Socio-Economic Conditions Of Differently-Abled Persons In India – An Emperical Study Based On Secondary Data.

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Abstract- In developed countries, the proportion of people with disabilities ranges from 10 per cent to 20 per cent of total population. Prevalence of disability in developing countries is reported to be 1 per cent to 2 per cent of the population. Persons with disabilities are considered as the world's largest minority. They are more likely to live in poverty than their non-disabled peers; hence a small portion of governmental allocation will not be sufficient to improve the social and economic conditions of differently abled people. The capacity building and overall development of differently abled persons on par with their non-disabled counterparts and their social inclusion in all developmental activities should be ensured. Persons living with disabilities face multiple barriers due to injustice on the basis of race, colour, sex, language, religion, political opinion, national, ethnic, indigenous or social origin, property, birth and age. As a result, persons with disabilities are at a high risk of poverty, which in itself increases the likelihood of having a disability. Social exclusion and inclusive growth have opened up serious debates and discussions on the role of different factors in the development discourse across the globe. In India certain sections of the society are away from the mainstream society and are considered as the most vulnerable groups or outer class. They are often denied minimum access to the basic needs. In India social exclusion is stratified on the basis of caste, class and gender. Differently abled people are excluded from the process of advanced human existence and development (Kummitha, 2015). In addition to social exclusion, problems such as, poverty, unemployment and gender discrimination continue to affect the social and economic development of most of the marginalised groups in India.

Index Terms- Differently-Abled, Poverty

I. INTRODUCTION

Disability is a part of the human state, Almost everyone will be temporarily or permanently impaired at some point in life by poverty, malnutrition, birth disorders, accidents, old age, psychological disorders, natural calamities and wars, those who survive to old age will experience increasing difficulties in functioning and living. Most families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities (World Report on Disability). One third of families in India are directly or indirectly affected with some sort of disability. Disability and political issues related with disability become more acute due to population growth, increasing number of accidents and increasing number of old age people. The main issue related with disability is the social exclusion of the disabled. The concept and attitude of society towards disability have changed since the 1970's. There is a growing tendency to view disability as a human right issue than a social issue. Once, people with disabilities were relegated to special schools and residential institutions. Now the change is visible from community exclusion to the best integrated social inclusion and community participation. The approach to disability has now shifted from social exclusion to social inclusion through educational and vocational training.

Development in the field of modern medicine and medically focused solutions to overcome the conditions of disability have given way to more interactive approaches recognizing that people are disabled by environmental factors. National and international initiatives such as the United Nations ***Standard Rules on the Equalisation of opportunities of Persons with Disabilities*** - have incorporated the human rights of people with disabilities. Disability is now considered as a human right issue rather than physical problem. The adoption of The United Nations ***Convention on the Rights of Persons with Disabilities,*** (UNCRPD) is an International level agreement to protect the rights of differently abled people among the member countries.

1.2 Background of the Study

Economists, Sociologists and Philosophers have always lived among people who could see, walk, or hear; little attempt was made to study about those, who had limited mobility, deformity, or chronic illnesses of various classes of people in the society. Philosophical interest in these conditions was piecemeal and occasional until the past hundred or so years (Altman, B., 2001). But the treatment of disability as a subject of philosophical interest is relatively new. Economists have no such concepts to discuss development related with socially marginalized groups, except inclusive development. Sociologists in general have been thinking of social development without economic development of socially excluded groups. The lack of attention to socially marginalized groups, especially "Specially Abled" in general may have an explanation: there were no such concepts to attend to until

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19th century. Once such categories were established, it became possible to talk, and generalize, about the specially abled (Hacking, 1990; Davis, 2002,). The resurgent political philosophy of the second half of the last century, preoccupied with eliminating or reducing unearned disadvantages, tended to treat disability as a primary source of those disadvantages to be addressed with government compensation (G. L. Albredht, K.D. Seelman, and M. Bury, Thousand Oaks, 2001). Sociologists began to see disability as a source both of discrimination and oppression.

1.3 Statement of the Problem

People with disabilities are generally considered as social evil in the society. Disability is a part of human condition in some stages of ordinary human life due to accidents, diseases, natural calamities, wars or aging. Disability is considered as a human right issue and a social evil. The disability experience results from various factors such as poor health conditions, poverty, personal factors and environmental conditions. Disability is a complex, multidimensional and dynamic problem due to social and environmental barriers.

