

A space to learn for all children?

Inclusive education and children with disabilities in Yangon, Myanmar

Report from a research study conducted by
Eden Centre for Disabled Children in partnership with VSO

Published March 2015



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Cover photos show ECDC beneficiaries © ECDC 2015



Foreword

This is the first research study on disability that Eden Centre for Disabled Children (ECDC) has initiated in the fourteen years since the founding of the organisation. Publishing this report is a unique milestone and a blessing for the organisation. Eden Centre has aspired for a long time to conduct such a piece of research in the field of disability.

This study seeks to fill a gap to address the devastating absence of research in this field in Myanmar. Disability is recognized globally as a political and social justice issue and therefore should be addressed through social action. We hope the findings presented in this report will contribute towards social action by demonstrating the reality of the situation of children with disabilities in Yangon, Myanmar.

I would like to thank all the partners and donors who have made this possible. I would like to mention a special note of gratitude to Regina Feindt, Country Director of Welthungerhilfe (WHH), for her encouragement in initiating this research as well as her advice to ensure that this was undertaken rigorously. The study has been implemented through a collaboration between staff at Eden Centre for Disabled Children and Myrtha Waite, a Research Advisor volunteer, from VSO.

I hope that this report is of value not only to Eden Centre for Disabled Children, but also for other civil society organisations, donors, UN agencies, academics, government bodies and other stakeholders with an interest in inclusive education and disability. Above all I hope this report will benefit children with disabilities.

Tha Uke
Managing Director
Eden Centre for Disabled Children



Eden Centre for Disabled Children

Eden Centre for Disabled Children (ECDC) was established in 2000 by two dedicated and visionary local founders, with many years of experience working with people with disabilities. ECDC was the first centre of its kind providing quality services to physically and intellectually disabled children in Yangon. ECDC is a non-profit organization and was officially recognized by the Department of Social Welfare (DSW) in 2005. Over the years ECDC has grown in response to the needs of the individuals, families, professionals and communities it supports as well as in response to global trends in disability. ECDC's work is based on a rights-based approach and is informed by the social model of disability. Today ECDC is a leading non-government organisation in Myanmar, delivering services as well as promoting the rights of people with disabilities. It provides training to raise awareness and promote positive attitudes towards people with disabilities to teachers, principals, government officials and parliamentarians. ECDC has also conducted research and been actively involved in advocacy on disability issues at local and national levels. ECDC has developed and translated numerous disability-related resources, including the first translation in Myanmar language of the United Nation's Convention on the Rights of Persons with Disabilities. ECDC has also delivered long-established and successful Community-Based Rehabilitation (CBR) and Inclusive Education (IE) programmes. ECDC works in partnership with a range of local and international organizations which have strengthened the organisation in the achievement of its goals. For more information, visit: www.edencentre.org



VSO

VSO is different from most organisations that fight poverty. Instead of sending money or food, we bring people together to share skills and knowledge. In doing so, we create lasting change. Our volunteers work in whatever fields are necessary to fight the forces that keep people in poverty – from education and health through to helping people learn the skills to make a living. We have education programmes in 17 countries, including education volunteers who work in teacher training colleges and with schools on teaching methods and overcoming barriers facing marginalised groups. We also undertake advocacy research through our Valuing Teachers campaign and we are a member of the Global Campaign for Education (GCE) and of the International Task Force on Teachers for Education for All, hosted by UNESCO. For more information, visit: vsointernational.org



National Union of Teachers

The NUT is the United Kingdom's largest union for qualified teachers in primary and secondary education. The NUT supports a number of campaigns that address international development issues, including VSO's Valuing Teachers campaign and the Global Campaign for Education. The NUT collaborates with unions and non-governmental organisations in the Global South on projects which aim to provide high-quality education for all children, safeguard the wellbeing and professionalism of teachers, and build the capacity of teachers' unions. This includes funding for short-term projects, commissioning research, and working in partnership with unions or civil society organisations on long-term development programmes. Through training, events, study tours and teaching resources, the NUT also supports UK teachers' professional development on global learning, and increases members' awareness and involvement in international development issues. For more information, visit www.teachers.org.uk



For a world without hunger

WHH

Welthungerhilfe (WHH) was founded in 1962 as the German Committee of the United Nations' Food and Agricultural Organization (UN/FAO) and has grown to become one of the largest non-governmental development agencies in Germany. WHH has supported some 7,400 projects in over 70 countries. It campaigns worldwide against hunger and advocates for sustainable food production and nutrition security.

WHH started to work in Myanmar in 2002. According to its goals it implements mainly integrated Food Security and Livelihood Projects with the focus on the improvement of living conditions of the poorer parts of the population in an ecologically sustainable manner. For more information visit: www.welthungerhilfe.de



Amatae project, British Council

Amatae is a civil society strengthening project, funded by the UK's Department for International Development (DFID) and the Swedish International Development Cooperation Agency (SIDA). Amatae makes operational or 'core' grants available to domestic civil society organisations (CSOs) in Burma. Increasing international funding for CSO projects, whilst welcome, has meant that organizational work increasingly operates through discrete parcels of resource and activities. In providing resource and support for organisational development and broader advocacy work, Amatae offers a vital alternative approach to building civil society capacity in Burma. Amatae is part of the Burma Civil Society Strengthening programme (BCSSP). The BCSSP aims to build the capability of local organisations and individuals acting cooperatively to address the needs and aspirations of Burmese people. This should enable more people in Burma, particularly the poor, to take more control over decisions that affect them. The more that people and organisations work together, in constructive ways, to achieve tangible changes, the more they will strengthen the role of citizens in building a functioning democracy. For more information, visit: www.amatae.org



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The concept for this research was developed through a partnership between Eden Centre for Disabled Children (ECDC) and VSO.

Negotiating access to research participants as well as design of the research tools, field research, writing of interview transcripts and preliminary analysis was conducted by staff at Eden Centre for Disabled Children, including Tin Tin Khine, Myat Min Zaw, Seine Lè Lè Hset, Naw Cherry Hlaing, Nyein Chan Thant Sin, San Thida, Tun Htet Thet, Khaing Sandar Phyo, Saw Melvyn Kolay and Elizabeth Ei Hnin Phyu. We are grateful for the advice and leadership provided by U Tha Uke, Managing Director of Eden Centre for Disabled Children. Advice on development of the research was provided by Myrtha Waite (ECDC and VSO), as well as development of the research tools, analysis of the findings and writing of this report. Translation for the research was provided by Saw Melvyn Kolay and Elizabeth Ei Hnin Phyu.

We are grateful for the valuable advice provided on the design of the research and feedback on drafts of the report provided by VSO including Emily Speers-Mears, Jo Povey, Marian Cadogan, Patricia Thornton, Purna Kumar Shrestha and Robert Dyer. We are also grateful for comments from Salai Vanni Bawi (Handicap International). We are grateful to all the organisations and individuals who participated in and provided valuable feedback through the two research consultation workshops.

The research has been generously funded by VSO, the National Union of Teachers UK, the Amatae Programme (British Council) and Welthungerhilfe (WHH). We are grateful to the teachers and principals who openly shared their experiences with us: we hope to have done justice to their views. Finally we would like to thank the parents, children and young people with disabilities who shared their stories with us and we hope that the findings from this research will bring improvements to their lives and futures.

Acronyms

ASEAN	Association of South-East Asian Nations
CCA	Child-centred approach
CESR	Comprehensive Education Sector Review
CET	Chapter End Test
CP	Cerebral Palsy
DSW	Department of Social Welfare
ECD	Early Childhood Development
ECDC	Eden Centre for Disabled Children
EFA	Education for All
GDP	Gross Domestic Product
NGO	Non-government organisation
MOE	Ministry of Education
MSWRR	Ministry of Social Welfare, Relief and Resettlement
CRPD	Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children’s Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization

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Executive summary

Myanmar is a country which is undergoing significant political, social and economic change. The government of Myanmar has committed to widespread reforms, which in the education sector was spearheaded by a Comprehensive Education Sector Review (CESR) launched in 2012 and a new national Education Law which was passed by Parliament in 2014. Myanmar is a signatory to Education for All (EFA) and has ratified the UN Conventions on the Rights of the Child (1989) and the Rights of Persons with Disabilities (2006). There is a dearth of evidence about access of children with disabilities to education. There is also an emerging call particularly from civil society organizations in Myanmar, to create an education system that meets the needs of all children. Premised on the concept of inclusive education, this research aims to contribute towards the evidence base and inform the development of policy and practice.

The research used a qualitative methodology and was conducted between July and December 2014 in 11 schools in Yangon, including seven regular schools, two special schools, one private international school and one monastic school. In addition to this 19 children with disabilities who were out-of-school and their parents were interviewed. The research involved 222 participants including children and young people with disabilities, their peers without disabilities at school, parents, teachers and principals.

Overall the research found that whereas there was evidence of inclusive learning environments in some individual schools, there was limited evidence of inclusive learning environments in the regular schools that participated in the research. Although children with disabilities' rights to education are protected through international instruments such as the UN Convention on the Rights of Persons with Disabilities (2006) and the Education for All agenda, there remain significant gaps in the ways in which these commitments have been translated into the everyday practice of schools in Yangon, Myanmar.

Findings

Perspectives of children with disabilities

The research found that children with disabilities felt most worried about exams, using the toilets and travelling to and from school. Furthermore children reported that teachers and friends helped them the most at school, highlighting the importance of social relationships. Most children with disabilities who were out-of-school reported feeling sad about not going school, demonstrating the importance of education for them. Many children with disabilities who were at school had aspirations to become doctors and engineers. However many children who were out-of-school simply expressed a desire to return to school or to join other professions which may be considered less academic, such as sports and the arts. This may suggest that the 'knowledge-based' subjects which are the focus of the current school curriculum, do not enable children to develop in other areas where their strengths may lie.

Children with disabilities who are out-of-school

The research found that children with disabilities who are out-of-school face specific and complex barriers in accessing education. Poverty was a significant barrier for children who were out-of-school accessing education. Financial constraints reported by parents included the costs of tuition fees for private and specialist tuition. Contrary to other evidence (for example MOE 2014b) this study found that whereas poverty was a barrier, children with disabilities did not leave school early to find work. However this study focused on Yangon only and further research on this is needed. Other factors reported by parents included a lack of support, acceptance and understanding by teachers, being refused enrolment, peer discrimination and barriers travelling to and from school. The interaction of these barriers with impairment, led to children being 'pushed out' of school as opposed to 'dropping out'.

Parent attitudes towards disability and education

The research found that most parents interviewed had positive attitudes towards their children's education. Parents saw education as a means for their children to gain independence, find employment and overcome stigma. The parents of out-of-school children had more modest and less academic expectations of their children compared to parents whose children were at school. Parents of out-of-school children expected their children to learn basic literacy and numeracy, life and vocational skills. More positive behaviours included pro-actively supporting their children's education and resilience in the face of difficulties. Parents tended to have more positive attitudes towards education for children who had exceeded their own level of education and/or towards children who had had some form of schooling, either in regular or special schools.

Parents were asked about their preferences in relation to special and inclusive education. Parents who reported that they preferred special education for their children stated that this was because of barriers in regular schools such as discrimination, limited support and schools not accepting their children. Benefits of regular schools reported by parents included support from other children, social inclusion, schools being close to their communities, continuity in education and affordability.

In terms of disability, many parents could not clearly describe the causes of their child's impairment. Parents who had never been to hospital or had a medical diagnosis were more likely to believe that causes of the impairment related to 'fate' or 'karma', physical illness and/or unsuccessful medical interventions. Parents with more positive behaviours had pro-actively sought medical assistance. Feelings of shame were sometimes experienced by parents of children who had experienced discrimination. Parents with more negative attitudes sometimes blamed the child for their situation and often had had limited medical interventions or a diagnosis. Negative feelings towards disability were associated with behaviours such as delays in sending children to school as well as not sending children to school. Parents were more likely to express negative attitudes towards children who were older, female and had

certain types of impairment such as intellectual and sensory impairments as well as CP. Furthermore parents with more negative attitudes were also more likely to be facing financial problems and to have children who had less positive experiences of formal education services and had faced discrimination.

Enrolment

An EFA Review Report states that “children with disabilities are accepted in basic education schools” (MOE 2014). The evidence from this study however suggests otherwise. We found evidence that enrolment of children with disabilities in regular schools is dependent on the discretion of individual principals. We found evidence of children with disabilities being denied enrolment. Principals highlighted the lack of guidance from national level about the enrolment of children with disabilities in regular schools.

The evidence from our research suggests that children’s rights to access the general education system under CRPD Article 24 (2006) are not being fully met. By not clearly defining inclusive education nor protecting the rights of children with disabilities to education in regular schools, the new Education Law may have missed the opportunity to protect the rights of children with disabilities to access the general education system.

Assessment of disability

Findings from the research suggest that whereas the special schools and international private school involved in the study do conduct assessments of disability for students at enrolment, there was no such formal assessment in regular schools. Regular schools mostly relied on parents for information about their child’s disability. However there was also evidence of teachers and principals in some regular schools identifying children’s needs through observation and their experience of teaching the children. In some regular schools we found evidence of children’s needs, particularly related to non-visible impairments, not being identified or responded to.

Curriculum and exams

The research found that the current centralized nature of the curriculum and examination system did not allow schools to readily make modifications based on student needs. This presented difficulties particularly as children progressed towards the national examinations and matriculation. These findings may provide some insights into the root causes of the low retention of children with disabilities in education as well as the reduced likelihood of children with disabilities passing matriculation.

The research found some evidence of adaptations made by teachers in regular schools in relation to exams, such as giving extra time. However overall the evidence suggests that there were only very limited adaptations outside of the special schools and the international private school.

