Chapter I

INTRODUCTION

People with disabilities form a significant part of the world population. The exact numbers are hard to discern due to suspected underreporting and differences in the definition of disability between countries, and cultures (Yeo and Moore, 2003). It is estimated that approximately 650 million people of global the population, or ten per cent of the total population, live with disability. It is also estimated that approximately 80 per cent of the global population living with disability live in developing countries (Price, 2003; UN, 2006). The global prevalence of disability and impairment is expected to rise due to factors such as increase in population, ageing, accidents, malnutrition, conflict, HIV and advancements in medical treatment which preserves and prolongs life (Thomas, 2005a). The experience of people with disability varies depending on their personal circumstances, availability of resources and other external factors. Similarly, students with disabilities represent an emerging population in higher education institutions, whose perceptions and experiences of higher education are ultimately shaped by their socio-cultural experiences, the existing of environment, and the availability of specific facilities, required by them. Despite notable progress in legislations and policies for these students in higher education institutions, many of them still face various challenges in completing their studies successfully. Unfortunately it was also found that there is a dearth of research studies in the Indian context. This study aims to explore factors or barriers which affect the social and educational experience of students with disabilities in higher education institutions in Andhra Pradesh, India.

This chapter explores two interconnected issues – disability and education. It starts at the global level and then looks at these in the Indian context. There are four sections in this chapter. The first and second sections draw on international literature to discuss how disability and education are conceptualised in various academic fields. The third section explains briefly the growth and the development of higher education in the Indian context. The final section of this chapter gives a description of the status of
students with disabilities in higher education in India, including the policies and provision support services provided to them in higher education institutions.

1.1. Concept of Disability

This section discusses the conceptualisation of disability. Although various attempts have been made, it is very difficult to develop a universal definition of disability. This is mainly due to the fact that the perception and the understanding of disability are formed through influence of history, society and culture and how these are related to various aspects of the lives of people (Barnes 1994; Barton 1996). It is important to keep in mind that understanding the term disability does not necessarily mean understanding persons with disabilities. A number of other factors must be taken into account for a proper understanding and analysis of disability (WHO 1980; Pfeiffer 2000). However, in disability research, there is no consensus on what constitutes disability.

Disability has been defined differently by different disciplines due to various reasons. Here, an attempt has been made to examine how disability has been described from bio-medicine/rehabilitation, sociology, disability studies and political science perspectives and how definitions of disability have been developed and used in different contexts. Various operational definitions have been used for rehabilitation, policy and administrative purposes. The ubiquitous question of understanding disability in social science research reveals the importance of the issue for people with impairments, activists, researchers, academicians, the national government and international governments.

In this section, all perspectives which are very useful to understand different aspects of disability have been explained. These have been explained, keeping in mind potential and limitations of each perspective. This will facilitate a more comprehensive understanding of the issues and challenges faced by the persons with disabilities. These perspectives are developed for various reasons such as development of a new idea or
approach, or to provide support to an approach or as a critique. It helps to understand the key notions of each model of disability. Thus, a comprehensive view of disability needs to be understood.

1.1.1. Biomedicine and Rehabilitation

Biomedicine has as its focus individual deviations of the body and the mind from socially recognised norms (Oliver and Sapey, 1999). This view is one of the dominant ways of understanding disability. It is associated with attitudes about and responses to persons with disabilities. It is most often referred to as medical discourse on disability (Fulcher, 1989), or, in more popular language, the medical model of disability. In viewing an individual with disabilities through the lens of the medical model, the focus is on the physiology of the impairment and the perceived deficits of the individual person rather than on the barriers in society that prevent him or her from doing these things. This view focuses, for example, on the nature of a person’s spinal injury rather than on the physical barriers that limit his or her mobility as a wheelchair user. Later, the International Classification of Impairment, Disability, and Handicap (ICIDH) was developed for the World Health Organisation by Philip Wood and Mike Bury in the 1970s. The ICIDH was represented as a tool for the classification of consequences of a disease and was an important attempt to move away from the biomedical view of disability (Thomas, 1999).

WHO (1980) defined disability within a linear causal linkage between impairment, disability and handicap. They are explained below.

According to the ICIDH, Impairment has been defined as ‘any loss or abnormality of psychological, physiological or anatomical structure or functioning.’ Impairment may be visible or invisible, temporary or permanent, regressive or progressive.
According to the ICIDH, **Disability** has been defined as ‘any restriction or lack of ability to perform an activity in a manner or within the range which is considered normal for human beings.’ As a result of an impairment, the affected person may be unable to carry out certain activities considered normal for his age, sex, etc., this inability is called disability.

According to the ICIDH, **Handicap** has been defined as ‘a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual’.

The ICIDH classification of disability has been criticised and rejected by many disabled people themselves, although it has been widely accepted by professionals in Rehabilitation and Community Based Rehabilitation (Kuno, 2008). The major criticism is that it fails to examine the cultural, social and political structures that equate ‘difference with deviance’ and ‘pathology’. In this classification, the focus is on the impairments of persons as the ultimate cause of disability and perceives disabled people as passive objects, rather than actors (Finkelstein, 1992).

After considerable world-wide dialogue and debate on ICIDH, WHO thoroughly revised and reintroduced it in the form of ICIDH-2, i.e., is International Classification of Functioning, Disability and Health (ICF) (Pfeiffer, 1998; Bickenbach, et al. 1999). This model classifies health and health related domains that describe body functions and structures, as well as activities and participation. The domains are classified from individual, body and societal perspectives to an integrated “bio-psycho-social” model (Bury, 2000). The ICF or medical model of disability revised in 2001 included environment factors which aim to ensure that relationships between individuals and environments, and functioning and disability can be acknowledged in the contexts in which they originate. Thus, ‘positive’ and ‘negative’ aspects of functioning and disability throughout the multitude of levels and domains are also recognized. Similarly, it has
recognized the importance of contextual factors in the process of being disabled by barriers.

The revised version of ICF signifies the increasing global influence of socio-political conceptualization of disability, even within national and international governmental organisations, national bureaucracies and helping professions. The transformation of disability research agenda reflects in scientific thought and in the international disability movement to move away from purely bio-medical discourses to address social, legal and ethical implications (Kuno, 2008). This version also provides a common language and universal conceptual framework for disability across cultures and languages. This synthesised model has acknowledged that experience of disability is unique to each individual whose personal differences and varying physical, social and cultural contexts influence the experiences.

This model was also criticised by disability activists. The major criticism of this model is that, despite its attempt to integrate both medical and social model of disability, the underlying principles of medicalization of disability is still present in the synthesised model. This observation is especially apparent in the conceptualisation of ‘participation’ which is still focused on the activities of daily life. Even though the concept of participation was the focal point in the revised classification, it was less developed as compared to other dimensions.

1.1.2. Towards Sociology of Disability

This section presents understandings of what constitutes disability from the point of view of Sociology. The Sociology of disability is associated with medical sociology, or specifically, it’s sub-group such as the ‘sociology of chronic illness and disability’. It is formed by the idea that disability is caused by illness and impairment, and brings about suffering and social disadvantages. These kind of divergent approaches suggest that there is no unitary sociology of disability. But this discipline continues to offer quite different
perspectives of the nature of disability. An attempt is made here to examine how these sociologies understand the nature of disability. In this section, initially some of the sociological approaches through the 1960s and 1970s that analyzed disability as a form of social deviance and sickness and stigma have been outlined. Secondly, critique of sociology of disability by disability activists and academics is outlined.

a) Functionalist Analysis
Most of the sociological writings on disability are rooted in the works of Parsons and his analysis of sickness related behaviour. According to the functionalist approach, it is very significant for an individual to be healthy and to contribute to his/her society. Consequently, sickness is treated as a form of deviant behaviour that must be controlled by the society. As outlined by Talcott Parsons (1951), sickness is similar to social deviance, since it causes a threat to the ‘normal’ role performance and wider economic productivity and efficiency. As a result, the society recognises that the sick person cannot get better simply by an ‘act of will’ and she/he be allowed to withdraw temporarily from ‘normal’ social roles (Barnes and Mercer, 2003a). In addition, the sick person must obtain medical confirmation of his condition and follow the suggested treatment in order to leave the sick role as soon as possible.

