



INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE AND MANAGEMENT

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DISABILITY AND ACCESS TO HIGHER EDUCATION IN INDIA

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ABSTRACT

The higher education system in India is a powerful tool to build a knowledge-based society. Access to institutions of higher education is as important for disabled people since it can offer them the opportunities for employment, social inclusion and poverty alleviation. A disability (or lack of a given ability) in humans may be physical, cognitive/mental, sensory, emotional, developmental or some combination of these. The most commonly cited definition by the World Health Organization in 1976, is that, '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'. The Indian Parliament, for the first time, has legally endorsed the right of access for people with disability to education, vocational training and employment through the Persons with Disability (Equal Opportunity, Protection of Rights and full Participation) Act, 1995. In the present paper our main objective is to know the extent to which Higher Education is accessible to the Disabled group. For this, we use secondary data and analyze them. In India the accessibility of higher education is limited for some reasons. The education level among disabled in rural areas is low compared to urban areas because of the concentration of educational facilities in urban areas. What is required is to create more educational facilities in rural areas to increase the education among rural disabled.

KEYWORDS

Disability, Definition, Higher Education.

INTRODUCTION

The higher education system in India is a powerful tool to build a knowledge-based society. Access to institutions of higher education is important for disabled people since it can offer them the opportunities for employment, social inclusion and poverty alleviation. Understanding and accommodating students with disability has become a central focus for higher education. In the Ninth five-year plan, the University Grants Commission (UGC) has stated that persons with disability should not be ignored in the higher education system. It has recommended a scheme to provide special assistance to disabled persons to facilitate better accessibility in higher education. It offers special education with financial assistance available under the programme of Integrated Education for Disabled Children by the Ministry of Human Resource Development, Government of India, or within the available resources of the UGC. According to Article 26.1 of the University Declaration of Human Rights, higher education shall be equally accessible to all on the basis of merit. Students with disabilities represent one of the groups, which are more active and intelligent. They may be generally less mature and have more problems in making social relationship. But if they are provided with the favorable environment and adequate opportunities, they can develop their capabilities through education and training. Their educational needs can be addressed through open and distance learning system and special education. They face additional challenges in their educational environment. Often the method followed for their assessment is not suitable. After completing their lower level of education, these students face both physical and attitudinal barriers in higher education. Disabled students require some special aids and appliances. The aim of the Educational Policy in India should be such that, it can provide access to disabled students in higher educational institutions and the existing structure should be made disability friendly.

OBJECTIVES

The objectives of this study are

- To know the extent to which higher education is accessible to disabled group.
- To examine the nature and extent of disability in India.

METHODOLOGY

The methodology for this study is such that it could effectively collect the data/fact to evaluate the accessibility of higher education to the disabled student and to achieve the objectives of the study. In this study mainly secondary data is used from various sources like reports of Census and NSSO, journals etc.

DISABILITY

Defining *disability* is difficult because there are too many definitions which are used for different purposes. The most commonly cited definition by the World Health Organization in 1976, is that, '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', 'an *impairment* is any loss or abnormality of psychological, physiological or anatomical structure or function', 'a *handicap* is a disadvantage for a given individual, resulting from an impairment or a disability, that prevents the fulfilment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual'. (Website-1)

The Rehabilitation Council of India Act, 1992 has provided a set of definition. These are as follows:

Hearing handicap means deafness with hearing impairment of 70 decibels and above in the better ear or total loss of hearing in both ears. *Locomotor disability* means a person's inability to execute distinctive activities associated with moving, both himself and objects, from place to place, and such inability resulting from affliction of either bones, joints, muscles or nerves. *Mental retardation* means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence. *Visual handicapped* means a person who suffers from any of the following conditions, such as: (i) total absence of sight, (ii) visual acuity not exceeding 6/60 or 20/200 in the better eye with the correcting lenses, (iii) limitation of the field of vision subtending an angle of degree 20 or worse. (Barik, S. 2009, p. 120)

Planning Commission of India has given a definition. According to this definition, 'a disabled person means who is: blind, deaf, having orthopedic disability, having neurological disorder, mental retarded'. The definition includes 'any person who is unable to ensure himself/herself, wholly or partly, the necessities of a normal individual or social life including work, as a result of deficiency in his/her physical or mental capability.' (ibid, p-121)

Indian Parliament, for the first time has passed the

Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. The Act has 74 sections. Section 2 (i) identifies the following seven categories of disability:

- (i) Blindness
- (ii) Low vision
- (iii) Locomotor disability
- (iv) Leprosy cured
- (v) Hearing impairment
- (vi) Mental retardation
- (vii) Mental illness

Thus the disabled group includes both, physically and mentally handicapped people: blind, deaf, dumb, mentally retarded, orthopedically deformed and those who are suffering from incurable diseases like polio, leprosy etc.