Disability is neither a purely medical problem nor a purely social problem. Persons with disabilities are diverse and heterogeneous. The concept and reading of disability varies according to the intention and views. Disability is a dynamic interaction between health conditions and environmental factors. Disability is the umbrella term covering impairment, activity limitation and participation restriction with the interaction between an individual with his environment.

The models of disability, the concepts and views are different. According to World Health Organisation's International Classification of Functioning, Disability and Health (ICF, 2001), Disability is a "dynamic interaction between health conditions and environmental and personal factors". Modern political economists have been trying to attend to the problems of the differently abled community. Differently abled persons are the world's largest minority and measures to eliminate disability conditions by way of changes in social mind, vaccination, and malnutrition are taken.

1.4 Significance of the Study

People who could not see, walk, or hear, who had limited mobility, comprehension or longevity, or chronic illnesses of various sorts are generally considered as differently abled. These conditions were cited in ancient philosophical and moral literatures of different cultures. Hardships or evils of those people who are disabled came into the debates of ancient philosophers, and they inquired the reasons and cause of disability and tried to find out the relationship between disability and philosophical, psychological and social relations. In ancient times disability was considered as a social evil and the society treated them as a social and cultural problem. The treatment of disability as a subject of philosophical social interest is a relatively new area of study.

The lack of awareness on "disability" or "impairment" lasted till the first half of twenty first century. Generally many had a simple reason: that there were no such concepts to focus on human function. Categories of abnormality and disability were established only in the late 19th century. Modern philosophers have contributed more to revolutionize the social concepts and approaches about the disabled. Modern political economists have been trying to address the problems of differently abled people, when they became the world's largest minority. Social and political philosophy of the second half of the 21st century, considered ways to eliminate or reducing disability conditions by way of changes in social mind, vaccination, poverty eradication, health care and malnutrition. To address the issues in medical, governmental, and social concepts of disability, many theories have been developed in the field of the socially marginalised. Social philosophers identified disability as a condition due to discrimination and oppression by the societal culture. In the modern world, it became possible to talk, and generalize, and recognize the problems and issues of disabled by analysing and establishing disability statistics. This study attempts to coordinate the disability statistics in India to address the issues of the disabled.

1.5 Scope of the Study

Disability looks much like sex or race, because women are more disadvantaged than their counterpart, and face multiple discriminations. Disability classification is based on medical or socially constructed base and the disability classification based on right would address the central issues on disability. Well-being of a disabled body is affected by the inherent characteristics on the classification of disability. A world without discrimination, blacks or whites, men or women, abled or disabled would do better on various metrics of social standards in the modern world. Philosophers and disability scholars say that there are no differences in race or sex to the degree that disability reduces well-being; it is because of the disgrace and prejudice. Disability is fundamentally different from race and gender discrimination in that it necessarily reduces well-being even in a world of non-discrimination, people with blindness, deafness or physically handicapped and mental disability would be worse off than their able-bodied counterparts. Many theories have been developed relating to the socially disadvantaged. Social philosophers identified disability as a condition due to discrimination and oppression by the society. The scope of the study is limited to analysing and evaluating the disability statistics in India.

1.6 Objective of the Study

1. To study the Socio–Economic background of differently abled persons in India.

1.6.1 Data Sources

Entrepreneurial Development Indices, earlier research studies and personal records constitute the secondary source of data. Data are collected from Governmental and non-governmental organisations, disability studies conducted in related fields. Census Data published by the Department of Census and National Sample Survey Organisation are used for the study and other published and non- published sources. Disability reports of Japan International Cooperative Agency, World Bank Report published by department of Social Protection and Labor and Human Development Unit South Asia Region, World Report on Disability, India Health report and United Nations Convention on the Right of Persons with Disabilities.

1.6.2 Study Design

The present study is an empirical study based on secondary data. The purpose of the study is to gauge incidence of disability in India. Data were collected from secondary sources and the study

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is based on sound methodology. The descriptive statistical analysis helps to establish very clear differential characteristics of variables related to the study. The study design, plan, structure and strategy of the study are descriptive. The study is purely empirical in nature.

