

SOCIAL ACTION

A Quarterly Review of Social Trends

ABILITIES OF PERSONS WITH DISABILITIES

- **‘Moving Towards Inclusion’: Disability, Diversity and Deprivation**
G. C. Pal
- **Disability, Human Rights and Pandemic in India**
Durga Prasad Chhetri, Mary Bal & Manisha Thami
- **Transforming Disabilities into Employability in Indian Labour Market: Challenges and Measures towards Building a Fully Inclusive Society**
Minaketan Behera & Preksha Dassani
- **Ailing Disability Employment in India: Evidence from Census and NSS**
Baikunth Roy
- **Intersectionality of Disability, Gender and Tribal Society: A Sociological Analysis**
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- **Disability, Gender and the Trajectories of Mental Health**
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- **Ableism- A Critical Analysis**
Sameer Chaturvedi

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SOCIAL ACTION

Themes for forthcoming issues

The Social Impact of COVID-19 Pandemic January-March 2021

(Last date to receive articles : 15 November 2020)

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Editorial

ABILITIES OF PERSONS WITH DISABILITIES

There is a growing awareness globally about the rights of persons with disabilities (PwDs) after nearly two centuries of struggle by PwDs. Organizations by and for PwDs are known to have existed in different countries as early as the 1800s. However, the issues of PwDs were made more prominent in the 1900s. In the United States, the League of the Physically Handicapped began demanding employment during the Great Depression of the 1930s. In the 1940s, psychiatric patients came together to form "We are not Alone". In 1950, the National Association for Retarded Children (NARC) was formed by thousands of members, who were mostly parents of handicapped children. Several organisations of disability activists started a social movement called Disability Rights Movement to secure equal opportunities and equal rights for PwDs so that they are able to live their lives like other citizens. Their key demands include accessibility and safety in architecture, transportation and physical environment; equal opportunities for independent living, employment, education and housing; and freedom from discrimination, abuse and neglect. As the awareness of the reality of disability grew across the globe, there has been greater efforts made to ensure that PwDs are able to live a dignified life by addressing disability discrimination, guaranteeing disability rights and ensuring affirmative action for their benefit. At the international level, the United Nations announced 1982-1993 as 'The Decade of Disabled Persons', which brought to the fore the issues of PwDs and led to several measures taken by many countries in the world for the welfare of PwDs. On 13th December, 2006, the United Nations codified the rights of PwDs in the Convention on the Rights of Persons with Disabilities (CRPD) at the UN Headquarters in New York. This convention came into force on 3rd May, 2008, and it has been signed by 114 countries, including India. The CRPD attempts to change the attitudes towards PwDs from being treated as "objects" of charity, medical treatment and social protection to being regarded as "subjects" with rights, capable of making decisions for their lives and being active members of society. It reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

It is estimated that around 15 per cent of the world's population or an estimated one billion people live with some form of disability. According

to Census 2011, 26.8 million people or 2.21 per cent of the population of India suffer from some form of disability. In India, the struggle of the rights of people with disabilities began in the 1970s, which gathered momentum in the 1980s. At that time, the people who suffered from any kind of disability were treated as outcasts and were looked down upon. Many Non-Governmental Organisations (NGOs) and social activists across the country were running centres for persons of a particular disability with foreign funds or donations from economically well-off sections of society. In 1986, the Rehabilitation Council of India was set up for the rehabilitation of PwDs. The following year, the Mental Health Act 1987 was enacted to regulate the mental health institutions in India. It was only in 1995, that the Government passed the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Act, commonly known as the PwD Act 1995, which reserved three per cent of government posts for PwDs. This law gave visibility to PwDs in educational institutions and government services. However, in the light of India's ratification of the UN Convention on the Rights of Persons with Disabilities on 1st October, 2007, there was a demand to update the PwD Act 1995 and increase the reservation for PwDs. Finally, the Government passed the Rights of Persons with Disabilities Act 2016, commonly called RPwD Act 2016, which expanded disability to 21 categories, increased reservation for PwDs in government jobs to 5 per cent and stressed on creating a friendly workplace environment for employees with disabilities. The implementation of this legal framework for guaranteeing the rights of PwDs as well as greater social awareness on issues of disability will go a long way to ensure social inclusion of marginalised sections of society, such as PwDs.