EXTENT OF DISABILITY IN INDIA

Disability is a global problem, but the proportion is very high in Asia specific region. Estimating the prevalence of disability in India has been hampered by complex and countless factors. The lack of adequate definitions of disability further compounds the task of accurately assessing the prevalence of disability. There are two government sources of nationwide disability statistics in India: the Census and surveys of the National Sample Survey Organization (NSSO). The Census of 2001 did not adopt any particular definition of disability, rather it included a functional limitation question that asks respondents about their type of functional limitation (e.g., in seeing, hearing, movement), while the NSSO adopt the definition provided by the WHO in 1976. (Hiranandani, V. and Deepa, Sonpal, 2010)

Out of all types of disabilities, data are available only for five types. The national level data collected by both the institutions are shown in table: 1

TABLE 1: ESTIMATES OF DISABILITY IN INDIA BY CENSUS AND NSSO

Types of Disabilities	Census 2001		NSSO - 2002	
	Number	% of Total Disabled	Number	% of Total Disabled
Seeing	10,634,881	48.55	2,826,700	15.29
Speech	1,640,868	7.49	2,154,500	11.65
Hearing	1,261,722	5.76	3,061,700	16.56
Movement	6,105,477	27.87	10,634,000	57.51
Mental	2,263,821	10.33	2,097,500	11.34
Total	21,906,769	100.00	18,491,000	100.00

Source: Census of India 2001 & 58th round of NSSO 2002

According to the survey of NSSO 2002, the estimated number of disabled persons in the country was 18.49 million during July to December, 2002, and they formed about 1.8 per cent of the total population. Census of India 2001 has identified five types of disabilities and estimated that total number of disabled in India was 21.9 million which constitute about 2.13 percent of total population. Census data shows that nearly half total disabled are having seeing disabilities (48.55 percent) followed by movement disabilities (27.87 percent), while NSSO data shows that more than half (57.51 percent) of total having movement disabilities. The data of Census and NSSO vary because they used different parameters in counting the disabled. Their definitions of disability are different.

TABLE 2: CLASSIFICATION OF DISABILITIES BY SEX

Types of Disabilities	Sex		
	Persons	Male	Female
Total	21906769 (100.00)	12605635 (57.54)	9301134 (42.46)
Seeing	10634881 (100.00)	5732338 (53.90)	4902543 (46.10)
Speech	1640868 (100.00)	942095 (57.41)	698773 (42.59)
Hearing	1261722 (100.00)	673797 (53.40)	587925 (46.60)
Movement	6105477 (100.00)	3902752 (63.92)	2202725 (36.08)
Mental	2263821 (100.00)	1354653 (59.84)	909168 (40.16)

Source: Census of India 2001

Table 2 shows that rate of prevalence of disabilities are higher (57.54 percent) among males as compared to females (42.46 percent). In the case of movement and mental disabilities the proportion of male is much higher than females.

TABLE 3: CLASSIFICATION OF DISABILITY BY RESIDENCE

Types of Disabilities	Residence		
	Persons	Rural	Urban
Total	21906769 (100.00)	16388382 (74.81)	5518387 (25.19%)
Seeing	10634881 (100.00)	7873383 (74.03)	2761498 (25.97)
Speech	1640868 (100.00)	1243854 (75.80)	397014 (24.20)
Hearing	1261722 (100.00)	1022816 (81.07)	238906 (18.93)
Movement	6105477 (100.00)	3465452 (56.76)	2640025 (43.24)
Mental	2263821 (100.00)	1593777 (70.40)	670044 (29.60)

Source: Census of India 2001

Census 2001 shows that majority of disabled are living in the rural areas (74.81 percent of total disabled) than urban areas (25.19 percent of total disabled). Lacks of medical facilities, large family size, concentration of medical facilities in urban localities, etc. are the major reasons for this trend.