1.7 Socio-Economic Profile of Specially-Abled in India

In India, at the national level, information about people with disabilities and data on differently abled people are derived from censuses data, population surveys, national Sample Surveys and administrative data registries. But exact data is not available due to difference in approach and focus on disability concepts and definitions. To get accurate data on disability, disability prevalence, and socio economic status, it is very important to take stringent measures on the part of government and other agencies to coordinate the activities under a common approach. Data by sex, age, income and occupation about differently abled people in India provides information about subgroups of persons with disabilities, such as children with disabilities and women with disabilities and older persons.

The existing data available indicates that people with disability are subject to multiple deprivations. As compared to the general population, they suffer more from poverty, low literacy, unemployment, social exclusion and active participation which put them further behind. The differences in access to basic services and degree of social marginalisation among persons with different types of disability are also striking, and they get further marginalised and magnified, with differences on account of gender, caste, types of disability and rural/ urban background etc. It is therefore, important to study the socio-economic profile of the disabled population in India. With population Census and NSSO conducted on 2001 surveys revealing different aspects of the disability scenario, the socio- economic profile of the disabled obtained from these two sources are being important for the better understanding of socio, economic conditions of disabled people in India.

1.8 Disabled Population by Sex and Residents in India

Two major official sources were adopted to estimate the total number of persons with disabilities in India. The census data and National Sample Survey estimates, the estimates of these two official sources show that the number of PWD is increasing due to increase in the number of accidents, calamities, malnutrition, aging and demographic transition. Two major official sources of data on disability differ, with the differences appearing in approaches and definition.

Table 1.1: Disabled Population by Sex and Residents in India
Census 2011 (in Millions)

RESIDENTS	PERSONS	MALES	FEMALES
TOTAL	26.8	18.6	8.2
RURAL	15.0	10.4	4.6
URBAN	11.8	8.2	3.6

Source: Census data- 2011.

According to census – 2011 data, the total number of disabled population in India was 26.8 million. The table (1.1) shows that out of the total disabled population, 18.6 million are males and 8.2 million females. 15.0 million Disabled people live in rural areas and the urban residents constitute l1.8 million. Out of the total disabled population 10.4 million differently abled persons are rural males and 8.2 million persons are urban males. 4.6 million Disabled females live in rural areas and 3.6 million in urban areas.

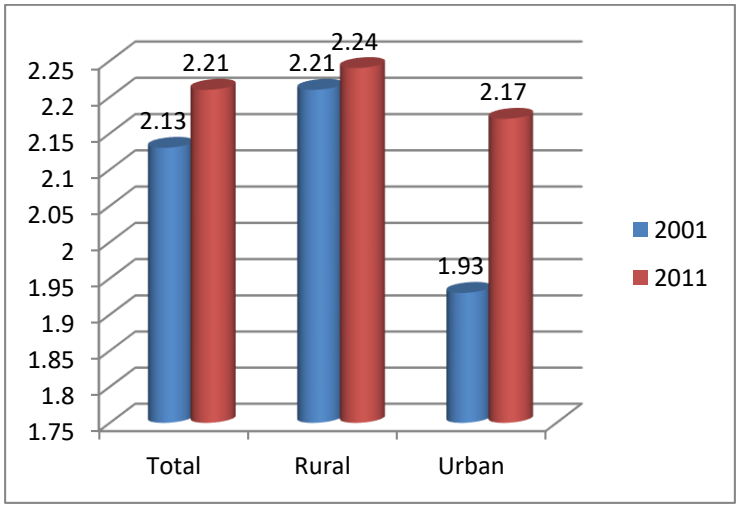
Table 1.2: Proportion of Disabled Population by Residence

RESIDENTS	PERSONS (2001)	PERSONS (2011)
TOTAL	2.13	2.21
RURAL	2.21	2.24
URBAN	1.93	2.17

Source: Census of India – 2001 and 2011.

The table (1.2) shows the proportion of disabled population by area of residence in two census periods. The proportion of total disabled population in 2001 was 2.13 percent and 2.21 percent during the period 2011. The decadal growth shows an increasing trend within a period of ten years in the proportion of disabled population by residence. Prevalence of disability is higher in urban areas than rural areas.

Figure 1.1: Proportion of Disabled Population by Residence in India
2001 – 2011.



Source: Census of India 2001 and 2011.

Percentage of disabled persons in India has increased both in rural and urban areas during the last ten years. Proportion of disabled population is higher in rural areas than in urban areas. Decadal increase in the proportion is significant in urban areas than in rural areas. Urban India faces a number of problems such as demographic transition, pollution, increased number of accidents, population density etc. These contribute to incidence of disability in urban India.