Teachers reported that excessive national curriculum content was a key barrier. Teachers indicated that they had limited time, which led to the provision of less individual support for students especially in higher grades. Furthermore the barriers faced by children with disabilities were often specific to their needs. For example hearing impaired students faced difficulties related to spoken and written language making subjects like Myanmar language difficult, whereas some students with physical impairments faced barriers in writing exams.

Teaching practices and resources

Modification to teaching practices and learning materials is an important aspect of inclusive education (UNESCO 2005). However, in Myanmar while teachers in special schools are trained as part of their pre-service training in teaching methods for children with disabilities, teachers in regular schools are not. This research found evidence of good practice in terms of modifications to teaching practices in more well-resourced and specialist learning environments, namely the international private school and special schools. Methods included student-centred methods, use of creative methods, being accommodating to students' behaviours, accessing training and utilizing additional resources to aid teaching such as support teachers and peers in the class.

In the regular schools, there was some evidence of adaptations to teaching practices such as assigning peers as scribes and providing individual support to students especially in lower grades. However overall we found little evidence of such adaptations. In the regular schools we generally observed whole-class teacher-centred teaching and memorization as opposed to student-centred methods. There was a lack of awareness among teachers on how to adapt teaching methods in response to students' individual needs and a lack of training on appropriate teaching methods. Limited time and high teacher-student ratios also contributed to less inclusive learning environments.

Environment in and around the school

The research found evidence that children with physical and visual impairments are affected by barriers related to physical accessibility, not only within the school site itself, but also in the environment surrounding the school. Common barriers identified around schools included the inaccessibility of roads to schools, particularly during the rainy season; obstacles such as dangerous and unsupervised road crossings; lack of accessible modes of transport and/or assistive devices such as wheelchairs. Barriers within the school included difficulties in moving around the classroom and problems in the use of toilets by children with mobility difficulties and use of equipment such as whiteboards which caused difficulties for children with visual impairments. Our observations in regular schools further confirmed that there had been limited adaptations to the school environment for children with disabilities.

The research found no evidence of support from government to assist regular schools make adaptations to school premises or by providing assistive devices. However there was evidence of such assistance from NGOs in some schools. Parents, teachers and peers all took on valuable roles as care-givers, supporting children to overcome such barriers. However this presented secondary problems within families due to the additional time needed to take on extra caring responsibilities. Strategies such as parents and teachers manually carrying and lifting the children posed more difficulties when supporting older children. Lack of access to assistive devices to assist mobility reduced the independence of children in schools and at times led to their exclusion. This evidence may explain some of the difficulties in retaining children with disabilities in education as they grew older.

Social inclusion

A supportive social network around children with disabilities including peers, teachers, parents and siblings was an important factor in enabling children with disabilities to participate in education. The research found evidence of friendships as well as caring relationships between children with disabilities and their peers at school. However there was also evidence of bullying and discrimination. Parents, teachers and principals played an important role in addressing these situations. For example in one instance a parent raised concerns about bullying from peers with the principal, who changed seating arrangements in the class to separate the children.

We found that some teachers and principals sought to enable children's social inclusion in the school. However there were also instances where children were excluded from social activities by teachers as a result of protective attitudes and notions of the children's vulnerability. At the same time, we also found positive evidence of resistance where children with disabilities found ways in which they could participate, despite the adverse circumstances. A further significant finding from the research, based on interviews with teachers in the private international school, was that children with diverse needs learning together enhanced acceptance, understanding and social inclusion over time. This affirms the importance of enabling diverse learners, including children with and without disabilities, to learn together as a means of achieving the aspirations outlined in the Salamanca Statement of "combating discrimination, creating welcoming communities, building an inclusive society and achieving education for all" (1994).

Summary of recommendations

Legal and policy framework

- Protect the rights of children with disabilities to education by making revisions to the national Educational Law and including in the Law on the Rights of People with Disabilities a clear definition of inclusive education and protection of the rights of children with disabilities to access the general education system as well as special education.

- Clarify the responsibilities and improve coordination between the Ministry of Education and Ministry of Social Welfare, Relief and Resettlement in relation to the education of children with disabilities.
- Education reforms currently underway, including the CESR process, should have a clearer focus on reforms that will support the development of inclusive education, including for children with disabilities. This includes adaptations in education based on student needs such as extra time and use of Braille in exams.
- The government and UN agencies should enhance local civil society and community consultation processes when developing new policies and laws related to education and disability.

Poverty and education of children with disabilities

- Provide financial assistance to poorer families of children with disabilities to support the costs of education.

Parent education and services

- Develop training on disability awareness, inclusive education as well as care-giving skills for parents, carers and communities.
- Education services providers should enable greater participation and information-sharing with parents.

Enrolment

- Produce national guidance for schools on the enrolment of children with disabilities in regular and special schools. Guidance should reflect commitments under the CRPD and Education for All.
- Schools should involve communities and professionals in decisions about enrolment of children with disabilities into special and/or regular schools. The role of Township Education Officers, resource centres and NGOs could be strengthened in supporting parents of children with disabilities in liaising with schools during the enrolment process.

Assessment of disability

- Develop national guidelines and training of school staff as well as staff of specialist resource centres in undertaking assessments of disability, including the level of disability.
- Develop education support plans in line with internationally recognised standards.
- Ensure inter-sectoral collaboration between the health, social care and education sectors.

Curriculum and exams

- Decentralisation and greater flexibility in the school curriculum should empower schools and teachers to make adaptations based on the needs of individual students.
- The needs of students with disabilities should be considered within all general examination policies as well as within disability-specific policies.

Teaching practices and resources

- Deliver training on disability awareness as well as student-centred teaching methods to regular school teachers as part of their pre-service

and in-service training.

- Teaching materials and communication aids should be produced in Myanmar language that support student-centred teaching and the specific learning needs of children with disabilities.
- Regular schools should pilot the introduction of support teachers, trained with additional specialist skills such as sign language and Braille, to provide enhanced support alongside regular classroom teachers to children with disabilities.
- Teacher-student ratios in schools with large class sizes should be reduced to ensure teachers have the capacity to focus on individual student needs.
- Partnerships between special and regular schools can support sharing of good practice and building the capacity of teachers in regular schools to support the needs of children with disabilities.

Environment in and around the school

- Produce national guidelines based on internationally accepted standards on accessibility for children with disabilities in and around the school environment, employing low-cost solutions wherever possible.
- Provide financial and technical support in adapting the environment in existing and new schools.

Social inclusion

- NGOs should develop awareness-raising training on disability issues to help develop more positive attitudes among all school staff and students.
- Schools should develop policies and train school staff on approaches to protect children with disabilities from bullying and abuse.
- Opportunities for interaction between special and regular schools of children with disabilities and without disabilities should be enhanced.

Further research

Conduct an updated national disability survey, measuring the prevalence of disability in Myanmar based on the current internationally recognised definition of disability as defined by the World Health Organisation (WHO). The survey should include data of the number of children with disabilities receiving different types of education. Data should be gathered from urban and rural areas. Number of children with disabilities who are out-of-school should be included as well as the reasons for children with disabilities being out-of-school. At the time of writing, UNICEF Myanmar had commissioned a situation analysis including information about the education of children with disabilities, which will contribute to the evidence base on this issue.

1. Introduction

Myanmar is a country which is undergoing significant political, social and economic change. Following the elections in 2010, the government of Myanmar committed to widespread reforms, supported by international agencies. Among these the education sector is undertaking a Comprehensive Education Sector Review (CESR) launched in 2012 and a new national Education Law was passed by Parliament in 2014. Myanmar is signatory of international instruments which seek to protect the rights of children with disabilities to education including the UN Convention on the Rights of the Child (1989) and the UN Convention of the Rights of Persons with Disabilities (2006). Myanmar has also committed to Education for All (EFA) which provides for all children having access to basic education of good quality (UNESCO 2000). There is a dearth of evidence about access of children with disabilities to education. There is also an emerging call particularly from civil society organizations in Myanmar, of the need to create an education system that meets the needs of all children. Premised on the concept of inclusive education, this research aims to contribute towards the evidence base and inform the development of policy and practice.

The aims of the research were:

- To contribute towards developing an evidence base for policy makers and other stakeholders about promoting inclusive education for children with disabilities in Myanmar.
- To identify needs for the development of inclusive education programmes, including teacher training.

The central research questions were:

- How are the terms 'disability' and 'inclusive education' understood and what are the attitudes towards these?
- What are the main barriers and facilitators for children with disabilities in participating in education?
- What are the characteristics of inclusive education and special education for children with disabilities in Yangon?

2. Background

2.1 Disability in Myanmar

The first Myanmar National Disability Survey conducted in 2008-9 estimated that 2.3% of Myanmar's population had a disability (DSW and TLMI 2010). This estimate however is much lower than current international estimates of the prevalence of disability: about 15% of the world's population are estimated to live with some form of disability (WHO 2011). The relatively low estimation of the number of people with disabilities in Myanmar may be linked to the lack of a clear definition of disability in the national context. The disability survey (DSW and TLMI 2010) used a definition of disability based on four types of disability: physical, seeing, hearing and intellectual (DSW and TLMI 2010: 9). People with chronic illnesses such as HIV/AIDS, heart disease and mental health needs were excluded from the definition. Moreover people who faced limitations in functioning due to environmental factors, including social and attitudinal factors, were not included in the survey definition. This differs to current international definitions of disability, such as the WHO's International Classification of Functioning, Disability and Health (ICF) and the definition of disability in the UN Convention on the Rights of Persons with Disabilities, which recognise that limitations may also be caused by a combination of impairment and environmental factors. There is a need therefore for more quantitative information nationally relating to the number of people, including children, with disabilities in line with internationally recognised definitions of disability.

In Myanmar currently there are also no specific criteria to define the level of disability of a child, for example mild, moderate or severe, or guidelines for schools regarding the education of children with disabilities (JICA 2013b). A CESR report (JICA 2013b) states that there are 37 resource centres in Myanmar, staff from which decide if a pupil should be enrolled in regular classes or in special schools after the child has been screened for disability by teachers during primary education (JICA 2013b). Furthermore Early Childhood Development (ECD) centres, of which there were 12, 116 in operation in 2013-14 (MOE 2014), provide early childhood care and education services.

There is no clear evidence on the number of children with disabilities in Myanmar. At the time of writing, the government of Myanmar was conducting the first population census in 30 years, which will include data on the number of people with disabilities (Ministry of Immigration and Population 2014).

Furthermore reports from the Ministry of Education (2012, 2014) suggest that:

9,738 children with disabilities are enrolled in primary schools
11,536 children with disabilities are enrolled in middle schools
47 children with disabilities are enrolled in high schools
1,450 children with disabilities are enrolled in special schools.

A study of 127 monastic schools in eight states and regions of Myanmar found that principals reported students with disabilities in only 43% of schools, and

students with disabilities made up less than 1% of the total student population (Burnet Institute and MEDG 2014).

There is also no clear evidence of the number of children with disabilities who are out of school. However evidence suggests the numbers are very high and that as many as one in every two children with disabilities never attended school (DSW and TLMI 2010). Moreover of those who did attend school, only 33.5% progressed beyond primary level, which translates to a net secondary enrolment rate of 15.8% which is well below the national average of 38% (DSW and TLMI 2010). Furthermore evidence suggests that pass rates at matriculation, a national exam which enables students to graduate from high school as well as gain entry to University, for children with disabilities in Myanmar is much lower than for children without disabilities (JICA 2013b).

2.2 Legal framework

A new national Education Law was passed by Parliament in September 2014 in Myanmar. The national Education Law makes provisions for children with disabilities mainly through opening special education schools (Chapter 6) and special education programmes (Chapter 3). There is no clear definition of inclusive education in the law however, nor is there any protection of children with disabilities' rights to education in regular schools. This may be partly related to the fact that education in regular schools is overseen by the Ministry of Education (MOE), whereas education of children with disabilities in special schools is overseen by the Ministry of Social Welfare, Relief and Resettlement (MSWRR). Feedback provided by participants of the consultation workshop for this research suggested that there is a lack of clarity in responsibilities and coordination between these two Ministries.

The new National Education Law makes provisions for the curriculum and curriculum standards (Chapter 7), including provision of a nation-wide curriculum framework and standards for basic education. The Law allows autonomy within each region to develop the curriculum within this framework. The Law also provides for schools making modifications to the curriculum in line with the existing law and in line with national education reforms, as well as modifications that contribute to the country's socio-economic development. Therefore although the new National Education Law provides for some flexibility in terms of the curriculum to regions and schools, the scope for modifications outlined in the law seem to focus more on national priorities as opposed to needs specific to local areas and the needs of students, including students with disabilities.

At the time of writing, a National Education Sector Plan was also in development, which included a chapter on education for children with disabilities and a new law on the Rights of Persons with Disabilities was also being drafted.

2.3 Curriculum and examinations

The Myanmar curriculum currently is centralised and there is limited scope for adaptations based on student needs. Children with disabilities in regular schools follow the same curriculum as other students. A CESR report states that Myanmar's curriculum relies heavily on core subjects which develop 'low level thinking skills' and cognitive knowledge (JICA 2013a). Core subjects include for example Myanmar language, Maths and English, which are compulsory, as well as a combination of other subjects which include physics, biology, chemistry, geography and history. The curriculum places less emphasis on co-curricular subjects, such as physical education, arts and life skills, which are important for child development (JICA 2013a).

In Myanmar the Child Centred Approach (CCA) has been introduced throughout the country as a national policy to "promote the development of children's creativity, analytical skills, critical thinking, and problem-solving skills" with the aim of improving quality in education (JICA 2013a: 2). However the current curriculum does not incorporate the CCA methods, as these methods were developed after the curriculum was introduced (JICA 2013a).