However, the applicability of the sick role to the individual with disabilities received criticism (Sliver and Wortman, 1980). Firstly, as per this approach, the sick person is required to cooperate with rehabilitation professionals in order to achieve some degree of ‘normality’. This approach describes a hierarchical relationship where professionals identify the problems, needs and the capabilities of sick persons and prescribe appropriate ‘solutions’ ranging from health and social care to special educational provision (Finklestein 1983). Secondly, it ignores social, economic and political factors. Thirdly, it denied the subjective interpretations of impairment from the perspective of the person concerned (Oliver, 1983). The realisation of impairment is acknowledged to involve some form of loss or ‘personal tragedy’. Thus, this kind of individualistic approach can be best understood as ‘personal tragedy theory’ (Barnes,
According to this theory, if any sick person fails to achieve the expected rehabilitation goals, this failure can be explained with reference to the disabled people’s perceived inadequacy. But professional integrity remains intact, traditional wisdom and values are not questioned, and the existing social order remains unchallenged.

b) Symbolic Interactionism:
During the 1960s the central focus of the symbolic interactionists was analysis of social reaction towards disadvantaged minority groups such as people with impairments (Barnes and Mercer, 2003b). In studying disability or health, they focused on the fact that the meaning social actors give to their impairment or illness or disease will affect their self-concept and relationships with others. They stressed the social construction of what is perceived as deviance in every day interaction:

“Social groups create deviance by making rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an ‘offender’. The deviant is the one to whom the label has successfully been applied; deviant behaviour is behaviour that people so label” (Becker 1963).

One of the important studies of social reaction to difference was that of Lemert (1951) which distinguished between primary and secondary deviance. Lemert states that primary deviance occurs where social norms or rules are broken but there are no long lasting consequences. In contrast, secondary deviance generates a more important and enduring social reaction that is sufficient to produce a deviant identity and status. Generally, the attribution of deviance to an individual with impairments is associated with ‘ascribed’ status (social position acquired by birth, for example, sex, caste, race, age and impairment) rather than ‘achieved’ status (social position acquired through one’s own efforts, for example, a doctor, or an engineer) rule breaking. However, particular
groups such as women, blacks, minority groups and people with disabilities excessively attract specific psychiatric labels such as ‘schizophrenia’ and depression respectively (Barnes and Mercer, 2003). Once applied, these kinds of labels such as ‘mental illnesses’ at least confirm and transform the public perception of an individual. At the same time, it is also very difficult to remove or challenge a medical label (Freidson, 1965).

Similarly, one of the classic studies of Goffman (1963) provides responses to stigma or a ‘spoiled identity’ including ‘abominations of the body’, with illustrations such as those described as ‘deformed’, ‘deaf’, ‘crippled’, ‘blind’ and ‘mentally-ill’. Goffman’s interest in ‘undesired differentness’ focuses on how individuals with impairments, manage their ‘spoiled identity’ in everyday social interaction. For him, application of stigma is the outcome of situational considerations and social interactions between the ‘normal’ and the ‘abnormal’. He acknowledges stages such as ‘passing’ (hiding the stigma), and ‘covering’ (reducing its significance) strategies to avoid humiliation and social sanctions. These include repeated and often painful medical and surgical procedures to make the individual ‘more normal’ or less likely to attract a critical public gaze (Barnes and Mercer, 2003). The only other option for a stigmatised person is ‘withdrawal’ from social interaction. In addition, behaviour and negative attitude may be extended to other family members as ‘courtesy stigma’ (Goffman, 1963).

c) Conflict Perspective

The Conflict theory focuses on political, economic, and social forces that influence health and the health care delivery system. Among these issues which are of interest are those such as how race, class, and gender inequalities influence health and health care; power relations between doctors and other health care workers; the dominance of the medical model of health care; and the role of profit in the health care system (Barnes and Mercer, 2003). From this perspective, the social construction of disability took their prompt from Mills (1963) who argued that the definition of social problems must be located within wider material and political contexts, including the power relations and conflicts between dominant and subordinate classes (Conrad and Schineider, 1980). Historically, there was
a change in the people’s perception of social deviance rooted in religious criteria of ‘badness’ towards medical judgments of ‘sickness’. The medicalization of disability established the arrival of an orthodox medical profession, with state-legitimated control of the health and care services. With rapid growth of medical professionals, the lives of disabled people have been unevenly affected (Barnes and Mercer, 2003). It is most obvious in studies of mental illness that include a full-blown critique of a self-serving professional for exploiting its power of labeling and collaborating in a wider process of social control.

In brief, despite these significant perspectives and the sociological questions that disability raises, sociology has remained silent on the issues of disability. In addition, the analysis of disability has been theoretically and methodologically inadequate. This is mainly due to that fact that sociology has accepted almost without a question the legitimacy of bio-medical or individualistic approach to disability. Moreover, the field of sociology has been dominated by medical sociologists who focused mainly on measurements of impairment and the experience of ‘chronic illnesses’ rather than the experience of disability, as perceived by disabled people. Thus, the discipline as a whole has contributed significantly to the continued marginalisation of the people with impairments (Thomas 1998). Therefore, the early studies regarding the discipline of disability grew without much support from well developed sociological critique of disabled bodies or bodies with impairments as carriers of meaning history and social spaces.

1.1.3. Disability Studies
Disability study is an interdisciplinary field that deals with the development of paradigmatic shifts in relation to the ontological and epistemological ground of disability policies, theories, research and practices (Goodley and Van, 2005). Disability studies are an explicit commitment to assist disabled people in their fight for full equality and social inclusion by creating greater awareness among policy makers and professionals in the disability service arena. In this growing new discipline, ‘disability’ is defined as a
fundamentally social, cultural, political, historical and relational phenomenon (Oliver 1992, Shakespeare, 1998). Literature in Disability studies in the last two decades is found to be enriched with materialist, feminist and postmodern/post-structural perspectives in understanding disability. In brief, materialist perspective dealt with the relationship between disability and the economy (Oliver, 1990). The feminist perspective underlined the importance of understanding the personal experience of disability and its relevance to disability politics (Morris, 1991) and the postmodern/post-structural perspective looked at issues of history, culture, and language with regard to disability (Corker and Shakespeare, 2002). All these perspectives sought to provide various and sometimes complementary ways of understanding disability. In this section emergence of disability studies has been initially elaborated. Secondly, understanding of disability from the above mentioned perspectives has been explored in some depth.

**a) The Rise of Disability Studies**

As seen above, till the 1960s, disability issues were located within medical, rehabilitation and psychological disciplines. As per these disciplines, disability issues were pathologized as a medical situation and were treated as an isolated, deviant, or abnormal illness, disease, physical appearance and/or affected his or her mental or intellectual abilities (Mitchell and Snyder, 1997). Later, involvement of the World Health Organization and other national and international agencies in the definition and interpretation of disability and impairment, and also in the delivery of services and economic resources has been also observed (Pfeiffer, 1993).