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1.9 Disabled Population by Type of Disability

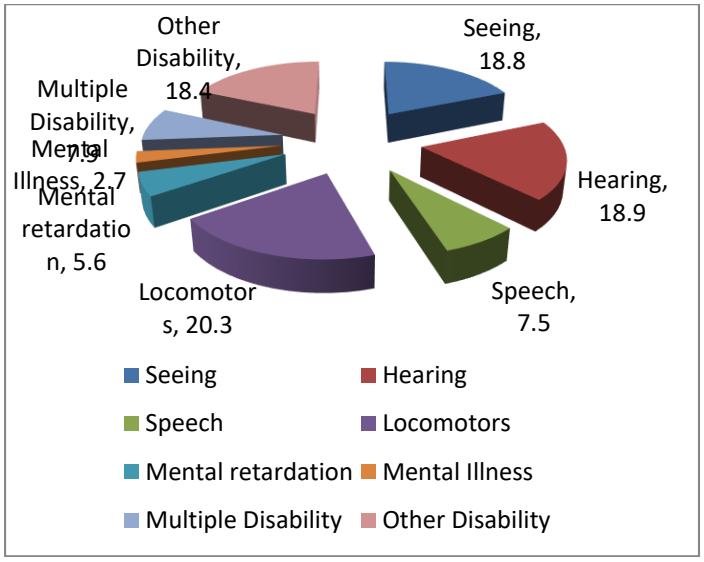
In India disability prevalence is very high and people with disabilities experience discrimination in accessing education, employment, health care, social recognition and transportation. They suffer more from poverty, low literacy, unemployment, social exclusion and lack of active participation; which put them further behind. The differences in access to basic services and degree of social marginalisation among persons with different types of disability are also striking, and they become marginalised and magnified with differences on account of type of disability and severity of disability conditions.

Table 1.3: Proportion of Disabled Population by Type of Disability

Proportion of Disabled population by type of disability and sex			
Type of Disability	**Persons**	**Males**	**Females**
Total	**100.0**	**100.0**	**100.0**
Seeing	**18.8**	**17.6**	**20.2**
Hearing	**18.9**	**17.9**	**20.2**
Speech	**7.5**	**7.5**	**7.4**
Locomotors	**20.3**	**22.5**	**17.5**
Mental retardation	**5.6**	**5.8**	**5.4**
Mental Illness	**2.7**	**2.8**	**2.6**
Multiple disability	**7.9**	**7.8**	**8.1**
Other type of Disability	**18.4**	**18.2**	**18.6**

Source: C- Series, Table C-20, Census of India 2011.

Figure 1.2: Disabled Population by Type of Disability (Percentage)



Source: Census of India 2011.

As per Census (2011) findings, differently abled persons are grouped on the basis of the nature of disability. About 18.8% had vision disability, 7.5% had speech disability and 18.9% were suffering from hearing disability, 20.3 % had locomotor disability, 5.6% had mental retardation, 2.7% of them were facing mental illness, 7.9% of people had multiple disability and remaining 18.4% of the people were accounted under disability by unknown reasons. The proportions vary marginally across different types of disability.

1.10 Disabled Population by Various groups and Types

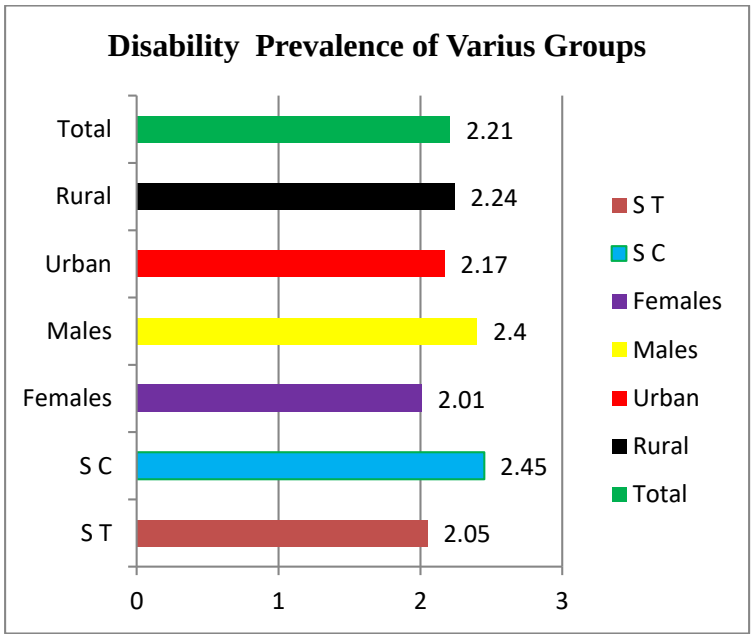
Disability prevalence among various groups is very important to take stringent measures on the part of government and other agencies to coordinate the activities under a common approach. Data by sex, residents, marginalised groups of SCs and STs in India provides information about subgroups of persons with disabilities. Most vulnerable groups are children and women with disabilities and older persons.