There is also a strong emphasis on examinations in the current education system. A national exam at the end of Grade 11 (matriculation) enables students to graduate from high school as well as to gain entry to University. Students begin preparing for the matriculation exam in Grade 9 and have to pass all six subjects to obtain the matriculation certificate. The pass rate for the matriculation was 35% in 2010/11 (JICA 2013b). Students have to take 6 subjects for the exam in total, including three compulsory subjects: Myanmar language, Maths and English as well as a combination of other subjects which include physics, biology, chemistry, geography and history.

In addition Chapter End Tests (CETs) are undertaken each month for 7 months of the school year by students from Grades 3 to 11. The tests examine subjects from the Core Curriculum. Furthermore mid and end of semester exams take place half yearly for Grades 3-10.

Monastic schools follow the same curriculum as regular schools, although responsibility for education in these schools falls under the Ministry of Religious Affairs. Teachers in monastic schools rarely have opportunities to undertake teacher training (JICA 2013a). Monastic schools provide schooling to some of the poorest children and in some of the most remote areas of Myanmar.

2.4 Inclusive and special education in Myanmar

Myanmar has endorsed Education for All and the Millennium Development Goals. The Ministry of Education's 2014 Review Report on Education for All (EFA) outlines EFA activities in Myanmar between 2007 and 2014 and states that:

“Myanmar has initiated Inclusive Education for children [with disabilities]... [Children with disabilities] are accepted in basic education schools as well as in the Non-Formal Primary Education (NFPE) programme, at monastic schools in addition to special schools for the blind and the deaf” (Ministry of Education 2014b).

In practice however the main state provisions for the education of children with disabilities is focused on education provided by a small number of special schools in urban areas. There are eight special schools for children with disabilities, mainly located in Yangon (JICA 2013b). These include schools for children with visual impairments, hearing impairments as well as training for young people with disabilities. Two of the special schools in Yangon and Mandalay are managed by the government, under the Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement (MSWRR), while the others are managed by NGOs. This research study includes data collected from two of the MSWRR special schools in Yangon: one school for students with visual impairment and one for students with hearing impairment.

Teachers in special schools graduate from Education Colleges after undertaking a one year correspondence course about the education of children with disabilities, including training on specific teaching methods. However there is no training of teachers on inclusive education (JICA 2013b).

The Ministry of Education oversees education in regular schools. JICA’s report (2013b) states that generally students with mild disabilities attend regular classes in primary school and moderately or severely disabled children receive education in special schools. Furthermore students who study in special schools at primary level can move to regular schools at middle school level. However it is not clear about the extent to which this system is implemented in practice.

2.5 Costs of education

Under universal primary education, basic education in Myanmar is free. Provision of textbooks and exercise books, construction of new schools and renovation of existing school buildings, extensive application of CCA, and other activities are included in the budget for basic education (JICA 2013b).

However, evidence suggests that the costs of attending school have proven a burden for many families (Zobrist and McCormick 2013; JICA 2013b). In addition to paying for school uniforms and stationery, parents pay fees related to school ceremonies and purchase of necessary school equipment. Additionally, parents are sometimes expected to send their children for after-school tutoring, usually run by school teachers, during which classes are reviewed. Teachers depend on tutoring as a source of income. Even where regular schools are available, the costs are such that parents struggle to meet the costs of education.

The National Review report on EFA states that:

“Expenditure on education has been increased from 0.7% of GDP in FY 2010-2011 to 2.1% of GDP in FY 2013-2014” (MOE 2014b).

However the expenditure on education remains low compared to other ASEAN nations. For example expenditure on education as a percentage of GDP was 5.8% in Thailand (2011), 3.3% in Lao PDR (2010) and 6.6% in Vietnam (2010) (ASEAN 2013).

3. Methodology

The research used a qualitative methodology. It explored the reality on the ground of education for children with disabilities through an in-depth study conducted between July and September 2014 in 11 schools in Yangon. The research involved 222 participants including children and young people with disabilities, their peers without disabilities, parents, teachers and principals. In so doing the research seeks to enable understanding of the lived experiences of children with disabilities and key actors around them as well as illuminating relationships between different factors that affect their participation in education.

3.1 Geographical scope and sampling

The geographical scope of the study was Yangon, the largest city in Myanmar. The findings of the research therefore cannot be assumed to be representative of all of Myanmar.

Research participants were selected through purposive sampling, namely they were selected in a non-random way based on the objectives of the study. As the study sought to explore inclusive education, the focus of the research was on seven regular schools, while 2 special schools, 1 monastic school and 1 private international school were included as a means of comparison.

Five of the regular schools were selected from a group of 40 schools which Eden Centre for Disabled Children (ECDC) had existing links with through their inclusive education programme. These schools received disability related support from ECDC. The five schools were selected based on school criteria including school level (primary, middle and high schools), geographical location (down town and outskirts of town) and different degrees of receptiveness of the school to inclusive education based on ECDC's experience of working with the school; as well as characteristics of the children with disabilities including age, gender and type of impairment. The remaining two regular schools with no support from ECDC were selected as a means of avoiding bias based on awareness of disability through contact with ECDC. The main selection criteria were that children with disabilities should be attending these schools. The schools were selected based on recommendations from teachers and principals from ECDC-supported schools.

Furthermore two special schools were included, run by the Ministry of Social Welfare, Relief and Resettlement (MSWRR). These special schools only included children with disabilities: one school was for children with hearing impairments and the other for children with visual impairments. These two special schools were selected to enable an understanding of children's experiences with different types of impairment, as most children in the regular schools primarily had physical impairments. The international private school was selected as it included a separate unit for children with specific educational needs, including autism, intellectual and behavioural needs. One monastic school was also included.

The additional 19 out-of-school children and their parents involved in the study were selected from a list of children with disabilities in Yangon based on the Disability Survey (DSW and TLMI 2010). Department of Social Welfare (DSW) volunteers provided ECDC with a list of children in a township in Yangon and identified which children were not in school, based on their experience of working at a community level. The main criteria for selection included children being out of school as well as a broad representation based on characteristics such as the child's age, gender and type of impairment. Due to limitations of time and resources, families were also selected for practical purposes such as geographical proximity to each other.

3.2 Research methods and characteristics of participants

The table below summarizes the key research methods used for this study.

Table 1: Research methods and participants

Research method	Number of participants
Individual interviews	<p>11 school principals, 1 per school.</p> <p>48 children with disabilities. This included 29 children who were in school and 19 children who were out of school. Interviews with out-of-school children were conducted jointly with parent interviews.</p> <p>36 parents of children with disabilities. This included 17 parents of children who were at school and 19 parents of children who were out-of-school.</p>
Focus groups	<p>13 teacher focus groups, including 60 teachers (average 5 teachers per focus group). One focus group per school, except in two schools where two focus groups were conducted.</p> <p>14 focus groups, including 66 peers of children with disabilities in regular schools (average 5 peers per group and average of 2 peer focus groups per school).</p>
Observations	28 one-hour observations of each child with disabilities at school

The Annex outlines the characteristics of research participants and schools in more detail.

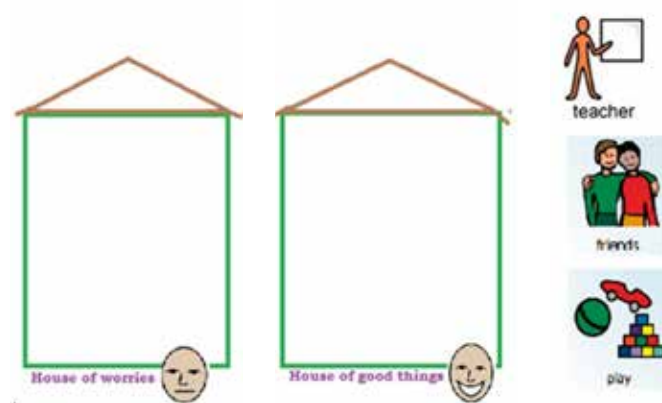
Most of the parents interviewed were mothers of children with disabilities except for 8 children where interviews were conducted with a carer and other family members including fathers, sister, aunts and grandparent. The educational level of the parents interviewed ranged from Grade 2 to University graduates. Most parents had levels of education between Grades 5-10. Parent's monthly income levels, where information was provided, ranged from 10,000 to 300,000 kyat.

3.3 Development of research tools and data collection

Data collection tools including focus group topic guides, interview schedules and observation guides which were developed based on findings from the literature review and the research inception workshop.

Visual research tools were developed for children with disabilities. Disability research in the UK has used visual questionnaires with children with disabilities (Mitchell and Sloper 2011) and these are considered particularly helpful in communicating with children with intellectual and communication impairments (Boxall and Ralph 2009). The visual tools included symbols from Boardmaker and Widgeit as well as an adapted version of The Three Houses (figure 1), which was originally developed by Nicki Weld in New Zealand to communicate with children in child protection cases (Munro 2011). Children were presented with images such as teacher, friends and play for example and asked to place each image either into the house of worries or the house of good things as a means of gauging their feelings about each aspect of school. The findings are presented in tables 2 and 3. The visual tools were tested with four primary school age children who attended ECDC's school before use.

Figure 1: Visual questionnaires for children with disabilities



The team of ECDC staff were trained on research skills and then collected data in the field. ECDC field research staff were accompanied by DSW volunteers during interviews with out-of-school children and their families, although it was requested that DSW volunteers were not present in the same room during interviews for confidentiality purposes.

3.4 Data analysis

All interviews conducted by ECDC staff were recorded on digital recorders and transcribed by ECDC staff after the interviews. The transcripts were then translated to English. During a series of four workshops, the Research Advisor supported ECDC staff to undertake a thematic analysis of the data which included grouping and sorting the data, as well as beginning to identify themes from the data based on the research questions. Further thematic analysis was undertaken including finding patterns between the responses of different research participants and linking the data with the characteristics of participants and schools.

3.5 Consultation workshops

Two research consultation workshops were held. The first was held in March 2014 and sought input to help develop plans for the research and to gather preliminary ideas of key topics and questions for the research. 25 participants attended this workshop.

Following the analysis of data and writing of the first draft of the research report, a second validation workshop was held on 6th December 2014, as a means of “participant checking” (Robson 2011). This process aimed to enhance the quality and validity of the research by checking interpretations of the data as well as by bringing together a diverse group of stakeholders to discuss the findings and develop shared recommendations for actions. All principals and teachers who participated in the research were invited to attend. Government officials from all the townships where ECDC-supported schools were located were also invited. In addition to this, a wider group of stakeholders were invited to provide additional inputs including NGOs, UN agencies and government officials. The workshop was attended by 72 participants, including 7 school principals (4 from regular schools and 3 from special schools), 12 teachers from regular schools, 9 staff from disabled people’s organizations, 41 NGO staff and 3 UNICEF staff. The workshop shared the draft findings of the research; invited feedback from participants through small group discussions on six key themes emerging from the research (out of school children, enrolment, teaching practices and resources, assessment of disability, exams and curriculum, environment in and around the school) - whereby each group was randomly allocated two themes to discuss and asked to make recommendations for change. The written records from the group discussions have been used to inform both the interpretation of findings in this report as well as the recommendations.

3.6 Ethical considerations

Information sheets and consent forms were developed by ECDC staff for all research participants. The information sheets included information about the purpose of the research; what was expected of participants; explaining that participation was voluntary and that participants could withdraw from the research at any time; that information provided would be kept confidential;

how the information would be used, including in the writing of a published report, and that identities of participants would be protected. Details of the information sheets were explained verbally to participants prior to the start of the interview. Participants were also asked to sign consent forms at the start of the interview to indicate their consent to participate or not. Parents/ carers and children with disabilities were both asked to sign the consent form relating to children's participation in the research, in line with good practice guidance (Grieg et al. 2007; UNICEF 2002).

3.7 Limitations

Limitations of the study include that the study focused only on Yangon, one of the largest urban areas in Myanmar. There is comparatively more availability of education services, including special schools, in Yangon compared to other parts of the country. Therefore the findings are likely to paint a more positive picture than would be found in other urban areas, rural and remote areas where availability of education services is less extensive.

Moreover most of the regular schools involved in the study had existing links with the NGO EDCD and therefore levels of awareness and inclusivity of schools in relation to disability were likely to be higher.

4. Conceptual framework

4.1 Defining disability

Disability is one of the key terms used in this report and exploring the meaning of this contested term is key to the interpretation of the evidence presented below. Disability can be understood in different ways, including based on a ‘social model’ approach which contrasts with the ‘medical model’. The social model of disability was developed in Europe and America in the 1970s and 1980s by disabled activists and their organisations in contrast to medicalised models of disability (Barnes and Mercer 2011: 29). Reflecting their experiences of discrimination, disabled people focused disability as a problem in the organisation of society rather than individual functional limitations or differences (ibid. 2011: 29).

Proponents of the social model thus make a distinction between ‘disability’ and ‘impairment’ as follows:

“Disabilities are barriers to participation for [children] with impairments or chronic illness. Disabilities may be created in the environment or by the interaction of discriminatory attitudes, actions, cultures, policies and institutional practices with impairments.”

“Impairment is a long term limitation of physical, intellectual or sensory function” (Booth and Ainscow 2002: 10).

As such the social model of disability suggests that in order for society to be more inclusive, barriers in the physical and social environment need to be removed. In the context of education therefore, children may face barriers to learning and participation due to *“the interaction between students and their contexts: the people, policies, institutions, cultures and social and economic circumstances that affect their lives”* (Booth and Ainscow 2002: 10).

The social model of disability is often contrasted with the medical model of disability, in which difficulties are considered to be caused primarily or solely by the individual’s impairment and there is little or no consideration of social and environmental factors.

