

## CHAPTER - I

**DISABILITY**1.1 Introduction

Every nation has persons with disabilities ; physical or mental disability . Hence every nation has to deal with and face the issues relating to disabled persons . Development of the potentials of a disabled person , that is rehabilitation, is as much a psychological and social need of the individual as it is an economic necessity of the society. Disabled persons have to develop their potential abilities so that they do not become a burden to the society , family and themselves. Therefore it is the responsibilities of the disabled persons as well as of the society to undertake programmes for developing the potential abilities to the fullest extent possible so as to enable the disabled person to lead to a normal life .

Attitudes towards the disabled person have been changing since the beginning of mankind . Data is not available about what was being done with a disabled person in the pre-ancient period . But one can imagine that in the time , when 'survival of the fittest' was the most important philosophy of the human race, the disabled person was not being attended to at all . Data available from ancient period is indicative of attention paid towards the disabled person . This attention seems to be of mixed nature . Partly it was positive because attempt was being made to find out the causes of disability . ( Balodhi , 1985 ) and partly it was negative because society upheld the view that the disabled person should be kept away from the society . ( Bhat , 1985) .

In the medieval period the disabled person definitely drew more attention but it seems that the society itself was divided in its attitude towards the disabled person. While some continued to disown any responsibility towards the disabled person, some believed that the disabled person deserved at least compassion. ( Gearheart & Litton, 1975 )

Modern period has seen changes occurring at a much faster speed than in any period of the past. Medical sciences, humanity studies, education, science and technology have made mankind proud of itself. Economics has become an important binding force not only between persons of the same community but also the nations of the world. Including the disabled person in the economics of the society became inevitable for two reasons; the contributive potentials in a disabled person cannot be over looked by the society and secondly disabled persons started getting organised to raise their potentials. (Hammerman & Maikowski, 1981). Presently it can be understood that the disabled person has been fully accepted as equal partner of the society. ( Ministry of Welfare, Government of India, 1996 ).

### 1.2 Concept of disability

'Disability' and 'Handicap' are two terms used interchangeably. This causes more confusion. Therefore it is necessary to understand the concept of disability more clearly.

Disability refers to an interference of function and is therefore the more correctly used term because it indicates what the individual cannot do. It may be absolute, e.g. blindness, or more commonly, partial, e.g. stiffness and pain in joints following arthritis.

Disabilities can be scientifically assessed and classified in a number of different ways. They may be congenital or acquired. Congenital disabilities may either (a) originate in a genetic accident where the abnormality is present from the moment of conception or (b) arise from some damage caused to the infant during pregnancy or birth. Disabilities which are acquired during life are usually the result of illnesses or accidents.

The impact of all disabilities is connected with the age of that individual and many other circumstances of his/her life, their family and their own reaction to the disability.

Disability is defined by World Health Organisation as “In context of health experience, a disability is 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.” (Ward, 1987)

The General Assembly of the United Nations defines a disabled person as “a person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and / or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.” (Bhat, 1985)

On the other hand a handicap is the product of the disability and the reaction plus the limitation produced in the person in fulfilling a role that is normal for that individual. The role depends on the age, gender and social and cultural factors of the person.

### 1.3 Types of Disability

Disability varies in nature ; some are from the birth while some are acquired later in the life . Another way of looking at disability is by understanding whether it is static or progressive . Depending upon the cause , disability will be understood to be hereditary or developmental . However , the most acceptable and reasonable way of classifying disability is that of considering the faculties which are affected . Of course , disability in one faculty always has more or less some effect on the other faculties. So , when classifying disabilities , importance is given to the faculty which is predominately affected .

There are eight types of disability . They are as follows :

1. blindness
2. low vision
3. leprosy - cured
4. hearing impairment
5. locomotor disability
6. mental retardation
7. mental illness
8. cerebral palsy

The above terms have been defined in the Persons with Disabilities  
( Equal Opportunities , Protection of Rights and Full Participation ) Act , 1995

#### 1. Blindness

It refers to a condition where a person suffers from any of the following conditions :

- ( 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 degree or worse .

## 2. Low vision

Person with low vision means a person with impairment of visual functioning even 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 assistive device .

## 3. Leprosy - cured

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 his/her hands and feet to enable him/her to engage in normal economic activity

(iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation .

## 4. Hearing impairment

Hearing impairment means loss of hearing of sixty decibels or more in the better ear in the conversational range of frequencies .

## 5. Locomotor disability

Locomotor disability means disability of bones , joints or muscles leading to substantial restriction in the movement of the limbs or any form of cerebral palsy.

## 6. Mental retardation

Mental retardation means a condition of arrested or incomplete development of mind of a person which is specially characterised by subnormality of intelligence .

## 7. Mental illness

Mental illness means any mental disorder other than mental retardation .

## 8. Cerebral palsy

Cerebral palsy means a group of non-progressive conditions of a person characterised by abnormal motor control and posture resulting from brain insult or injuries occurring in the pre-natal , peri-natal or infant period of development .

( Ministry of Law , Justice and Company Affairs , Legislative Department , 1996 )

### 1.4 Implication of Disability

Disability refers to limitations . Thus disability will set limits on various aspects of the life of the disabled person . At the same time the condition of disability will make a demand on creating such services which will try to correct or minimise the limitations caused by the disability . Thus disability has two-fold implication ; individual related implications and service related implications .

Individual related implications refer to difficulties and limitations in connection with various aspects of life of the disabled person . Whereas service

related implications refer to demands for various services in the life of the disabled person .