Table 1.4: Disability Prevalence of Various Groups & Types (Percentage)

	Males	**Females**	**Total**
Scheduled castes	**2.68**	**2.2**	**2.45**
Scheduled Tribes	**2.18**	**1.92**	**2.05**
Rural	**2.43**	**2.03**	**2.24**
Urban	**2.34**	**1.98**	**2.17**
Total	**2.40**	**2.01**	**2.21**

Source: Census of India 2011.

Figure 1.3: Disability Prevalence of Various Groups & Types (Percentage)



Source: Census of India 2011.

In the rural areas, the distribution of disabled across social groups was found to be more or less the same. In rural India, the prevalence of disability was much higher (2.24%) as compared to that in its urban counterpart (2.17%). Again, among males, the prevalence of disability (2.4%) was significantly higher than that

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among females (2.01%). The prevalence rate among SC population (2.45%) was marginally higher when compared to the general population; while among ST population, it was noticeably lower (2.05%). Among the disabled persons belonging to STs, the proportion of persons with visual, speech and hearing disability was relatively more and those with loco motor or mental disability was relatively less as compared to the general population. On the other hand among disabled persons belonging to the SC category, these proportions were more or less same as those among the general population.

1.11 Disabled Population by Type of Disability

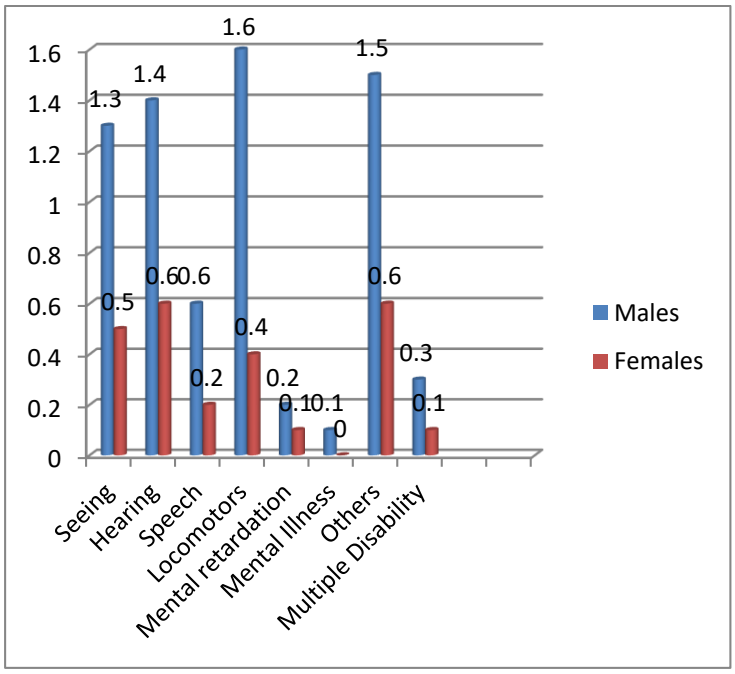
The existing data indicate that the people with disability are subject to multiple deprivations. As compared to the general population, they suffer from poverty, low literacy, unemployment, social exclusion and limited participation. Multiple deprivations lead to poverty and social exclusion; the differences in access to basic services and degree of social marginalisation among persons with different types of disability are also striking, and their life become more and more susceptible and overblown. Due to differences on account of gender, caste, types of disability and rural and urban divide are increasing the intensity of vulnerability.