The UN Convention on the Rights of Persons with Disabilities includes a definition of disability which combines limitations caused by impairment as well as social and environmental barriers:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UN CRPD 2006, Article 1).

While recognising that disability is a complex and contested concept, this report is founded on the UN CRPD (2006) definition above, which recognises that disability results from the interaction between individual impairments and the physical and social environment.

4.2 Disability and childhood

Research has highlighted that within the field of disability, there is a failure to distinguish how disability affects people in different ways depending on the person's life stage. Research has found that children with disabilities occupy a unique position where experiences of disability and childhood overlap (Watson et al. 2000).

Disability and childhood can be understood as concepts created by society (James et al. 1998). Priestley's research in schools in the UK found that narratives related to childhood and disability were often associated with negative assumptions of children with disabilities as "passive, dependant and vulnerable" (1999: 93). Importantly however he also found evidence of resistance among children with disabilities to such assumptions, which provided evidence of children engaging directly in social action. Ideas from Priestley's research underlie some of the interpretations in this report, in seeking to steer away from assumptions of passivity, vulnerability and dependency towards understandings of children with disabilities as actors with a role in participating in social change.

4.3 Education for All and inclusive education

Inclusive education is often framed within the wider context of the UN organizations' agenda of 'Education for All' (EFA), originating in the 1990 Jomtien Declaration and re-inforced by the World Education Forum (2000, Dakar) and the Millennium Development Goals (2000). Education for All means ensuring that all children have access to basic education of good quality (UNESCO 2000).

The commitments to 'Education for All' moreover are underpinned by key international conventions including the UN Convention on the Rights of the Children (1989), ratified by Myanmar in 1993, which states that:

"State parties recognise that the disabled child has effective access to and receives education" (Article 23).

Similarly the UN Convention on the Rights of Persons with Disabilities (2006), ratified by Myanmar in 2011, states that:

"States Parties shall ensure that....persons with disabilities are not excluded from the general education system on the basis of disability" (Article 24).

Inclusive education as such is a concept in the framework of Education for All that seeks to respond to the needs of a diverse range of learners, including *"members of indigenous groups, those with disabilities, those who are homeless, those who are workers, those living with HIV/AIDS and others"* (UNESCO 2000).

Children with disabilities can be understood as one group within a range of learners with diverse needs in education. However, internationally children

with disabilities are recognised as a group who are least likely to be enrolled in school, suggesting that addressing the education needs of children with disabilities is an important component of achieving Education for All and meeting commitments to the UN CRPD Article 24 (UNICEF 2013).

Furthermore, it is recognised that inclusive education has its origins in special education. Special education can be understood as education provided as a supplement to general education provision or that is provided entirely separately (UNESCO 2005). As such ‘special schools’ provide supplementary or entirely separate education only to children with disabilities. In recent years the appropriateness of a separate system of education for children has been challenged from a human rights perspective and from the point of view of effectiveness (UNESCO 2005).

The Salamanca Statement and Framework for Action (1994, Article 2) suggests that:

“Regular schools with inclusive orientation are the most effective means of combating discrimination, creating welcoming communities, building an inclusive society and achieving education for all” (UNESCO 1994).

In common with the social model of disability, inclusive education understands the problem of the participation of children with disabilities in education, as being not so much the child’s impairment as the nature of the education system itself. Therefore change needs to happen at a systems level:

“All children and young people of the world, with their individual strengths and weaknesses, with their hopes and expectations, have the right to education. It is not our education systems that have a right to certain types of children. Therefore, it is the school system of a country that must be adjusted to meet the needs of all children” (B. Lindqvist, UN-Rapporteur, 1994, cited in UNESCO 2005).

In this way UNESCO (2005) suggest that inclusive education involves:

“...changes and modifications in content, approaches, structures and strategies [in the education system]” (UNESCO 2005: 13).

Drawing on the concepts outlined above, Stubbs (2002) outlines the key components of inclusive education, which are summarized on the next page.

Figure 2: Inclusive education (adapted from Stubbs 2002)

- Sees the education system as the problem, as opposed to seeing the child and parents as a problem
- Focus of change is removing barriers to inclusion in the education system to ensure this is more flexible, responsive and welcoming for all
- Premised on childrens' right to education
- All children can learn and experience difficulties in learning
- Values diversity in all children, respecting individual strengths and characteristics, as a means of preparing children to live in a diverse society (strengths-based approach)
- Sees partnership with parents and communities in the education as positive
- Recognises that adaptations are needed to support different children, such as Braille and assistive devices.

Founded on these concepts of inclusive education therefore, one of the key questions the research seeks to explore is how inclusive education is being implemented in Myanmar, what are the barriers and what facilitates the implementation of inclusive education.

5. Findings

5.1. Perspectives of children with disabilities

Children with disabilities are the main beneficiaries of inclusive education and therefore this report starts with their perspectives. This section presents findings from interviews with children and includes their perspectives on things that helped and hindered their participation in school, on the value they placed on education as well as their aspirations for the future.

Table 2 below shows that children felt most worried about exams, using the toilets and travelling to and from school. Each of these elements is considered in more detail in the following sections. Furthermore Table 3 demonstrates that most children interviewed reported that teachers and friends helped them the most at school, highlighting the importance of social relationships for children with disabilities which is a theme which is returned to below.

Table 2: Things that children with disabilities said they felt most worried about at school (n=26)

Teacher	5
Class	4
School	1
Exam	13
Principal	3
Lesson	3
Friends	5
Bathroom	12
Write	4
Read	2
Play	4
Travel to and from school	11

Table 3: Things that children with disabilities said helped them in school (n=18)

Communication aid	7
Sign Language	3
Communication assistant	4
More time	4
Teacher	8
Friends	9
Ramp/Accessible environment	6

Responses of children with disabilities who were out-of-school to the question of how they felt about not being in education demonstrates the value of education for children and the impact of not participating in education (Table 4).

Table 4: Ways in which out of school children reported they felt about not going to school (n=17)

Happy	3 children
Neutral	3 children
Sad	11 children

There was also evidence of the importance children with disabilities placed on education from the descriptions of parents and siblings:

“Mom even wanted him to drop out from school because we moved to another place. But he didn’t want to drop out. He said how he will survive if he is not educated. He told mum to leave him there with grandpa. So we left him there” (sister, school 1).

“The child wants to go to school. Wednesday is the school day. When it’s Wednesday, I don’t know how she knows it, she gets prepared and waits outside. The school bus stops right there in front” (parent of out-of-school child 13).

Children were also asked about their expectations for the future. Most children with disabilities who were at school, expressed that they wanted to be doctors or engineers in the future (Table 5). Both of these professions in Myanmar require high grades at matriculation to gain entrance to Universities. The peers of the children with disabilities who we interviewed similarly most frequently expressed that their ambition was to become a doctor. This suggests that the children with disabilities’ expectations for their future were similar to those of their peers.

Table 5: Children with disabilities’ hopes and dreams for the future (n = 39)

	Children at school	Children out of school
Waiter	2	0
Astronaut	2	1
Football player	1	1
Office worker	3	1
Doctor	9	2
Bus driver	1	0
Teacher	1	1
Engineer	7	0
Official	2	0
Police/Detective	1	1
Artist/Writer/Singer	2	3
Continue education/ educated person	0	3

The children who were out-of-school were least likely to express ambitions to enter into professions such as medicine and engineering, many simply expressing a desire to return to school or to join other professions which may be considered less academic, such as sports and the arts (table 5).

Comparing this to the expectations of the children with disabilities who attended school suggests formal education may shape children's expectations in life and therefore perhaps too their future outcomes. Children's expectations in school may also be related to the emphasis on a limited number of core knowledge-based subjects in the education curriculum as opposed to co-curricular subjects (JICA 2013b). This may limit the opportunities for some children, including children with disabilities, to develop in subjects where their aspirations and perhaps too their strengths may lie.

5.2 Children with disabilities who are out-of-school

Nineteen out-of-school children with disabilities and their parents were included in the research. While the term 'out-of-school' is used here and can also be found in the international literature, this term is not always helpful in describing the complex and varied education situations and histories of these children. Three of the out-of-school children had never attended any school or education. Seven of the children were currently attending informal education or training. This was usually part-time and sometimes short term and included ICT or sports activities as part of special programmes usually run by NGOs and community centres. Eight of the children had previously attended regular schools and had dropped out as explored below. Out-of-school children therefore are defined in this research as children who were not enrolled in regular or special schools or following the regular education curriculum.

Among the 19 out-of-school children with disabilities included in this research, the main reasons reported by parents for children being out-of-school included: impairment (8); financial (6); difficulties with teachers (5); schools refusing enrolment (3); transport barriers or distance from school (3); peer discrimination (1). These findings suggest that from the perspective of parents of children with disabilities, the child's impairment, poverty as well as difficulties with teachers were the main barriers to children's participation in education.

In terms of financial barriers, the research gathered information including parents' monthly income, number of people working in the household and information about family size (The Annex, Table 2). Most of the parents that reported financial barriers as one of the main barriers to their children going to school were from larger families, with 5 or more people, with lower incomes and with fewer people working, usually 1 or 2 people. Therefore both in terms of the barriers that parents reported as well as information about the characteristics of households, poverty seemed to be a significant barrier for children who were out-of-school accessing education.

The evidence provided further insights into the nature of financial barriers. Firstly parents reported financial barriers for children accessing additional or specialist education outside regular schools. For example three parents

reported they could not afford the tuition fees for a special school or for private and additional tuition outside of regular school classes to meet their child's needs:

“You know the teachers – whoever can pay is placed at the front. The child in this house is always at the back...My child can't read or write, so they kept him for extra hours – that way, parents can come into class and observe. When I did, I saw him at the back of the class. He doesn't do his work and the teachers don't take care of him. So for me, letting him study extra hours was just a waste of money because he really wasn't studying, so I decided to take him out of there” (parent of out-of-school child14).

Notably only one of the nineteen children left school to work. This child did not have a disability when she left school, but rather acquired this in what her parents described as an accident in the factory where she worked.

While recognising the relatively small sample size of the study, this evidence provides a different picture about the reasons that children with disabilities were out of school compared to the reasons stated in the EFA Review report:

“Due to poverty, most out-of-school children have to support their families by earning money or taking care of younger siblings when parents are at work, or by doing household chores at home” (MOE 2014b).

Table 6 below further shows that most children who were out-of-school reported spent their time resting and watching TV and only 3 children described spending their time working.

Table 6: Ways in which children out of school reported that they spent their time

At school	4
Resting	16
Watching TV	15
Travelling with family	1
With friends	7
With family	9
Playing	14
Feeling lonely	2
Working	3
Reading	10
Playing sport	6

Some parents also reported difficulties with teachers as a barrier to participation in school. Parents and children reported not feeling accepted by teachers and parents reported feeling that their child was not supported or

understood by teachers. In one instance a parent reported their child, who had an intellectual impairment, was expelled from school without consultation.

Further reasons for children not being in school cited by parents included impairment. Among these parents, the impairment was rarely described as the only factor and often was combined with other factors such as poverty and lack of acceptance from teachers. This is demonstrated in table 7 below. The evidence below suggests that children often did not so much drop out of school, which implies a decision or action taken by children and their parents to leave the school, but rather that children were pushed out of school because of the interaction between impairment and social and environmental barriers in the education system.

Table 7: Reasons for children with disabilities dropping out of regular schools

Main reason for 'dropping out' (reported by child and parents)	Grade reached	Impairment type
Peer discrimination	Kindergarten	Down syndrome
Transport barriers	Kindergarten	Down syndrome
'Couldn't follow'	Kindergarten	Intellectual
Financial and communication barriers	Grade 2	Hearing and speech
Difficulties with teachers and 'couldn't follow'	Grade 4	Intellectual
Difficulties with teachers and 'couldn't follow'	Grade 6	Intellectual
Difficulties with teachers and 'couldn't follow'	Grade 7	Intellectual
Financial, travel to school	Grade 9	Physical

Moreover parents' attitudes also seemed to be a contributing factor for children not being in school. This is explored further in the next section. Only one of the out-of-school children however specifically said they were not in school because of their parents:

Interviewer: "What made you not go to school?"

Child: "Because of my parents" (out-of school child 5).

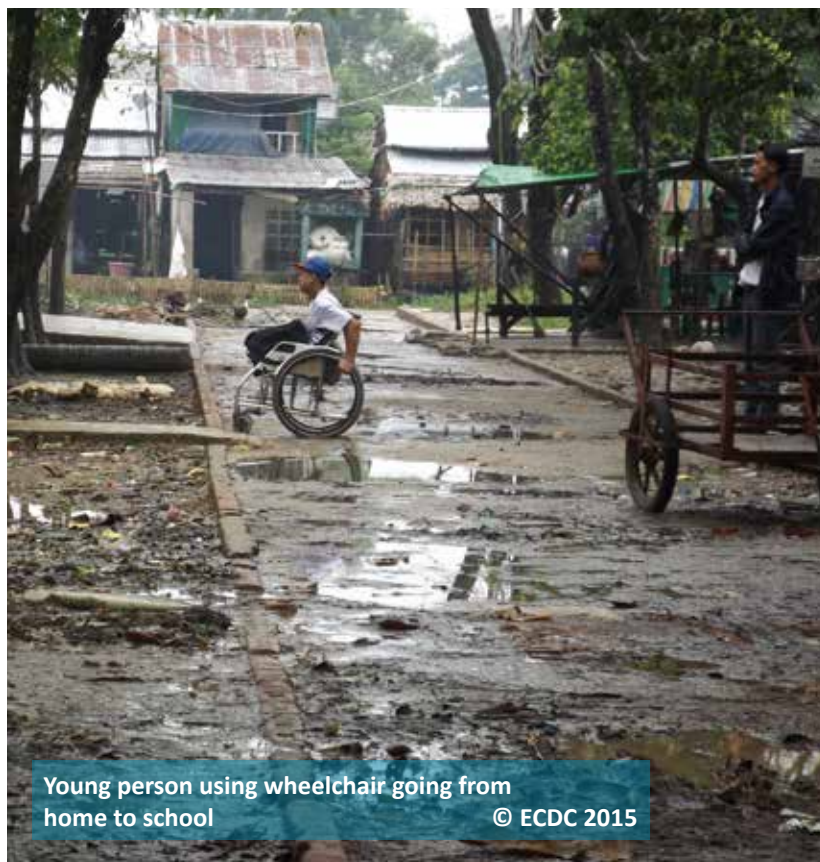
However after the child said this, they went on to describe other barriers they would face based on their impairment:

"I will feel insecure if I go to school because I haven't been to school before. I haven't talked with other people for a long time. I haven't played with and been close to others as well" (out-of-school child 5).