On the other hand, the disability rights movement that began in the United States and United Kingdom succeeded in radically changing public policies with respect to people with impairments. Through well-organised political actions by different national and international disability organisations, people with disabilities drove a significant shift in society’s conception of disability, and the role of government with respect to people with impairments. These two significant events have helped to change the notion disability was a medical condition, as well as helped to set a socio-political component to
the research that would lead to disability studies. By the end of the 20\textsuperscript{th} century, disability scholarship showed inclusion of the lived experiences and problems of disability scholars and activists. As both a critique of the medicalised model and marginalisation associated with disability, the social model of disability was developed.

b) Social Model of Disability

Under the social model, the lived experiences of persons with disabilities would be viewed as cultural narratives that challenged the medical approach by illustrating that the disability experience was a socially constructed phenomenon equivalent to that of gender, class or race. The lived experience was also an issue of social oppression, exclusion, and alienation by members of an able-bodied society (See Figure 1.1). This model plays a major role in disability studies and is fundamental to the theoretical positions of movements of the disabled people. In Oliver’s account, the social model ‘does not deny the problem of disability but locates it squarely within society’ (Oliver & Sapey, 2006). Disabled Peoples International (DPI), which has opposed the WHO classification, has defined disability as ‘the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people with impairments and thus excludes them from participation in the mainstream of social activities’. Similarly, the social model challenges the paradigm of normality by simultaneously accepting the disabled body as a fact and by rejecting it as an object of deviance and abnormality (Garland, 1997). Disability is now seen wholly and exclusively as a social issue.

Figure 1.1 gives a clear picture of the differing theoretical perspectives reviewed above. As shown in the figure, social model is mainly concerned with the origins and effects of structure and culture, and aims to understand societies disabling barriers and the constraints imposed on individuals. Issues of status and stigma, of meaning and power, are paramount. Research analyses the social construction of disability, with its meaning varying considerably over individual, institutional, and historical time and place. Disability, therefore, ‘is all that which imposes restrictions on disabled people’ and, as
such, ‘disablement has nothing to do with the body’ but is instead caused by the oppression of social and economic structures bearing on impaired individuals (Oliver, 1996). “The ways in which we categorise and classify bodies are characteristically products of political struggles within the field of the medical professions. Thus, social constructionist challenges the assumptions that there is a fixed and unchanging essence of human disability” (Turner 2001).

In contrast to social constructivist, the dominant medical model has focused on individual perceived impairments, referring to functional norms of behaviours and performance. According to these views, an individual suffers disadvantage due to a recognized deficit – defined and diagnosed by clinical science – within his or her body or mind. Therefore, the social model forces one to turn one’s attention away from defining who is or is not disabled in identifying and addressing the barriers which in a given society restricts disabled people’s participation in ‘normal’ life. Hence, the management of the problem requires social action, and it is the collective responsibility of the society to make friendly environments, modifications necessary for the full participation of persons with disabilities in all areas of social life.
The social model presents a positive disability identity. This model assumes that the perception in society should be changed, and this is part of the process of political empowerment of disabled people. To a great extent, this model fights against social exclusion and demands ways and means for inclusion of people with disabilities. It gained wider recognition among activists and academics. While the social model of disability serves as a successful theoretical basis for emancipatory politics that emphasize on redistributing power and fighting exclusion, it has got several critiques (Terzi, 2004). Firstly, this model has been criticised for presenting a narrow perspective of impairment by considering largely the problems of physically impaired people and excluding the people with mental health problems, learning difficulties and others who experience severe problems in dealing with their impairments (Reddy, 2011). For those who experience severe conditions of impairments, it is harder to deny the negative
consequences of impairments. Shakespeare (2000) argues that all limitations in an individual’s ability to participate in society are caused by social organizations. It does not recognize any disability which might not be removed by some appropriate change in social arrangements. The critics of this model asserted that impairment is still to be negotiated as it manifests its lack of function and other limitations, which are real problems that cannot be ignored.

However, in declaring that disability is a form of social oppression and is socially caused, the social model of disability raises a series of new sociological questions such as how can this socially observable fact be theorized or what is its social history? In 1980s, some of the British thinkers in disability studies sought answers to these questions in Marxist or materialist paradigms (Finkelstein, 1980; Oliver, 1990). With this growing interest in disability studies, these influential ideas have been challenged by a growing number of writers of disability studies especially in areas such as feminism(s), post-modernism and post-structuralism (Priestly, 1998; Thomas, 1999). In this section, an attempt has been made to explore the lively debate about the nature of both disability and impairment and some of the key issues.

c) Materialist perspective in disability studies
Some of the writers on disability, like Vic Finkelstein and Mike Oliver, further developed the social model of disability by overlaying a Marxist theoretical perspective (Oliver, 1990). Marxism has had an influence on the endeavour of persons with impairments to remove them from the oppressive nature of society. Therefore, Marxism can be utilised as a means to better understand the structural disadvantages that exist for disabled people in a capitalist society. Oliver states that industrial capitalism is at the root of the social exclusion of persons with disabilities by non-disabled people (Barnes, Oliver, and Barton, 2002). Capitalism and the changes in the mode of production have brought about changes in social relations which have had a major effect on the lives of people with disabilities. With the growth of large-scale industries, the people with impairments in Britain began to be systematically excluded from direct involvement in economic activity. Long hours of
labour in factory environments required standardised dexterity, speed and intensity of work. As a result, many people with impairments were unable to fit into the work requirements of labour market within a capitalist system. These people were not only excluded from the workforce, but those who did not fit into the expectations of capability society were removed completely and were placed in different institutions so as to suffer economic and social exclusion (Barnes, Oliver, and Barton. 2002). Thus, it suggests that disability is a product of economic and social force of capitalism. Further, it leads to the ideological construction of persons with impairments which is not only opposite of the normal-bodied and normal-minded people, but allows for the medicalisation of disability as the individual problem (Oliver, 1990).

Both medical professionals and rehabilitation industries continued to influence policies for persons with impairments and remain closely linked to the ideology of capitalist society or able-bodied people. It reflected the oppression of people within the more conventional Marxist analysis of social relations and the concept of class. Therefore, the Marxist view of the disabled, in a light of oppression which is a structural concept where the limitations of material resources and power relations in society leads to lack of opportunities compared with the able-bodied (Barnes and Mercer, 2003). If people with impairments were viewed collectively, an impartial society would be recognised and social policies alleviating oppression would be introduced (Oliver, 1990). Therefore, society is structured in the interests of the majority of the able-bodied people so that disability becomes a form of oppression (Abberley, 1998). Once it is acknowledged that disability is defined in the framework of oppression, only then would disabled people be seen as a group, rather than as individuals.

Thus, the Marxist perspective suggests that change can only come from people with impairments and not from policy makers or medical professionals. The outcome will be policies that focus on alleviating oppression instead of looking at helping the individual. The message of the social model view is that society has to change and it is the individual with disabilities who will bring change, not policy makers, politicians or
the medical and rehabilitation professionals (Oliver, 1990). However, Scholte (2000) suggested that materialist writers in disability studies need to update their analysis as per the contemporary developments in capitalist society (Sapey, 2000). There are several questions like do people with impairments now occupy different relationship to the wage-labor economy such as with rapid growth of industries, new technologies, and inventions or has it opened up new exclusions and dependencies one needs to examine. The analysis of such questions has begun in disability studies but a great deal remains to be examined (Beresford and Holden, 2000).

d) Feminist Perspective to Disability:
Jenny Morris developed the feminist perspective to disability in the early 1990s. Under this perspective, the feminists remain engaged in the process of building in feminist ideas so as to further understand disability. Disability feminists recognised the importance of personal experiences of disability. They focused on experiences of women with disabilities associated with the inferior status of their gender and social roles. Perhaps women with disability occupy different kinds of social locations in relation to disabled men since they have priorities not addressed in conventional social model thinking (Morris 1991, 1993). Wider feminist thinking had fragmented into several feminisms; each linked to other theoretical ideas, some materialistic and some social constructionist perspectives. The shift in feminist research and theorising disability helped in better understanding of oppression of women with disabilities. Further, Thomas (2001) stated that feminist perspective on disability addressed the failure of the social model to accept the importance of the personal experience of both disability and impairment. Secondly, it also accepted that some of the limitations or barriers of activity are caused by the effects of impairment and cannot be causally accredited to ‘social barriers’ (Oliver, 1996). Although feminist perspective to disability appreciated the positive side of the social model, it underlined its restricted capacity to identify the relationship between impairment, disability and experience, and related them to disability politics (Barnes, 1998; Finkelstein, 2001).
e) Post-Modernist Perspective in Disability Studies:

Post-modernist perspective was developed based on the philosophy which challenged the concept of objectivity and emphasised discourse (Whyte and Ingstad, 1995; Corker and Shakespeare 2002). Post modernist theorists view disability as constructed ‘within linguistic, discursive, and cultural practices’ rather than based in a fixed or objective ‘true’ characteristic or status of a person with disability (Thomas, 2004). As per this perspective, disability is no longer considered as a definitive physical condition but a condition developed and defined by social norms and perceptions of the able-bodied (Devlieger, 1995). For example, being a person with visual impairment is a condition where a person cannot see, but it is dependent on social norms and discourse to identify it as a disability (Hughes 1999). This perspective recognised the importance of understanding able-bodied perceptions and social norms with regard to both disability and people with disabilities. It opposes the homogenous view of grouping people with disabilities (Kuno, 2008). As a result, this allows the analysis of power relation and inequality within groups of people with impairments such as inequality of power between individuals with mild and severe disabilities; males and females with impairments; rich and poor people with disabilities. One of the major limitations of this perspective is the denial of an objective view of disability which may raise problems in addressing impairments and practical day-to-day requirements owing to physical and functional differences.

In summary, as has been discussed in earlier perspectives, the feminist perspective recognised the importance of impairments and suggested that it becomes a concern within disability studies. In contrast, Oliver (1996) has stated that sociology of impairment may well constitute a field of study but impairment is not the business of disability studies. But not all writers of disability study accepted this stance. Paul Abberely (1987, 1996) opposed the social modellist naturalisation of impairment through its relegation to the realm of the biological. He has drawn consideration to the ‘real’ social production of impairment. He argues that impairment is produced through numerous social activities and other practices, including wars, medical mistakes,
accidents and injury in work-places, accidents in transportation and so forth (Thomas 1999). Thus, Abberely argues that impairment is as much social as it is biological. This is an important argument suggesting that disability studies should include the study of both disability and impairment.

After understanding the debates in disability studies, the researcher feels still a considerable amount of research and theorising lies ahead in disability studies. Many issues, including impact of globalization; disability in developing societies, information and communication technology, independent living, welfare system change, civil rights and so forth, need to be studied (Barnes and Mercer, 2003). However, it should not be forgotten that it is the radical edge, and its relevance to people with disabilities in our communities’ hinges on its ability to maintain its close alliance and involvement with the ongoing political struggle of people with disabilities.

1.1.4. Political Science Perspective to Disability

Since the late 1960s, disability has been recognised as a social and political issue of major importance. Further, the emergence of disability rights movement that began in the United States and United Kingdom have brought radical changes in societal conception of disability and public policies with respect to disability. In order to have a better understanding of these changes and the issue of disability, the researcher looked from the perspective of political science (Kimberlin, 2009). The discipline of political science offers various theories for understanding the political systems and the political behaviour that govern public policies and societal role related to people with disabilities. Campbell and Oliver (1996) and Shakespeare (1993) agree that the movement was highly successful in uniting and mobilising disability organisations and people with disabilities in political action. As a political movement, the disability rights movement has been analysed through the lens of policy change theory. However, in this section we have focused mainly on theories of government policy – Human Rights based approach, and disability in theories of justice – Capability approach.
**a) Human Rights or Rights-Based Approach to Disability:**

The emergence of the human rights approach coincided with the downfall of neo-liberal policies as a criticism against economic-centered development policy and practice (Seppanen, 2005). The human rights perspective to disability fundamentally means viewing individuals with disabilities as subjects of law. This approach locates disability within a paradigm of rights, that has been emerging since the United Nations Universal Declaration of Human Rights of 1948 (Rioux, and Carbert, 2003). As per this Declaration, all people have certain political, economic, civil, social, cultural and development rights- regardless of various differences between individuals. Theoretically, this approach builds an analysis of how society marginalises people and how society can be adjusted to eradicate this marginalisation. In United Nations Human Rights Reports, Quinn and Degener (2002) defined individuals with disabilities as subjects and not as objects. It also views them as right holders. Similarly, it locates the problems outside the person and, especially, in the manner by which a range of social and economic processes accommodate the difference of disability or not as the case may be. Therefore, the debate about disability rights is largely linked to one about the place of difference in society.

This approach is closely related to the social model of disability which states that support for individuals with disability is not a question of humanity or charity. Instead, it is a basic human right that any person can claim. Thus, the rights perspective assumes that society is responsible to provide whatever mechanisms are necessary for people to realise their rights. Under the rights approach, persons with disabilities may get the provision of support services, devices, equipments to enable social and economic integration, self-determination, and the enjoyment of social and legal rights. As per this approach, all people have the right to participate and to exercise self-determination as equals in society. Another important aspect of this approach is that it applies guiding principles to ensure an acceptable development programming process such as participation, accountability, non-discrimination, empowerment and linkages to human rights standards (Martin and Boesen, 2007). It also focuses much on raising the levels of accountability and transparency by identifying the ‘rights-holders’ and the corresponding
‗duty-bearers‘. This framework should contribute to the improvement of the capacities of
‗duty-bearers‘ to meet their responsibilities. Overall, it takes into account the duties of the
various players‘ factors including individuals, local organisations, authorities,
governments, aid donors and international institutions (See Human Rights in UNDP,
2003). This perspective also provides for the development of adequate laws,
administrative practices, and mechanisms of equalisation and responsibilities both
regarding entitlements and response to denials or violations of rights.

Despite the theoretical strength, this approach is not free from pitfalls (Katsui,
2008). The application of this approach to development is criticised as ‘globalisation of
policy making’ with the use of Western power is taking place (Kennedy, 2004).
Secondly, it is also criticised for its irresponsibility for intervention. For instance, human
rights are inseparable and interdependent in principle. However, when it comes to
practice, the operationalisation mechanism is feeble (Seppanen, 2005). For example, the
international Covenant on Economic, Social and Cultural Rights states ‘appropriate’
measure to be taken with ‘available resource’ and in the context of the full use of the
maximum available resources (CESCR, 1990). When certain context is taken into
account for operationalisation process, this weakness becomes the primary challenge
right away because situational analysis, identification of structural issues and other
significant analysis are all missing thus hindering the implementers. Such analysis is very
complex but yet undermined (Alston 2005). Thirdly, it has paid little attention to
background social and political and historical conditions (Batliwala, 2007). Further,
Kennedy (2004) claims that when changes rely too much on medical professionals and
lawyers, the expected ‘emancipator’ impact of this approach cannot reach the
emancipation of the concerned people by making necessary changes in practice. For
instance, as far as people with disabilities are concerned, legal system and court are too
often inaccessible due to illiteracy, lack of information, lack of awareness about rights,
shortage of financial resources and or physical condition, and thus is then far from the
concerned people who are supposed to benefit from the changes (Katsui, 2008).
b) Capability Approach to Disability

Similarly, political philosophers have developed several theories of justice which are aimed at proposing ideal social structures and processes as the philosophical base of a just society. In current years, theories of justice focus on the issue of disability, defining disability and critiquing earlier theories of justice designed to be universal-based on their failure to adequately account for disability. The Political philosopher Amartya Sen (1992) offers a different theory of justice to address disability and fairness for people with disabilities. Sen proposes his theory of justice, whereby advantage is conceptualised in terms of capabilities. According to him, when deciding whether two persons are equal in the context of social justice, one must reflect on not just resources and rights available to each individual, but also on each individual’s ability to use their resources/goods and exercise their rights (Sen 1997). Differing personal abilities are important to decide the advantage. It is the fundamental aspect of Sen’s interest in equality (Sen, 1992). Further Nussbaum (2003) articulates on how Sen’s theory of justice translates into governmental treatment of disadvantaged groups, including people with disabilities. This approach suggests granting a right to a person; the State must guarantee that the person is provided the ability to use that right, which often necessitates the provision of ‘affirmative material and institutional support, not simply a failure to impede’. Proactive support and special individualised treatment by the State may be essential to ensure the capability of exercising a government-granted right (Kimberlin, 2009). Consequently, the capability approach directs the government to think what the major barriers there are for full and effective empowerment of all citizens and to develop actions that eradicate these barriers (Nussbaum, 2003).