#### 1.4.1 Individual Related Implications

Individual related implications refer to limitations in the context of following :

1. Housing and residential accommodation
2. Family and personal life
3. Social security
4. Mobility and access
5. Education
6. Aids and appliances
7. Employment
8. Economical stability
9. Leisure and sports
10. Culture and religion

( Townsend , 1979 and Ministry of Welfare - Government of India , 1996 )

#### 1.4.2 Service Related Implications

Service related implications refer to the needs in context of the following :

- 1) Medical centre

- 2) Rehabilitaticn therapy centre
- 3) Ealry intervøntion centre
- 4) Day care centre
- 5) Special school
- 6) Vocational training centre
- 7) Counselling, support and legal aid centre
- 8) Aids and appliances manufacturing unit
- 9) Professional development centre

( Davies B. M. , 1982 , Ministry of Welfare - Government of India , 1996 and Government of India , 1996 )

### 1.5 Disability and India

Institutional facilities for disabled persons in India can broadly be classified as Residential institutions , Early intervention centres , Day care centres , Special schools , Vocational training centres , Sheltered workshops , Special classes in normal schools , Special clinics or wards in hospitals , Teacher training centres , Parents association and Co-operative societies of disabled persons ( Metha , 1983 ) .

All types of disabilities are commonly found in India . Though services for the disabled persons have been in existence since Independence , clearer definitions of the various disabilities have become available only after the passing of Rehabilitation Council of India Act 1993 and The persons with Disabilities ( Equal Opportunities , Protection of Rights and Full participation ) Act 1995 .



Adoption of the Indian Constitution led the way to an era of education, employment and rehabilitation of disabled persons. Since the commencement of the planning process, rehabilitation of disabled persons has always formed an important part of the central sector of plans (Mehta, 1983). The first impetus for establishing institutions for disabled persons came from the grant-in-aid policy of the Government of India (Nimbkar, 1980).

The real impetus for establishing services for disabled persons was provided by the International Year for Disabled Persons, 1981. It created public awareness about the troubles of disabled persons. It also made disabled persons more aware of their rights. The concept of looking at the rehabilitation process changed. Rehabilitation is no more viewed as a process in which only the disabled person struggles to fit into a community of able persons. Instead it is viewed as a co-operative effort made by disabled persons as well as able persons to integrate disabled persons in community.

At present near about 8000 institutions are serving persons from different categories of disability in India. More than 80 percent of these institutions have been established by Non Government Organisations (N.G.Os.) (Maharashtra Times, 1996). Besides the various institutions established and run by the N.G.Os. there are important Government Institutions as well. These are as follows:

1. Ali Yawar Jung National Institute for Hearing Handicapped, Mumbai
2. All India Institute of Physical Medicine & Rehabilitation, Mumbai
3. Institute for the Physically Handicapped, New Delhi
4. National Centre for Information on Disability and Rehabilitation,  
New Delhi

5. National Institute for the Mentally Handicapped , Secunderabad
6. National Institute for Orthopaedically Handicapped , Calcutta
7. National Institute for Research and Training Rehabilitation ,  
Cuttack
8. National Institute for Visually Handicapped , Dehra Dun

Besides the above institutions there are Vocational Rehabilitation Centres (VRC) situated in capitals of all the states . There are District Rehabilitation Centres (DRC) in selected districts of the states .

#### 1.6 Disability and Maharashtra

Maharashtra is one of the industrially , economically , socially and culturally developed states of India . This developed status is true also in the field of social work and social welfare services for the benefits of the weaker sections of the society , including disabled persons . Maharashtra leads in making provisions of welfare and rehabilitation services for disabled persons . At present 355 institutions are serving different categories of disabled persons in Maharashtra . Out of which, the number of special schools for visually handicapped children is 46 and the number of beneficiaries in these school is 1585 . Special schools for children with hearing handicap is 144 and the number of beneficiaries in these school is 4778 . Special schools for the physically handicapped children are 77 and the number of beneficiaries in these schools is 4375 . Special schools for the mentally retarded children are 88 and the number of beneficiaries is 5205 . Yet only 2 percent of the total disabled persons in

Maharashtra are enrolled in special schools (Choudhri , 1997) . Majority of the institutions are run by N.G.O s. Most of these institutions are located in Mumbai , Pune , Nagpur , Solapur , Aurangabad , Nashik and Amaravati .

The efforts of the N.G.Os. is adequately complimented by the Government of Maharashtra through its Department of Social Welfare . It support the following schemes :

1. Government Institutions

These institutions provide services such as residential facility , education , vocational training , employment and rehabilitation counseling . All facilities are provided without charging any fee .

2. Counselling and Guidance Centre for disabled persons at district level .

3. Assistance to Non Government Organisations

Under this scheme 100% grant is given to N.G.Os. for the building rent and salaries of staff . The amount of non-salary grant is given for the purchase of infrastructural facility . N.G.Os. provide services such as Integrated education , Day Care Centre , Special schools ( residential and non-residential ) , Vocational Training Centre and Sheltered workshops . Under these schemes at least one service is established in each Tehsil .

4. Assistance to disabled persons for purchase / fitting of aids and appliances .

5. Reservation of posts for persons with disability at the time appointment to vacant posts .

6. Scholarships .

7. Assistance for capital to start new business .
8. State awards for best disabled employee and best employer of the disabled .
9. Deputing untrained special teachers for training .
10. Bus pass concession for disabled persons and their escorts .
11. Profession Tax concessions for parents of disabled persons .
12. Appointment of disabled persons as a nominee for personal pension.  
( Government of Maharashtra , 1995 ).

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