

Problems and Prospectus of Education for Disabilities in India – An Overview

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Abstract

The author focused in this discussion fully about disabled which is related with education even for village and urban people those who are required the education for should develop them selves and carrier. Under PIED, there has been a significant increase in the number of not only mildly disabled, but also severely disabled children, with the number of orthopedically handicapped children far outstripping other disabled children. All these perform at par with non - disabled children; in fact their retention rate is higher than that of non - disabled children and absenteeism is low. PIED has also had a positive impact on the attitudes of the teachers, the heads of schools, as well as parents and the community in general. Also, the interaction between the disabled and the non - disabled children is good. Disability is a lack of ability which may involve physical impairment such as sensory impairment, cognitive or intellectual impairment, mental disorder (also known as psychiatric or psychosocial disability), or various types of chronic disease. A disability may occur during a person's lifetime or may be present from birth. Disability may be seen as resulting directly from individuals, in which case the focus is typically on aspects of those individuals and how they could function better. This view is associated with what is generally termed a medical model of disability. Alternatively, the interaction between people and their environment/society may be emphasized. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others. The emergence of the concept of integrated education in India during the mid 1950s was seen as a solution to these problems. Small experiments in this area were begun by the Royal Commonwealth Society for the Blind, and the Christopher Blind Mission. The Ministry of Education, too, launched a comprehensive scholarship scheme in 1952- a rudimentary beginning of the integrated education initiative by the Government.

Keywords: Absenteeism-disabled-orthopedically-opportunities-environment-cultural, community- Royal Commonwealth Society.

Introduction

Disability is a lack of ability which may involve physical impairment such as sensory impairment, cognitive or intellectual

impairment, mental disorder (also known as psychiatric or psychosocial disability), or various types of chronic disease. A disability may occur during a person's lifetime or may be present from birth. Disability may be seen as

resulting directly from individuals, in which case the focus is typically on aspects of those individuals and how they could function better. This view is associated with what is generally termed a medical model of disability. Alternatively, the interaction between people and their environment/society may be emphasized. The United Nations uses a definition of disability as

Impairment and Disability

Any loss of abnormality of psychological or anatomical structure or function. Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap

A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual. Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others. With the enactment of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995, the most common definition and classification of disability for use by the Government for all purposes was determined. Disability has been classified on the basis of medical definition into seven classes to cover the following categories. These groups include persons suffering from

- i. blindness,
- ii. low-vision,
- iii. Leprosy cured,

- iv. Hearing impairment,
- v. Locomotors disability
- vi. Mental Retardation, and
- vii. Mental illness.

Further, in order to have the coverage under the term Persons with Disabilities the extent of disability should not be less than 40 percent as certified by Medical Authority. The aforesaid legislation came into effect from 7 February 1996 and there is no other definition of disability or classification of disability accepted for any purpose by the Government for the entitlements of persons with disabilities. However, in the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental retardation and Multiple Disability Act 1999, another two classes have also been included in the category of disability for availing the benefit under the said Act: persons suffering from Autism and persons suffering from multiple disabilities. These groups have been defined in ‘The National Trust For Welfare Of Persons With Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999 as follows:

- 1. Autism means a condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behavior
- 2. Multiple disabilities means a combination of two or more disabilities as defined in clause (2) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Act, 1995.

The Government both administratively and legally accepts the respective disability definitions in the aforesaid legislations for all purposes. In order to have proper appreciation of the coverage of each of the aforesaid seven groups, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full

Participation) Act 1995 has given the following respective definitions to each of them.

- a. **Blindness** refers to a condition where a person suffers from any of the following conditions namely:
 - i. total absence of sight ; or
 - ii. Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses ; or
 - iii. Limitation of the field of vision subtending an angle of 20° or worse.
- b. **Cerebral palsy** means a group of non-progressive conditions of a person characterized by abnormal motor controlled posture resulting from brain insult or injuries occurring in the pre-natal, pre-natal or infant period of development. This group has been put under the category of loco-motor disability for all benefits under the Act.
- c. **Hearing impairment** means of loss of 60 decibels or more in the better ear in the conversational range of frequencies;
- d. **Leprosy cured** person means any person who has been cured of leprosy but is suffering from:
 - i. loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye lid but with no manifest deformity;
 - ii. manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage a normal economic activity;
 - iii. Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation.

- e. **Locomotors** disability means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.
- f. **Mental illness** means any mental disorder other than mental retardation.
- g. Mental retardation means a condition of arrested or incomplete development of mind of a person who is specially characterized by sub-normality of intelligence.
- h. **Person with low – vision** means a person with impairment of visual functioning ever after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistance device.³⁵

Disability classification systems

There exists no other system for classification for disability except the one stated in definition of disabilities respective class of disability is entitled to the benefits, rights and entitlements granted by the respective Acts enactments to that particular class or disability as a whole. The National Sample Survey Organization uses only physical disability in its surveys in 1981 and 1991.