This issue of Social Action seeks to highlight the issues of PwDs and recognise the abilities of PwDs, who are contributing to society through various services they provide in different spheres of life in spite of the insurmountable challenges they face in their lives. In his article "Moving Towards Inclusion: Disability, Diversity and Deprivation", G.C. Pal attempts to shed light on the specific problems that PwDs encounter in the domains of human development, access to public support services and emotional well-being. He argues that social policies and interventions on disability should shape the social roles of PwDs with reasonable accommodation for their greater social inclusion. The article by Durga P. Chhetri, Mary Bal and Manisha Thami titled "Disability, Human Rights and Pandemic in India" brings together the discussions on disability and human rights in the context of the COVID-19 pandemic in India and highlights the problems faced by PwDs during the pandemic. The authors have

argued that existing national policies and social security measures have low coverage of PwDs and have failed to provide benefits to them during the pandemic. The article on "Transforming Disabilities into Employability in Indian Labour Market: Challenges and Measures towards Building a Fully Inclusive Society" by Minaketan Behera and Preksha Dassani discusses the status of employment of PwDs and the barriers that refrain them from entering the labour market. The authors try to analyse the initiatives taken by the Government and calls for greater provisioning of social protection and affirmative action in order to create a more inclusive society. The article "Ailing Disability Employment in India: Evidence from Census and NSS" by Baikunth Roy is a systematic analysis of employment status of PwDs. His analysis reveals that disability employment has fallen over time and there is a growing informalisation in the disability sector. He suggests that a greater understanding of the economic experiences of PwDs will help improve their quality of life socially and economically. Gomati B. Hembrom's article on "Intersectionality of Disability, Gender and Tribal Society: A Sociological Analysis" dwells on aspects of social exclusion, dependency and gender stereotyping among disabled tribal women. The article on "Disability, Gender and the Trajectories of Mental Health" by Meenu Anand attempts to address the impact of disability on the sense of self and well-being of women from a mental health perspective by suggesting strategies for fostering an enabling environment for women with disabilities. The article by Sameer Chaturvedi titled "Ableism - A Critical Analysis" presents various understandings of disability and different models of disability that have emerged from disability studies. Using Studies in Able-ism, the author particularly analyses the position of both women with and without disabilities.

The articles add to the body of knowledge on disability and highlights the socio-economic situation of PwDs in India. It is hoped that policy makers and other stakeholders may be able to ensure that all the policies and legislative frameworks that protect the rights of PwDs help in ensuring that all PwDs are able to live a life of dignity and are given ample opportunities to contribute to society and the economy to the best of their abilities.

Denzil Fernandes

‘MOVING TOWARDS INCLUSION’: DISABILITY, DIVERSITY AND DEPRIVATION

G. C. Pal*

Abstract

Disability, as a condition of individuals, unquestionably increases the vulnerability to many disadvantages. Although persons with disabilities have some common problems due to the ‘limitations in functionality’, they do not constitute a homogeneous group. Deprivation and disadvantages that persons with different types of disabilities face are qualitatively different. These are sometimes accentuated by the interplay of other socially dominant identities like gender, caste, class, etc. Fulfilling the basic rights of persons with different types of disabilities and addressing their diverse needs in an equitable manner remains a critical issue. Many social policies on disability however consider persons with disabilities as one among other socially marginalized sections. The issues of multidimensionality and diversity in the context of disability have been overlooked. There has also been a dearth of systematic studies on vulnerabilities and deprivation of persons with different types of disabilities from a comparative perspective. This paper draws evidence from the latest macro level official data on disability and other academic studies to shed light on specific problems that the persons with different types of disabilities encounter in the domains of human development, access to public support services and emotional well-being. The paper argues that social policies and interventions on disability should shape the social roles of persons with different types of disabilities with a ‘reasonable accommodation’ in the course of ‘moving towards inclusion’ of the most disadvantaged section of society.

Key words: Disability, diversity, intersectionality, vulnerabilities, support services, inclusion

Introduction

Disability emancipates from three major impairments - physical, sensory and mental. It is further classified into different categories based on the nature of impairments. Each type of disability induces certain changes in the person’s functional skills. Besides specific type of disability, people

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also suffer from multiple disabilities. Another reality is that persons with disabilities have diverse abilities on a continuum. Accordingly, they have diverse needs and problems as those of any segment of the community. Numerous evidences have also shown that social processes systematically deprive the disabled population of basic rights and opportunities, creating diverse experiences and problems. Interaction of disability with other socially dominant identities such as gender, caste, and class also strongly reinforce underlying disadvantages (Pal, 2011, 2018). This results in significant negative consequences in life and increase manifold the vulnerability and susceptibility to all forms of social neglect and deprivation of opportunities to access socially valued resources. Persons with disabilities, thus do not constitute a homogeneous group.

