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A STATISTICAL ANALYSIS OF PHYSICALLY DISABLED POPULATION: DEVELOPMENT IN REHABILITATION SCHEMES

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ABSTRACT

Physically disabled or handicapped people are the most vulnerable group in society. They include Blind, Visual Impairment, Deaf, Dumb, Orthopedically impaired, mentally retarded and few of the skin diseases affected people. The statistics of the physically disabled at the national and state level is provided in the paper. It is noted that the society should be sympathetic and supportive towards the disabled population, so that they can also develop as normal people and lead their life positively. The rehabilitation services and welfare schemes for the disabled are also discussed in the paper.

KEYWORDS

physically disabled population, rehabilitation schemes.

INTRODUCTION

The loss or impairment of an organ or deformity in one's physical or mental capability is the worst that can happen to a person, whether it is because of nature's foul play or as a result of an unexpected unfortunate accident. Welfare of the disabled and the handicapped is an extremely challenging task and it can be fulfilled only when all the citizens, voluntary organizations and Government realize their responsibilities in this respect collectively (Sachdeva, 2006).

The disabled people are much significant components of the society as the healthy persons. It is the moral duty of every person in this society to do utmost for their rehabilitation and development. To a major extent, the handicapped have a zest for life and desire to live abnormally as possible and require only a change to prove that they can be as effective as anyone else at the tasks assigned to them. With a little bit of help and the handicapped can tide over their misfortune. Their skills and talents can form an important input in nation building activities. A sense of self-confidence, therefore, needed to be infused in them to enable them to join their brethren in the mainstream of life.

According to Akhileshwari (2008) disabled people in India are among the most excluded. Low literacy, low employment rates and widespread social stigma make the disabled one of the poorest in the country. Households with disabled members are significantly poorer than average, with lower consumption and fewer assets, according to a World Bank Report. The worst affected are children. Disabled children are four to five times less likely to be in school than children from Scheduled Caste and Scheduled Tribe families...Based on the National Sample Survey (NSS) 58th round, the World Bank report shows that nearly a third of children with mild disability are out of school, despite the fact that they need no aid or appliance to be able to attend school. Yet, irrespective of the levels of disability- mild moderate or severe- the disabled rarely progress beyond the primary school level. Hence, the present study is made to examine the services and welfare measures of the disabled children.

PHYSICALLY HANDICAPPED PEOPLE

The term 'Physically handicapped' often used synonymously with impairment and disability. As per the classification made by the World Health Organization (1980), these terms have three separate meanings, but related to same concepts, that is 'impairment' means 'loss of function', disability means 'loss of ability to perform specific tasks' and handicap means 'social and economic disadvantage'. It is noted that all of these words given only one concept, lack of some kind of physical or mental ability, which is possessed by other compared to a person. In the affluent industrialized societies, occupational hazards and age are the main causes while in developing as well as underdeveloped countries, ignorance, poverty, lack of elementary medical facilities and pseudo-religious beliefs are the principal causes of disability (Lal Das, 1997).

Physically handicapped or physically disabled includes all persons who have either completely lost the use of or can make only a restricted use of one or more of their physical organs. A Physically handicapped person is a perfectly normal being except for the handicap from which he suffers. Thus, he is capable of performing all the functions of a normal person except in so far as he is limited by his handicap. They are all disabled persons because they have one or the other type of physical handicap. The normal functioning of any one part of their body has become of no use. In medical terms Physical disability means a limitation of physical function of locomotor or sensory or of special organs irrespective of the cause...sociologically, a physical handicap is a physical defect, obvious or hidden which limits an individual's capacity to work or evokes an unfavourable attitude (Singh, 1997).

According to the International Labour Organization (ILO), a disabled person should be defined as an individual whose prospects of employment are seriously reduced as a result of physical impairment. All these groups of persons need assistance by way of special vocational training or by way of special types of work suited to their physical abilities and sometimes under sheltered or protected conditions. The causes of crippled ness are of two types, i.e. either some disease or an accident. For instance, it is possible for a blind person to perform any job for which the use of eyesight is not essential. An understanding of this fundamental fact is vital to the understanding of the problems of the physically handicapped. In general the handicapped people are classified on the basis of their disability as under.