Sources of disability information and statistics

India has adopted two-pronged strategies for collecting statistical data with regard to the population and related matters, socio-economic development in different fields and impact of programmes and services on the targeted group. The Registrar General National Census is entrusted with the responsibility of having a detailed National Census of the country's population with a broad objective of not only

counting the number of people but also ascertaining their socio-economic status. Under the Ministry of Statistics and Programme Implementation, the National Sample Survey Organization undertakes another important information collection exercise for collecting data on particular subjects frequently on a short-term basis. People with disabilities were not included in the National Census until 2001. However, the National Sample Survey Organization entrusted with the responsibility of collecting statistical data on different aspects of national importance, made its first attempt to collect information on the number of physically disabled in the 15th round during July 1959-June 1960. The enquiry was exploratory in nature and was confined to rural areas only. However, in the 16th round (July 1960-June 1961), the geographical coverage was extended to urban areas. The subject was again taken up in the 24th (July 1969-June 1970) and in the 28th (October 1973-June 1974) rounds of the NSS. The objective of these early inquiries was only to provide estimates of the number of persons in the country who suffered from certain specified physical disabilities. However, the type of physical disability covered in all those rounds were not always the same? For the reasons of economy, information on the physically disabled was collected in the early rounds in the survey schedules meant for other subjects. There was, therefore, very little scope for collecting information on cause, specific nature and other details of physical disabilities. The enquiries were also not comprehensive due to obvious limitations of the survey methodology of those rounds. Limitations were caused by the fact that the survey under reference was conducted for other purposes and therefore specific details on disability matters could not be gathered.

The NSSO undertook a comprehensive survey of the disabled persons in its 36th round during the second half of 1981, the international year of

the disabled persons. The objective was to provide the database regarding the incidents and prevalence of disability in the country. While the early surveys were restricted to only the physically disabled persons, in the 36th round, an extended definition was used to cover all the disabled persons. Information was collected from all persons with one or more of the three physical disabilities- visual, communication (i.e. hearing and/or speech) and locomotor. The particulars of disability such as, the type of disability, degree of disability, cause, age at onset of disability, type of aid or appliance used, etc., were collected along with some socio-economic characteristics. After a gap of 10 years, a second survey on the disabled was carried out in the 47th round during July to December 1991. The basic framework of the survey including the concepts, definitions and operational procedures of the 47th round was kept the same as in the 36th round. However, some modifications were made in the content of the schedule of enquiry on the basis of the experience gained in the 36th round survey.

Since the survey was to be conducted by non-medical personnel, disability was defined as any restriction or lack of abilities to perform an activity in the manner or within the range considered normal for human beings. For the purposes of the survey, a person is visually disabled if he/she has no light perception, or had light perception but could not count the fingers of a hand correctly (using glasses if ordinarily used) from a distance of three meters in a good day light with both eyes open. Hearing disability refers to person's inability to hear properly. A person was classified as having hearing disabilities if she/he could not hear at all or could hear only loud sound, or could hear only shouted words, or could hear only when the speaker was sitting in the front, or would usually ask to repeat the words spoken or would like to see the face of the speaker. Similarly speech

disabilities referred to person’s inability to speak properly. Speech of a person was judged to be not proper or disordered if the persons speech was not understood by the listener drew attention to the manner in which she/he spoke rather than to the meaning, and was aesthetically unpleasant. Loco-motor disability was defined as a loss or lack of normal ability of an

- v. Deformity in the body other than limb (example: deformity in the spine or in the neck or dwarfing or stunting).

Thus, this first sample survey for collecting data in respect of persons with disabilities was restricted to persons suffering from physical and/or communication disability on the basis of functional definitions for each, established by the organization. These definitions assigned to disability categories were limited in their use to the survey only and were not used for any purpose for delivery of services, granting benefits or recognition of rights under respective executive orders or legislation. The Survey of

individual to move either her or himself and/or objects from one place to another. It may occur due to

- i. paralysis of limb or body
- ii. deformity in the limb(s)
- iii. loss of limb(s)
- iv. dysfunction of joints of the limb(s) and

1991 does not present accurate statistical data because of the lack of proper training of investigators. Moreover, it does not cover all groups of disability. National Census 2001 has, for the first time, included people with disabilities in its enumeration work. However, the definition of respective category of disability adopted in this census is also the same which was adopted by the survey conducted by NSSO. This census has included one more category of disability i.e. mental retardation. The result of this census with regard to disability is yet to be published.

Table -1
Estimated National Number of Disabled Persons by
Type of Disability and Sex (in thousands)

Types of disability	Rural			Urban		
	Male	Female	Total	Male	Female	Total
Physical	7,442	5,210	12,652	2,078	1,424	3,502
Visual	1,539	1,796	3,335	308	362	670
Hearing (5 years and above)	1,409	1,164	2,573	339	330	669
Speech (5 years and above)	942	557	1,499	298	169	467

Hearing and/or speech	2,009	1,490	3,499	557	426	983
Locomotors	4,396	2,411	6,807	1,370	762	2,132
Total	326,820	307,537	634,357	117,121	104,640	221,761

Source: Estimated Total persons based on Census of Population of India -1991

There is no other source with regard to National statistics pertaining to person with disability. The Central and provincial Governments have decided to issue identity cards to person with disability very recently. This may also facilitate the maintenance of a national database on disability related statistics on the basis of the records pertaining to the issuance of identity card.

On-the-job injuries

The survey conducted by NSSO in the year 1991 obtained information on the impact of disability on the continuance of work after the onset of disability. As per the finding of this survey, in the rural area, among those who were working before the onset of disability, 47 percent had lost or had to discontinue their work due to the onset of disability; the figure was 42 percent in urban areas. About 13 to 15 percent had to change their work

Table 2
Number of 5 years old and above persons with disabilities per 1,000
Working before onset of disability (WBOD)

	Rural					Urban				
	WBOD Rate	Loss of work	Change of work	No loss or change of work	Total	WBOD Rate	Loss of work	Change of work	No loss or change of work	Total
All India	397	465	145	390	1,000	287	418	134	446	1,000

Source: The survey conducted by NSSO - 1991

According to NSSO survey in the year 1991, number of disabled persons of age 5 years and above who were working before the onset of disability per 1,000 disabled persons of age 5

years and above (WBOD rate) and per 1,000 distribution of those disabled persons by change or loss of work due to onset of disability.