In view of diverse impairments and widely varying functional limitations and vulnerabilities, any given legislative action and social policies may not meet the needs of all persons with disabilities. It is critical that development policies consider disability issues from a socially critical perspective. From a human rights perspective, an understanding of varied life conditions and disadvantages of persons with different types of disabilities would enable to address the issues of rights and justice together, and also design a reasonably accommodative framework for inclusiveness. Over the years, although numerous studies in social science have been undertaken on the issue of disability, many consider disability as a social category to highlight the general problems and challenges in different spheres of life. There are disability-specific studies, which seek to understand the problems and needs of one disabled group, and highlights policy directions and possible intervention measures. The issues of multidimensionality and diversity in the context of disability have been a neglected issue. There has been a dearth of systematic studies on vulnerabilities of persons with different types of disabilities to deprivation of rights and public services from a comparative perspective.

This paper examines the variations in the magnitude of disability, underlying causes, educational status, participation in economic activities, social life and living conditions, access to support services, and affective aspects across disability types. The evidence is drawn primarily from the macro level data provided by the latest National Sample Survey (NSS), 2018, although data on disability available from two official sources - the Census and NSS, for earlier years are considered as reference points to understand the changing patterns in the prevalence of different types of disabilities, in particular. It may be mentioned that the NSS data on disability as

compared to the Census data, provides a wide range of information on persons with disabilities and their socio-economic conditions. As Mitra and Sambamoorthi (2006) puts it, ‘the general definition of disability in the NSS acts as a screen leading to disability type questions, whereas there is no general definition or screen for disability in the Census’. For the purpose of analysis, unit level data on various indicators provided by the NSS 2018 are extracted with a specific focus on type of disability, to address specific objectives. The analysis also considers limited information sources comprising of official documents and academic studies with regard to types of disabilities. The key findings are discussed in following sections.

Magnitude of Disability: Diverse Estimates and Changing Patterns

The estimates of magnitude of disability in India considerably vary. This is mainly attributed to the definitions used in measuring each type of disability. The official estimates provide invariable lower prevalence rate of disability than other alternative estimates based on more inclusive definitions. The official figures, considered to be a gross underestimation of disabled population, however, provides better estimates of most vulnerable persons with disabilities. Even between the two official estimates of disability, there are variations due to the difference in coverage, study design and definitions used in measuring each type of disability (Pal, 2010). The Census provides relatively higher estimates of persons with disabilities than the NSS. For example, while the Census 2001 estimates the disability figure as 2.13 per cent of the total population, the NSS 2002 estimates it as 1.85 per cent. This gap has however reduced over the years— the Census 2011 showing the figure of 2.21 per cent and the NSS 2018 showing it as 2.19 per cent.

The prevalence rate of disability considerably varies by sector, gender and social groups. According to the Census 2011 data, the percentage of persons with disabilities to total population is 2.24 per cent in rural areas and 2.17 per cent in urban areas. The rural-urban difference shows a decline over a decade, mainly due to higher growth in the prevalence rate of disability in urban areas, which is more than three times higher than rural areas. Consistently, the latest NSS 2018 data also reveals a rural-urban difference of .02 percentage points. The gender difference shows considerably higher prevalence of disability among males than females. Unlike rural-urban difference, there has not been any noticeable change in the gender gap over the years. The prevalence of disability across social groups indicates the highest rate among scheduled castes (SCs) (2.42), followed by other

backward classes (OBC) (2.16), 'others' (2.11), and the lowest among scheduled tribes (STs) (2.06) (NSS, 2018). The differentials in prevalence rate of disability are also observed across states. The states like Andhra Pradesh, Odisha, Maharashtra, Sikkim, and Jammu and Kashmir have relatively higher prevalence rate, whereas the states like Assam, Gujarat, Tamil Nadu, Uttarakhand, and Uttar Pradesh have a lower prevalence rate.

