

Gaps Beyond Access: Inclusive Education in Rural India

Shilpa Panday¹, Renuka Asagi²

¹Research Scholar, Department of Social Work, Karnatak University Dharwad, Karnataka

²Assistant Professor, Department of Social Work, Karnatak University Dharwad, Karnataka

Abstract— This study investigates the persistent barriers experienced by children with disabilities (CWDs) beyond mere school enrollment in rural India. Using primary data from 400 parents across rural talukas of Dharwad district, Karnataka, the research explores infrastructural, attitudinal, social, and rehabilitative service gaps that impede inclusive education. Despite growing policy emphasis through the Rights of Persons with Disabilities Act (RPWD Act, 2016) and National Education Policy (NEP, 2020), children continue to face multiple exclusion layers inside the school system. Findings reveal that only 61.75% of schools had accessible toilets, and 66.5% had ramps, while transportation remained a major concern, accessible to merely 11% of students. Over 78.5% of parents felt that teachers lacked adequate training to handle disability-specific needs. Social exclusion was also rampant, with 73.75% reporting instances of teasing or sidelining. Alarming, access to rehabilitation services like physiotherapy (1.75%) and occupational therapy (0.25%) was almost negligible. The study emphasizes the need for a comprehensive approach that goes beyond enrollment figures to address deeper systemic barriers to inclusion. The findings have significant implications for policymakers, educators, and disability advocates seeking to ensure genuine inclusion for CWDs in rural settings.

Index Terms— Inclusive Education, Children with Disabilities, Rural Schools, Educational Barriers, Social Exclusion, Teacher Preparedness, Rehabilitation Services

I. INTRODUCTION

Inclusive education has emerged as a cornerstone of global educational reforms, underscoring the principle that every child, irrespective of their physical, intellectual, sensory, or psychosocial abilities, has an equal right to quality education within mainstream settings. This paradigm shift, endorsed by frameworks such as the Salamanca Statement (UNESCO, 1994) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), emphasizes the dismantling of systemic barriers that exclude children

with disabilities (CWDs) from participating fully in the educational process.

In the Indian context, where approximately 2.21% of the population comprises individuals with disabilities (Census of India, 2011), inclusive education has increasingly gained legislative and policy attention. Landmark frameworks such as the Rights of Persons with Disabilities Act (RPWD Act, 2016) and the National Education Policy (NEP, 2020) explicitly advocate for an inclusive and equitable education system that accommodates diverse learning needs, ensures accessibility, and fosters participation and achievement for all learners. These policies emphasize reasonable accommodations, barrier-free infrastructure, individualized educational support, and teacher capacity-building as critical enablers of inclusion.

However, despite these progressive legislative provisions and encouraging enrollment statistics, the lived educational experiences of many CWDs in India reveal a disconnect between policy intent and ground realities (Das et al., 2013; Singal, 2015). Mere physical presence in classrooms often masks the ongoing exclusion children face in terms of meaningful participation, academic progress, and social integration. This gap becomes even more pronounced in rural areas, where structural constraints such as inadequate infrastructure, lack of trained teachers, prevailing social stigma, deeply ingrained cultural attitudes, and minimal availability of specialized services compound the challenges to effective inclusion (Miles & Singal, 2010; Siddiqui, 2018).

II. PROCEDURE FOR PAPER SUBMISSION

A. Inclusive Education and Disability Rights

The concept of inclusive education emphasizes the participation of all learners, including those with disabilities, in regular schools alongside their peers (UNESCO, 1994). The Salamanca Statement

established international consensus on inclusive education as a human right. In India, the RPWD Act, 2016 legally mandates inclusive education, defining it as a system wherein children with disabilities learn alongside others without discrimination.

B. Barriers to Inclusion in Rural Contexts

Existing studies highlight multiple barriers that persist in rural areas. Physical accessibility remains a major concern, with inadequate school infrastructure (Gupta & Singhal, 2004). Transportation challenges disproportionately affect children in remote villages (Miles & Singal, 2010). Furthermore, parental perceptions of teacher competence often shape school placement decisions (Sharma & Das, 2015). Teachers' limited exposure to disability-specific training compounds the problem (Sharma et al., 2013).