Environmental factors affecting full participation

The physical environment and public facilities and utilities have not been developed or designed with the requirements of each category of disability in mind. As such, environmental and communication barriers impede full participation of people with disability in all spheres of life. These barriers also affect the participation of different disability groups in mainstream training and employment activities. Persons suffering from locomotors disability have to encounter the following barriers to access built environment including public facility for participating fully in community life:

- a. Inaccessible entry and exit of buildings in which either training programmes are run or work is to be performed by the prospective employee,
- b. Lack of ramps or lift to access all the floors of a building,
- c. Lack of accessible toilets inside these buildings,
- d. Lack of necessary medical facility at training and work sites,
- e. Inaccessible roads and transport system specially for wheel chair users,
- f. Lack of necessary modifications in the regulations and practices with regard to working hours keeping in view the impact of stress due to continued work at a stretch,
- g. Lack of necessary modifications in equipment and machinery for adapting the same to enable a particular category of disabled person to perform a particular job operation, and
- h. Lack of necessary relaxation in medical standards for selection in training and employment. In addition to this, people with visual, speech hearing as well as intellectual disability face barriers in accessing mainstream training programmes and job opportunities due to the additional following factors:

- a. Lack of sound signals, Braille guiding blocks i.e. to facilitate the mobility of visually disabled,
- b. Absence of sign-language interpretation at public places to facilitate communication of people with speech/hearing impairment, and
- c. Necessary support system for persons with intellectual disabilities at public places including work sites.

All mainstream training programmes and work sites largely exclude all disability groups due to these barriers. Although over 100 regional sign languages exist, there is no acceptable national sign language for the use by all persons with speech/hearing impairment.

Social factors affecting full participation

Attitudinal barrier is the biggest impediment in the process of full participation of persons with disability. Broadly, the following social factors affect the participation of people with disability:

- a. Treating disabled persons as objects of charity and not as contributors,
- b. Treating disabled persons as individuals for passive community care,
- c. Prevalent religious belief that disability is the result of the sin committed in previous life,
- d. Unequal treatment of disabled family member who are often seen as a burden
- e. Treating women with disabilities as a double burden of the family both on account of being woman and disabled.

Disabled Persons' Organizations

Broadly, organizations working in the field of disability can be classified into service organizations and advocacy organizations. There is no national-level, cross-disability umbrella organization. However, Disabled Persons International (DPI) has an Indian chapter that is not a representative disability organization. It also does not have any individual members. Organizations related to visually disability have

a national character. The following two national organizations in the field of visual disability have contributed substantially in the policies and programmes for persons with visual impairment:

- a. All India Confederation of the Blind: Established in 1980s, it operates through its affiliate organizations throughout the country. It does not have individual membership. It runs courses for imparting training to blind persons in stenography and office management. It also runs a placement service scheme for promoting employment of blind persons mainly in organized sector. It also operates a community-based rehabilitation (CBR) programme for socio-economic rehabilitation of blind persons particularly in rural areas.
- b. National Federation of the Blind (NFB): This is one of largest mass advocacy organizations for blind persons with a strong membership of more than 30,000 persons. NFB operates through its 40 state branches, affiliates and units and has successfully taken up very important policy matters with regard to training and employment opportunities for persons with disabilities in general and blind persons in particular. In fact, implementation of the quota for disabled persons in government jobs in lower levels, and opening up of highest administrative posts for the blind have been some of important outcomes of advocacy by this organization. It has also a placement service scheme under which it matches the job seekers and job opportunities with a purpose to promote employment of blind persons.

All India Federation of the Deaf is a single-disability, national-level organization working in the area of speech or hearing disability. It has its branches through out the country and runs

vocational training programmes for speech/or hearing disabled. It has also been actively involved in the advocacy for better policies for persons with disabilities in general and speech/or hearing impaired in particular. Handicapped Welfare Federation is also a national-level, single-disability organization working in the area of Locomotors disability with an active advocacy role.

Disabilities and Education in India

The special education programmed by govt of India, along with other parts of the world, India too, witnessed the emergence of Special schools for people with disabilities. The first school for the deaf was set up in Bombay in 1883 and the first school for the blind at Amritsar in 1887. There was rapid expansion in the number of such institutions. Presently, there are more than 4200 Special schools throughout India. However, these Special schools have certain disadvantages which became evident as the number of these schools increased. These institutions are said to reach out to a very limited number of children, largely urban and they are not cost effective. But most important of all, these Special schools segregated CWSN from the mainstream, thus developing a specific disability culture.

Integration and Education

The emergence of the concept of integrated education in India during the mid 1950s was seen as a solution to these problems. Small experiments in this area were begun by the Royal Commonwealth Society for the Blind, and the Christopher Blind Mission. The Ministry of Education, too, launched a comprehensive scholarship scheme in 1952 - a rudimentary beginning of the integrated education initiative by the Government. The National Policy on Education (NPE), 1986 and the Programme of Action (1992) gives the basic policy framework for education, emphasizing on correcting the existing inequalities. It stresses on reducing

dropout rates, improving learning achievements and expanding access to students who have not had an easy opportunity to be a part of the general system. The NPE, 1986 envisaged some measures for integrating of children with physical and mental handicap with the general community as equal partners, preparing them for their normal growth and development and enabling them to face life with courage and confidence. India has also been a signatory to International declarations like the Salamanca Statement and Framework for Action on Special Needs Education (1994) and the **Biwako Millennium Framework for Action (2002)** and the UN Convention on the Rights of Persons with Disabilities, 2006 that emphasize the need for fundamental educational policy shifts to enable general schools to include children with disabilities.