The issue of specific focus is that the magnitudes of different types of disabilities and its underlying cause dynamics show wide variations. According to the Census 2011, among the total disabled population, the persons with locomotor disability constituted the highest proportion (20.3 per cent), followed by persons with hearing disability (18.9 per cent), visual disability (18.8 per cent), and the persons with speech disability constitute the lowest proportion (7.5 per cent). Persons with mental disabilities constitute 8.3 per cent {5.6 per cent for persons with mental retardation (MR) and 2.7 per cent with mental illness (MI)}. It must be noted that 'any other' category of disability forms a considerably large proportion (18.4 per cent). As mentioned earlier, the Census and NSS provide different estimates. Although the latest NSS data provides a similar pattern for different types of disabilities, the proportion of disabled population under each category of disability considerably varies from the estimates of Census 2011. According to the NSS data, it is distinctively higher for locomotor disability. The visual, speech and mental disabilities shows higher prevalence rate than the hearing and 'other' disabilities. The prevalence rates of locomotor, hearing, speech, and severe mental disabilities are relatively higher among males than females whereas mental illness is higher among females. The intersection of disability types with social identities reveals that the prevalence of locomotor, speech and hearing disabilities are marginally higher among SCs and STs, than the 'other' social groups, but reverse is true for the mental disability.

It is a fact that some people are born with disability and some acquire it later. The NSS data reveals that the highest rate of disability occurs at birth or shortly after, and again in the old age. About one-third of the total disabled persons are born with disability. Incidence of disability by birth is relatively higher among persons with speech and mental disabilities. Although the age at the onset of each disability broadly reflects on different structure of causes, there are important disability-specific causes. Irrespective of types of disability, a majority of the disability cases are caused by communicable and non-communicable diseases and injuries from accidents. However, recognition of more fundamental causes of each disability is critical in

planning any strategies to overcome the consequences of disability. As found, polio and other mixed set of health factors such as burns or injury are most important causes of locomotor disability, old age of visual disability, illness and disease and old age of hearing disability, and illness and disease for speech disability. While illness and disease are important causes of mental disability, the mention of the 'unknown factor' in a large majority of cases, indicates major knowledge gaps on the causes of mental disability.

It is not the disability as such that restricts functional capability of the individual but the extent of disability as an individual has the ability to take self-care and rely on aids and appliances. This is classified into three categories— (i) not able to take self-care even with aid or appliance; (ii) able to take self-care with only aid or appliance; (iii) can take self-care without aid or appliance. According to the NSS data, a majority of persons with disability is able to take self-care without aid or appliance. Nearly one-fifth can take care of self only with the help of aid or appliances. Thus, a small percentage cannot take self-care even with aid or appliance, indicating a full dependence on others in day to day life functions. The extent of disability among persons with different types of disability reveals that the highest percentage of persons with mental disability is in the disadvantaged position - cannot take self-care even with aid or appliances. Relatively higher percentage of persons with hearing disability is in a similar position compared with other disability types. On the other hand, the highest percentage of persons with locomotor disability can take self-care without aid or appliance. The extent of disability, as a matter of fact, has greater implications for educational, work and social participation, and other rehabilitation programmes and support services. In the following sections, an attempt is made to examine the educational status, work participation, living conditions and access to support services with specific reference to persons with different types of disabilities.

Access to Education across Disability Types

Education to a great extent can minimize the impact of disability on livelihood. It is offered to children with disabilities through two service models - special and integrated. But, with limited scope for special educational facilities in rural India, many of the children with disabilities are deprived of education. The integrated education in mainstream schools is provided by default, and has not been able to retain many children for various reasons. According to the latest NSS data, about half of the persons with disabilities are non-literate (Table 1). This means formal education is out of reach for a large majority of children with disabilities. Among the

persons with disabilities those who have been privileged to attend school at all, for many of them, this comes to an end either before or after primary level. According to the World Bank Report (World Bank, 2007), the average rate of out-of-school children with disabilities is five and half times the rate for all children. Data shows that only about 11 per cent attend middle level, eight per cent secondary level and five per cent higher secondary level. Only three per cent reach up to graduation level whereas one per cent reach up to postgraduate level (Table 1).

Table 1: Education Status of Persons with Different Types of Disabilities

Education Status	Locomotor	Visual	Hearing	Speech	MR	MI	Other	Total
Non-literate	44.6	62.6	57.3	56.8	69.3	49.6	34	49.1
Literate without formal Education	0.79	0.72	0.79	0.73	0.87	0.54	0.9	0.8
Below Primary	22.4	18.6	22.1	26	20.2	22.7	28.2	22.5
Middle	11.7	7.6	8.3	7.5	5.6	12.8	13.6	10.6
Secondary	9.1	5.3	6	5.2	2.4	7.1	8.6	7.8
Higher Secondary	5.7	2.6	2.6	2.2	1.1	4.2	6.6	4.6
Diploma	0.7	0.3	0.4	0.4	0.1	0.5	0.7	0.5
Graduate	4	1.8	2	1	0.5	2.3	6	3.1
Postgraduate & >	1.21	0.5	0.51	0.21	0.08	0.35	1.51	0.9