1. Blind or Vision impairment
2. Deaf and Dumb
3. Orthopedically handicapped
4. Mentally handicapped.
5. Others (Including the persons with Leprosy, and other skin diseases)

The attitude of society towards the handicapped has undergone change as in the case of services for other weak groups such as children, etc. In the beginning asylums were established by charitably disposed persons, where the blind or the deaf were housed, clothed and fed, but gradually the idea of giving them instructions and subsequently giving them opportunities of gainful employment developed in course of time. In other words, emphasis has shifted from charity to recognition of the right of the handicapped individual to live and enjoy life as any other normal human being. It is necessary to emphasise that the old idea of asylum must give place to proper rehabilitation of the handicapped. In India, question is often raised as to why efforts should be made to educate and rehabilitate the blind, the deaf or the other type of physically handicapped persons, when millions of normal persons are without education or employment. But this has to be kept in view that every individual has the right to a full life. However, it is also to be kept in view that all handicapped persons cannot earn their own living. For instance, if a person becomes blind in his old age, he cannot be made capable of earning a livelihood and the community must make provision for his minimum comforts of life as has been done in some other countries through categorical assistance. It is noted that the total number of afflicted persons in India has hardly ever been correctly estimated. This is due to defective enumeration, lack of definitions and the desire of persons concerned to avoid publicity to their handicaps.

DISABLED POPULATION: STATISTICS

No statistical estimates are available on the disabled population up to 1981, as only deaf and blinds were only treated as disabled people by these census. Later in 1981, the kinds of disability were clearly defined in the Census. According to the Report on survey conducted by the National Sample Survey Organization sponsored by the Ministry of Welfare, twelve millions Indians about 1.8 percent of India's population have at least one disability or the other. About 10 percent of the handicapped are having more than one type of physical disability. Considering each type of disability separately, those having locomotor disabilities constitute the maximum number (5.43 millions), followed by those with visual disability (3.47 millions) and hearing disabilities (3.02 million) and speech disabilities (1.75 million). The survey covers blind crippled and dumb persons but does not cover other disabilities, including mental retardation (Johri, 2005).

TABLE NO. 1: DISABILITY-WISE AND STATE-WISE NUMBER OF PERSONS WITH DISABILITIES IN INDIA (CENSUS OF INDIA, 2001)