Finally, factors such as being refused enrolment, barriers travelling to and from school as well as peer discrimination were also highlighted as barriers

for children who were out of school. These factors are explored in greater detail in the sections below.

Overall the research found that children with disabilities who are out-of-school face specific and complex barriers in accessing education. Poverty was a significant barrier for children who were out-of-school accessing education. Financial constraints reported by parents included the costs of tuition fees for private and specialist tuition. Contrary to other evidence (for example MOE 2014) this study found that whereas poverty was a barrier, children with disabilities did not leave school early to find work. However this study focused on Yangon only and further research on this is needed. Other factors reported by parents included a lack of support, acceptance and understanding by teachers, being refused enrolment, peer discrimination and barriers travelling to and from school. The interaction of these barriers with impairment, led to children being 'pushed out' of school as opposed to 'dropping out'.



Young person using wheelchair going from home to school © ECDC 2015

5.3 Parents' attitudes towards disability and education

Research in Myanmar has noted negative parent attitudes towards disability and education as barriers for children participating in education (JICA 2013b; LRC 2014). Greater participation of parents in their children's education is a key component of inclusive education (UNESCO 2005). The following section outlines findings on parent attitudes towards education and disability. Parents' attitudes in this section are considered within a framework of three components: cognitive, which includes parents' beliefs and knowledge; affective, which includes parents' feelings and; behavioural which includes parents' actions (Eagly and Chaiken 1993; Triandis 1971, cited in De Boer et al. 2012).

Attitudes towards education

The majority of parents interviewed (23 parents, including parents of 12 out-of-school children) had attitudes that could be considered positive towards their child's education. Positive attitudes in terms of emotional responses expressed by parents included feelings of pride towards their children's educational achievements, suggesting the importance of academic success.

"He got prizes from Grade 1 until Grade 7. He got 3rd or 4th prize every year... [He] gets good grades like 5 or 6 among 47 students. He gets good marks" (parent, regular school 6).

"If the teacher asks who can answer, she can answer first. Others can't answer, but she can. The teacher tells her that she is smart. Other children say the same" (parent, regular school 2).

"She has intellect, she can memorize and is ambitious. She says she will make a living with just a pen" (parent, monastic school).

Some parents also expressed supporting their children's ambitions:

"We'll...support her as much as she tries. She does try hard. She has education in her head. I've decided to help her as much as I can and support her regardless of the situation" (parent, regular school 2).

Some parents expressed modest ambitions for their children's education and futures. Factors that parents took into account in these cases included the child's impairment as well as socio-economic factors:

"Her sister's attending Grade 9 now...for her, we're going to get her to graduate. For this girl, however, Grade 6 or 7 is enough. I'm not getting her to graduate. I want her to complete school of course but she just can't keep up" (parent, monastic school).

"He can't be a labourer because his legs aren't strong - I just hope that he can do easier work such as writing" (parent, regular school 3).

“We don’t expect too much because we are also not paid well” (parent, regular school 1).

The parents of out-of-school children had more modest and less academic expectations of their children compared to parents whose children were at school. These included learning basic literacy and numeracy, life and vocational skills.

“[My expectation is that she is] healthy and able to read and write, that’s enough. Handicraft as well. As long as she has a ticket to survival after I’m gone” (parent of out of school child 13).

Parents’ responses also revealed understandings of education of their children in terms of achieving independence in the future, particularly after parents themselves had passed away. Parents also saw education as a means of finding employment as well as overcoming discrimination from others related to disability.

“I want him to be hard working to stand on his own feet. If he graduates, he can work for himself” (parent, regular school 6).

“They oppressed him at first. Not family members but other relatives. We as parents cannot stand it when others look down on him. But they stopped looking down on him when he started school. We are also protecting him so people don’t usually look down on him now” (parent, regular school 4).

In terms of parents’ behaviours in relation to their children’s education, more positive behaviours included pro-actively supporting this and demonstrating resilience in the face of difficulties:

“She attended [another school before] but it wasn’t okay. [The previous school] was right in front of our house. We were okay with the principal, but not with the kindergarten teachers. So then, I transferred her [to this school] along with moving to another house. I didn’t say a word to hurt them” (parent, regular school 2).

“I don’t want to keep him at home. But then, if I send him to school, he doesn’t learn anything so I’m thinking of what I can do. The eldest son tells me, “Mum, just take him out of school”, but I pity him” (parent, regular school 9).

The evidence also suggests that other factors contributed towards more positive attitudes among parents towards education. For example parents seemed to have more positive attitudes towards children who had exceeded their own level of education (7 children, including 4 among the out-of-school children). Parents themselves did not identify this as an important factor during interviews however. Furthermore, most of the parents with more positive attitudes also had children who were or had been in regular schools or special education, as opposed to being out-of school or in informal education.

As explored in the previous section, socio-economic factors and barriers such as distance from school, lack of transport, no-one to take the child to school

and poverty were significant barriers for out-of-school children. However parents' narratives also suggested that parents' feelings and behaviours towards their children's education were also contributing factors. Parents sometimes described behaviours which were less pro-active in overcoming barriers or parents demonstrated less resilience in the face of difficulties. The evidence however suggested an ambiguity about the significance of attitudes as compared to socio-economic factors. For example:

"We moved, so he couldn't attend [school] anymore. School was far and there was no one to get him there" (parent of out-of-school child 9).

"I haven't sent her to [school] for 4 years. Since her father passed away, no one can take care of her....When her father was alive, he sent his daughter to school by riding a trishaw. But now I can't do both household tasks and send her to school" (parent of out-of-school child 14).

Parents were asked whether they preferred their children to attend school only with other children with disabilities, for example in special schools or other special education programmes, or to be educated with children without disabilities in regular schools. Parents' responses provided insights into their attitudes, both cognitive and emotional, towards their children's disabilities and education. Reasons given by parents who preferred special education included worries about their children being discriminated against and unsupported in regular schools and feeling that teachers were more understanding in special schools, as well as perceptions that regular schools would not accept their children. The attitudes evident from these responses range from worry and pity, to feelings of shame. Parents however also demonstrated awareness of the reality of regular schools in terms of the limited support for children with disabilities as explored in the following sections. For example:

"Inclusive education is good but there will be discrimination because he is different. But in special schools we do not need to worry as everyone is the same" (parent of out-of-school child 17).

"If I send him to school, he doesn't learn anything, so I don't know what to do. I want him to go to a special school. He doesn't learn anything in this [regular] school" (parent, regular school 9).

"Teachers in special education are more understanding" (parent, out-of-school child 4).

"Government schools do not all accept children with a disability" (parent of out-of-school child 15).

Parents who expressed a preference for their children to be educated in regular schools cited reasons such as children being helped and supported by children without disabilities. This suggests attitudes towards disability based on vulnerability and dependence. Only one parent said they preferred regular schools because it was "better for all children to study together" (parent, regular school 1). Many parents however provided practical reasons for

preferring regular schools such as the benefits of having a school that was close to their family and community, a school that could offer their child continuity in education and a school that the family could afford. For example:

"I prefer regular schools...If they're kept together amongst themselves, they'll only have their intellect. With able children, they can learn" (parent of out-of-school child 2)

"We want a school close to our community" (parent, regular school 1).

"If the child goes to special school, he will be separated from his mother" (parent, regular school 1)

Attitudes towards disability

Many parents' attitudes towards disability, in terms of cognitive understandings of the causes of impairment, were based on medical explanations. As explored in more detail in the next section, 19 of the 36 parents interviewed reported that they had been to the doctor or hospital and received some form of medical diagnosis of impairment. Some of these parents could describe the causes of the impairment. For example:

"They told me that she was born with weak muscles. I was told that the child suffered from this because of me, during pregnancy, when I was careless with my food intake" (parent of out-of-school child1).

"[We first knew about the child's disability when] he was hospitalized when he was over 2 years old. The child was in a coma for 11 days" (parent of out-of-school child 2).

However most parents were not able to clearly explain the causes of the impairment. Ten of the 36 parents interviewed had never been to hospital or had any formal diagnosis. These parents understood the causes of impairment being related to two main factors: 'fate' or 'karma' (4 parents) and being caused by physical illness such relating to Hepatitis and TB or and/or unsuccessful medical interventions (5 parents). For example:

"He took Tuberculosis (TB) medicine because he was diagnosed with TB. After TB treatment, his bones become inflamed and he got a rash... He was a normal child when he was born. He became like this when he has grown up. I take it as his fate" (parent, regular school 5).

"Since I gave birth to her when I was 47...the nurses decided to prioritize my safety rather than hers. They pressed her arm and it was dislocated. The doctors at [Town A] fixed it with a rope but when we got back home and removed it, the arm was like that" (parent, monastic school).

Almost all parents expressed feelings of sadness when asked about how they felt about their child's disability. Some parents expressed lack of acceptance and a desire for their child to be 'normal':

“I feel bad that she can’t walk. Everyone else’s children can walk but mine can’t. I want her to be the same” (parent, regular school 2).

In terms of parents’ feelings towards their child’s disability, some parents expressed feelings of love, acceptance and expressed that they prioritized their children above their other children. For example:

“It doesn’t matter if others don’t speak to him because he is disabled, I speak to him. That’s because he’s the son I gave birth to. I will love him, more than the normal son and daughter” (parent, regular school 1).

“I’m over 50 now, everything’s for her and none for the rest of my children as I’ve told them” (parent, monastic school).

Other parents expressed feelings that could be understood as protective, such as ‘worry’ and ‘pity’, as well as less positive feelings of ‘shame’ (10 parents). Parents expressed worry about their child being bullied or “looked down on” by others. Parents also expressed worries about whether or not their children could “cope” in education, would be taken care of and accepted by teachers and peers as well as how their children would survive after the parents had passed away. For example:

“I am worried about him getting bullied by others when I pass away. I always tell him to try hard and learn how to read and write so that people won’t look down on him” (parent, regular school 4).

Attitudes relating to feelings of shame seemed to be experienced by parents who had less resilience to discrimination from others. Whereas some parents demonstrated resilience to discrimination, particularly parents with children at school, narratives of some parents whose children were out-of-school suggested internalizing discrimination. For example:

“[He never attended school] because he didn’t get along very well with other children [at] kindergarten. Other children looked at him because he looks strange... I knew it would happen since he is not like other normal children. If I send him to a regular school, both of us would feel uncomfortable” (parent of out-of-school child 4, male child aged 15 with Down syndrome).

Parents with more positive attitudes in terms of behaviours towards disability also more pro-actively sought assistance and advice in relation to their child’s impairment. Often parents described improvements to their children’s conditions which made them feel hopeful. For example:

“I didn’t think she’d be in a better condition when she grew older. Will she have an impairment? I didn’t expect her to recover this much. She’s healthy...so I feel relieved” (parent of out-of-school child 13).

Some parents with more negative attitudes towards disability, sometimes blamed the child for their situation. In some cases these were parents who had had no or a limited medical diagnosis or intervention. For example:

"I cannot encourage her academically...A child like this who cannot focus well in education, I will give vocational training...I think if children with intellectual impairment study together with other children, they will disturb others" (carer of out-of-school child 16).

"She has a child's mindset. She could only attend [school] when she was 7, 8... The child was very small...she wasn't interested" (parent, monastic school).

Two of the parents who we interviewed associated the child's impairment with their fate, expressed no emotion in relation to their child's impairment and had never sought medical help in relation to their child's disability nor had the children ever been to school. One parent explained:

"It's her fate. I don't feel anything about it" (parent of out-of-school child 10).

However two other parents who understood disability as being caused by 'fate' had had more contact with medical and education services and had more positive attitudes. Among the four parents who associated their children's disability with their fate or karma, parents' level of education did not seem to be a significant factor. For example the two parents with relatively negative attitudes who had not sought to access any medical or education services for their children were educated to Grade 5 and Grade 10. International research from Cambodia (Kalyanpur 2011) and India (Singal et al. 2011) has similarly highlighted the significance of fate or karma in attitudes towards disability. Furthermore research in India has similarly found no correlation between these beliefs and levels of education (Singal et al. 2011).

The parents who expressed more negative attitudes towards disability, including feelings of worry, protectiveness, pity and shame, sometimes also described related behaviours such as delays in sending their children to school and in some cases did not send their children to school at all. For example:

"He is different from other children. We only sent him to school when he was 7 because we were afraid that other children will look down on him." (parent, regular school 4).

"The child attended school until Grade 6...but could not follow very well, so we decided to take him out of school. For him to return to school teachers have to accept him" (parent of out-of-school child 11).

Factors that seemed to interact with more negative attitudes towards disability among parents included the children's age, gender and impairment. Parents expressed more negative attitudes towards older, female children with intellectual and sensory impairments or Cerebral Palsy (CP). Parents with more negative attitudes towards disability also expressed facing poverty. Their children were more likely to be out-of-school, in more informal education, had never been to school, had dropped out of school or had faced significant problems in school and had faced discrimination.

