

Inclusive Education as a Social Determinant of Health

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The relationship between health and social wellbeing is represented in two contradictory models. The more commonly cited World Health Organization (WHO) model views different dimensions of wellbeing as determinants of health and addresses the areas of both, medical health and social health under the umbrella term 'health'. According to WHO, health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2008).

And yet, we frequently come across discourses which appear to move away from this definition and consider health as having a more medical and less social wellbeing orientation. Increasingly, the term health is used to discuss medical dimensions of health versus illness and the determinants of social health and wellbeing hardly find a mention.

The medical model of health and illness limits health to medical characteristics which assess normative functioning of biological systems and define illness or disease as sub-normative function of biological systems. As a result, medical determinants of health assume that the cause of sub- normative functioning is within the individual's biological system and can be addressed by medical interventions that seek typical norms on individual species levels (Porter 1997, Marks et al 2005).

The social determinants of medical health suggest that the cause of disease or illness is external (Wilkinson & Marmot 2003) and try to address these. Contaminated water leading to ill health, occupational stress leading to hypertension, lifestyle related chronic disease, etc., are a few examples of this. Most often, this model is misleadingly referred to as the 'social model of health' whereas in reality, it is still a

medical model seeking to bring the impaired biological functioning to normative or near normative levels. While it continues to address ill health and medical illness, the model rarely deals with social determinants relating to social wellbeing or social health of an individual. Additionally, even if social wellbeing is addressed, it is contextualized within the framework of social wellbeing of a medically ill person (Wolbring 2005).

A real social model of health examines how "physical, mental, and social wellbeing" are influenced by social determinants of health and is not limited to look at how social determinants influence and worsen 'medical health'. It also assesses social wellbeing of a person in general and not just that of a 'medically ill person'. It is not necessary for an individual to be a 'patient', a 'future patient', a 'person in ill medical health' or a 'person at risk for ill health' in order to be covered and considered under the social model of health (Wolbring 2005).

Keeping with this notion of social health, this essay suggests inclusive education for all and especially for children with disabilities in India, as an important determinant of social health.

While there is insufficient empirical evidence to allow for statistical analysis of interdependence of educational provision for children with disabilities and their life long health status, existing research and literature on inclusive education does make a case for existence of this relationship. According to Underwood (2004), the specific aspects supporting this argument for inclusion as a social determinant of health are;

1. Education is a basic human right as it increases opportunities for an individual to access economic and social benefits in the society.

2. These economic and social benefits are best achieved through inclusive education systems which provide better access to a broader range of quality teaching to students with and without disabilities.
3. The benefits of inclusive education have both, a direct and an indirect relationship with as well as impact on the health status of people with disabilities.

Approximately, 10 percent of global population has some or the other type of disability (WB 2004). An estimated 85 percent of the world's children with disabilities under the age of 15 years live in developing countries. Over two-thirds of them are in Asia. Only 2-3 percent of them have access to education, with girls with disabilities constituting barely 1 percent of the total number of children with disabilities in schools (WB 2008).

Children with disabilities face particular hurdles to attending, and completing, school in developing countries, especially India. Deon Filmer (2005) of Development Research Group, USA, focused on young people with disabilities in developing countries and analyzed the poverty status of the household and level of school participation. She argues that, among the factors contributing to poor access to school participation, disability is the most significant and exceeds the effects of gender, rural residence, or economic status. Furthermore, the evidence shows that girls with disabilities face an even worse scenario in the Indian subcontinent. Available data from the National Census, most focused on literacy, indicates that women and girls with disabilities fare less well in the educational arena than either their disabled male or non-disabled female counterparts (Census Report 2001, Groce 1999).

The disability movement in India has gained momentum in the last few decades, both as a result of pro-disability approach of the government and due to efforts of non-governmental organizations and persons with disabilities. With more than 10% of population having some or the other type of disability, India which is the second most populated country in the world, has strived to meet various needs of its population with disability through implementation of various Acts and government as well as multipartner, decentralized initiatives (MSJ & E 2008).