Sl.No	State	Visual disability	Speech disability	Hearing disability	Locomotor disability	Mental disability			Total
						Total	Rural	Urban	
1	Jammu & Kashmir	208,713	16956	14,157	37,965	24,879	18,959	5,920	302,670
2	Himachal Pradesh	64,122	12,762	15,239	46,512	17,315	15,975	1,340	155,950
3	Punjab	170,853	22,756	17,348	149,758	63,808	43,016	20,792	424,523
4	Chandigarh	8,422	882	607	3,828	1,799	163	1,636	15,538
5	Uttaranchal	85,668	16,749	15,990	56,474	19,888	15,082	4,806	194,769
6	Haryana	201,358	24,920	27,682	151,485	49,595	34,309	15,286	455,040
7	Delhi	120,712	15,505	8,741	64,885	26,043	1,543	24,500	235,886
8	Rajasthan	753,962	73,147	75,235	400,577	109,058	80,019	29,039	1,411,979
9	Uttar Pradesh	1,852,071	255,951	128,303	930,580	286,464	211,463	75,001	3,453,369
10	Bihar	1,005,605	130,471	73,970	512,246	165,319	145,153	20,166	1,887,611
11	Sikkim	10,790	3,174	3,432	2,172	799	715	84	20,367
12	Arunachal Pradesh	23,079	2,429	3,072	3,474	1,261	1,068	193	33,315
13	Nagaland	9,968	4,398	5,245	4,258	2,630	2,330	300	26,499
14	Manipur	11,713	2,769	2,994	6,177	4,723	3,190	1,533	28,376
15	Mizoram	6,257	2,006	2,421	2,476	2,851	1,655	1,196	16,011
16	Tripura	27,505	5,105	5,699	13,970	6,661	5,470	1,191	58,940
17	Meghalaya	13,381	3,431	3,668	5,127	3,196	2,604	592	28,803
18	Assam	282,056	56,974	51,825	91,970	47,475	41,309	6,166	530,300
19	West Bengal	862,073	170,022	131,579	412,658	270,842	181,981	88,861	1,847,174
20	Jharkhand	186,216	39,683	28,233	138,323	55,922	41,442	14,480	448,377
21	Orissa	514,104	68,673	84,115	250,851	103,592	87,319	16,273	1,021,335
22	Chhattisgarh	160,131	30,438	34,093	151,611	43,614	34,301	9,313	419,887
23	Gujarat	494,624	66,534	70,321	310,765	103,221	65,433	37,788	1,045,465
24	Daman & Diu	1,898	189	120	690	274	138	136	3,171
25	Dadra & Nagar Haveli	2,346	295	337	795	275	222	53	4,048
26	Maharashtra	580,930	113,043	92,390	569,945	213,274	124,748	88,526	1,569,582
27	Madhya Pradesh	636,214	75,825	85,354	495,878	115,257	78,280	36,977	1,408,528
28	Andhra Pradesh	581,587	138,974	73,373	415,848	155,199	116,909	38,290	1,364,981
29	Karnataka	440,875	90,717	49,861	266,559	92,631	62,325	30,306	940,643
30	Goa	4,393	1,868	1,000	4,910	3,578	1,972	1,606	15,749
31	Lakshadweep	603	207	147	505	216	126	90	1,678
32	Kerala	334,622	67,066	79,713	237,707	141,686	105,842	35,844	860,794
33	Tamil Nadu	964,063	124,479	72,636	353,798	127,521	67,483	60,038	1,642,497
34	Pondicherry	10,646	1,818	2,277	8,830	2,286	736	1,550	25,857
35	Andman & Nicobar	3,321	652	545	1,870	669	497	172	7,057
36	India		21,906,769						

TABLE NO. 2: DISTRIBUTION OF TOTAL POPULATION, DISABLED POPULATION AND PERCENTAGE OF DISABLED POPULATION TO TOTAL POPULATION BY RESIDENCE AND SEX FOR INDIA

Particulars	Males	Females	Total
Total Population	532156772	496453556	1028610328
Rural	381602674	360887965	742490639
Urban	150554098	135565591	286119689
Total Disabled Population	12605635	9301134	21906769
Rural	9410185	6978197	16388382
Urban	3195450	2322937	5518387
Percentage of Disabled Population to Total Population			
Total	2.37	1.87	2.13
Rural	2.47	1.93	2.21
Urban	2.12	1.71	1.93

TABLE NO. 3: SEX-WISE, LOCATION-WISE AND DISABILITY TYPE OF TOTAL DISABLED POPULATION IN INDIA

Type of Disability	Rural		Urban		Total	
	Males	Females	Males	Females	Males	Females
Seeing (Visually) impaired	4222717	3650666	1509621	1251877	5732338	4902543
Speech Impaired	713966	529888	228129	168885	942095	698773
Hearing impaired	549002	473814	124795	114111	673797	587925
Orthopedically disabled	2975127	1679425	927625	523300	3902752	2202725
Mentally disabled	949373	644404	405280	264764	1354653	909168
Total	9410185	6978197	3195450	2322937	12605635	9301134

REHABILITATION OF THE DISABLED

The disabled persons have an equal right to participate in social and economic activities like the rest of the community. The Central and State Governments express concern regarding the needs of the disabled through various policies and programmes. There is a need to examine the relevance and efficacy of these measures (Vaswani, 1997). On rehabilitation of the disabled people, Visvesaran (1997) stated that the attitudes of people towards the physically handicapped and mentally retarded are changing. They are no more isolated and looked upon as outcasts but are accepted as a social responsibility and efforts by various voluntary organizations and the Government are being made to make them feel very much a part of the community. It has been rightly said that emphasis should be placed on what a handicapped person has, not on what he does not have. Therefore, parents and the public are being educated on how to deal with the handicapped and help them advance towards a fuller life. The steps to rehabilitate the disabled people were done by both central as well as different state government as under.