In sum, the evidence presented in this section suggests that where parents have positive attitudes towards their children's education, this can enhance

children's participation in education. The evidence suggests an interaction between parent attitudes and socio-economic factors, access to medical services in relation to disability and experiences of formal education services. This highlights the need to address both parent attitudes as well as poverty and access to and quality of medical and education services. Moreover the findings illuminate the nature of parent attitudes, which can help in the development of interventions such as parent education programmes and supports the need for the participation of parents in their children's education.



Young boy in class at school

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5.4. Access to medical services

Nineteen of the 36 parents interviewed had received a diagnosis of disability. These parents had received a diagnosis when they went to hospital because their child had a physical illness such as Tuberculosis (TB) or Hepatitis (6); because they had noticed the child was not well, for example the child could not walk, sit or talk (5); to give birth (5) or parents had received a diagnosis from an NGO (3). As explored in the previous section however, few parents understood the causes of disability. Ten of the parents interviewed had never been to hospital or had any formal diagnosis of disability.

Barriers that parents expressed in accessing medical services included a lack of trust in medical services and fears about medical interventions, poverty and not knowing how to get to hospital (in the case of parents who had migrated from rural areas). In some cases it appeared that parents' attitudes towards disability may have impacted on their access to medical services which is explored in more detail in the previous section. For example:

"The hospital said she'd need a steel frame...if there's an operation, she'll need a sedative and things could go wrong. So, I just kept her that way" (parent, monastic school).

"When the surgeon wanted to operate we went back home because we were scared" (parent, regular school 7).

"We took her to the hospital, said she'd need a steel frame - we can't afford that" (parent, monastic school).

"The doctor at our village asked us to go to Yangon for examination. But we didn't go to Yangon because we didn't know how to get there" (parent, regular school 4).

Seven parents described receiving medical interventions in relation to disability, mostly operations but also some rehabilitation such as physiotherapy. Some interventions described by parents seemed to be short-term with no follow-up:

"They made a prosthetic leg for her and made replacements every 6 months. She had to do exercises for two years. Before, she couldn't straighten. Because of the exercise, she can curl, sit and now she can sit by herself" (parent of out-of-school child 1).

"They made some glasses for him. He was told to bring them to school, but since he couldn't take care of them, he lost them" (parent, regular school 9).

Some parents reported accessing mobile clinics and others accessed traditional medicine:

"They came to provide medicine in our street. I placed the child on the scale but she couldn't stand. They requested adults to measure their weight as well. From there, they informed the organization" (parent of out-of-school child 1).

“He couldn’t walk then... I was worried and took him to [a Myanmar] doctor...I tried Myanmar medication - where I stayed on the floor and buried him in the ground. Only then, he started walking at three and a half years” (parent, regular school 5).¹

Five parents described receiving support from NGOs and/or other community-based organisations towards the cost of medical interventions or rehabilitation relating to disability.

Whereas the research did not explore access to medical services in depth, the evidence above suggests that parents did access medical services in relation to their child’s disability. There is little evidence of parents receiving a formal diagnosis of disability however. Furthermore although there is evidence of medical interventions such as operations, there is limited evidence of parents accessing rehabilitation services such as physiotherapy, speech therapy or psychology services, for example. Whereas our research in a private international school demonstrated that parents with higher incomes could access such professionals privately, for the majority of parents whose children attended regular schools involved in the research, this was not a possibility.

1. This is an example of use of traditional medicine, where the earth is considered to provide healing qualities and the child is placed in a hole dug in the earth usually up to about waist height and usually for a short time each day to enable them to stand independently.

5.5 Enrolment

An EFA Review Report states that “children with disabilities are accepted in basic education schools” (MOE 2014b). However evidence suggests that access of children with disabilities to schools in Myanmar, including regular schools, is very limited and a high number of children with disabilities are out-of-school. A report to the CESR suggests that the limited access of children with disabilities to schools is one of the key issues to be addressed as part of the education reform process (JICA 2013b). This section considers evidence of enrolment of children with disabilities to regular schools.

A strong school leadership, with commitment to inclusive education principles, was found to be important for the enrolment of children with disabilities into regular schools. Most of the parents whose children were attending school explained that they had no difficulties with the school enrollment process. Similarly most of the principals we asked about their school’s policy on the admission of children with disabilities stated that all children could enroll and often associated this with children’s rights to education. One of the principals who was committed to inclusive education principles, when asked about the school’s policy of enrolment of children with disabilities stated simply:

“Nothing special. We do not make refusals” (principal, regular school 2).

Evidence from principal interviews however suggests of lack of guidance from national level about enrolment and the need for this:

“In order for children with disabilities to be involved, we need a specific policy” (principal, regular school 4).

Where principals were less committed to inclusive education, there was evidence of schools not admitting or retaining children with disabilities and particularly children with intellectual impairments and Cerebral Palsy (CP). A monastic school principal for example stated:

“We don’t accept children with intellectual impairment” (principal, monastic school).

We also found evidence of a child with CP and a child with physical disabilities being refused admission to regular schools because of their disability:

“We decided to send him to [School A]. But the principal from that school didn’t accept to give him admission. If we want him to come to school, one person should assist him and attend classes. If not, the school will not accept him. That’s the reason he was late to attend school... [by] 2 years. After that, mum and staff from Eden Centre for Disabled Children tried [School B] and he got admitted” (carer, regular school 1).

“I want her to attend [school...and] there’s a school close to home... but the principal didn’t accept her because she couldn’t stand up. I tried to enrol her last year. Now, there’s a new principal. I haven’t talked to her yet. The previous time I tried... I had to carry her and the principal asked me why I was carrying

her and commented that this wasn't nursery. So, I told her and she didn't accept and told me that teachers can't teach individually, they can't do it for her and that she might get bullied" (parent of a female child aged 8 who is out of school 1).

This evidence suggests that children's rights to accessing the general education system under CRPD Article 24 (2006) are not being fully met. Although EFA Review Report suggests that "children with disabilities are accepted in basic education schools" (MOE 2014b), this evidence suggests otherwise. By not clearly defining inclusive education nor protecting the rights of children with disabilities to education in regular schools, the new Education Law may have missed the opportunity to protect the rights of children with disabilities to accessing the general education system.



A father carrying his son to school © ECDC 2015

5.6 Assessment of disability in schools

In Myanmar a CESR report (JICA 2013b) states that there are 37 resource centres, staff from which decide if a pupil should be enrolled in regular classes or in special schools after the child has been screened for disability by teachers during primary education (JICA 2013b). This section presents findings on assessments of disability in the schools included in this study.

The international private school and special schools involved in the research expressed conducting assessments of children's needs when they were enrolled. The private school described the use of assessment during enrolment as follows:

"Yes we do an assessment of all students before they are enrolled. And we request for them to get hearing and eyes checked before they come to school. And we have some educational psychologists on call in case there needs to be any additional screening" (principal, private school).

This school not only assessed children during enrolment but also undertook periodic assessments of child development of children with disabilities.

Similarly the two special schools included in the study undertook assessments of children with disabilities at enrolment. These included questionnaires for parents to complete about the child's disability as well as a medical report.

In contrast none of the regular schools undertook any assessment of disability. Most of the regular schools stated that they relied on parents for information about their child's disability. There was also evidence of teachers and principals in some schools identifying children's needs through observation and their experience of teaching the children:

"There is no assessment. Mental or intellectually impaired children...the conditions aren't obvious. The physical ones are obvious. We start to know once we get closer...just that we don't exactly know the type of impairment" (principal, regular school 4).

The lack of assessment may lead to children, particularly with non-visible impairments, not be identified. In one school the school principal explained there was no need for assessment as:

"We can see it, visually" (principal, regular school 9).

However in one school we found that a child with a number of physical and visual impairments was placed at the back of the class where she could not see well. The lack of assessment meant the school did not identify or respond to this need.

Furthermore evidence provided by schools (The Annex, Table 2) shows that most schools reported less than 1% of the student population had a disability. The reported prevalence in these schools is very low and may suggest disability among some students may have been undetected and/or that some children

with disabilities were not able to access these schools. Without screening, schools are less likely to identify and respond to disability, leading to children being unsupported at school or at worst dropping out.



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5.7 Curriculum and exams

Barriers faced by teachers in regular schools included working with a high curriculum content and having limited time. This meant that teachers felt under-pressure and less able to pay attention to individual student needs, especially for students in older grades. Furthermore teachers felt disempowered in making decisions regarding adaptations to the curriculum and exams. As students progressed in education they had to complete national examinations which were prescribed by the national level. Principals and teachers could not make any curriculum adaptations to suit their students' needs and the local context. Teachers in one school explained:

"All teachers - As for the curriculum, it needs to be changed from the basics. T2 - Us teachers can't change it. T4 - For Grade 4, it's a township-based test" (teachers' focus group, regular school 2).

Teachers in this school expressed concerns about how a child with disabilities in Grade 2 who had difficulties with writing, would be able to progress to higher grades in the school as a result. They were concerned about how the child would cope with the larger number of subjects to study as well as the reduced ability of peers and teachers to support the child by writing for her:

"The thing is, since it's a government test, it's worse - there are more things to study. There are 9 main subjects altogether. That's why it won't be easy for her...Things like writing [for the child] won't work for older grades. [We] can't wait for her like in the 2nd grade. We teachers have many exercises and subjects. It won't be easy for other children to help [her]. They also have to finish their task" (teachers, regular school 2).

Teachers and principals also highlighted the problems with the examination-based system, which meant that individual student achievements were not recognised and students faced problems in pursuing subjects they were interested in:

"They aim to attend B. Ed class but their marks are lower than the cut line. So some students didn't manage to attend what universities they want...It will be better if they can attend what they want depending on their interests...Marks destroy their dreams" (Principal, regular school 1).

Furthermore, barriers in the curriculum and exams were faced by children with disabilities. Teachers from a special school for children with hearing impairment highlighted the barriers for children with hearing impairments related to the content of the curriculum and the need to reduce this:

"The curriculum should be balanced for hearing impaired students. If there are 16 lessons and the teacher wants to finish it all, it is impossible. Our children can only study 8 lessons per year compared to other children. But regular schools don't accept this system. They want to teach all 16 lessons and finish them. But our children cannot follow all the 16 chapters from the textbook" (teacher, special school for children with hearing impairment).

Teachers from this school also highlighted barriers relating to the differences between sign language and spoken and written language, which made understanding of teaching and exams for children with hearing impairments particularly difficult:

“They have weakness in communicating with others because they have hearing impairment since they were born. We [learn and gain knowledge] because we can hear what others are saying. Another thing is language originated from speech and becomes sentences. So people with hearing impairment face big difficulties in learning because they cannot hear. Children with hearing impairments learn visually only.” (teacher, special school for children with hearing impairment).

Teachers highlighted how children with hearing impairments in regular schools were likely to simply copy what the teacher wrote on the board without understanding the meaning. Similarly teachers explained that in exams, children who could memorise text would do well but may not understand the meaning. Teachers therefore highlighted how subjects such as history and Myanmar language could be particularly difficult in terms of communicating meaning for children with hearing impairments whereas maths was relatively easy.

Many of the parents and children interviewed also highlighted the limited time available for completing exams as presenting barriers to participation. The research found conflicting evidence as to whether or not children with disabilities were allowed extra time if needed for exams: some schools made allowances for this, while others did not. For example one of the school principals, when asked if students were allowed extra time for exams, responded:

“We let them do things according to the school rules. There is no other adaptation for them” (principal, regular school 6).

In this school however, teachers interviewed separately reported that they did make adaptations such as giving students extra time for exams and reducing the curriculum content where possible. This suggests a lack of a consistent approach within schools themselves.

Adaptations made to curriculum and exams

In regular schools, adaptations to the curriculum and exams were often informally arranged and were at the discretion of individual principals and teachers, often with encouragement by NGOs. Adaptations at school-level seemed easier for students in lower grades and mainly included giving students extra time for exams, particularly for children with physical disabilities.

The principal from a special school for visually-impaired students further described links with a neighbouring regular school that enabled students to sit national exams using Braille and allocating younger peers as scribes. The exams

were marked by the teachers from the special school who could read Braille and the special school teachers also supplemented the teaching provided by the regular school. However the research did not explore in depth the numbers or impact on children who were able to make this transition.

The teachers from the private school highlighted how adaptations to the international curriculum followed by the school were made for children with autism and intellectual impairments. These included using the same international curriculum as other students but adapting it to the needs and level of individual children.

Overall the research found that the current centralized nature of the curriculum and examination system did not allow schools to make modifications based on student needs. This presented difficulties particularly as children progressed towards the national examinations and matriculation. These findings may provide some insights into the low retention of children with disabilities in education as well as the reduced likelihood of children with disabilities passing matriculation.



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5.8 Teaching practices and resources

Modification to teaching practices and learning materials is an important aspect of inclusive education (UNESCO 2005). However, in Myanmar while teachers in special schools are trained as part of their pre-service training in teaching methods for children with disabilities, teachers in regular schools are not.

The research found evidence of good teaching practices relating to inclusion of children with disabilities in more well-resourced and specialist learning environments, including the international private school and special schools.

Teachers highlighted a number of different methods they used in teaching children with disabilities. These included using student-centred methods, use of creative methods, being accommodating to student's behaviours, accessing training and utilizing additional resources to aid teaching such as support teachers and peers in the class.

Teachers from a private school working with children with autism, learning and behavioural difficulties highlighted some of the teaching practices they used in teaching children. These included being responsive to the needs of each individual child and understanding that the cause of problems was not always only impairment-related. For example:

“In my class she is quiet. At first she could not control herself because something changed in her family like her parents were away and [feeling that] the one who left doesn't care to her. So if her parent at home she showed that reaction but she cannot show 'oh I want my mum back'. We know that what she is feeling in other ways. Like she can't concentrate when she is doing her lesson” (teacher, private school).