Table 1.5: Disabled Workers by Type of Disability (Millions)

Type of Disability	Persons	Males	Females
Total	**9.7**	**7.1**	**2.7**
Seeing	**1.9**	**1.3**	**0.5**
Hearing	**2.1**	**1.4**	**0.6**
Speech	**0.8**	**0.6**	**0.2**
Locomotors	**2.0**	**1.6**	**0.4**
Mental retardation	**0.3**	**0.2**	**0.1**
Mental Illness	**0.2**	**0.1**	**0.0**
Others	**2.0**	**1.5**	**0.6**
Multiple Disability	**0.4**	**0.3**	**0.1**

Source: Census Report 2011.

Figure 1.4: Disabled Workers by Type of Disability (Millions)



Source: Census Report 2011.

Table (1.5) shows the number of disabled workers by type of disability. Out of the total 26.8 million disabled population in India 9.7 million disabled persons are workers. 1.9 million Disabled workers suffer from disability in vision. People with hearing disability have the highest work participation (2.1 million) among total number of disabled in India. Least work participation is found among people suffering from mental retardation.

1.12 Disabled Population by Type of Disability (Census and NSS estimates)

Population Census and National Sample Survey Organisation surveys conducted on 2001 revealed the different aspects of the disability scenario, the socio- economic profile of the disabled. The data obtained from these two sources are being important for the better understanding of socio, economic conditions of disabled people in India. These two major official sources are acceptable to estimate the total number of persons with disabilities in India. The census data and National Sample Survey estimates, estimates of these two official sources were showing that the number of PWD is increasing. The number of disabled people in India is increasing due to the increasing number of accidents, calamities, malnutrition and aging and demographic transition.

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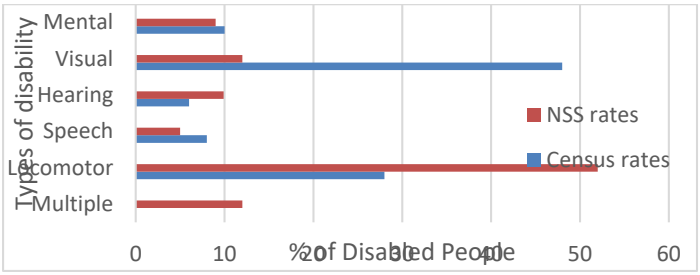
Figure 1.5: Disability shares by type of disability among the total number of PWD in India (Census and NSS estimates, early 2000s)



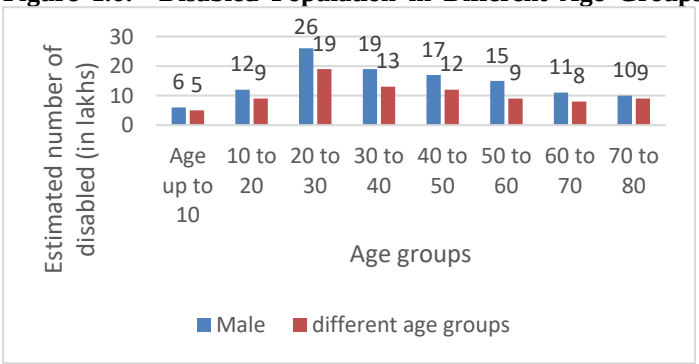
Sources: NSS, 58th round and Census, 2001.

The NSS and Census-2001 estimates of total number of disabled people and types of disability among the total number of PWD are entirely different. The divergence between Census and NSS estimates are very profound for movement and visual disabilities than other groups of hearing disability and mental retardation. The major differences appear to be definitional and due to entirely different approaches adopted for measuring and evaluating the concept of disability. Census agencies adopted a concept of visual disabilities which is broader, and made narrow for locomotor disabilities. The concept of multiple disabilities is considered only by NSS estimates.

1.13 Disabled Population in Different Age Groups

The multi-dimensional impact of disability is adversely affecting and worsening the social and economic wellbeing of disabled people. Poverty through multitude of channels have an adverse impact on education, employment, social participation, access to health care, livelihood and earnings. The multi-dimensional impact of disability is also increases the governmental expenditures related to poverty eradication and expenditure on health care. Children with disabilities are less likely to attend Schools. The highest rate of school dropout among disabled children is further worsening the developmental programmes. Programmes for universal education and compulsory school education have a big gust due to highest rate of school dropout among disabled children.