In particular, to improve access to education for people with disabilities, India has committed to inclusive education through several international as well as national agreements, treaties and acts (MSJE 2008), including the Salamanca Statement and Framework for Action (UNESCO 1994) and the recent United Nations Convention on the Rights of Persons with Disabilities (UN 2008) and has implemented a nationwide inclusive education programme under the 'Education for All' initiative and the 'Inclusive Education for Disabled Children' scheme over the last decade (SSA 2008, IEDC 2008).

While critics of this policy contend that inclusion infringes on the rights of students without disability in regular classrooms and argue that the needs of students with disabilities are not met adequately in mainstream classrooms, research in education contradicts their claims with sufficient evidence on inclusive policy as the best educational provision for both, students with and without disabilities (Hamovitch 2003).

Evidence shows that students with disabilities in inclusive classrooms are likely to perform better in academic, social and behavioral skill attainments (Hunt et al 1994; Eshel et al 1994; Meadows et al 1994). Additionally, inclusive practices do not place students without disabilities in a position of disadvantage and actually provide them

emotional and social advantages. Furthermore, teachers with a positive attitude towards inclusion are better able to adapt their teaching strategies to meet needs of individual learners; an immense advantage to all students in the classroom (Larrivee1986, Fuchs et al 1995).

While the evidence supports claims for inclusion as a better public policy when compared to segregated education, the scope of research in this area is limited. This is especially as a result of the Indian State's inability to control education programmes at regional levels and student characteristic for the purpose of research as well as due to ethical considerations. Therefore, we need to understand the benefits of inclusive education to the overall health status of a person with disability from a different perspective.

As mentioned before, the benefits of inclusive education are improved teaching, better academic, social behavioral outcomes for students with disabilities and better emotional and social outcomes for students without disabilities. It follows then, that these lead to other benefits outside of school and include better employment opportunities, improved income, food security and reduced poverty. They also provide better access to social networks through school and work, improve access to better housing, reduce risk of violence and increase access to healthcare (Raphael 2004). Together, these form the social determinants of health and influence the overall health status of the Indian population.

Although, literacy is a significant contributor to other social determinants of health such as poverty, employment, income security and social exclusion, it is one of the most significant social determinants in its own right as it predicts health status more

accurately than education level, ethnic background or any other social and demographic variable (Ronson & Rootman 2004).

Evidently, inclusive education leads to higher achievement in literacy skills and invites compelling human rights arguments to support inclusion as a way of fulfilling our obligations under various international agreements. The need of the hour is to track the impact of this shift in policy by using population data. If education policy is understood from a population perspective that also incorporates the theoretical framework of social determinants of health, we will better understand the place of education policy amongst other phenomena and reduce the risks to which people with disabilities are the most vulnerable to.

References:

1. Census Report (2001) Indian National Census Bureau, Government of India [online]. Available at <http://censusindia.gov.in/> [Accessed 20.12.2008]
2. Deon Filmer (2005). Education Quality, Skill Development and Economic Growth : A Report prepared for the World Bank. [online]. Available at <http://www.lnb.lt/stotisFiles/uploadedAttachments/pb1420089293747.pdf> [Accessed 15.12.2008]
3. Eshel Y., Katz M., Gilet S. & Nagler C. (1994) Mainstreamed or self-contained classes for students with mild learning disability: The case of Israel. *International Journal of Disability, Development and Education*, 41(3)
4. Fuchs L., Fuchs D., Hamlett C., Phillips N. & Karns K. (1995) General educators' specialized adaptation for students with learning disabilities. *Exceptional Children*, 61(5)
5. Groce, N. (1999). An overview of young people living with disabilities: Their needs and their rights. New York: UNICEF
6. Hamovitch B. (2003). Inclusion and Stigmatization. Report in Invisible Children in the Society and Its Schools by Sue Books. Lawrence Erlbaum Associates, 2003
7. Hunt P., FarronDavis F., Beckstead S., Curtis D. & Goetz L. (1994) Evaluating the effects of placement on students with severe disabilities in general education versus special education classes. *JASH*, 19(3)
8. Inclusive Education in SSA (2008). Ministry of Human Resource Development: Department of Education and Literacy, Government of India. [online]. Available at <http://ssa.nic.in/> [Accessed 26.12.2008]
9. Larrivee, B. (1986) Effective teaching for mainstreamed students is effective teaching for all students. *TESE*, 9(4)
10. Marks D., Murray M., Evans B., Willig C., Woodall C. & Sykes C. (2005). Health Psychology: Theory, Research & Practice (2nd edition). London: Sage
11. Meadows N., Neel R., Scott C. & Parker G. (1994) Academic performance, social competence and mainstream accommodation: a look at mainstream and nonmainstream students with serious behavioral disorders. *Behavioural Disorders*, 3(19)
12. Ministry of Social Justice and Empowerment -MSJ&E (2008). Legislations. [online] Available at <http://socialjustice.nic.in/legislations.html> [Accessed 25.12.2008]