The Centrally Sponsored Scheme of Integrated Education for the Disabled Children (revised 1992) is presently being implemented in States and UTs in over 90,000 schools benefiting over 2,00,000 children with disabilities. The scheme was introduced with a view to providing educational opportunities for children with disabilities in general schools, to facilitate their retention in the school system. It provides for facilities to students with disabilities including expenses on books and stationery, expenses on uniforms, transport allowance, reader allowance, escort allowance, hostel accommodation and actual cost of equipment. The scheme also supports the appointment of special teachers, provision for resource rooms and removal of architectural barriers in schools.

Integrated Education for Disabled Children (IEDC)

Consequent on the success of International experiments in placing children with disabilities in regular schools, the Planning Commission, in 1971, included in its plan a programme for integrated education. The Government launched

the IEDC scheme in December 1974. However, educational administrators have been slow in grasping the value of IE.

The aim of IEDC is

1. To provide educational opportunities to CWSN in regular schools,
2. To facilitate their retention in the school system, and
3. To place children from special schools in common schools.

The scope of the scheme includes pre-school training, counseling for the parents, and special training in skills for all kinds of disabilities. The scheme provides facilities in the form of books, stationery, uniforms, and allowances for transport, reader, escort etc. In spite of all these facilities, IEDC met with limited success- only a little more than one lakh CWSN have been covered. However, it was successful in creating awareness on the importance of integrating CWSN in the mainstream of education, a fact noted in the National Policy on Education — 1986.

Project Integrated Education for the Disabled (PIED)

In 1987 the Ministry of Human Resources Development, along with UNICEF launched another experiment: Project Integrated Education for the Disabled (PIED) with which there was a shift in strategy, from a school based approach to a Composite Area Approach. In this approach, a cluster, instead of the individual school approach is emphasized. A cluster, usually a block of population is taken as the project area. All the schools in the area are expected to enroll children with disabilities. Training programmes were also given to the teachers. This project was implemented in one administrative block each in Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation, and Baroda Municipal Corporation. The approach is an improvement

over the special schools in many ways and appears to be the only way towards universalizing education of the disabled children. It is more cost effective and easier to organize, since existing school infrastructure is to be made use of.

Under PIED, there has been a significant increase in the number of not only mildly disabled, but also severely disabled children, with the number of orthopedically handicapped children far outstripping other disabled children. All these perform at par with non - disabled children; in fact their retention rate is higher than that of non - disabled children and absenteeism is low. PIED has also had a positive impact on the attitudes of the teachers, the heads of schools, as well as parents and the community in general. Also, the interaction between the disabled and the non - disabled children is good. Another important paradigm shift in this area was initiated with the thinking that any difficulty that a child exhibited in learning was to be attributed not to a problem within the child, but to the school system. The organization and management of schools and the various programmes of teaching and interventions could also be one of the causes of children's learning difficulties. The new whole school policy is also referred to as the social or environmental model and rests on the theory that the child is a product of his/her experiences and the interventions the child has with various environments that impinge upon him/her. Thus to a great extent a child's growth and development depends upon this.

Education in DPEP

IED was formally added in DPEP in 1997. By 1998, many DPEP states had conducted surveys, assessment camps and evolved strategies to provide resource support to those children with special needs who were enrolled in DPEP schools. This policy dictated the philosophy of inclusive education in DPEP. Moreover, DPEP

also addressed core issues related to curriculum such as what factors limit the access of certain children to curriculum; what modifications are necessary to ensure fuller curriculum access. Thus, with its child - centered pedagogy, DPEP set a stage where children with special needs could be provided learning opportunities tailored to their needs. The IED guidelines in DPEP clearly mention that, "DPEP will fund interventions for IED of primary school going children with integrable and mild to moderate disabilities". Towards this end DPEP supported:

1. Community mobilization and early detection
2. In - service teacher training
3. Provision of resource support
4. Provision of educational aids and appliances
5. Removal of architectural barriers

IED was initially introduced in the states in a small way by taking one block/cluster as a pilot project in each DPEP district. From a few hundred blocks in 1998, IED is currently being implemented in 2014 blocks of 18 DPEP states. Ten states of Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu and Uttaranchal have upscaled the IED programme to all the blocks. DPEP estimates clearly showed that there were a large number of disabled children in the relevant age group. Gradually realization dawned that UPE could not be achieved unless children with special needs were also brought under the ambit of primary education. This led to more concrete planning and strategisation of providing resource support and remedial assistance to children with special needs. As the programme progressed many models of service delivery evolved with the sole aim of providing supportive learning environment to children with special needs. The thrust was on imparting quality education to all disabled children.

Constitutional and Legal Obligations and Policies

1. UN Convention on the Rights of the Child, 1989
2. UN Declaration on Education for All, 1990 (Jomtein Declaration)
3. UN Standard Rules on Equalization of Opportunities for Persons with Disabilities, 1993
4. The Salamanca Declaration, 1994
5. Article 45 and 93rd Amendment.
6. National Policy on Education, 1986- Future emphasis shall be on distance and open learning systems to provide opportunities and access to all the major target groups, especially the disadvantaged, viz., women, scheduled castes and scheduled tribes, the adult working class, and people serving in the far - flung remote areas.
7. Rehabilitation Council of India Act, 1992, Passed by Parliament in 1992- This Act makes it mandatory for every special teacher to be registered by the council and lays down that every child with disability had the right to be taught by a qualified teacher. In fact it provided punishment for those teachers who engaged in teaching children with special needs without a license.
8. Education Policy of Government of India, 1992 (Modified)
9. Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995- A composite Act covering all aspects, it mainly deals with education and employment.
10. National Trust Act (National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability), 1999

Being landmark legislation, this trust seeks to protect and promote the rights of persons who within the disability sector, have been even more marginalized than others. The salient features are:

1. First of its kind in the category of persons addressed
2. Recognition of range of independence in Skills, Daily Living and Financial Management
3. Protection - dominant, rather than autonomy - dominant
4. Local Level Committee - District Level Coverage
5. Decision making powers to Persons with Disabilities
6. Legal Guardianship - even for parents
7. Stake-holdership of Registered Organizations
8. Legality/ Responsibility linked to Bequests

Importance of the special system to disabilities

The Census 2001 states that there are 2.19 crore persons with disabilities in India, constituting 2.13 per cent of the total population. However, this data is keenly disputed, with alternative estimates invariably much higher than the official ones. Compared to Indian statistics, the population of persons living with disability in India's neighbors is substantially higher: 5 per cent in China, 5 per cent in Nepal and 4.9 per cent in Pakistan. In the most developed countries this number raises to 18 per cent (Australia), 14.2 per cent (United Kingdom) and 9 per cent (the United States). One WHO report states that ten per cent of the entire world's population live with disability (650 million) and that there are more people living with disability in India than in any other country. The tragedy is that the Census Commission failed to make any attempt to collect statistics on disability until 2001. The

assumption is simple: no census, no statistics, and no problem. And now with a 2.13 per cent estimate in the 2001 census, the contentious status of figures for disability raises a fundamental obstacle to framing and implementing effective policies throughout India. The Persons with Disabilities Act, 1995 (PWDA) addresses the issue of education for children with disability as an 'endeavor' to promote their integration within mainstream schools. The focus is not on building the capacity of people living with disabilities, but rather on helping them cope within the existing mainstream Status of disability laws in India. India is party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). It is mandated for all countries that the substantive rights and principles of the Convention should reflect on the relevant laws of the land. The aim of this policy brief is to create awareness among parliamentarians, and also to promote and encourage them to respond proactively to the issues related to the disability sector in India today. This document seems to effectively inform and assist our representative bodies in working to secure the rights of people living with disabilities at the appropriate policy levels. In a country where terms like disabled, physically/mentally challenged, handicapped, impaired are used interchangeably to address or refer to a person with disability, it is difficult to protect and affirm the rights and entitlements of persons with disabilities in government policy and laws. This can be easily sighted in all three relevant laws, which are heavily loaded with terms such as 'welfare' and 'endeavor', and aim to implement all objectives only 'within the economic capacity of state'. The principal reason for the inadequacies in existing policy can be attributed to the ambiguous approach of policy makers to disability. The existing law perceives a person with disability to have some sort of a 'deficit', in need of social

compensations from the government; Welfare based - people with disabilities are objects of state charity in need of medical treatment and social protection and Rights based - people with disabilities are citizens with rights, equally capable of claiming these rights and making autonomous decisions based on their free and informed consent as well as being active members of society. Participation of people with disabilities, prevention and early detection of the disabilities, employment, affirmative action, non discrimination, research and manpower, recognition of institutions for persons with severe disabilities, social security, etc. Here one clearly realizes that the ACT which is at the heart of all policies pertaining to persons with disabilities is itself conceptually flawed; to expect a Rights Based Policy from a Welfare Based Law is therefore misplaced. Of all people living with disability, 35.9 per cent belong to the 0 to 19 years age group, which in absolute terms amounts to 7 million young people. Across the subcontinent 90 per cent of India's 36 million children with physical and mental disabilities aged between 4-16 years are out of school.

There is also no synchronization between the ambitious dreams of Education for All - Sarva Siksha Abhiyan (SSA) - drawn up by the Ministry of Human Resource and Development, and the objective of integrated schooling outlined in the Persons with Disabilities Act, 1995. One more interesting case of social injustice through disability laws concerns people living with mental illness. The mental illness category has been officially recognized by the PWD Act. Yet, they are denied any employment quota: even free education is not accessible since mental illnesses are in most cases diagnosed after the age of 18, after which point free education is embargoed under PWDA. The definition of mental illness itself is loaded with concepts of illness and dysfunctionality more than functionality. The Mental Health Act, 1987,

Out of school rates for CWD are high in all states and CWD account for a higher proportion of all out of school children as overall attendance rates increase. The Government of India has enacted three important legislations for persons with disabilities viz.

1. Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which provides for education, employment, creation of a barrier free environment, social security, etc.

2. National Trust for Welfare of Persons with Autism, Cerebral palsy, Mental Retardation and Multiple Disability Act, 1999 has provisions for legal guardianship and creation of an enabling environment that will allow as much independent living as is possible.

3. Rehabilitation Council of India Act, 1992 deals with the development of manpower for provision of rehabilitation services. India has also both signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD). It came into force on 3 May 2008, and makes it obligatory on the part of the government to synchronize laws or legal provisions with the terms of the Convention. However, by not signing the optional protocol India has managed to safeguard itself in case of not fulfilling the commitments made under CRPD. The general principles of the Convention are: recognition of inherent worth and dignity; individual autonomy and independence; non discrimination; full and equal participation; respect and acceptance of human diversity; equality of opportunity; accessibility; equality for men and women, and respect for evolving the capacity of children with disabilities and their right to preserve their identities. Many of these principles appear in existing laws of disability, but the welfare based approach of the government presents major obstacles to all such concepts of empowerment. Besides the existing rights mentioned in the Acts, there are certain rights under the major

themes of life and liberty rights, equality of respect and opportunity, right to association and social participation, right to political participation, right to health and double discrimination in relation to children and women in disability referred to in the CRPD but not appropriately Incorporated within Indian disability laws). Lack of disabled-friendly infrastructure and tardy approach towards an inclusive education system forces India's disabled children stay out of school. A World Bank study points out that they are more vulnerable than those hailing from backward castes due to negative mindsets. Only one percent of funds under the Sarva Shiksha Abhiyan are spent on inclusive education; employment of people with disability fell from 43% in 1991 to 38% in 2002 despite strong economic growth; and negative attitudes towards the disabled persist.