Figure 1.6: Disabled Population in Different Age Groups



Source: Census data – 2001,

As figure (1.6) indicates that out of the total disabled population, 11 million disabled persons were under the age of 10 years; the number of disabled persons increased with age, broadly in the age group of 0 -9 years and thereafter as age increased the number of persons with disability decreased gradually for both males and females. More than 7.5 million persons with disability were in the age group of less than 30 years, (35%). 15% of persons with disability were between 20 to 30 years of age. Less than 20% of disabled males and females were more than 50 years of age. Majority of disabled persons in India were reported to be very young. Higher rate of prevalence of disability were reported in the age group below 30 years, accounting for 35% of the total disabled population. The reasons for the higher rates of disability were due to malnutrition, low birth weight, lack of care and poverty. The highest numbers of disabled persons were reported to be in the age group of 20 to 30. Rate of disability was low in old age when compared to other age groups.

1.14 Disability Prevalent in Major States in India

The onset of disability experience as a result from the interaction of health conditions, personal factors, environmental factors, social perceptions varies greatly. Persons with disabilities are diverse and heterogeneous; many people with disabilities do not consider themselves to be unhealthy. Generalisations about “disability” and “persons with disabilities” can mislead. Persons with disabilities have diverse personal factors with difference in gender, age, socio-economic status, sexuality, ethnicity or cultural heritage. Disability correlates with disadvantages, or limitations. Not all people with disabilities are equally disadvantaged. Women and children with disabilities are more disadvantaged. They are disadvantaged in-terms of economic, social and combined disadvantages associated with gender discriminations.

A person’s environment has a huge impact on the creation, experience and extent of disability. In accessible environment create disability by creating barriers to social participation and social inclusion. Health is affected by environmental factors, such as safe water, air, food, nutrition, poverty, working environment, climate, geographical conditions, and access to health care and infrastructural facilities above all the political, social and economic conditions prevailing in the environment. Political instability and wars, social security measures and social perception, ethical and religious believes, economic culture and structure and economic philosophy of the environment are all having huge impact for the creation and prevention of disability and disability impacts.

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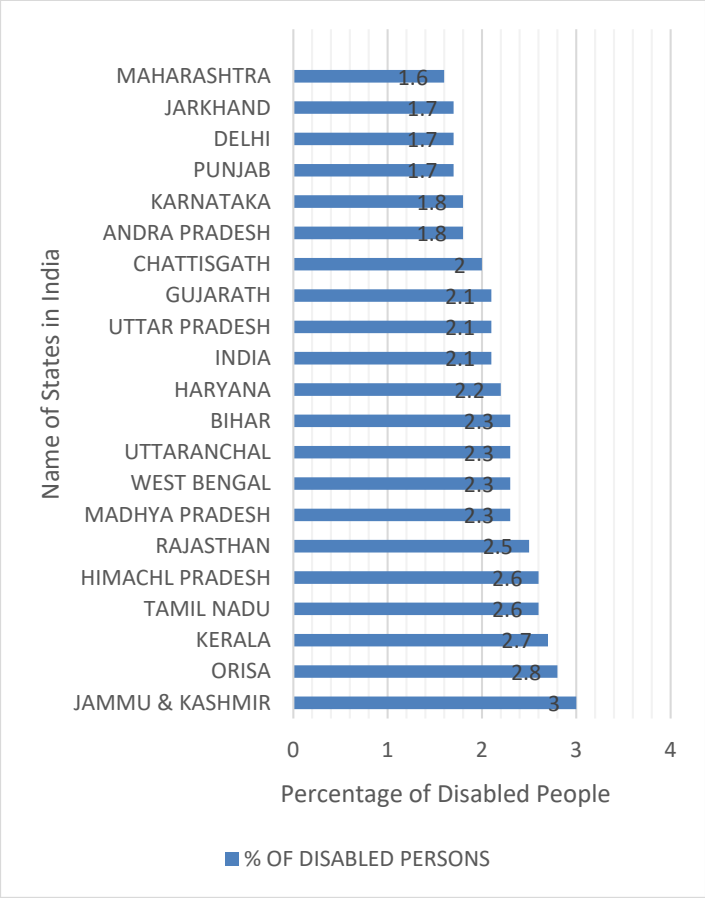
Figure 1.7: Disability Prevalent in Major States in India (Percentages)