The capability approach has been taken up by scholars in various fields. Sen formulated the capability approach as a broad framework for disability (Kuno, 2008). This approach reflects a wide variety of factors within one framework, using the concept of capabilities and functionings. According to Sen, functioning is defined as an achievement, whereas capability is understood as the ability to achieve (Sen 1987). Mitra (2003) stated that this framework helps to improve our understanding of disability and
living conditions of disabled people by allowing us to analyse how disability results from the interaction between the personal characteristics (impairment, sex, reading skills, intelligence), available resources and the environment (physical, social, economic, political) of the individual, as well as the person’s psychic states. This is particularly important in the analysis of well-being of persons with disabilities because their personal factors are varied and all very much influenced by social and environment factors (Mitra 2003; Terzi 2003). This kind of analysis helps to identify areas of intervention and means of intervention to be decided according to possibilities, appropriateness and preferences of the persons with disabilities (Kuno, 2008). Like any other theoretical approach, the capability approach has various limitations and shortcomings. According to Robeys (2003), there are various disputes around the capability approach whether it is too individualistic or not. Secondly, there is the debate about the critical or conservative nature of this approach, and related to that, the treatment of choice and power; and lastly, the discussions whether it leads to paternalism or inappropriate policies.

Out of these perspectives, the researcher believes that the capability approach has the potential to be a comprehensive framework of thought on issues and conditions which are related to students with disabilities in higher education by its provision of various useful implications. The capability approach offers an alternative space for social justice evaluation related to the notions of capabilities and freedom of choice. It argues that evaluation of well-being, poverty, inequality and justice, and the design of social policies and institutions should focus mainly on the individual’s capabilities to function. The Capability Approach will be used to conceptualise and guide this study. The different components of the capability approach and its implication for this study are presented in the chapter on Methodology.

1.2. Concept of Education and Higher Education

The term ‘Education’ has a very broad connotation. It is very difficult to give its exact definition. There is no single objective which can cover the whole gamut of education
with its various manifestations. According to one view, the term education has been derived from the Latin word ‘educare’ which means ‘to bring up’ or ‘to raise’. According to this view, education is a process of imparting to an individual certain information and knowledge which society considers necessary. Various philosophers and thinkers—from Socrates to Dewey in the West, and Yajnavalkya to Gandhi in the East—have defined the term education in harmony with their own philosophy of life (Aggarval, 1981). As a result, divergent concepts and definitions of education have emerged. According to Rousseau, education does not simply mean imparting information or knowledge. For him, education is not an accretion from without; it is a spontaneous development of one’s natural powers and capacities. For John Dewey, education is the development of capacities in the individual, which will enable him to control his environment and fulfill his potentialities. According to Gandhi, education is an all around drawing out of the best in the body, mind and spirit of a child and a man. According to him, education begins from the moment of a child’s conception to the moment of his death.

According to UNESCO, the term ‘higher education’ includes “all types of studies, training, and training for research at the post-secondary level, provided as institutions of higher education by the competent State Authorities.” Throughout the entire world, higher education is considered to be the key to both individual and societal aspirations (Laskar, 2010). For individuals, education beyond the secondary level is assumed to be the way to social esteem, better employment opportunities with good paying jobs, expanded life opportunities, and intellectual development. For societies, higher education is assumed to be the key to technology, productivity and other ingredients of international competitiveness and economic growth (Altbach & Johnstone, (Eds.). 1963). It is believed to be a major engine of social justice and equal opportunity and democracy.

Education is a major institution. It is created by the society to fulfill its task. This institution passes on stored experiences (culture/knowledge, etc.) from one generation to another to develop social efficiency of an individual, which ultimately helps the society to grow. This two-fold relationship between education and society—education being both
the product and the producer of the social environment-is quite clear. It has been rightly said that ‘the school is created by society to re-create society’. Further, with the emergence of globalisation, change has become one of the major aspects which societies have required to keep up with, if they want to become developed. In this global neo-liberal time, the role of higher education has become very important for economic development. Higher education institutions are now seen as key drivers in the knowledge economy. Consequently, this has led to economic recognition of higher education and brought higher education institutions/universities/colleges into the policy arena as catalysts within the society.

Similarly, research on institutions of higher education and higher education has been influenced mainly by human capital theory. This theory was developed by Schultz (1961). According to him, education should be looked upon as an investment for the individual, as well as for society, rather than being looked upon exclusively as consumption. This theory heavily influenced investments in the education sector as well as education policy and planning discourse. However, this theory was heavily criticised in the late 1960s and early 1970s. Bronchi (2003) states that increasing the level of education in a society can in circumstances lead to the high inequalities in income distribution. Another important challenge in the application of human capital theory is the failure to account for an increasing gap between growth of education people and knowledge base and the diminishing number of job opportunities to apply their increasing knowledge investment, more specifically in developing countries (Olaniyan and Okemakinde, 2008).

Further, research on higher education began to accelerate with the rise of demand for higher education and institutions (Clark, 1984). This demand required researchers and practitioners to look into the need to understand the role that universities play in society as higher education institutions. The research shows that most of the researchers and educators from all over the world agreed that universities play an active role within the society. Stephens et al. (2008) state that in the 19th century universities evolved from
institutions that were responsible for preserving and transmitting knowledge to institutions that are charged with creating knowledge through research. In the later stage, during the industrial period, universities were seen as institutions that trained technical professionals (El-Ghali, 2011). From the last couple of decades, researchers have started to state that universities have an added role to perform, namely, contributing directly to society through acting as catalysts (Gibbons, 1999). Similarly Seidel (1991) highlighted five important functions of higher education institutions in his study. They: (i) provide training and education; (ii) provide professional training in professions including medicine, law and teaching; (iii) provide regional development, (iv) develop international contacts; and (v) conduct research and social function in fostering the intellectual and social development of society (El-Ghali, 2011). Further, UNESCO (1988) also highlighted the importance of higher education in contributing to the process of national development and progress.

In summary, all the researchers have concluded that higher education institutions play an active role in the training of productive intellectual resources for the development of society (Mendivil, 2002). Thus, these institutions are charged with the responsibility of training people and generating knowledge that can, in turn, trigger national development.

1.3. Brief History and Growth of Higher Education in India

Higher Education in India has an ancient tradition. Institutions of higher education have been recognised as the most important agencies of social change involved in the human resource development and national capital of the country. The earliest known university in Takshashila in 7th century BC, had scholars not only from India, but also from all over the world. Sanskrit used to be the language of higher education, a place presently occupied by English. Notwithstanding this ancient past, the present system of higher/university education was introduced by the British in the year 1857 when the Universities of Calcutta (now Kolkata), Bombay (now Mumbai) and Madras (now Chennai), were established (Jayaram, N. 2010). For the British rulers, the purpose of
developing higher education in India was clear. Their main intention was to develop a small class of English educated Indians who would help them as interpreters between them and millions whom they were governing – a class of persons being Indian in blood and colour, but English in tastes, in opinions, in morals and intellect. It was not their intention to spread modern education among the masses in India (Sharp, 1965).