ACCESSIBILITY OF HIGHER EDUCATION FOR DISABLED STUDENTS

Higher education, also called tertiary or post secondary education, is the non-compulsory education. Higher education is normally taken into include under-graduate and post-graduate, as well as, vocational education and training. Colleges and universities are the main institutions that provide higher education. (Singh, Dolly and Dasprabhu, Suchitra, 2008, p. 2) The structure of higher education consists of three years in bachelor's degree in arts, social sciences and

sciences and four years in professional fields like engineering and medicine. This is followed by two years of study for Master's degree and at least three years beyond the Master's for a Ph.D degree. (Patanjali, Prem Chand, 2005, p. 31)

Since independence there has been an enormous increase in the number of higher educational institutions in India. The number of universities has increased from 20 in 1947 to about 357 in 2005. There are now 20 Central Universities, 217 State Universities, and 106 Deemed Universities. The number of colleges increased from 500 in 1947 to 17,625 in 2005. There are about 1265 engineering and technology colleges, 320 pharmacies, 107 architecture, and 40 hotel management, making a total about 1749 institutions in 2004. In respect of post-graduate educational institutions there are 958 MBA/PGDM and 1034 MCA in 2004. With this progress, we expect improvement in the level of higher education, access to disadvantage groups, and the quality of higher education. (Thorat, Sukhdeo, 2006, p. 3)

The main aim of education for the disabled would be to make them literate and educated, and to provide employment so that they can enjoy an independent life. Disabled students need special arrangements in the regular environment of educational institutions for their independent functioning.

The National Policy on Education (NPE), 1986 and the Programme of Action (1992) gives the basic policy framework for education, emphasizing the correcting of 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 mainstream system. In 2003 *Ministry of Social Justice and Empowerment* has introduced scheme of providing scholarships for people with disabilities to pursue higher education.

The Persons with Disabilities Act of 1995 emphasized equal access for disabled people to all levels of education including higher and vocational education, and reservation of a minimum of 3% in admissions to all levels of public educational institutions (*Government of India, 1996*). Disabled children rarely progress beyond primary school, and only 9% have completed higher secondary education (*World Bank, 2007*). *National Centre for Promotion of Employment for Disabled People (NCPEDP)* unveiled shocking statistics on 'Education Scenario vis-à-vis Students with disabilities' at a press conference in Delhi on September 14, 2004. The 119 respondent universities out of 331 had just 1,635 disabled students registered. This figure is alarmingly low when compared to the University Grants Commission (UGC) standard of 3.6 lakhs disabled students for 119 varsities, which is only 6 per cent of the entire population of disabled people. Only the Banaras Hindu University and the Aligarh Muslim University had disabled students in double digits, with 202 and 280 respectively. While JNU ranked sixth in terms of the number of disabled enrolled, Delhi University failed to even reply. Among the 100 colleges out of 294, a mere 0.52 per cent of the students' population consisted of people with disabilities, lower than the 3 per cent mandated by the PWD Act 1995.⁸

Despite all these attempts to develop the condition of the disabled persons, their educational level is not satisfactory. Census of India 2001 provides data of literacy rate among disabled persons. Table 3 shows the literacy level by sex and residence.

TABLE 4: LITERACY RATE AMONG DISABLED (Percentage)

Residence	Persons	Male	Female
Total	49.31	58.15	37.32
Rural	44.40	54.11	31.31
Urban	63.87	70.05	55.36

Source: Census of India 2001

Literacy level is higher in urban areas (63.87 percent) as compared to rural areas (44.40 percent) because most of the educational institutions, especially special schools for disabled, are located in urban centers. The above table also shows that literacy level is low among disabled females as compared to male. Lowest literacy rate is observed among rural disabled female. This revealed that education among girls in rural areas is not given important especially if she is disabled.

The situation will be clear if we compare this literacy rate with total number of literate population. It is only 4.72 percent. Among disabled male literacy rate is 5.66 percent of total literate male and 1.37 percent of total male. Among female this is 3.49 percent of total literate female and 0.70 percent of total female.

TABLE 5: LITERACY RATE AMONG DIFFERENT CATEGORIES OF DISABLED BY SEX

	Total	Male	Female
Seeing	49.85	59.56	38.50
Speech	36.23	41.91	28.57
Hearing	43.17	55.73	28.79
Movement	57.37	65.44	43.08
Mental	37.89	43.68	29.27

Source: Census of India 2001

Table 5 shows the literacy rate among different categories of disabled. This shows that literacy rate is highest among movement disabled.

TABLE 6: LITERACY RATE AMONG DIFFERENT CATEGORIES DISABLED BY RESIDENCE

	Total	Rural	Urban
Seeing	49.85	43.56	67.77
Speech	36.23	31.38	51.41
Hearing	43.17	39.31	59.72
Movement	57.37	53.74	69.04
Mental	37.89	34.72	45.44

Source: Census of India 2001

The table shows that literacy rate is highest in urban areas especially for movement disability. This indicates that movement disabled persons are enrolled in educational institutions in highest number.