According to some of the recent findings of a new World Bank report on disability in India, a lot needs to be done for India's 40-80 million persons with disability just to get them their basics rights. Low literacy, few jobs and widespread social stigma are making disabled people among the most excluded in India. At least one in 12 households includes a member with disability and children with disability are five times more likely to be out of school than Scheduled Caste or Scheduled Tribe (SC/ST) children, and if they stay in school they rarely progress beyond the primary level, leading ultimately to lower employment and incomes. Only around one percent of funds under the SSA are spent on inclusive education. And, the budget for educating children with mild to moderate disability in regular school settings has not increased commensurately since the focus on inclusive education began in the 1970s. Physical accessibility in buildings, transportation and services remain unavailable. Negative attitudes towards the disabled, even by their own families,

deter disabled people from taking active part in the family, community or workforce. Those suffering from mental illness or mental retardation face the worst stigma and are subject to severe social exclusion.

Statistical Data on Disability

During the 1981 census, the Technical Advisory Committee observed that the census was not an appropriate medium to canvass the question of disability. It was considered that the definitions of disabilities were too complex to be understood by the respondents and enumerators. However, an attempt was made to collect data whereby three categories of disabilities were collected. The census inquiry was severely limited to total definitions of disability and the results were found to be completely unsatisfactory. The Technical Advisory Committee of the 2001 census expressed apprehension about inclusion of disability related questions in the 2001 census due to prior experiences in 1981 along with the following:

1. Comparability of Census data with other surveys, including the National Sample Survey Organization (NSSO), which would create confusion

of disability issues included in the 2001 census were not readily available. In 1991, the NSSO, through the Department of Statistics, Ministry of Planning and Program Implementation conducted a sample survey of literacy and

Table -3

Sex and Location of Disabilities in India

Sex and Location of PWDs National Sample Survey 1991						
Sex	Urban	%	Rural	%	Total	%
Male	4,950	21.8	17,737	78.2	22,687	58.5
Female	3,473	21.6	12,628	78.4	16,101	41.5

2. Sensitivity is major constraint
3. Census Enumerators are technically unqualified to measure the extent/degree of disability
4. These questions may prove to be counter productive
5. Difficulty in evolving simple and comprehensible definition of disability
6. Difficulty in making respondent fully conversant about the nuances of the concept of disability
7. Attitude of the public to withhold such information as certain types of disabilities carry social stigma
8. Difficulty in distinguishing total disability with partial disability

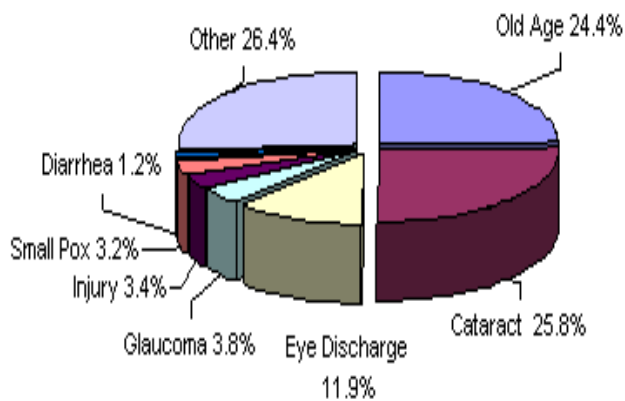
However, due to pressure from various NGO groups along with governmental agencies, including The Ministry of Social Justice and Empowerment, comprehensive questions on disability issues were included in the 2001 census. Measures were taken to help ensure that the collection of data on disability issues would be effective, including instructions for Enumerators, training and publicity. The results

disability related questions, published in Sarvekshana in the 47th round. Figures 3 highlight some of the findings.

Total	8,423	21.7	30,365	78.3	38,788	100.0
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Source: JICA Country Profile on disability, The Republic of India, 2002-Original
Source: SARVEKSHANA, 47th Round, NSSO

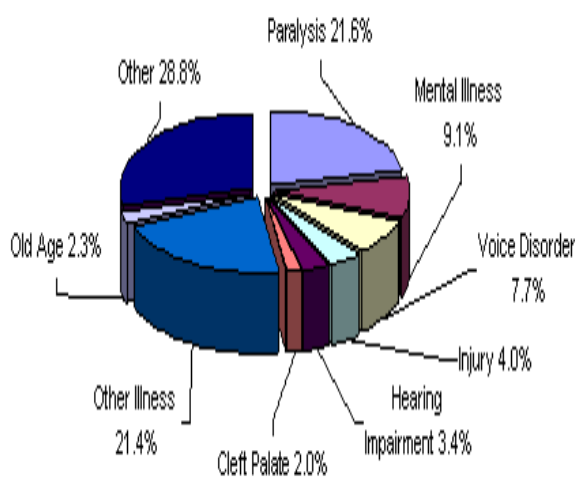
Figure -1
Causes of Visual Disability 1991 Sample Survey



Description

Source: JICA Country Profile on Disability, the Republic of India, 2002, original
Source: SARVEKSHANA, 47th Round NSSO (Per 1,000 distributions)