Teachers in the private school for children with autism, learning and behavioural difficulties also described creative use of different materials depending on the needs of the children:

“Mainstream children, when taught an alphabet, remember within 1 or 2 days. It's different here. Lots of materials are used for children here to memorise. A week for an alphabet. Pictures, blocks, painting and colouring are all made use of. Some can't focus for more than 10 minutes. We add breaks and playtime and music to lessons” (teacher, private school).

Our observations of the private school confirmed the use of diverse materials as teaching aids, such as visual prompts to explain to children how to manage their emotions, visual timetables as well as toys and craft materials.

Teachers from special schools for children with hearing and visual impairments provided further examples of ways that teachers could adapt their teaching for children with hearing and visual impairments in their class:

“If we want to teach new vocabulary, we have to spell it. If we spell one word, they can memorize it. We have to discuss the meaning of one word to make a

definition...In order to explain, I should know how to draw. If I want to teach one sentence like a teacher, you cannot point to yourself and say 'I am a teacher'. You should draw a teacher's picture and show it. You have to explain the sentence and point to the drawing as well" (teacher, special school for children with hearing impairment).

"The teachers from regular school...should read out loud while they are writing on the white board....Because they are writing on the white board while children with visual impairment will have no idea about what she has been writing" (teacher, special school for children visual impairment).

Teachers also described allowing and accepting certain behaviours and working with them, as in the example below:

"Another [child] will run around the class. We can't force them. If we do, they hit us. So, if they want to run, we let them run. Once they get tired, we let him study" (teacher, private school).

Teachers further highlighted the importance of good quality training. This included training on disability awareness as well as teaching methods for supporting students' individual needs.

Some teachers from special schools and the private school highlighted the importance of additional support staff in the classroom to support children with disabilities. This included for example use of sign language interpreters to support students with hearing impairments in regular classes as well as support teachers for children with autism, learning and behavioural difficulties. In the private school, support staff were used in classrooms to work on a one-to-one basis with children to get to know the specific needs of the child and provide them with more individualised support than a classroom teacher could not provide.

During observations in regular schools, we saw very little evidence of adaptations to teaching practices to cater to the needs of individual students. In these schools we observed whole-class teacher-centred teaching and memorization, as opposed to student-centred methods. We also found a lack of awareness among teachers on how to adapt teaching methods in response to student's individual needs, lack of training on teaching methods, limited time and high teacher-student ratios and use of methods that were unresponsive to students' individual needs.

Some of the teachers in regular schools when asked about problems they faced in teaching children with disabilities and how they adapted their practice, responded from a 'child as problem' perspective highlighting how limitations related to the child's impairment meant that the child did not fit in to their classes. For example:

"Here, we have no time. We can't give time either because we finish everything within the assigned time so other children can cope but this child can't" (teacher, regular school 5).

“If the children have extreme impairment, we cannot teach them in proper way...It is difficult to teach children with intellectual impairment” (teacher, regular school 9).

Some teachers suggested that there was a need for more training on how to adapt teaching practices for children with disabilities:

“We don’t know about the teaching methods” (teacher, regular school 9).

“We need training about how to handle children with disabilities. Since every school has children with disabilities, we need trainings that teach us which methods to use. Government should plan a project and do something about it” (teacher, monastic school).

Teachers and principals also raised concerns about the current education system including the use of memorization rather than critical thinking and the lack of student centered methods:

“It will be good to have enjoyable school environment for them. It will be better if we can escape from the system of learning by heart...I only know about child-centred method. Current situation is teacher-centred teaching method...There will be many other teaching methods in the future, though we only have few teaching methods now” (teacher, monastic school).

“Right now, this ‘learning by heart’ system isn’t good for children. Learning practically themselves is best” (principal, regular school 2).

Furthermore some principals in regular schools raised the issues of limited time and of the number of students in classes being too high to enable teachers to provide individual attention to students:

“The teacher-student ratio is high - 1:80. Teaching them and controlling them at the same time is hardest. We can’t give them separate help” (principal, regular school 9).

“We can’t give time either because we finish everything within the assigned time so other children can cope but this child can’t” (teacher, regular school 5).

Whereas national evidence suggests teacher-student ratios are relatively low, at 28.9 in primary school, 36.3 in middle school and 25.7 in high school (JICA 2013b) evidence in this research found wide variations in the numbers of students in classrooms, ranging from 20 students to 80 students (The Annex, Table 3). This suggests that teacher-student ratios may be a significant barrier for some schools.

Although our observations in classrooms in the regular schools suggested that teachers generally used whole class teacher-centred approaches to teaching, there were some exceptions. We found examples of teachers giving extra attention to children with disabilities in the class, particularly in smaller classes and for younger students. The example below is from a regular school

with a class size of 20 students and involved a student in Grade 2:

“When she doesn’t understand Maths, she calls me, “Teacher, come here”. I have to go to her. When I go, if there are mistakes in the plus and minus signs, I tell her. “Hey, why don’t you put in this minus sign?” She laughs. “Read me the passage”. She reads me the passage. We’re doing this while she’s in a younger grade. I always have to go to her. Other children of course, they come to me” (teacher, regular school 2).

Teachers from the special school for children with hearing impairment highlighted barriers that children with hearing impairments may face in regular schools, such as difficulties understanding what was being taught because the teachers did not know sign language. Furthermore methods such as using rhymes and songs to teach as well as teaching based around the alphabet presented difficulties in understanding for students with hearing impairments.

A common strategy that teachers in regular schools used was assigning roles to peers to help children, such as acting as scribes.

“For children with visual impairment, I have pair him up with his peers to get help” (teacher, regular school 9).

Overall we found evidence of good examples of modifications to teaching practices in more well-resourced and specialist learning environments, namely the international private school and special schools. In the regular schools, there was some evidence of adaptations to teaching practices such as assigning peers as scribes and providing individual support to students especially in lower grades. However overall we found little evidence of such adaptations.

5.9 Environment in and around the school

The research found evidence that children with physical and visual impairments are affected by barriers related to physical accessibility not only within the school site itself, but also in the environment surrounding the school. This provides insights into answers provided by children about worries in travelling to and from school (table 2). For example, a parent of a child with physical impairment explained:

“In the rainy season, he faces difficulties with mobility since the roads are damaged...the crutch gets stuck in the mud, so then, I have to carry him” (parent, regular school 3).

Another parent described the reasons she accompanied her 14 year old daughter with visual impairment to school, the journey to which involved crossing a road:

“I don’t feel safe [letting her go to school alone]. Her eyesight is weak. She can’t look left or right” (parent, monastic school).

Two of the parents of the out-of-school children interviewed cited travelling to and from school as one of the main barriers to their children going to school. Barriers included lack of accessible transportation and lack of an assistive device such as a wheelchair:

“There was a bus to [the special centre] but later it was not provided...[She] cannot go to school because of travelling...she needs a wheelchair. I could carry her when she was younger, but not now that she’s older” (parent of out-of-school child 15).

There was also evidence of barriers faced by children within the school environment. These included mobilizing around the class and use of the toilets. Children with disabilities reported for example that the ‘bathroom’ was one of the main worries about school (table 2).

A further challenge relating to the built environment included use of equipment in schools such as white boards:

“Sometimes teachers write on the white board where children with visual impairment cannot see anything. So they don’t know anything about what the teacher is writing. One teacher from our school takes one class and asks what children have been taught in [the regular] school like mathematics...[The children] don’t know because the teacher only writes on the white board which they cannot see” (teacher, special school for children with visual impairments).

Our observations in regular schools further confirmed that there had been limited adaptations to the school environment for children with disabilities. None of the school principals reported receiving any additional government funding for adaptations to the environment in and around the school for children with disabilities. NGOs provided some funding, although on a very small scale. NGOs like Eden Centre for Disabled Children have supported

schools to upgrade their toilet facilities to include raised seats, installed ramps for wheelchair users and provided more stable chairs and desks for students with CP. Examples of such small scale adaptations are illustrated in the figure below.

Figure 2: Adaptations to school environments, supported by Eden Centre for Disabled Children



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The majority of the support that regular schools and communities provided was through the extra caring responsibilities taken on by parents, teachers and peers. However this presented some challenges as well. For example, parents staying at school and caring for their children throughout the school day were constrained in their ability to earn an income. Among the out-of-school children, there was evidence that parents' inability, often due to socio-economic factors, to provide the high levels of care needed for their children to participate in education, which led to children being excluded. Teachers also highlighted how caring responsibilities would be more of a challenge for older children when academic demands on both peers and teachers were higher. Similarly parents and teachers reported difficulties with carrying and lifting children as they grew older. For children themselves, lack of access to assistive devices and to an appropriately adapted environment meant they could not mobilize independently in and around the school and were dependent on others. Furthermore the provision of informal personal care to children with disabilities such as using the toilets, as in the example below, may increase the risk of abuse. These factors may also explain the difficulties with retention of children with disabilities in education and their exclusion.

We found evidence that parents, teachers and peers as well as use of assistive devices and adapted equipment were important facilitators for enabling children - particularly those with physical and visual impairments - to access the physical environment in and around the school. For example we observed how a peer assisted a child with mobility difficulties to leave the class to get some water. The child did not use his crutches to mobilise within the school, as he did when he was outside the school, possibly due to the more restricted

space within the classrooms. He held onto his peer as he left the class to get some water and his peer provided support for the child to find his balance.

Interviews with teachers and parents revealed how they, as well as the children's peers, assisted children who could not use the inaccessible bathrooms in schools. For example the teachers of a female child in Grade 2 with physical and visual impairment, who herself also told us that use of the bathroom was a problem, explained:

"Since her eyesight is weak, when she wants to go to the toilet, we... Someone holds the bowl from underneath. The one on top fears that it'll spill and so, there need to be 4, 5, 6 teachers around her. [Her peer] helps her when she goes to the toilet ...They don't know about shame. One of them will pull down her pants while another one will hold the bowl" (teacher, regular school 2).

Teachers in a regular school reported that adaptations they made for a child with visual impairments in their class included pairing the child up with their peers for support as well as letting the child sit at the front of the class. Further adaptations included arranging classes on the ground floor for students with mobility impairments.

Parents also were found to play an important role as carers for their children at school. For example one parent explained:

"Since he got enrolled [at school], I had to pick him up and drop him off because he was disabled. The teachers also told me to do so since he was disabled" (parent, regular school 1).

Overall we found evidence that children with physical and visual impairments were affected by barriers related to physical accessibility, not only within the school site itself, but also in the environment surrounding the school. Our observations in regular schools confirmed that there had been limited adaptations to the school environment for children with disabilities. However despite relatively limited resources in schools, there was a creative use of available resources to overcome barriers in the environment, particularly support provided by parents, teachers and peers.

5.10 Social inclusion

When children with disabilities were asked to pick which things helped them most at school, social relationships especially with teachers and friends were selected by most children (see table 3). The findings from the interviews with parents found that, similar to children's own perspectives, social relationships at school were considered among the most important factors supporting their children's participation in school. These relationships included friends, teachers, principals as well as acknowledging the importance of their own role as parents.

Relationships with school principals and teachers were some of the key social relationships mentioned by parents in relation to their child's education. Teachers providing "help" and "support" were valued by parents as well as attitudes among teachers and principals such as "acceptance" and "understanding".

"Teachers do everything for him not to face any difficulties. They also accepted him so there was no problem" (parent, regular school 4).

Parents also described the importance of their children's friends in supporting their participation in school. Often parents valued the helping or supportive aspects of these relationships and the role of peers taking on caring roles in relation to children with disabilities. For example one parent explained:

"He gets along well with his peers. They pick him up and get him to school" (parent, regular school 6).

This finding was also confirmed through the focus groups with school peers. As well as describing friendship, many of the peers described taking on roles as informal carers, including helping to get water, lending things and support with writing.

Furthermore many teachers and principals highlighted the important role of support from parents, emotionally and financially, in enabling their children's participation in education:

"My expectations [are] level with the efforts of parents...I only expect them to pass Grade 4 and afterwards, when they leave school, encounter ease in the community. If the parents are interested and can support their education further, I'd be overjoyed" (principal, regular school 1).

Parents also described how sibling relationships could help to encourage and motivate children in their education:

"He has an older brother who is an outstanding student. Since then, he asked us to send him to school. His elder brother is his hero" (parent, regular school 1).

The principals from two schools further recognized the importance of children with disabilities being involved in schools' social and sport activities as a means of inclusion:

“In school, when other students change the flowers on the altar and pay respect, [the child with disabilities] does the same. He helps with the cleaning. There’s nothing special about them since they are part of the normal operation in the community” (principal, regular school 6).

“[Children with disabilities] have to be included in sporting events. Every weekend we have these inter-school events between different sports houses in each school. And they compete against each other. So we include them as much as possible in those kinds of events and competitions. Those are things that make them feel part of [the school]” (principal, private school).

In the same way that social relationships around the child were found to be important facilitating factors in enabling the child’s participation in education - so too we found evidence that where relationships were less supportive, these could lead to exclusion from education.

Parents and peers for example described how children with physical impairments were excluded from some important school activities such as sports, play and activities such as cleaning the school. For example one parent explained:

“There are many activities in school - games in December, my child can’t play then. There’s no involvement. The child isn’t fit. That time, the teacher doesn’t let him play. He has to sit quietly at school. He cannot play; he’s made to watch others play. Of course, the teacher’s worried that he’ll slip and fall. This can happen” (parent, regular school 1).