Source: NSS data, 76th Round, 2018

The illiteracy level is the highest among persons with severe mental disability (69 per cent), followed persons with visual disability (63 per cent), hearing disability (57 per cent), speech disability (57 per cent), mental illness (50 percent), persons with locomotor disability (45 per cent) and the lowest is among ‘other category’ (34 per cent). There is not much difference among those attending primary classes across disability types, but further educational mobility shows a different picture. The highest proportion of persons under ‘other category’ of disability complete school education (6.6 per cent), followed by persons with locomotor disability (5.7 per cent) and mental illness (4.2 per cent). Among the persons with visual, hearing and speech disabilities, less than three per cent complete school education whereas it is only about one per cent for severe mental disability.

A similar pattern is observed at higher education level.

The reasons for non-enrolment indicate that 'disability condition' causes non-enrolment for 28 per cent. The highest percentage of children with disabilities (31 per cent) do not enroll due to school-related factors like lack of special schools and school distance. While about nine per cent children do not show interest in education, seven per cent children do not enroll for economic reasons, and about four per cent due to engagement in household work. About 15 per cent are not able to specify the reasons for non-enrolment, suggesting the role of many affective factors associated with disability that play a significant role in the schooling of children with disabilities.

The highest percentage of persons with severe mental disability (52 per cent) do not enroll due to 'disability condition', followed by persons with speech disability (39 per cent), mental illness (37 per cent), visual disability (33 per cent), hearing disability (26 per cent); and the lowest for locomotor disability (21 per cent). A little higher than one-third of persons with hearing, speech and visual disabilities hold school-related factors responsible for non-enrolment, compared with locomotor disability (30 per cent), severe mental disability (31 per cent) and mental illness (27 per cent). Considerably higher percentage of persons with hearing disability (11 per cent) hold economic factors responsible for their non-enrolment, compared to other types of disabilities (6 per cent each for persons with locomotor, visual and speech disabilities; and 4 per cent for persons with mental disability). The highest percentage of persons with locomotor disability do not enroll due to lack of interest in education (10 per cent), participation in housework (5 per cent), and other non-specific reasons (18 per cent).

The non-enrolment can also be linked to the lack of access to pre-school interventions. The data also suggests that pre-school intervention is available to children with disability only on a limited scale, particularly in rural areas. Another critical issue is that with limited access to general education, the opportunity for vocational education or training, as a priority area for self-reliance, is restricted. Data shows that less than one per cent of persons with disabilities complete a diploma course. Professional courses also remain more 'closed' to persons with disabilities. Another issue is that when only about three per cent of disabled population reaches graduation level and another one per cent reaches post-graduation level, the relevance of affirmative action policy in education and employment sectors is abridged. These deprive work opportunities to realize a better livelihood.

Work Status across Disability Types

As mentioned earlier, a large majority of persons with disabilities are capable of taking self-care with and without aids or appliances. They are thus capable of and available for work. But, data shows participation of persons with disabilities in economic activities is abysmally low (Table 2). About 38 per cent are unable to work due to disability. Only about one-fourth of the working aged (15 years and above) disabled persons are engaged in some sorts of economic activities. About 11 per cent work in household enterprises (self-employed) whereas about six per cent work as casual wage workers, less than three per cent contribute to family economy as unpaid worker in household enterprises, and another three per cent as salaried or wage employees. Even the minority of disabled persons who do find work do so only irregularly and for limited periods of time (Klasing, 2007). While about 10 per cent add to family income through different forms of allowances, another seven per cent are engaged in socially uninvited work like begging, prostituting, etc.

Table 2: Work Status of Persons with Different Types of Disabilities (15 Years Above)

Work Status	Locomotor	Visual	Hearing	Speech	MR	MI	Other	Total
Work in households enterprise (self-employed)	12.1	6.2	12.1	7.8	0.9	3.4	7.4	10.7
Employer	0.5	0.3	0.5	0.3	0	0.2	0.5	0.4
As unpaid worker in households enterprise	2.1	1.3	4	5.3	2	1.9	3.5	2.5
Salaried/ wage employee	4.3	1.4	2.3	2.6	0.52	0.95	3.4	3.4
Casual wage labour in public work	0.3	0.3	0.5	0.5	0.1	0.3	0.2	0.3
Casual wage labour in other types of work	5	2.4	8.7	9.8	2.1	3.4	5.8	5.4
Domestic duties only	13.7	12.1	17.2	14.3	5.7	10.6	11.1	13.9
Domestic duties-collection	3.9	3.3	7	5.1	1.6	2.4	3.6	4.3
Others (mainly socially uninvited work)	6.3	9.6	9.1	5	6.5	6.7	5	6.8
Unable to work due to disability	37.5	47.6	21	34.1	69	62.2	41.9	37.8

Source: NSS data, 76th Round, 2018

Note: The remaining proportion of the total persons with disabilities under each category includes those who are seeking work or are available for work, attending educational institutions, and rentiers/pensioners/remittance recipients, etc.