1. PROMOTION OF VOLUNTARY SERVICES

Earlier, the services delivery for the disabled was concentrated in the voluntary sector. Social welfare services, especially in the fields of medicine and rehabilitation were undertaken by missionary activists as a part of their general programmes of social and economic development. As a result, a large number of societies in the non-governmental sectors were established, depending mainly on public support and donations, who would look after the sick and the infirm, the destitute and the disabled. In recent years these services have gained importance and government has stepped in to make these services standardized, professional and at par with such services offered all over the world. The government has since independence been focusing attention on the prevention of disabilities, provision of physical restorative services, development of personnel and resource persons through the training of professionals, development of services through research and field trails and social and economic measures such as executive orders and enactments to ensure just distribution of the fruits of development to the handicapped population. There are over 1000 voluntary organizations in India working in the field of welfare of the handicapped. Out of these about 350 receive grants from the Government of India. The state governments have their own schemes of financial assistance to NGOs.

2. GRANTS TO NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

The Ministry of Social Justice and Empowerment has two major schemes for giving grants-in-aid to Non-Governmental Organizations and voluntary organizations. These are the schemes of assistance under which grants are given for recurring and non-recurring expenditure up to 90 per cent of the budget of the grantee organization. The grantee organization is expected to meet the balance of 10 per cent by raising its own resources. Assistance is given under this scheme for developing services for the disabled for the prevention of disability, special education and vocational training, training of resource persons, provision of therapeutic services such as physical therapy and occupational therapy, placement services, etc. Grants are also given for the construction of buildings and purchase of equipments.

The second major scheme under which grants are given to NGOs and voluntary organisations is the scheme of assistance to disabled persons for purchase and fitting of artificial aids and appliances. Under this scheme, needy physically handicapped persons are assisted in procuring durable and sophisticated standard aids and appliances to promote their physical, social and psychological rehabilitation. Aids and appliances are given to all categories of disabled persons. These include orthotic and prosthetic aids for the orthopaedically handicapped, hearing aids for the hearing handicapped and educational kits such as Braille slates and Braille measuring devices. Braille writers and tape-records for the visually handicapped and carder seats and prone boards for the spastics. Tricycles and wheel chairs and orthopaedic shoes are also provided in deserving cases to physically handicapped persons. The aids and appliances are given free of cost to those persons whose income is upto Rs. 1200 per month and at 50% of the cost to those whose income is between Rs. 1201 to Rs. 2500. Aids and appliances costing between Rs. 25 to Rs. 3600 are covered under this scheme (Sachdeva, 2006).

3. ESTABLISHMENT OF NATIONAL INSTITUTES FOR THE DISABLED

There are four National Institutes in each major area of disability under the Ministry of Social Justice and Empowerment. They are: the National Institute for the Orthopaedically handicapped at Kolkata, the National Institute for the Visually Handicapped at Dehradun, the National Institute for the Mentally Handicapped at Secunderabad, and the Ali Yavar Jung National Institute for the Hearing Handicapped at Mumbai. These institutes have been designated as apex organisations for training of professionals, production of education materials and other aids for the handicapped, conducting research in rehabilitation and development of suitable model services for the handicapped. These institutes work in coordination with each other and other training centres in the country, leading voluntary organizations, state governments as well as international agencies to enforce standards in various institutions of the handicapped and standardization of training programmes. The activities of these institutes are stated as under.