With the dawn of independence, the leaders of Indian national movement acknowledged that education is the tool to life that would uplift our masses from the misery of poverty and ignorance (Mohanty, 1993). In fact, Pandit Jawaharlal Nehru, while delivering a speech at the special convocation of the Allahabad University on December 13, 1947, said:

“A university stands for humanism, for tolerance, for progress, for the adventure of ideas and for the search for truth. It stands for the onward march of the human race towards even higher objectives. If the universities discharge their duty adequately, then it is well with the nation and the people. But if the temple of learning itself becomes a home of narrow bigotry and petty objectives, how then will the nation prosper or people grow in stature?” (Mungekar, 2008)

Thus, the government of the newly independent India acknowledged the importance of higher education, and in spite of their critical problems appointed several commissions and committees such as the University Education Commission of 1948-49, (popularly known as Radhakrishnan Commission), Kothari Commission (1964-65). The University Education Report had set goals for development of higher education in the country. The Radhakrishnan Commission emphasised the importance of women’s education and the importance of improving the service conditions of the teachers (Education Commission, 1964; Report). While articulating these goals, the Radakrishnan Commission on University Education, 1948-49 stated:
“The most important and urgent reform needed in education is to transform it, to endeavour to relate it to the life, needs and aspirations of the people and thereby make it the powerful instrument of social, economic and cultural transformation necessary for the realization of the national goals. For this purpose, education should be developed so as to increase productivity, achieve social and national integration, accelerate the process of modernization and cultivate social, moral and spiritual values” (Jayapalan, 2000).

It also recommended setting up of the University Grants Commission as an autonomous body for advising and financing the development of the universities. Accordingly, the University Grants Commission, the apex body of higher education, was established in 1956 under an Act of the Parliament of India (GOI, 1966). Further, the Kothari Commission made a comprehensive study of the system of education in our country and made recommendations on every aspect for its improvement. It stressed the need for improvement in the quality of higher education and research to meet the requirements of the nation and the rising expectations of the society. Recommendations of these committees were finally translated into the National Policy on Education that was framed in 1968. This was further revised and a revised National Policy on Education was adopted in 1986, which is a significant landmark in Indian Higher Education system (GOI, 1986). Further, the Acharya Ramamurti Committee (1990) suggested that improvement and extension in higher education system would be desirable for the present and future requirements of the country. It mainly recommended different strategies for development of higher education, such as, redesigning of courses and programmes, development of autonomous colleges etc. It also planned for the establishment of open universities to provide distance education for the masses as an alternative mode of education (Jayapalan, 2000). Thus, there is ample evidence about the seriousness with which government has tackled the challenges of higher education.

Further, when the growth of institutes of higher learning in our country is reviewed, it is observed that there is a genuine explosion in recent years. Before
Independence, access to higher education was very limited and elitist, with enrolment of less than a million students in 500 colleges and 20 universities (Mohanty, 1993). As shown in Table 1.1, between 1950 and 2008, the number of universities had increased from 20 to 431, colleges from 500 to 20,677 and the teachers from 15,000 to about 5.05 lakh (Thorat, 2008). Consequently, the enrolment of students increased from a mere 1 lakh to 116.12 lakh.

<table>
<thead>
<tr>
<th>Institutional Capacity Indicator</th>
<th>1950</th>
<th>2008</th>
</tr>
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<tbody>
<tr>
<td>Number of Universities</td>
<td>25</td>
<td>431</td>
</tr>
<tr>
<td>Number of Colleges</td>
<td>500</td>
<td>20,677</td>
</tr>
<tr>
<td>Number of Teachers</td>
<td>15,000</td>
<td>5.05 lakhs</td>
</tr>
<tr>
<td>Number of Students Enrolled</td>
<td>1 lakh</td>
<td>116.12 lakhs</td>
</tr>
</tbody>
</table>

Source: Thorat (2008)

With spectacular growth in higher education, India is becoming a genuine knowledge society, knowledge economy and aiming to be a global superpower. Post independence, the growth has been very impressive; the number of universities (as on 31st March 2006) has increased 18-times, the number of colleges 35 times and enrolment of students more than 10 times (MHRD Annual Report 2006-07). The system is now more mass-based and democratised with 33 to 4 per cent of enrolments coming from lower socio-economic strata, and women comprising some 35 per cent of the total enrolments (Tilak, 2004). There has also been several fold increase in the educational institutions and number of teachers. In its size and diversity, India has the third largest higher education system in the world, next only to China and the United States. With this progress in the educational infrastructure in terms of institutions and faculty, it is expected that there would be a noticeable improvement in the level of higher education, in terms of aggregate access and access to higher education by disadvantaged groups.
Access to Higher Education in India

The progress of education with respect to these indicators of higher education development is discussed now. In the Indian context, the term Higher Education has two distinct meanings. Firstly, it denotes the stage of education that succeeds secondary education. Secondly, it denotes the system of institutions that provides professional courses and also engages in research activities (Magotra, 2007). Higher education includes not only colleges and universities offering professional courses in fields such as law, theology, medicine, business, technology, science, music, and art, but also teacher-training schools, community colleges, and research institutes. Higher Education, in recent times, has become the most obvious means to attain material wealth and social privileges. This is possibly one of the most important reasons as to why access to higher education has been monopolised by a few privileged sections and hence the necessity to provide the weaker sections with an opportunity to access Higher Education.

The Government of India has been striving persistently towards the upliftment of the socially and educationally backward classes. But still, there are wide gaps in the enrolment ratio of students at higher education. The extent of higher education is generally measured by enrolment ratio in higher education. Three alternative methods, namely, Gross Enrollment ratio (GER), Net enrollment ratio (NER) and Enrolment of Eligible (EER) are used to estimate the extent of access to higher education. Three alternative sources, namely Selected Education Statistics (SES), National sample Survey (NSS), and Population Census (PC) provide data on the figures of student enrolment. In 1950-51 the enrolment rate was 0.7%, which increased to 1.4 per cent in 1960-61. In early 2000, the GER based on the SES was 8 per cent. The NSS and PC arrived at an enrolment ratio of about 10 per cent and 14 per cent, respectively. The SES data reports gross enrollment rate by 4-5 per cent. For 2003/4, the GER work out to be 9 per cent, 13.22 per cent and 14.48 per cent (Mungekar 2008).

Further, a review of studies by Ravi Srivasastva and Amaresh Dubey, based on National sample Survey (NSS) data, estimated for the first time the access to higher
education for various groups and brought out the variation and disparity in enrolment rate in 2004-2005, among SC, ST, OBC and others, between male and female and between urban and rural groups (Thorat, 2008). The review of NSS data for 2004-2005 provides us a good insight into the inter-group differences with regard to access to higher education in Indian society. The NSS data for 2004-2005 indicates significant inter-caste/tribe disparities: enrolment rate was about 11 per cent at overall levels. The Gross Enrolment Ratio among the OBCs (8.50 per cent), the SCs (6.30 per cent), and the STs (6.33 per cent) was much lower compared with that of the other sections (16.60 per cent). Thus, the GER for the OBCs was about two times and that of the SC/STs was three times less compared with those of the others. Between the OBCs and the SC/STs, however, the GER was higher among the former by about two percentage points (Thorat, 2008).