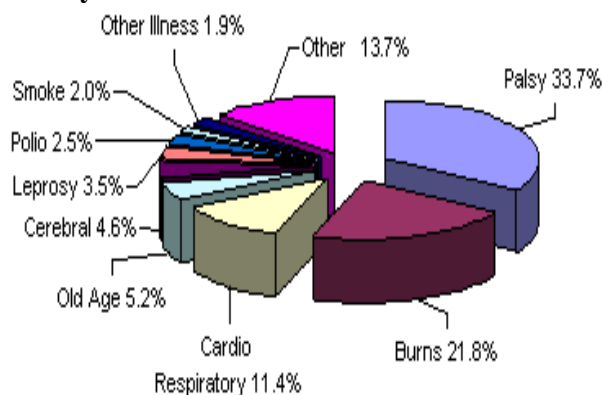
Figure -2
Causes of speech Disability 1991 Sample Survey



Description

Source: JICA Country Profile on Disability, the Republic of India, 2002, original
Source: SARVEKSHANA, 47th Round NSSO (Per 1,000 distributions of persons of age 5 years and above)

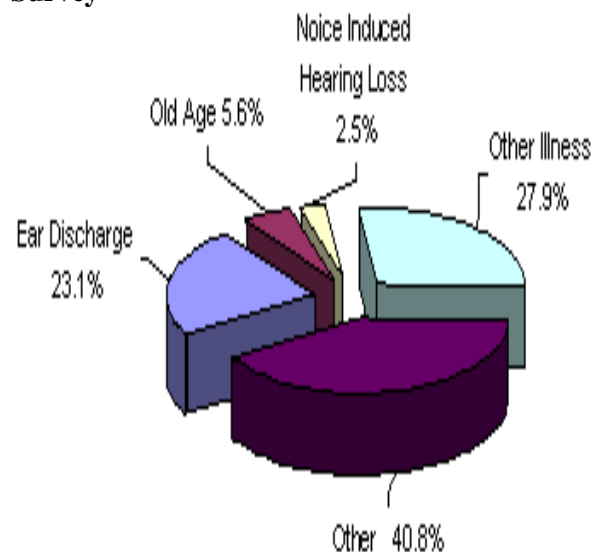
Figure -3
Causes of Locomotors Disability 1991 Sample Survey



Description

Source: JICA Country Profile on Disability, the Republic of India, 2002, original
Source: SARVEKSHANA, 47th Round NSSO (Per 1,000 distributions)

Figure -4
Causes of Hearing Disability 1991 Sample Survey



Description

Source: JICA Country Profile on Disability, the Republic of India, 2002, original
Source: SARVEKSHANA, 47th Round NSSO (Per 1,000 distributions)

Statistics do not accurately reflect the number of persons with disability. However, the 1991 round of the National Sample Survey revealed the following: It is estimated that people with visual, communication and loco-motor disabilities number at least 14.56 million, or 1.9% of the total population of India. This figure covers only people who are profoundly disabled and does not include moderate to mild disabilities such as in people with mental disabilities, deteriorating neuro-muscular

conditions, and those affected by leprosy. A separate sample survey on the incidence of Mental Retardation estimated that 3% of all children aged 0 to 14 are developmentally delayed; however this again includes learning disabilities. 5-10% of the general population of India is estimated to suffer mental disorders of varying types and degrees of severity. Village level surveys reveal that 4-10% of the population of the country constitutes persons with disability.

Problems and Possibilities

1. Almost every state has a Cerebral Palsy centre, but there is no national body to take up issues of the Cerebral Palsied.
2. There is a lack of awareness about Cerebral Palsy among the public. When there is a physical handicap, it is assumed that the child is mentally retarded. Many spastics have normal IQ.
3. You may not find doctors – general physicians and other specialists – giving you much hope. They might emphasize on the fact that “nothing can be done” medically. This may be true, as the child cannot be given the full use of the affected parts. But various therapies can help the child to manage the handicap. This aspect may not be always pointed out.
4. Some spastics with normal IQ, who have been put in special schools early enough, have managed their problem well enough to be integrated into normal schools.

Some special schools are today equipped with computers which require limited motor skills for operation. This has enhanced the possibilities of communication, education and acquisition of skills for a CP child.

Government Concessions

The Indian Government offers concessions, has an employment quota and gives other perks to handicapped persons. Spastics too are covered by these schemes. The person's degree of handicap has to be assessed at a government hospital or orthopedic centre. This certificate will have to be produced to avail of the concessions.

1. Travel Concessions
2. Educational Concessions
3. Concessions for Government Employees
4. Employment Opportunities

Travel Concessions

The Indian Railways offers a 75% waiver on ticket cost in all classes for the handicapped person and escort. Any special baggage like wheelchair or orthotic device is exempt from baggage fare. A copy of the handicap certificate issued by a government hospital has to be produced. Many state transport bus services offer a fifty- percent concession on fares for the handicapped person and escort. A handicapped person is exempt from the motor vehicles tax.

Educational Concessions

If they come under the integrated education programme they can avail of the books and stationery, uniform, escort, and aiding equipment allowances.

Concessions for Government Employees

Government employees, who are handicapped, or who have handicapped children, are allotted quarters on a preferential basis. They are also allowed to draw an educational allowance if they have a handicapped child.

Employment Opportunities

The Indian government reserves 3% of its jobs for handicapped people. There is a ten-year age relaxation for applying for these jobs. The National Handicapped Finance and Development Corporation, under the Union Ministry of Welfare, offer loans at concessional rates for the handicapped. The Department of

Telecommunications allots phone booth licenses on a preferential basis to handicapped people. The handicapped and their families can get tax deductions on Income.