1. SHYAMA PRASAD MUKHERJEE NATIONAL INSTITUTE FOR THE ORTHOPEDICALLY HANDICAPPED (NIOH), KOLKATA

NIOH established in 1978 at Kolkata is an autonomous Institution under the Ministry of Social Justice and Empowerment, Govt. of India, being the apex level organization in the country for the welfare of locomotor disabled persons, its main aim is to provide comprehensive rehabilitation to them. It offers treatment to both inpatients and outpatients and conducts research and training in the area of rehabilitation. The services and facilities of the institute include, training, research, facilitating aids and appliances to orthopedically handicapped people.

2. NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED (NIMH), SECUNDERABAD

The National Institute for the Mentally Handicapped (NIMH) was set up at Secunderabad in 1984 as an autonomous body under the then Ministry of Welfare, Government of India. As an apex body, it is committed to develop models of care for the mentally handicapped persons, conduct research in the area of mental handicap, and promote human resource development to work with mentally handicapped persons in the country. Its main objectives are : (a) to develop appropriate models of care and rehabilitation for the mentally retarded persons appropriate to Indian conditions; (b) to develop manpower for delivery of services to the mentally handicapped; (c) to identify, conduct and coordinate research in the area of mental retardation, (d) to provide consultancy services to voluntary organizations in the area of mental handicap and to assist them whenever necessary; (e) to serve as a documentation and information centre in the area of mental retardation; and (f) to acquire relevant data to assess the magnitude, causes, rural-urban composition, socio-economic factors, etc. of mental retardation in the country. Specialists from different fields work at NIMH as a team to help achieve these goals and provide succour to the mentally handicapped. Assessment and management is individual based and well chalked out steps are taken during the intervention period. The highlight of the intervention programme is that it is home based. Parents who play key role are trained to manage the children in their natural environment. Its services and facilities include special education through day care centre to mentally handicapped children. It also provides guidance and counseling to the parents of the mentally handicapped children. The research and extension is also conducted in the institute. One of the highlighting services of this institute is that it train and develop the mentally handicapped children in minor jobs and promote the employment for such children. Besides these activities the institute publishes newsletters, organizes the workshops, conferences, seminars, etc to the mentally handicapped people.

3. NATIONAL INSTITUTE FOR THE VISUALLY HANDICAPPED, DEHRADUN (NIVH)

The National Institute for the Visually Handicapped, Dehradun is the apex body in the field of welfare of the blind. The Institute commenced working as Training Centre for the Blind on January 1, 1950 under the Union Ministry of Education. Other units were added to it later on. They all were brought under a single administration in 1967 bringing National Centre for the Blind into existence. The Institute today has extremely broad-based functions and responsibilities aimed at opening up new vistas of opportunities for the visually handicapped in different spheres. The Institute's role, at present comprises : organizing meaningful and need-based programmes at personnel training; undertaking and coordination research and development activities; running model services for the blind; collection and dissemination of information on work for the blind; preparing material for parent/employer/ community education; manufacturing of aids and appliances; producing books in Braille and cassettes. Like other institutes it also promotes the research and extension activities, training, etc. A revolutionary step initiated by the Institute has been its exercise to explore the possibility of providing computer training to the visually handicapped. For this purpose, the Institute has designed suitable syllabi and developed at appropriate interface in collaboration with a reputed agency in Mumbai to give out tactile/audio output on different PCs. It has also identified specific computer based jobs/operations which could be taken up by the blind in private and public sectors.

4. ALI YAVAR JUNG NATIONAL INSTITUTE FOR THE HEARING HANDICAPPED (AYJNIHH), MUMBAI

Rehabilitation programmes for the hearing handicapped was started with the establishment of the Ali Yavar Jung National Institute for the Hearing Handicapped on 9th August, 1983 at Bombay. It was named in honour of the former Governor of Maharashtra, the Late Shri Ali Yavar Jung, who was instrumental in its establishment. The Institute is the focal point for activities encompassing all aspects of rehabilitation of the hearing handicapped under the administrative control of the Ministry of Social Justice and Empowerment, Government of India. Its activities are shown as under.