Source: Census 2001 Data

Percentage of disabled population in total population was relatively much higher in Jammu & Kashmir, Orissa, Kerala and Tamil Nadu when compared to other Indian states. Maharashtra (1.6), Jharkhand (1.7), Delhi (1.7), Punjab (1.7) Karnataka (1.8) and Andhra Pradesh (1.8) were the states with very low rate of disabled population. In addition to the very high average rates of out-of-school children among disabled children, the rates among some disability categories of mentally, visually challenged are extremely high, with more than 60% of multiple disability and almost half of mentally disabled 6-13 years olds out of school. PWD employment rates were substantially below those of general population in both urban and rural areas because of the absence of education system and illiteracy for both genders.

1.15 Conclusion

Disability is a development issue, because of its multi-dimensional link to poverty; disability may increase the risk of poverty; and poverty may increase the risk of disability (Sen-2009). People with disabilities and their families are more likely to experience the economic and social disadvantage than non-disabled people and families. The multi-dimensional impact of disability is adversely affecting and worsening the social and economic wellbeing of disabled people. Poverty through multitude of channels have an adverse impact on education, employment, social participation, access to health care, livelihood, earnings and also increases the expenditures related to poverty and disability.

1.16 Findings

1. Definition of disability often varies across countries, disciplines, organisations and different programmes for disability.
2. The society and the environment create barriers for disabled people in-terms of social inclusion and activity participation.
3. Children with disabilities are less likely to attend schools, because of increasing number of school drop-outs and poverty, thus experiencing limited opportunities for Human Capital formation and face reduced employment opportunities and decreased productivity in adulthood.
4. People with disabilities are more likely to be unemployed and generally earn less even when employed in both genders. The nature and severity of the disability appear to adversely affect both income and employment opportunity.
5. People with disabilities are not benefited from development programmes in the full sense and it is difficult to escape from poverty due to discrimination and social exclusion.
6. Social discrimination limits active participation, employment opportunities, access to transportation, access to resources to promote self-employment and livelihood activities.
7. People with disabilities have extra costs resulting from disability, such as costs for medical care, assistive devices, the need for personal care support and assistance, and need more resources to achieve same outcomes as non-disabled people. This is what Amartya Sen called “Conversion Handicapped”.
8. Families with disabled member are more likely to experience acute poverty, insecurity in life, poor housing facilities, and inadequate access to health care and are also denied safe water and better sanitation.
9. People with disabilities are subject to violation of dignity and social recognition. Some people with disabilities are denied autonomy, in education, travel, and health care support.
10. It is noted with due concern that majority of the disabled persons in India were reported to be very young. Disability and poverty are dynamic complex phenomena in every country.
11. Disability leads to poverty and vice versa. Disability may increase the risk of poverty and poverty may increase the risk of disability.
12. Social exclusion and marginalisation of disabled people from the society have been noted. There is a two way causation between disability and poverty.
13. Disabled population in India is affected by lower educational attainment with lower living standards. Employment rates among disabled people are much lower than among other social groups.
14. Due to cultural differences, social exclusion, environmental barriers and low educational attainment. Poverty rates among disabled households are considerable higher than the average poverty rates in rural areas nationally.

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15. There is very high rate of widowhood among women with disabilities than among non-disabled women consequently higher probabilities of being poor.
16. Households with disabled member tend to be poorer and more vulnerable.
17. The prevalence of disability was found to be more in rural areas (2.2%) as compared to urban areas (1.9%); and more among males (2.4%) than among females (1.9%).
18. Among social groups, higher incidence of disability was observed among Scheduled Castes (2.2%) and relatively lower incidence among Scheduled Tribes (1.9%) as compared to others.
19. Disabled population in different age-groups according to Census 2001 revealed that in general, the number of disabled persons increased with age, broadly in the age group of 0-19 years; and thereafter as age increased, the number of PWD decreased gradually for both males and females.
20. More than 35% of the disabled persons (more than 7.5 million in number) were less than 20 years of age and another 15% were between 20 to 30 years of age. Less than 20% of disabled males and females belonged to the age more than 50 years.
21. In India, more than 98% of the disabled persons live in normal households, while only 1.1% were in institutional households and remaining 0.2% were homeless.
22. Out of the 193 million households in India, a little less than 10% households reported to have one or more disabled members.
23. 17% of institutional households and 8% of homeless households had disabled member(s).

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