It may be noted that although the Persons with Disability Act, 1995, makes provision for a private sector incentives policy with a target of 5 per cent of the private sector workforce being persons with disabilities, similar to affirmative action policy in public sector, the effects of these policies are not visible. As found, employment of persons with disabilities among large private firms has been less than one per cent of their workforce and this has been even worse in multinational firms (World Bank, 2007).

The overall pattern of disability-specific work status (Table 2) reveals that the highest percentage of persons with hearing disability are engaged in some forms of economic activities, followed by persons with speech, locomotor, visual and mental disabilities. Among the persons with visual disabilities, the proportion of persons engaged in domestic duties is even higher than other economic activities. Considerably, higher percentage of persons with locomotor and hearing disabilities work in household enterprise as self-employed. The highest percentage of persons with locomotor disability works as salaried or wage employee. There is a severe problem of low participation in the salaried employment among persons with visual and mental disabilities. Engagement in casual wage labour is disproportionately higher among persons with speech and hearing disabilities. Relatively higher percentage of persons with visual and hearing disabilities are engaged in socially uninvited work. Distinctively higher percentage of persons with mental disabilities are unable to work due to disability. A large proportion of persons with visual disability also face similar problems, whereas relatively lower percentage of persons with locomotor, speech and hearing disabilities are unable to work.

The work status of persons with disabilities across social groups indicates that it is dismally low among socially disadvantaged sections like SCs and STs. This is true across types of disability. As found, the proportion of self-employed and unpaid workers is higher among STs compared to other social groups. While the highest proportion of persons with disabilities among SC works as casual wage labourers; among upper caste, it is salaried or wage employee. Higher percentage of persons with disabilities among SCs and STs are engaged in socially uninvited work. As Klasing (2007) reports about three-fourth of disabled beggars come from SC and ST

communities.

The cumulative effects of lower education level and engagement in economic activities result in poor living standards among persons with disabilities. Mishra and Gupta (2006) measured the deprivation suffered by persons with different types of disabilities through the 'disability index' calculated based on education status, skill development and employment (economic activities) those that affect the conditions of the disabled persons. Higher disability index value indicates higher deprivation. The disability index is found to be the highest for the mentally retarded (92.9), followed by persons with visual disability (86.5), and lowest for locomotor disabled (75.5). There is little difference in the disability index values for locomotor, speech and hearing disabilities.

Social Life and Living Conditions

From the above discussion, it is clear that personal limitations of persons with disabilities coupled with deprivation of resources depreciate the overall socio-economic conditions. But the fulfillment of needs for interpersonal relationships and belongingness can promote a sense of positive emotional well-being. Social life of adults with disabilities reveals that, nearly half of them are never married. A higher proportion of females than males with disabilities get married, perhaps because of the strong social compulsion. But, this is very much in contrast to the idea that females with disabilities are less likely to get married because of cultural constructions of attractiveness that go against them when they seek partners (Mohit, Pillai and Rungta, 2006). Interestingly, slightly higher percentage of males and females with disabilities from higher caste/class remain unmarried. Poor parents from socially disadvantaged groups like SCs and STs perhaps make a number of compromises or compensated arrangement in the marriage process which may include selection of older men, widowers, divorced, men with chronic disease, etc.; despite the fact that it is likely to make the women suffer physical and psychological domestic abuse, sometimes even desertion (Klasing, 2007). Consistent with this, a large proportion of marriages of females with disabilities do not last long, resulting in higher rate of widowhood, separation and divorce (World Bank, 2007).

Data reveals that a considerably higher percentage of persons with disabilities live with their parents and family members in the quest for social security. About 40 per cent live with family members including spouse, 29 per cent with parents without spouse, 15 per cent with their children, eight per cent with spouse only, five per cent with other relatives, three per

cent alone and one per cent alone in institutional set up. Further, higher percentage of persons with disabilities lives with parents and children in rural areas than urban areas, and in lower caste/class families. Relatively higher percentage of persons with visual disability live alone, followed by hearing disability. The living conditions of persons with disabilities thus reflect higher family support despite adverse living conditions.