The National Sample Survey of India (1981) indicated that there are approximately 3.02 million persons with hearing impairment, of this 0.78 million are children who need specialized help for their education. Approximately, 54,000 trained teachers are needed to cover this group as compared to the 3,000 currently available. Thus, it may be seen that the number of trained professionals is woefully inadequate. With a view to bridge this wide gap, the institute has taken as one of its main objectives, the generation of trained manpower at various levels.

AYJNIHH, Mumbai and its regional centres at Kolkata, Delhi, Hyderabad. Bhubaneshwar and Valakom offer two Diploma courses in rehabilitation of the deaf. In addition to this, AYJNIHH, Mumbai conducts two degree courses, i.e., B.Sc. in Audiology and Speech Therapy and B.Ed. (deaf) (Special Education for the Deaf). These degree courses have been accorded recognition by the University of Bombay. About 25 students enroll every year for each course. Provision is made for reservation of seats for various states to ensure wide representation of the trained personnel. Apart from these, many short term training programmes are conducted to acquaint allied professionals and to update professionals in this field on various aspects of hearing impairment. They include : (i) Custom ear mould making and hearing aid repairs; (ii) Refresher courses for speech and hearing professionals; (m) Orientation programmes for ENT specialists, General Medical Practitioners; psychologists, social workers, regular teachers and other allied professionals; and (iv) Refresher courses for speech and hearing professionals; (v) Workshop symposia and seminars for professionals and parents. It also promotes research and extension services which are funded by UNICEF. It has also regional centres which offer clinical, therapeutic and educational services to the hearing handicapped. It provides services to a large number of hearing handicapped adults in different areas such as : Counselling, Career guidance, Training, Job placement, Self-employment, Scholarship, Pension, Referral. The Institute is constantly exploring new avenues of employment, especially self-employment opportunities suitable to the hearing handicapped. To achieve this, workshops, discussions and seminars are held regularly Employers and prospective employers are also involved in these programmes so as to foster mutual understanding and co-operation. Professionals like vocational counsellors, placement officers, employment officers and social workers are annually trained in the effective management of socio-economic rehabilitation. Training of the adult deaf in various trades is conducted both at Mumbai and Hyderabad. The Training Centre for the Adult Deaf at Hyderabad offers vocational training in seven trades which are at par with special ITI level. At AYJNIHH, training in "Welding" at ITI level under the apprenticeship Act, has been initiated for the first time in India.

The above institutes are specialized in providing services in specific kinds of disabilities. Apart from these institutes, various composite institutes, schemes, programmes and projects to serve all the kinds of disabled people were also set up and functioning by the Ministry of Social Justice and Empowerment and the major schemes of these institutes include Indian Spinal Injury Centre, New Delhi, District Disability Rehabilitation Centres (DDRCs), Artificial Limbs Manufacturing Corporation of India (ALIMCO), Kanpur, National Handicapped Finance and Development Corporation (NHFDC), National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, Rehabilitation Council of India, District Rehabilitation Centre (DRC) Scheme, Science and Technology Projects in Mission Mode, UNDP Funded Project Support to Children with Disabilities, etc.

CONCLUDING REMARKS

Disabled persons especially children in India are the most vulnerable group. Unfortunately, disabled persons irrespective of their economic status are subjected to social exclusion in the society. Economic, psychological and social confidence building is therefore immediately necessary. Services and welfare programmes for the disabled, to some extent will relieve the pain of being dependent.

It is the society, which has to be blamed for the alienation of the disabled in the society. Hence, there is need to create awareness among the people, so that there should be increase in sympathy and assistance from the society to the disabled for satisfactory living. Society have to love the disabled, show affection to them, provide assistance them and increase self-confidence and motivate the disabled to perform and work like normal people. This is of immense values to the disabled children, which strengthens and encourage the disabled to work like common people by forgetting that they are disabled in one or other ways.

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