C. Social and Attitudinal Exclusion

Social teasing, bullying, and marginalization remain significant (Siddiqui, 2018). A study by Das and Kattumuri (2011) highlighted how stigma and attitudinal barriers are deeply rooted in Indian rural communities, resulting in emotional and academic exclusion.

D. Gaps in Service Access

Rehabilitative services such as physiotherapy, occupational therapy, and assistive devices are integral to inclusive education (WHO, 2011). However, access remains limited in rural areas due to resource constraints (UNICEF, 2019).

E. Need for Holistic Assessment

Most research emphasizes either infrastructural or attitudinal aspects in isolation. This study attempts to provide a holistic view of these multiple, interlinked barriers affecting rural CWDs in school settings.

III. METHODOLOGY

A cross-sectional descriptive study was conducted among 400 parents of children with disabilities across all talukas of Dharwad district, Karnataka. Data was collected through structured interviews using a pre-tested questionnaire. Purposive sampling was employed to reach households of children with disabilities with the assistance of local village rehabilitation workers and NGO partners. The final

sample covered diverse disabilities, age groups, and socioeconomic backgrounds.

IV. RESULTS

A Chi-square test was conducted to examine the association between type of disability and social exclusion (teased or sidelined). The test yielded a Chi-square value of 50.15 with 33 degrees of freedom, and the result was statistically significant ($p = 0.028$). This indicates that children with certain types of disabilities are more likely to experience social exclusion in schools.

Infrastructural barriers: A large proportion of schools lack full accessibility. While two-thirds of schools provide ramps and toilets, nearly 40% still do not meet basic accessibility standards, directly affecting mobility and hygiene needs for CWDs.

Transportation challenges: Only 11% of respondents reported having access to school transportation, forcing parents to either bear additional financial burdens or withdraw children from schooling altogether.

Teacher preparedness: An overwhelming 78.5% of parents believed that teachers were inadequately trained to meet the educational needs of children with disabilities. This reinforces existing concerns about the lack of professional development and inclusive education pedagogy.

Social exclusion: Nearly 74% of parents reported that their children had experienced teasing, bullying, or social sidelining in school. This indicates that social inclusion is far from being achieved despite physical integration.

Service gaps: Access to critical rehabilitative and therapeutic services remains extremely low, with only 1.75% receiving physiotherapy, 0.25% receiving occupational therapy, and 4% having received braces or assistive devices.

The result is statistically significant ($p < 0.05$), indicating that type of disability is strongly associated with social exclusion. Children with certain disabilities, particularly intellectual disabilities, autism spectrum disorders, and multiple disabilities, were reported to experience higher levels of teasing

and marginalization compared to children with physical or sensory disabilities. This finding suggests that invisible or behavioural disabilities carry higher levels of stigma, reinforcing the need for targeted awareness, sensitization, and peer inclusion programs in schools.

V. DISCUSSION AND CONCLUSION

A. Discussion:

The findings highlight that inclusive education in rural India remains compromised by intersecting barriers that prevent genuine inclusion. While policy frameworks exist, implementation gaps remain significant. Infrastructural deficits such as lack of accessible toilets (only 61.75%) and ramps (66.5%) continue to restrict physical access. Transportation challenges were acute, with only 11% reporting availability, disproportionately affecting children requiring mobility support (Miles & Singal, 2010).

Teacher preparedness remains a major barrier, with 78.5% of parents reporting teachers are inadequately trained for inclusive education. This finding aligns with Sharma & Das (2015), suggesting that teacher capacity-building remains insufficiently addressed in rural areas.

Social exclusion is also prevalent. Nearly 74% of parents reported teasing or sidelining of their children. The additional Chi-square analysis confirmed that exclusion is significantly associated with type of disability, particularly intellectual and invisible disabilities (Das & Kattumuri, 2011; Siddiqui, 2018).

Further, the study identified alarming service gaps in rehabilitative interventions such as physiotherapy (1.75%), occupational therapy (0.25%), and other medical interventions necessary for academic functioning (WHO, 2011; UNICEF, 2019).

Taken together, these findings suggest that a multidimensional approach addressing infrastructure, teacher capacity, peer sensitization, and service availability is urgently required to translate inclusive education from policy into practice.