**Rural-urban** disparities in access to higher education are the most prominent. In 2004-2005, GER was 6.73 per cent and 19.80 per cent for the rural and urban areas, respectively. Thus, the GER in the rural areas can be as being calculated three times lesser compared to urban areas. There are also wide gender disparities in terms of access to higher education. As per the NSS data of 2004-2005, the GER was 9.11 per cent for the females and 12.42 per cent for the males. Although the enrolment rates are generally lower for the females compared to the males; the females belonging to religious groups and lower castes suffer more extremely in accessing higher education than other females. For example, in 2004-2005 as against the overall average of 9.11 per cent, the GER among the females was 19.53 per cent, and 6.60 per cent, 4.43 per cent and 4.76 per cent, respectively, for other females, the OBC, the ST, and the SC females (Thorat, 2008). From this data, it can be concluded that the GER among the ST/SC females was about five times than that of the OBC females thus being about three times less compared to the higher caste females.

The review of studies and NSS data shows that there are a wide disparities regarding access to higher education among the various groups. Similarly, the Eleventh Five Year Plan recognised these disparities in gross enrolment ratio and proposed various
policy measures to enhance their access to higher education. Consequently, it has brought inclusiveness in higher education at the centre of our higher education policy. Inclusive education essentially requires an increased access to higher education to diverse groups who suffer from lower access to higher education (Thorat, 2008). Thus, the government formulated various approaches and strategies for schemes and policies for the OBCs, the SCs and the STs, girls, minorities specially the Muslims, semi-nomadic and de-notified, physically challenged persons and the poor. Given the uniqueness of each of these groups, it is necessary that constrains of each of these group are addressed separately and group specific policies and schemes are developed to bring them on par with others.

The overall review of NSS data indicates that it ignored the data base for the enrolment rate of students with disabilities in higher education institutions. Similarly, the researcher could not find many studies on accessibility and other major problems of student with disabilities in higher education in India. In this respect, this study aims to provide a framework for policy makers by explaining the need for a special policy for students with disabilities at higher education. Unless disabled people are included in mainstream educational policies, along with weaker sections of society, India will not be able to achieve overall educational development and will not become recognised as a knowledge society.

1.4. Status of Students with Disabilities in Higher Education in India

Persons with disabilities in India have been invisible to the rest of the society due to lack of attention from the administration, activists and academics. Disability is mostly restricted to the fields of rehabilitation professionals and therapeutic institutions functioning under the bureaucratic regime. As we understood from the previous section, there is no universally agreed upon definition of disability. In India, the definition of Disability is mainly taken from the Persons with Disability Act (Equal Opportunities, Protection of Rights and Full Participation) of India (1995), where in Disability means - a person suffering from not less than 40% of any disability as certified by a medical authority. The conditions of disability included are: blindness, low- vision, hearing
impairment, locomotor disability, mental retardation, leprosy and mental illness. The medical understanding of disability clearly informs the Act, but its tight and selective definitions of disability, and its 40 per cent threshold means that some key disabilities such as autism and other spectrum disorders, hemophilia, thalassaemia, several facial disfigurements, and individuals with more mild disabilities, are excluded. (Thomas, P. (2005b). Consequently, estimating the figures of disabled population in India has been hampered by complex and multitudinous factors. Deep rooted social stigma and lack of adequate definitions of disability have resulted in the exclusion and invisibility of many persons with disabilities (Hiranandani, 2010).

In India, the Census and the Survey of the National Sample Survey Organisation are the two government sources of nationwide disability statistics. The Census of 2001 did not adopt any specific definition of disability; rather, it included functional limitations such as seeing, movement, hearing. In contrast, the NSS defines a disabled person as if he/she has had some restrictions or lacks the ability to perform an activity in the manner which a ‘normal’ human being can do. Thus, NSS defines disability as an activity limitation. As a result, there has been complete chaos in enumeration of disability population in India. According to Census 2001 (Registrar General of India), there were 21.9 million persons with disabilities in India, compared with 18.5 million reported by the National Sample Survey Organisation (NSSO, 2003). This includes persons with visual, speech, hearing, mental and locomotors impairments. The data shows that 75 per cent of persons with disabilities have been found to live in rural areas, 49 per cent of disabled population is literate and only 34 per cent is employed in different sectors (See Annual Report 2009-10, Ministry of Social Justice and Empowerment, GoI).

Mishra and Gupta (2006) have developed a ‘Disability Index’ (DI) to measure the deprivation suffered by the persons with disabilities in Indian states. They have developed this index based on the NSSO and the Census data, adopting the human poverty index of the Human Development Report. Deprivation levels were measured on three basic dimensions, namely, (i) educational opportunities; (ii) opportunities for skill
development; and (iii) employment opportunities. Examination of deprivation along these
criteria reveals a high intensity of deprivation for persons with disabilities across the
states, with Himachal Pradesh figuring last with a DI score of 73.92 (out of 100) and
Orissa (now Odisha) topping the list with a DI score of 80.39 indicating a high level of
depprivation. Further, it was also found that deprivation rate was high among the mentally
retarded people (DI = 92.89), and in rural areas. It also highlighted the serious limitation
in the rehabilitation measure taken by the non-government organizations, as well as the
State, and the need for concerted institutional efforts in health, education and skill
development among the persons with disabilities.

Similarly, a study by Klasing (2007) examined the conditions of persons with
disabilities, who struggle to survive in rural areas in Andhra Pradesh and Rajasthan. This
study reveals that disabled people in India face various issues that even threaten their
very survival when compared with their counterparts in the developed countries. The
findings of the study indicate that there is a strong relation between poverty, low
educational level and impairment of disabled people in India. The study reports that,
while about 80 per cent of the disabled people in India live in rural areas, the
rehabilitative services are mostly concentrated in urban areas. It stated that the medical
needs of impaired people in rural areas are grossly neglected (Reddy, 2011). On the
patterns of exclusion of disabled people from education sphere, Klasing points out that
some states have a high incidence of illiteracy, not just because of poor economic status,
but also due to oppressive socio-cultural stereotypes that prevail in the Indian society.
This study also finds that most of the schools are physically inaccessible, and not
equipped with trained teachers to meet the special needs of such children.

Similarly, it was also found that women with disabilities in India live with
discrimination of greater magnitude, as compared to their male counterparts (Mehrotra,
2006). Mehrotra (2006) observed in her study that, in case of women with disabilities in
rural Haryana, disability becomes an additional burden forcing them to cope with two
identities – being women and being impaired. Attempting to understand the social
stereotypes that operate against the women with disabilities, Ghai (2002) says that the fate of the poor families with a disabled child is worse than death. With the rise of disability rights movement in India, the country has more progressive policy frameworks than any other country in the developing world. But a lot more needs to be done in implementation and ‘getting the basics right’ (Mohan and Pazhani, 2008). Newer thinking and better coordination of programmes is called for. Preventive health programmes need to be deepened and all children screened at a young age. People with disabilities need to be better integrated into society by overcoming stigma; disabled adults need to be empowered with employable skills; and the private sector needs to be better understood by improving the measurement of disability. Most important, persons with disabilities should themselves be made active participants in the development process.