This quote provides insights into adult ideas about disability, whereby the parent and teacher’s attitudes towards disability it is implied perceive of the child as ‘vulnerable’ and as the cause of the problem.

In another example however the parent described a way in which her son actively sought to resist such attitudes and participate in the everyday life of the school:

“For instance, cleaning time. He can sweep and collect rubbish with his legs. But he cannot carry very heavy things. His friends cannot help him for those tasks. They ask him to sit. Teachers also don’t let him do as well. But he still comes to school at cleaning day. He tries his best to help” (parent, regular school 6).

There was also evidence of more direct discriminatory behaviours by school peers:

“Two of her friends bullied her so I reported to the principal. So the principal sent those two children to the back [of the class]. I talked to them as well. I didn’t say anything rude to them. The child stays by herself. While she’s writing, they keeping scratching from the back and...she gets scratched too” (parent, regular school 2).

Observations undertaken as part of this research of one of the children with a physical disability during play time confirmed his lack of participation in play activities. Responses from his peers in Grade 1 outlined below, suggests the lack of positive social relationships:

Q: *“Do you love (F)?”*

A: *No.* (peers answered together).

Q: *Why not?*

A: *We fight all the time.*

Q: *Why?*

A: *We don't get along”* (peers, regular school 3).

At the same time in schools with an inclusive orientation, teachers and the principals actively sought to promote respect among children and to challenge bullying and discrimination:

“In order for the child to participate...we make sure other children respect him” (principal, regular school 1).

“There should be changes in his environment, I think; his peers shouldn't degrade him. For that, we'll have to take responsibility. We can't say in front of him but other times, we can tell his peers to not say anything bad. If we say that in front of him, he'll be embarrassed and think that we oppress him and pity him. He'll then feel demoralized” (teacher, regular school 3).

Teachers in the private school also highlighted how lack of acceptance, particularly when children with behavioural difficulties, were initially integrated into regular classes from a separate special unit and how this impacted on their social inclusion:

“Part of the problem is when students are integrated into the main school, then the parents... because they have a lack of understanding. Parents can kick up a fuss. Why is such and such a child in my class? Why are they very disruptive...etc. And the parents need educating as well as the students” (teacher, private school).

“I think sometimes the students from (the special education unit) they join the mainstream but I think sometimes it doesn't work for them either because...it's not very different in primary but when they go to secondary I see that they are alone walking...during break time they walk around the school but alone with no friends, you know. Like the kids you see they have no real friends. The other normal kids they don't want to join or be with them or talk. If they come and talk to him they behave like he is strange or he is weird or something like that...their face expression. But I don't want to blame them because (laughs...) because its not very good. They cannot talk together. Over time they are separate from that group, gradually...” (teacher, private school)

Finally social inclusion was one of the key benefits highlighted by teachers and principals of educating children with disabilities and non-disabled children together, rather than separately:

“We had a student [with an intellectual impairment] and that student had been for quite a few years with the same group. And the students knew him. They knew what they could do and what they couldn’t do... We didn’t have any problems. Because when there was a problem the students would actually step in because he was part of their class community and they accepted him as such...” (teacher, private school).

“I had a student once who suffered from polio. Class teachers, his environment, teachers and friends knew him since young so they knew who he was and what he wanted, and helped him. Only when there are ceremonies, and it’s hard for him to stand or sit, we help him stand in a convenient position. His classmates would get a chair for him if necessary” (principal, regular school 5).

“What happen if children with hearing impairment go to an inclusive school? They will learn the culture practiced by other children without disability and encounter a new environment. They will also get new friends. Moreover, they will be involved in the not hearing-impaired community. They can expand their community by going outside. That is one good point” (teacher, special school for children with hearing impairment).

Overall, we found that a supportive social network around children with disabilities including peers, teachers, parents and siblings was highlighted by many participants as an important factor in enabling children with disabilities to participate in education. Whereas the research found evidence of friendships as well as caring relationships between children with disabilities and their peers at school, there was also evidence of bullying and discrimination. Parents, teachers and principals played an important role in addressing these situations. Similarly we found that whereas some teachers and principals sought to enable children’s social inclusion in the school, there were also instances evidenced above where children were excluded from social activities by teachers based on protective attitudes and notions of vulnerability. At the same time, we found evidence of positive resistance among children with disabilities in these situations. A further significant finding from the research was that children with diverse needs learning together over time could enhance acceptance, understanding and social inclusion. This affirms the importance of enabling diverse learners including children with and without disabilities to learn together, as a means of achieving the aspirations outlined in the Salamanca Statement of *“combating discrimination, creating welcoming communities, building an inclusive society and achieving education for all”* (UNESCO 1994).

6. Conclusion

Myanmar is a signatory to Education for All (EFA) and has ratified the UN Conventions on the Rights of the Child (1989) and the Rights of Persons with Disabilities (2006).

The research has highlighted some of the barriers that children with disabilities face currently in the education system, which include social, environmental and institutional barriers as well as some of the facilitators that can make education possible and enjoyable. We found that currently the legal and policy framework mainly supports the education of children with disabilities in special schools. The evidence presented in this report demonstrates that the institutional framework in the regular schools included in this study does not support the implementation of inclusive education. We found a lack of guidance on enrolment and assessment of disability in regular schools. We also found that teachers in regular schools did not receive training on teaching methods for children with disabilities and the centralized curriculum and examination framework did not allow schools to make adaptations based on the needs of students in teaching and exams. Furthermore we found limited adaptations to environments in and around regular schools.

Overall the research found that whereas there was evidence of inclusive learning environments in some individual schools, there was limited evidence of inclusive learning environments in most of the regular schools that participated in the research. Implementation of inclusive education in regular schools is mainly due to the determination of children with disabilities and the drive and vision of individual principals, teachers, parents and peers, often supported by NGOs. They seek to make this possible through a creative use of limited resources and by using their discretion wherever possible.

Although children with disabilities' rights to education are protected through international instruments such as the UN Convention on the Rights of Persons with Disabilities (2006) and the Education for All agenda, there remain significant gaps in the ways in which these commitments have been translated into the everyday practice of schools in Yangon, Myanmar. Although significant reforms are currently happening in the education sector, some important opportunities have been missed and more needs to be done to ensure that there is a space to learn for all children in the education system.

7. Recommendations

The recommendations presented in this section are based on suggestions made by participants in the second research consultation workshop as well as suggestions made by research participants.

Legal and policy framework

- Protect the rights of children with disabilities to education by making revisions to the national Educational Law and including in the Law on the Rights of People with Disabilities a clear definition of inclusive education and protection of the rights of children with disabilities to access the general education system as well as special education.
- Clarify the responsibilities and improve coordination between the Ministry of Education and Ministry of Social Welfare, Relief and Resettlement in relation to the education of children with disabilities.
- Education reforms currently underway, including the CESR, should have a clearer focus on reforms that will support the development of inclusive education, including for children with disabilities.
- The government and UN agencies should enable more open and formalised consultation processes to enhance the participation of local civil society organisations, schools and communities in the process of developing new policies and laws related to education and disability.

Poverty and education of children with disabilities

- Provide financial assistance to poorer families of children with disabilities to support the costs of education, including purchase of equipment and assistive devices, stationery, travel costs and extra tuition costs.

Parent education and services

- Develop training on disability awareness, inclusive education as well as care-giving skills for parents, carers and communities to support development of positive attitudes and behaviours in relation to the care and education provision of children with disabilities.
- Education services providers, including schools, ECD and resource centres should enable greater participation and information-sharing with parents. This could include information about education services for their children, including special and inclusive education, to support parents in making informed choices. Services should also inform children and parents of their rights to education, support them in accessing education services and informing them about the progress of their children in education.

Enrolment

- Produce national guidance for schools on the enrolment of children with disabilities in regular and special schools.
- Decisions about enrolment of children with disabilities into special and/or regular schools should involve children, parents, the community, professionals as well as school principals.

- The role of Township Education Officers, resource centres and NGOs could be strengthened in supporting parents of children with disabilities in liaising with schools during the enrolment process.

Assessment of disability

- Develop national guidelines and training of school staff as well as staff of specialist resource centres in undertaking assessments of disability, including the level of disability.
- Developing education support plans in line with internationally recognised standards.
- Schools should be supported to develop assessment and care planning tools based on student needs. Children and parents as well as professionals should also be part of this process.
- Ensure inter-sectoral collaboration, especially between the health, social welfare and education sectors. Improved links are needed between education and health services, to ensure children and their families receive an early diagnosis of disability and are supported through out their education.

Curriculum and exams

- Decentralisation and greater flexibility in the school curriculum should empower schools and teachers to make adaptations based on the needs of individual students.
- Flexibility in the curriculum could enable schools to adapt this if necessary to meet the individual needs of students.
- The needs of students with disabilities should be considered within all general examination policies, as well as within disability-specific policies. For example specific guidelines should be provided to schools for adaptations for children with specific disabilities in relation to exams, such as extra time, use of Braille and access to scribes for writing.

Teaching practices and resources

- There is a need for training on disability awareness as well as student-centred teaching methods of regular school teachers as part of their pre-service and in-service training. Training should aim to promote positive attitudes as well as enhanced knowledge and skills in responding to the individual learning needs of children with disabilities.
- Teaching materials and communication aids should be produced in Myanmar language, should support student-centred teaching and also support the specific learning and communication needs of children with disabilities.
- Regular schools could introduce support teachers for children with disabilities. This could be piloted in a small number of schools to test and evaluate this approach before rolling this out more widely. The support teachers could receive additional specialist training depending on the needs of the children in the school, such as learning sign language or Braille. There could also be a strengthening and greater recognition of the role of peers in schools.

- Teacher-student ratios in schools with large class sizes should be reduced to ensure teachers have capacity to focus more on individual student needs.
- Partnerships between special and regular schools can support sharing of good practice and building the capacity of teachers in regular schools to support the needs of children with disabilities.

Environment in and around the school

- Produce national guidelines based on internationally accepted standards on accessibility for children with disabilities in and around the school environment, employing low-cost solutions wherever possible.
- Financial and technical support is needed in adapting the environment in existing and new schools, including regular schools, to ensure these are more accessible for all students.

Social inclusion

- NGOs should develop awareness-raising training on disability issues to help develop more positive attitudes among all school staff and students, including principals, teachers and peers.
- Schools should develop policies and take responsibility for training school staff in protecting children with disabilities from bullying and abuse.
- Opportunities for interaction between special and regular schools children with disabilities and without disabilities could be enhanced to enable social inclusion. This could include inter-school sports events for example.

Further research

- Conduct an updated national disability survey, measuring the prevalence of disability in Myanmar based on the current internationally recognised definitions of disability. This definition can be based on the World Health Organisation definition of disability.
- The survey should include data regarding the number of children with disabilities receiving different types of education, including education in regular schools, in special schools, in monastic schools and in informal learning centres. Data should also be gathered in urban and rural areas. Also data should be gathered on the number of children with disabilities who are out-of-school. Further quantitative and qualitative information about the reasons that children with disabilities are out-of-school should be gathered. Categories of such reasons may include poverty, discrimination, relationships with school staff, inaccessible roads and inaccessible transport. At the time of writing, UNICEF Myanmar had commissioned a situation analysis including information about the education of children with disabilities, which will contribute to the evidence base on this issue.

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Annex

Table 1: Characteristics of children with disabilities

Education type or out of school/characteristics	Type of impairment*	Gender	Age range
Children attending regular school	8 - physical 1 - sensory (visual) 1 - hearing 2 - intellectual 1 - autism	7 male 2 female	7-17 years old
Children attending special schools	3 - sensory (hearing) 3 - sensory (visual)		
Children attending private school	7 - autism and/or intellectual impairments	2 female 5 male	
Children in monastic school	3 - physical	3 female	
Children out of school	5 - physical 2 - sensory (visual) 1 - sensory (hearing) 9 - intellectual 1 - autism	10 male 9 female	8-16 year old

*Type of impairment based on description of impairment reported by parents

Table 2: Characteristics of participating households, based on information provided from parent interviews

Education type or out of school/ characteristics	Households with education level of parents	Number of people in household	Number of people working in household	Household monthly income (kyats)
Children attending regular school	3 - Grade 5 7 - No information 1 - Grade 10 1 - Grade 2	2 - 5 people 2 - 4 people 1 - 7 people	4 - 1 person 2 - 2 people	1 - 10,000 1 - 30,000 2 - 100,000 2 - 150,000 1 - 300,000
Children attending private school	2 - Graduates	1 - 4 people 1 - 3 people	1 - 2 people 1 - 1 person	1 - 300,000 1 - 150,000
Children in monastic school	1 - Grade 5		6 - 2 people 9 - 1 person 1 - 4 people	2 - 300,000 2 - 250,000 4 - 200,000 2 - 150,000 2 - 120,000 3 - 100,000 4 - no info
Children out of school	4 - Grade 10 3 - Grade 7 4 - Grade 6 6 - Grade 5 1 - Grade 2 1 - no info	2 - 7 people 7 - 6 people 3 - 5 people 3 - 4 people 1 - 3 people 3 - no information		

Table 3: Key characteristics of participating schools, based on interviews with principals and teachers

School type	Total number of students in school	Number of children with disabilities in school	Average class size
Regular school 1	1130	3	50-55
Regular school 2	97	1	20
Regular school 3	71	1	14
Regular school 4	20	2	-
Regular school 5	261	2	25
Regular school 6	800	2	50
Regular school 9	1640	4	80
Monastic school	1700	6	-
Special school (visual impairment)	150	150	5-30
Special school (hearing impairment)	35	35	10
International private school	560	20	22

Eden Centre for Disabled Children

No. (56), Wa Oo 4th Street,
Phawhkan,
Insein Township,
Yangon, Myanmar

www.edencentre.org



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accurateyak.carbonmade.com