B. Conclusion

The findings of this study reinforce that inclusive education in rural India remains fragile, with children with disabilities continuing to face persistent and

overlapping layers of exclusion despite progressive legal mandates and policy frameworks. While initiatives like the RPWD Act (2016) and NEP (2020) have provided a strong legislative foundation, the practical implementation of inclusive education remains incomplete and inconsistent, particularly in under-resourced rural contexts.

The evidence from this research highlights that infrastructural inadequacies such as inaccessible toilets, absence of ramps, and lack of transportation continue to restrict physical access to schools. Beyond physical access, attitudinal barriers—manifested through limited teacher preparedness, prevailing stigma, and peer teasing—undermine the emotional and social inclusion of children with disabilities. The critical shortage of rehabilitative services such as physiotherapy, occupational therapy, and assistive technologies further exacerbates functional limitations that hinder meaningful participation in educational activities.

These multi-dimensional barriers are not isolated but are deeply interrelated, compounding the disadvantages faced by children with disabilities in rural settings. Addressing one dimension alone will not achieve true inclusion. Instead, a multi-sectoral and systemic response is urgently required. This includes:

Comprehensive teacher training programs focused on inclusive pedagogy and disability-specific instructional strategies.

Infrastructure development to ensure barrier-free school environments.

Expansion of rehabilitative and support services within school systems.

Community sensitization and peer education programs to combat stigma and foster inclusive school cultures.

If these systemic issues remain unaddressed, inclusive education risks becoming a nominal or symbolic inclusion rather than a transformative and empowering reality for children with disabilities. Achieving genuine inclusion requires coordinated efforts from policymakers, educators, healthcare providers, community stakeholders, and disability rights

advocates to dismantle structural, social, and service-level barriers. Only then can the vision of inclusive education evolve from policy intent into daily practice, ensuring that every child, regardless of ability, has the opportunity to learn, participate, and thrive.

ACKNOWLEDGMENT

The authors sincerely thank all the parents, children, and community members who generously shared their experiences, enabling this research to reflect the lived realities of children with disabilities in rural India. We also extend our gratitude to the local educators, field workers, and school staff whose insights added depth to our understanding of the barriers to inclusive education.

We acknowledge the support of our respective institutions for providing the academic environment that made this study possible. Above all, we remain indebted to the children whose resilience continues to inspire our pursuit of inclusive and equitable education for all.

REFERENCE

- [1] Census of India. (2011). Population Enumeration Data (Final Population). Government of India.
- [2] Das, A., & Kattumuri, R. (2011). Children with disabilities in private inclusive schools: A case study from India. *Disability & Society*, 26(4), 453-467.
- [3] Das, A., Kuyini, A. B., & Desai, I. (2013). Inclusive education in India: Are the teachers prepared? *International Journal of Special Education*, 28(1), 27-36.
- [4] Gupta, A., & Singhal, N. (2004). Positive perceptions in parents of children with disabilities. *Asia Pacific Disability Rehabilitation Journal*, 15(1), 22-35.
- [5] Miles, S., & Singal, N. (2010). The Education for All and inclusive education debate: Conflict, contradiction or opportunity? *International Journal of Inclusive Education*, 14(1), 1-15.
- [6] Sharma, U., & Das, A. (2015). Inclusive education in India: Teachers' perspectives. *Journal of Research in Special Educational Needs*, 15(2), 97-105.
- [7] Sharma, U., Forlin, C., Loreman, T., & Earle, C. (2013). Pre-service teachers' attitudes, concerns and sentiments about inclusive education.

International Journal of Inclusive Education, 17(3), 329-346.

- [8] Siddiqui, F. A. (2018). Stigma and discrimination: Hidden barriers to inclusive education for children with disabilities in India. *Social Science Journal*, 55(4), 451-465.
- [9] UNESCO. (1994). *The Salamanca Statement and Framework for Action on Special Needs Education*. UNESCO.
- [10] UNICEF. (2019). *Inclusive Education: Every Child Has the Right to Quality Education*. UNICEF.
- [11] WHO. (2011). *World Report on Disability*. World Health Organization.