13. Ministry of Social Justice and Empowerment -MSJ&E (2008). Empowerment of Persons with Disabilities [online]. Available at <http://socialjustice.nic.in/policiesacts3.html> [Accessed 25.12.2008]
14. Ministry of Social Justice and Empowerment -MSJ&E (2008). Schemes and Programmes for Persons with Disabilities. [online]. Available at <http://socialjustice.nic.in/schemespro3.html> [Accessed 25.12.2008]
15. Porter R. (1997). The greatest benefit to mankind. London: Harper Collins.
16. Raphael, D. (Ed.) (2004) *Social determinants of health: Canadian perspectives*. Toronto, CA: Canadian Scholars' Press Inc.
17. Ronson & Rootman (2004) Literacy: One of the most important determinants of health today. In D. Raphael (Ed.) *Social determinants of health: Canadian perspectives* (pp. 155-169) Toronto, CA: Canadian Scholars' Press Inc.
18. Sarva Siksha Abhiyan- SSA (2008). Ministry of Human Resource Development: Department of Education and Literacy, Government of India. [online]. Available at <http://ssa.nic.in/> [Accessed 26.12.2008]
19. UN (2008). The United Nations Convention on the Rights of People with Disabilities. [online]. Available at <http://www.un.org/disabilities/> [Accessed 19.12.2008]
20. Underwood Kathryn (2004). The Case for Inclusive Education as a Social Determinant of Health. Comparative Program on Health and Society [online]. Available at http://www.inclusive-education.ca/resources/documents/inclusion_health.pdf [Accessed 25.12.2008]
21. UNESCO (1994). Salamanca Declaration and Framework of Action. [online]. Available at http://portal.unesco.org/education/en/ev.php-URL_ID=7506&URL_DO=DO_TOPIC&URL_SECTION=201.html [Accessed 19.12.2008]
22. Wilkinson R. & Marmot M. (2003). Social Determinants of Health. World Health Organization.
23. Wolbring G. (2005). Key Terminologies in the Field Of Disability: Change through NBICS. Excerpts from Author's talk on 27th July, 2006 at a World Health Organisation meeting [online]. Available at <http://www.bioethicsanddisability.org/whatishealth.html> [Accessed 20.12.2008]

24. Wolbring, G. (2005) HTA Initiative #23: The triangle of enhancement medicine, disabled people, and the concept of health: a new challenge for HTA, health research, and health policy, [online]. Available at <http://www.ahfmr.ab.ca/download.php/954da463c9a6c633bdafefd1aaf23844//> [Accessed 22.12.2008]
25. World Health Organization (2008). WHO Definition of Health [online] Available at <http://www.who.int/about/definition/en/print.html> [Accessed 20.12.2008]
26. World Bank (2008). Disability Resources: Education Data Set. [online] Generated on http://siteresources.worldbank.org/DISABILITY/Resources/Education/Data_Sets_Final.pdf [Accessed 12.12.2008]
27. World Bank (2004). Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DFID. [online] Available at http://www.disabilitykar.net/docs/policy_final.doc [Accessed 10.12.2008]