Conclusion

In this discussion here one clearly realizes that the ACT which is at the heart of all policies pertaining to persons with disabilities is itself conceptually flawed; to expect a Rights Based Policy from a Welfare Based Law is therefore misplaced. Of all people living with disability, 35.9 per cent belong to the 0 to 19 years age group, which in absolute terms amounts to 7 million young people. The Sarva Shiksha Abhiyan (SSA) has made a concerted effort to promote the inclusion of children with special needs; the system faces challenges in identifying these children and responding to their needs. However, these Special schools have certain disadvantages which became evident as the number of these schools increased. These institutions are said to reach out to a very limited number of children, largely urban and they are not cost effective. But most important of all, these Special schools segregated CWSN from the mainstream, thus developing a specific disability culture

REFERENCES

SRI survey, 2005

AGRAWAL, S.P.AGGARWAL, J.C. (1991), Educational and social uplift of backward classes at what cost and how? Manual Commission and after, New Delhi.

ALTEKAR, A.S.(1975), Education in Ancient India. Varanasi

ANTONY SAMY, Father S.A (2004), Micro-Study on Mental Retardation and Cerebral Palsy in Talavadi, India.

BANJA, J.D.: Ethics, values and world culture: the impact on rehabilitation. In Disability and Rehabilitation Vol. 18, No. 6, S. 279-284

BHAGWANDIN, (1997), Mahatma: To the parents. Varanasi

BHATT, Usha,(1963), The physically handicapped in India, Bombay

BHAVE, Vinoba, (1981), Educational Ideas. In Tandon, Vishwanath (Ed): Selections from Vinoba. Varanasi, 238-269

BHAVE, Vinoba, (1996), Thoughts on education Translated from Hindi by Marjorie Sykes. Varanasi

BLUNT, E. (Ed), (1939), Social Service in India. London.

BORDIA, K.L.,(1992), Perspectives in Indian Education. New Delhi.

CHAUBE, S.P, (1965), a History of Education in India. Allahabad

CHAUBE, S.P. (1967), Recent Educational Philosophies in India Agra

CULSHAW, Murray, (1983), It will soon be dark the situation of the disabled in India; an introduction to the extent and variety of available services and to emerging trends and priorities for future work Delhi

DALAL, Ajit K.,(2003), Rehabilitation of people with disability in India. Search for alternative models. In: Zeitschrift Behinderung und Dritte Welt" 14. 65-69

DASAN, A.SSHENOY, Bhamy V. (Ed) :(1993), India. A people betrayed. An insight into India's Crises and Problems. Mysore

DEPARTMENT OF SOCIAL SECURITY, Government of India (Ed), (1967), towards a fuller life. Education and rehabilitation of the handicapped. Coimbatore

DESAI, Prakash N, (1988), Medical Ethics in India. In: "Journal for Medicine and Philosophy" 13 231-255

FERNANDES, Walter (Ed),(1993), The indigenous question: search for an identity. New Delhi

- GAJENDRAGADKAR, S.N. (Ed.), (1983), Disabled in India. Bombay
- GANDHI, Mohandas Karamchand,(1968), The Selected Works of Mahatma Gandhi Vol. IV. The Basic Works. Edited by Shriman Narayan. Ahmedabad
- GANDHI, Mohandas Karamchand, (1953) Towards New Education. Ahmedabad
23. GANDHI, Mohandas Karamchand, (1947) India of my dreams. Ahmedabad
- HANKS, J.R. HANKS, L.M, (1948), the physically handicapped in certain non-occidental societies. In Journal of Social Issues 11-20
- HEGARTY, S, ALUR, M. (Ed),(2002), Education & Children with Special Needs. New Delhi
- INSTITUTE OF SOCIAL SCIENCES (Ed), (1988), The situation of the handicapped in India. With special reference to Andra Pradesh, Bihar, Maharashtra, Tamil Nadu and West Bengal. Delhi
- JEYACHANDRAN, P,(1988),The effectiveness of Yogasana on the Mentally Retarded Presented at the First National Conference of the Indian Academy of Yoga. Bangalore 1981
- JEYACHANDRAN, P.: Teaching Yogasana to the Mentally Retarded Persons. Published by Vijay Human Services and Krishnamacharaya Yoga Mandiram. Madras
- JEYACHANDRAN, P, KRISHNASWAMY, Jaya: Community Based Rehabilitation Programme, its significance in services to persons with disabilities in India today - an approach. In Zeitsc.
- Antonovsky, A. (1987): Unraveling the Mystery of Health, San Francisco: Jossey-Bass.
- Antonovsky, A. (1991): The Structural Sources of Salutogenic Strengths, in C. L. Cooper & R. Payne (Eds.), Personality and Stress: Individual Differences in the Stress Process (pp. 67-104). Chichester, UK: Wiley.
- Audinarayana and J. Sheela (2002): Physical Disability among the Elderly in Tamil Nadu: Patterns, Differentials and Determinants, Health and Population - Perspectives and Issues, 25(1):26-37.
- Braithwaite, J. and D. Mont (2008): Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications, February 2008.
- Deaton, A. and C. Paxson (1998): Economies of Scale, Household Size, and the Demand for Food, Journal of Political Economy, 106 (5).
- Deaton, A. and C. Paxson (1995): Measuring Poverty among the Elderly, NBER Working Paper, and National Bureau of Economic Research, Inc.
- DFID (2000): Disability, Poverty and Development, Department for International Development, London www.dfid.gov.uk
- Durlauf, S. (2001): A Framework for the Study of Individual Behavior and Social Interactions, Sociological Methodology, 31: 47-87.
- Elwan, A. (1999) Poverty and Disability: A Survey of the Literature World Bank, Washington, USA
- Evans, G. (2004): The environment of childhood poverty. The American Psychologist, 59, 2, 77-92.
- Foster, J., J. Greer, and E. Thorbecke (1984): A Class of Decomposable Poverty Measures, Econometrica, 52:761-766.