TABLE 7: EDUCATED DISABLED

	Literate	Higher education
Total	10801232	645118
Male	7330091	486373
Female	3471141	158745

Source: Census of India 2001

Table 7 shows the total number of literate disabled persons and enrolled in higher education. In higher education their enrollment is very low especially for female.

TABLE 8: NUMBER OF DISABLED PERSONS BY ATTENDANCE OF VOCATIONAL COURSE PER 1000 DISABLED PERSONS OF AGE 10 YEARS AND ABOVE FOR EACH SECTOR ALL-INDIA

sector	not attended any vocational course	course attended		
		engineering	non-engineering	total
rural	984	3	12	15
urban	963	9	26	35
Rural + urban	979	4	15	19

Source: NSSO 2002

Table 8 shows the number of disabled in vocational courses. Vocational courses can be divided into two categories-engineering and non-engineering. In engineering courses their number is very low. Out of 1000 disabled persons living in rural areas in rural India, only 15 completed any vocational course. In urban areas, a comparatively higher number of disabled persons (35) have done so.

SPECIAL EDUCATION

Special education is the instruction that is modified for those students with special needs. Special education in India was present since the pre independence time, with very few schools or NGOs helping intellectually impaired children. Today India has come a long way and made a good progress in the field of disability rehabilitation. Presently India has four national institutes for effective implementation of this special education through various government schemes. The popular national level institutes for disabled persons are the National institute for Hearing Handicapped, National Institute for the Mentally Handicapped, National Institute of the Visually Handicapped and National Institute for orthopedically handicapped. National Institute of Rehabilitation, Training and Research and The Institute for Physically Handicapped are other two national level institutes run by government. Moreover, government has initiated District Rehabilitation Centre (DRC) scheme in ten states to make all-inclusive rehabilitation. Four Regional Rehabilitation Training Centers are there to train the staff and teachers who work with these institutes. There are almost 37 diploma courses in the field of special education in India some of the institutes offer courses like B. Ed as well. All these courses are regulated and governed by the Rehabilitation Council of India (RCI)- a legislative body under the Ministry of Social Justice and Empowerment.(Website-2)

In 2005, International Institute for Special Education was set up in Uttar Pradesh, which has been given authorization by Government of India. This institute runs the following courses- PhD, MCA, PGDBA, BBA and BCA. (Singh, Dolly and Dasprabhu, Suchitra, 2008, p. 54)

PROBLEMS

India has created one of the biggest higher education systems in the world. But the *accessibility of higher education* is limited due to some reasons:

1. Higher bureaucratized system with multiple controls and regulations by Central and State Government and statutory bodies.
2. Most institutions offer outdated programmes with inflexible structure.
3. Infrastructure facilities are not adequate.
4. Lack of trained manpower, funds, training facilities, techniques and research for the disabled.
5. The unit cost of higher education, particularly of professional education is high.

SUGGESTIONS

For the accessibility of *higher education* to the disabled some steps should be taken immediately:

1. Provide them proper medical attention, special education and rehabilitation facilities in a greater extent.
2. Adopt some policies to remove malnutrition, hunger and diseases which are the major cause of disability.
3. Access to higher education should be broad-based so that open universities, distance educations and vocational training institutions can grow.
4. Good quality, market based, e-learning courses and Internet schools need to set up.
5. The potential of ICT should be fully utilized.
6. Scholarship should be provided to meritorious students.
7. Use of multimedia and technology can ensure a quality higher education.
8. Create awareness among people about the conditions of disabled students.

CONCLUSION

It is accepted that good quality higher education is the most important instrument for achieving social development. Social development can be achieved by developing all sections of the society. Disabled people are one of the sections of the society and if they are provided educational opportunities, they can develop their capabilities. Recent trends in educational institutions in India show that it accessibility is growing up. But this is not true for disabled people. Majority of them are far away from higher education. In higher education their number is 645118 out of 21.9 million.

The study reveals that literacy rate is very low among disabled. In case of male disabled, their literacy rate is higher than female disabled. In rural areas literacy rate is lower than urban areas because of the concentration of educational facilities in urban areas. There are few universities which have department of special education in India. All universities must have special education department with courses at under-graduate and post-graduate level to promote higher education to disabled students. Education is most important for the advancement of women and girls with disabilities as it provides access to information and enables them to communicate with others. Hence, there is an urgent need to consider policies and programmes that will place them in the mainstream education system. Further, it is clear that the estimation of disability is very difficult. For the policy formulation, estimates should be made in accordance with accepted definition of disability. It is necessary to formulate some policies, especially for the disabled for the upliftment of their conditions and for education. But only formulation of policies is not necessarily increase their educational facilities. These should be implemented as soon as possible.

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