Since education is viewed as an instrument of social change, social mobility, equality and integration, the political elite, social reformers and intellectuals do think and advocate that, along with other marginal sections of the society, persons with disabilities need to be given access to education, even if it means giving special privileges (Chanana, 1993). In order to achieve this aim, the Government of India has enacted three legislations for persons with disabilities. Among them, Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 is an important legislation. It is also meant to provide education, employment, creation of barrier free environment, social security, etc. (See Disability India Network). The Act also states that free and compulsory education has to be provided to all children with disabilities up to the minimum age of 18 years. Consequently, there has been a growing concern for children with disabilities for inclusive education in many countries all over the world. The movement to guarantee equal educational opportunities for children’s with disabilities in India has also gained momentum. The importance of education for children with special needs in India has been brought into a sharper focus when several national and international Acts came into being. These include: Integrated Education for the Disabled Child (IEDC) 1974, National Policy on Education (NPE) 1986, UN World

All these policies brought about significant changes to provide more educational opportunities to children with disabilities at regular schools, as well as in the enrolment of students with disabilities in higher education institutions. Research also shows that enrolment of students with disabilities in higher education institutions have increased all over the world since the 1960s (Dukes, 2001). More number of students with disabilities now chooses to attend institutions of higher education due to accessibility laws, legislation support, disability advocacy groups, and developments in technology (Hirschorn, 1992). Consequently, policy and provisions for students with disabilities have taken place within different educational structures and systems. For instance, in India, the Action Plan for Inclusive Education of Children and Youth with Disabilities (IECYD), 2005 has put emphasis on higher education for students with disabilities. The major focus is on enabling more number of students with disabilities to access secondary and higher education by providing disabled friendly examination facilities across states and boards. Secondly, under this provision, it also focused on increased enrollment of young persons with disability in mainstream higher education and vocational courses (See Ministry of Human Resources and Development, Annual Report 2005).

Further, universities have begun to extend the provision of support services to ensure their active participation and success. The UGC, on its part, is committed to implement higher education related guidelines and schemes as per the provisions of the PWD Act and the directions issued by the Government of India from time to time (See Extracts from the XI Plan UGC Guidelines on Grants to Universities). The following recommendations were made, pertaining to the accessibility of education and equal opportunities to Persons with Disabilities, by the Group of Ministers, Government of India, in a meeting held on June 13, 2008: firstly, “All educational institutions should be made barrier free within a reasonable time-frame of, say, two years for universities, and
three years for colleges and schools. They should also have facilities to provide Braille books and talking books. Sign language interpreters should also be provided in institutions having hearing impaired students.” Secondly, “Most Central Universities and, at least one state university in each State should have a Department of Disability Studies, which should address all issues relating to persons with disabilities – especially human rights, rehabilitation, education etc.” With these two recommendations, the Government of India fulfilled the affirmative action, which aims at providing equal opportunities to Persons with Disabilities and ensuring their full participation in mainstream activities.

UGC Schemes towards Assistance to Universities/Colleges for SWDs

The UGC has also circulated the Disabilities (Equal opportunities, Protection of Rights and Full Participation) Act, 1995 to the universities urging them to strictly follow the provisions contained therein. Keeping in mind the context of the study, the researcher has explained some of the provisions and schemes started by the University Grants Commission, which aimed at providing equal educational opportunities to students with disabilities in higher education institutions and ensuring their full participation. These are:

a) **Reservations**: The Commission has considered the implementation of PWD Act, 1995 in universities and colleges and approved 3% reservation for students with disabilities in admission to all the courses of study offered by higher education institutions. It also recommends that all the university buildings, classrooms, and laboratories, etc., must be accessible for students with disabilities (See UGC references No.F.11-5/95 (CPP II) dt.03.02.2000).

b) **Relaxation in upper age limit to Persons with Disabilities in admission**: The Commission has considered the issues concerning students with disabilities and agreed to provide relaxation up to a maximum of five years to the students with disabilities in
admission in various courses in all the universities and colleges (See UGC references No.F.6-1/2002 (CPP II) Vol. III dt.02.08.2006).

c) Extending facility of cassette recorders for students with visual impairments in Universities: The Commission has been providing financial assistance to all higher education institutions for purchase of library books and journals in each Plan Period. It also requested all the universities and colleges to utilise a part of library grant for the purchase of special equipments such as Braille typewriter/Dictionary, tape-recorders and cassettes, etc., to enable students with visual impairment to make use of these facilities (See UGC notice reference No.F.15-3/80 (CP)).

d) HEPSN (Higher Education for Persons with Special Needs) Scheme: The UGC had started the HEPSN (Higher Education for Persons with Special Needs) scheme during the Ninth Five-Year Plan to assist universities and colleges. The HEPSN scheme is basically meant for creating accessible environment for students with disabilities at higher education institutions to provide better educational and learning facilities and environment which meet their requirements. It has three components to deliver the services to students with disabilities in higher education institutions. These are:

- **Enabling Unit.** The UGC recommended to all universities to establish an Enabling Unit to develop awareness among the functionaries of higher education institutions about the needs of students with disabilities and also to provide necessary guidance and counseling to students with disabilities.

- **Providing access to students with disabilities:** The main objective of this component is to create an accessible environment by providing special arrangements in the environment as per their diverse needs as well as for independent functioning.

- **Providing special equipment** to extend educational services to students with disabilities (See Extracts from the XI Plan UGC Guidelines Grants to Universities).
Thus, the universities and colleges are encouraged to procure such devices including computers with screen reading softwares, low-vision aids, scanners, readers and scribes for visually challenged students, mobility devices etc. With all these policies and provisional support services of the government of India, the University Grants Commission aims at providing equal educational opportunities to student with disabilities and ensuring their full participation in higher education institutions. Although various steps have been taken in order to improve the higher educational opportunities for students with disabilities, there are very few explicit signs of progress. According to University Grants Commission (UGC), 6 per cent of the youth population is enrolled in Indian universities and colleges. Based on the most conservative estimates for the disabled youth population in India, approximately at least 3,160,000 disabled youth should be in the Indian universities and colleges. However, just 1.2 per cent of the 3.6 lakh disabled youth are in the universities and colleges. It can be concluded that higher educational system in India is not accessible to 98.8 per cent of its disabled youth. Similarly, a survey conducted by National Centre for Promotion of Employment for Disabled People (NCPEDP, 2005) shows that only 0.1 per cent (male 0.07 per cent, female 0.03 per cent) of the total number of students in 52 universities were those with disabilities. Although 3 per cent seats are reserved for the students with disabilities; this indicates that these students are not able to reach the higher levels of education. This study concludes that most of the institutions obviously did not understand the issue of access and were under the impression that all the places were accessible to all present and future students with disabilities.

Generally, the higher education stage demands formation of an independent social and personal identity. Students with disabilities have to overcome various challenges of academic demands combined with their disability. Disability service providers also play an important role in the success of these students at higher education institutions (Reber, 2007). Many of these students, due to fear of being labeled and of stigma, avoid disclosing their disabilities and needs to higher authorities, teachers and friends in higher education. Thus, these students face many problems in higher education institutions due
to various reasons. But there is a dearth of research focused on this area specifically in the Indian context. Therefore, the current study aims to explore the educational experiences of students with disabilities in higher education institutions in Andhra Pradesh.

1.5. Organisation of the Study

In the present chapter, the terms disability and education were conceptualised in a global context. A brief discussion of the growth of higher education and status of students with disabilities in higher education in Indian context has been presented. The subsequent chapter, Review of Literature, has been presented in a systematic manner; clarifying the concepts related to these students and issues in higher education. It also presents research review on various aspects of the subjects and also other stakeholders in this study. This extensive review of literature provides a base for the conceptualisation of the research problem. The review consists of both Western and Indian studies carried out in this area of research. The third chapter is devoted to methodological aspects, namely, the plan and implementation of the study. The background of the study presents the rationale for the study followed by objectives, theoretical and conceptual framework, and research questions in this study. This is followed by research design, study area, sampling method, data collection and analysis procedures. The next four chapters (4, 5, 6, 7, 8, 9 and10) describe the results of the study along with a brief discussion of the findings. The discussions are based on comparing and contrasting the findings of the present study with those of earlier studies, observations made in western and Indian settings. As an adjunct to the last chapter which deals with the favourable and hindering factors responsible for the creation of inclusive environment in higher education institutions and implications for policy, and practice as well as suggestions for future studies are stated. The appendices present the references, as well as tools, of the current study.