken into the learning processes of mentally handicapped children can provide valuable guidance to teaching methods in all schools. Techniques for diagnosis, assessment, measurement and testing can have validity beyond their original purpose among handicapped children. Teaching techniques, curriculum construction, programmed learning, educational materials, school building design, prevocational and vocational training methods can all benefit from research and experimentation undertaken initially on behalf of restricted numbers of exceptional children. The developing countries, faced with the choice either of making no provision for handicapped children or of using them as pilot groups for new educational developments, might well decide on the latter.

Although it has not been possible to investigate the problems in depth, three major problems associated with handicap have become apparent in the course of the study. These are the problems of malnutrition, adverse public opinion and employment after finishing at school. All the evidence points to malnutrition as the direct origin or the aggravating factor of a wide range of physical and mental handicap in the poor countries. It would not be difficult to regard whole school populations in such countries as "at risk" from malnutrition and to assume that to some extent every child's performance must be adversely affected. Public opinion and social attitudes vary by country and type of handicap. Recent research indicates that deformity occasions greater prejudice than less obvious handicaps, but that the greatest revulsion is accorded to those afflictions which cause most fear in others, leprosy and epilepsy. Campaigns of public enlightenment are essential if handicapped children are to be brought forward for treatment and education, and if they are to be accepted eventually into their communities. The third major problem is that of employment. With such a high proportion of unemployed school leavers in most developing countries, the claims of the handicapped seem very weak. On the other hand, to raise hopes by providing education and then dash them by making no provision for the useful employment of the handicapped school leaver, may be worse than making no provision. The solution in many cases must lie in sheltered workshops or co-operative rural settlements. This progression from school to employment should be planned in detail before a project in special education is started.

The study concludes with some suggestions for co-operative action in an attempt to ensure that maximum administrative effectiveness is obtained. An extensive reconsideration of the preconceptions and traditions in activities among the handicapped is called for, especially with regard to the presentation of a common case on behalf of all forms of handicap. Despite the very real fears about possible disadvantages of such grouping, it seems essential for co-ordinated activities to be undertaken by both governments and agencies working with the handicapped. A combined approach to a government has more prospect of success than a multiplicity of appeals from separate groups. On the government side, too, if overall responsibility for all aspects of the education and training of the handicapped is vested in one Ministry, working with an inter-Ministerial committee, effective negotiations are facilitated between official and non-official bodies.

The longer the delay in incorporating provision for the handicapped into national education and employment programmes, the more intractable will the problem appear. The number of handicapped children surviving infancy in the developing countries is increasing. At the same time, school-age populations are expanding faster than the national resources from which schools and teachers can be supplied. In these circumstances the limited funds available for the handicapped will tend increasingly to appear so inadequate in the face of the obvious need as to make their allocation seem futile. Before this stage is reached, the basic framework of a system of special education should be built, to be expanded as and when resources become available. Such a policy has much to commend it in comparison with the ad hoc involvement of governments characteristic of so many countries. Reasons of economy and efficiency suggest that countries could benefit considerably from an early official consideration of means by which special educational services can best be initiated and developed within the resources available and within the context of the overall planning for education, health, social welfare and labour programmes.

The purpose of this study is to provide background information and some details of comparative practices as a basis for that co-ordinated and comprehensive planning which will be necessary if the handicapped in the developing countries of the Commonwealth are to enjoy as full participation as possible in their societies.

Reference

- (1) "One in six need help". Times Ed. Supp. 24 July 1970.