Access to Support Services across Disability Types

Evidence shows that a majority of persons with disabilities are caught in a vicious cycle of poverty and disability (DFID, 2000). While poverty sometimes causes disability, disability condition of a member often accentuates poverty under the circumstances when limited family resources are stretched to cover the usual costs of living, meet the extra costs of additional support, and disposal of other human resources in the family in the process of 'caring' for the disabled member. It is even estimated that the lives of at least four members of the immediate family are directly affected for every disabled person (Krishna, Dutt, and Rao, 2001). In this context, better accessibility to support services has greater implications for overall well-being of persons with disabilities. There are provisions of free as well as subsidised aids and appliances for different types of disabled persons under various schemes. But the benefits are far from reach of a large proportion of persons with disabilities. Data reveals that more than three-fourths of persons with disabilities do not receive any aid from any sources (Table 3). Government disability pension is the only aid or help which is received by about 13 per cent of the disabled population. Other types of government aid or helps are received by less than two per cent.

Table 3: Percentage of Persons with Disability Receiving Different Types of Aid-helps

Type of Aid-helps	Lo-comotor	Visual	Hearing	Speech	MR	MI	Other	Total
Govt. training	0.4	0.6	0.9	1.6	2.1	0.1	0.5	0.6
Govt. appli-ances	2.2	2.5	2.9	1.9	0.9	0.3	0.8	1.9
Govt. aid-helps	1.7	2.1	2.1	1.5	1.7	1.1	2	1.7
Govt. correc-tive surgery	0.5	1	0.2	0.3	0.2	0.1	0.4	0.5
Govt. treatment	1.8	1.7	1.2	1.7	2.2	2.8	8.1	1.9
Govt. disability pension	13.6	12.4	10.8	19.8	23.3	9.3	5.1	13.2

Type of Aid-helps	Locomotor	Visual	Hearing	Speech	MR	MI	Other	Total
Other govt. benefits	0.4	0.2	0.8	0.1	0	0.1	0	0.4
Social sector support	2	2.4	2.2	0.7	0.4	1.3	1	1.8
Organisational support	2.4	1.9	1.5	0.8	0.7	0.6	1.2	1.8
Did not receive any aid	75.1	75.7	77.4	71.6	68.7	84.3	81.1	76.4

Source: NSS data, 76th Round, 2018.

Persons with mental illness accounts for the highest percentage of those who do not receive any aid or help followed by persons with hearing, visual, locomotor, speech and severe mental disabilities. The highest percentage of persons with severe mental disability receives government pension benefits, followed by persons with speech, locomotor, visual and hearing disabilities. Only about two per cent of persons with locomotor, visual, hearing and speech disabilities receive any aid or appliance. Similarly, about two per cent persons under these disability categories receive medical support in the form of corrective surgery and other treatments. A negligible percentage disabled persons in each disability category receive help for vocational training. A small proportion of disabled persons, who receive aid or appliance from non-government sources, are mostly confined to persons with locomotor, visual and hearing disabilities.

The NSS data shows that considerably lower percentage of disabled persons in rural than urban areas receives government aid or help. The proportion of beneficiaries of government aid or helps is lower among SCs and STs than other social groups. The limited support from both government and non-governmental sectors makes many households to purchase aid or appliance for disabled members. Significantly higher proportion of disabled population does not acquire any aid or appliance because of costs involved, and also with the apprehension that it may be difficult to bear the costs of maintenance and repairing. Thus, the factors of availability and affordability, and sometimes lack of awareness of service provisions deprive a large proportion of persons with disabilities of aid or help.

Psychological and Behavioral Problems across Disability Types

The objective effects of disabilities can be understood from restricting

range of functioning and reduced self-management skills. The subjective effects, however, can be understood from the misconceptions about the limitations, common stereotypes and social stigma attached to disability, discriminatory societal attitude and consequent neglect or rejection. The negative attitudes and treatment with indifferences not only undermine the capacity of the disabled persons to cope with the disability, but also are more likely to induce some sort of psychological disturbances and increase the vulnerability to maladjustment and behavioural problems. As Rossler and Bolton (1978) put it 'the stigma of disability exert a more profound influence on the psychological adjustment of a disabled person more than the various direct effects of the physical, mental or emotional impairments. Barton and Oliver (1992) are of the view that 'for disabilities the difficulties in social life is not due to personal limitations but arise from the prejudices, discriminations and social restrictions.'

Each disability however has its own unique features. Each disabled person therefore has more reasons to have negative experiences demanding special attention. It is intended here to provide a glimpse of the varied psychological experiences and behavioural problems of persons with different types of disabilities. In a broader sense, the physical disabilities may induce a sense of worthlessness because of dependence on others and indifferent attitudes, whereas mental disability may cause maladaptive behaviours (Pal, 2002). But the common reactions to a disabled condition appeared to be lower self-concept, feeling of inferiority, withdrawal, insecurities, and maladaptive behaviours. The effects of impairment of vision extend to both perceptual and non-perceptual domains of development. 'Visual disability impacts in a variety of ways on individual's freedom, communication, emotional stability, and social development. It is frequently associated with helpless, mobility related stress and anxiety. Moreover, increased dependency and limited social interaction induces behavioural problems like suspiciousness, secretive and withdrawal tendencies' (ibid). Unlike visual disability, persons with hearing disability are in a position to observe and understand others' behaviours in different situations, hence, are more prone to experience negative feelings in the presence of others' reactions. The communication barrier deprive them of expressing thoughts and making it difficult to maintain interpersonal relationships, resulting in problems of adjustment, embarrassment, loneliness and low self-concept (ibid). As pointed out by Rehabilitation Council of India (RCI, 2000), hearing impairment is mostly associated with lower mental health status. The problems like suspiciousness, aggression, lying, and inattentiveness become their normal behavioural patterns.

Although it is very difficult to say as to which sensory impaired group is more prone to negative psychological effects, it is a fact that sensory disabilities like visual and hearing disabilities do not restrict cognitive ability (Pal, 2002). While there is an argument that language deficits in case of hearing disability is more likely to affect cognitive performance, researches reveal that the hearing impaired children are not intellectually inferior to hearing people. But any low achievements are a function of teaching strategies, use of teaching materials and aids and time spent on 'caring'. Although persons with hearing disability face many psycho-social problems because of the communication barrier, they feel consistently less disabled than other disabled students. However, persons with mental disabilities constitute a distinct category because of some atypical developmental features. Substantial limitations in mental functioning, adaptive behaviours and social skills are most common characteristics that distinguish them from other disabled persons.

Thus, the phenomenon of disability though understood from physical, sensory and mental deficiencies, its effects on psychological characteristics, social life and normal functioning are multifarious. Although each type of disabled person has more reasons to have a variety of negative experiences, the common problems are largely due to the twin social processes of 'social comparisons' and 'social perceptions' (Pal, 2002). A wide range of individuals' reactions to a specific disability is very often a direct consequence of the operation of psychosocial factors in a person's immediate environment. The adverse social responses, unfavourable social perceptions and restricted environment induce many negative feelings. The Rehabilitation Council of India, therefore, rightly advocates that "psychosocial development of a disabled person is not affected so much by the disability but by the emotional overtones of the disability". Mainstreaming them may require most importantly supportive environment, their social participation and disability acceptance.

Concluding Remarks

In recent years, there has been a lot of debate on the unevenness in the development within marginalized groups in the context of 'social justice' and 'social inclusion'. This calls for understanding the intra-group variations to develop a modality to ensure equitable social development. In the context of disability, persons with different types of disabilities have distinct features and varied needs. The implementation support services need to take into consideration different problems that each type

of disabled person faces, to enable them to utilize their capacities to the full extent. Understanding of differential problems of these groups in fact has a powerful human rights dimension in respect to proper advocacy and adequate support for development in an equitable manner. The analysis makes it clear that the persons with different types of disabilities are not only different in number, but also different in human development, psycho-social problems and deprivation of opportunities. There is a need to recognize this diversity in disabilities in the course of designing interventions for mainstreaming them.

Social policies on disability often ignore a wide range of differentials and overlapping disadvantages associated with disabilities. The government needs to put in place adequate mechanisms to fulfill the rights of the persons with different types of disabilities. As evident, lack of 'reasonable accommodation' in policies tends to exclude a large section of disabled persons, especially those belonging to multiple and mental disabilities. There is a general tendency to even out disability and flatten out the diversity of conditions and capabilities. The human rights perspective on disability assumes that social, structural and behavioral barriers produce obstacles to the realization of rights. In view of the diversity within the disability, achieving a 'universal design' may remain a challenging task. When we are concerned about disability-based disadvantage and deprivation, there is a need to understand the specificities in the measures taken towards the empowerment of persons with different types of disabilities. Any policy initiative that would include 'relative deprivation' and 'well-being' would have larger implications for equitable social development.

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