CHAPTER II

PROBLEMATICS OF THE TERMS

'PHYSICALLY HANDICAPPED' AND 'DISABLED'

2.1. Conceptions of the Terms ‘Physically Handicapped and Disabled’

The terms 'physically handicapped' and 'disabled' are often used with a certain confidence, suggesting as if we know exactly what they mean. But in reality, we don't. We just make an attempt to explain, much less define them. These mean different things to different individuals, society and the state and vary with time and place and therefore, the purport of these terms also varies.

Efforts have been there to define them exactly, but there are certain problems: The question, 'Who is disabled', Give rise to other questions,’ who is defining? What is his purpose? Under what circumstances is the attempt being made’? The cause and effect (degree or percentage) of disability are also important factors especially when the purpose of definition is to grant compensation to the disabled. Cross-cultural considerations further add to the complexity of the problem of defining these terms. Culture specific meanings attached to these terms may render the cross cultural comparisons of disability difficult. For example, if it is a value in one culture to run fast at a high speed-say in a hunting society-a person, who is not suffering from any impairment of limbs or disability to walk, will be considered a handicapped person due to this value.

However, as we scrutinize the different meanings of these terms, we find something common in the sense that disability has relation to physical fitness. But it may be pointed out that physical fitness itself defies easy definition. It is relative to different professions; for example, a person might be perfectly physically fit to be a

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wrestler but might not be physically fit to be a musician who requires such characteristics as hand stability and finger dexterity. The physical fitness for a Swimmer or sportsman may be totally different from that of a Minister of Sports. The fact of the matter is that there is none in the world who is totally able and none is totally disabled.³ Those who are able today could with one cruel stroke of Nature become the disabled of tomorrow. Conversely, the disabled of today with the assistance of rehabilitation programmed and acceptance by the society could consider themselves belonging to the camp of able bodied.

In common usage, the terms impairment, disability and handicap are tended to be used interchangeably. However, according to the authorities in this area, these terms can have different connotations in different cultural contexts.⁴ The extent to which a particular physical deformity will be considered a ‘disability’, ‘handicap’, ‘impairment’, depends upon the culture in which a person lives.⁵ Small feet with stunted growth might verge on a deformity in U.S.A. but will be normal in China.⁶ A physically handicapped person is that who is unable to play his social roles (due to his physical disability) expected of him.⁷

*Freidson*, an American sociologist, while discussing the functional implication of disability observes that by definition, a person said to be handicapped is so defined because he deviates from what he himself or others

Believe to be normal and appropriate.⁸

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According to Webster's Dictionary, disability is defined as 'a state of being disabled, absence of competent physical, intellectual or normal power, fitness, or the like, also an instance of such lack.

In its popular sense, disabled person is one who has lost a limb or who is physically deformed in some obvious way. At the outset, the term 'disabled'

suggest a state of helplessness; something short of normal standards of 'physical fitness'. But the standard itself seems vague and inadequate. Each individual has one or the other, physical limitation which makes him unable to perform certain routine tasks. Contrary to this, there is no disability, which stops the person to undertake any task at all. For example, a totally blind person may be a very good singer; a deaf and dumb person may get a name in creative writing and an orthopedically disabled may turn out to be an efficient administrator. This is so because 'physical fitness' is also to be judged in terms of functional capacity of the individual for a particular task. Viewing it from the 'physical fitness' point of view, disability may be considered as a limitation in performance of normal activities by an individual when compared with a person.

Some of the psycho-motor activities which a normal person performs in day to day life include walking, reading, writing, speaking, lifting, moving of various parts of the body, climbing, use of stairs, going in and getting out of the bed, boarding a bus or train, cooking food, eating, bathing, dressing, joining the employment by choice. These activities are a part of the adaptive process that ordinarily provides for reasonably stable and healthy behavior of a person in response to the physical, psycho social and economic demands of life.

Mr. Justice V.R.Krishna Iyer also views disability as 'any restriction or lack (resulting from an impairment) of ability to perform an activity in any manner or within the range considered normal for a human being.'

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Every departure from able-bodied perfection does not itself constitute disability. Two decades ago, in a survey in England, only people whose impairment led to difficulties in matters of self – care which one could not overcome even by therapy or aids, were described as handicapped.¹²

Generally the terms 'disabled' and 'physically handicapped' are used interchangeably. The confusion over the meanings of and distinction between these terms further gets multiplied when one author uses the term 'disability' and other 'handicap' to explain the same situation. For example, some writers use the expression visual disability or visual handicap for describing the condition of blindness. Not only that, these terms have been used interchangeably even in the same research paper.¹³

One psychologist referred to 'disability' as a condition of impairment, physical or mental.¹⁴ The term 'handicap', on the other hand, is used to describe the disadvantages imposed by an impairment or disability upon a specific person in his cultural pattern or in his psychological, physical, vocational and community activities.¹⁵ Handicap is more of a social condition imposed on the disabled individual. The social attitude towards 'disability' is one major factor in assessing the extent of 'handicap' of an individual. Apart from the adverse social attitude, the degree of impairment, mental state of the

Impaired individual, family environment of such an individual, cultural set-up in which the individual is placed, and the state role are some other factors. The, negative and ill effects of adverse social attitudes can be minimized by providing the impaired individual a platform where he can develop his potentials without a feeling of inferiority, fear of social ridicule and also have full social participation with the able-bodied people with complete confidence.

¹³ R.E. Bates (1965): *Meaning of 'Disabled' and 'Handicapped', Their Relationship to Each Other - and Specific Defects*, University Of Houston at p. 73.
Handicap is a sum total of the hindrances and obstacles which the disability interposes between the individual and his maximum functional capacity. The inter depending relationship between disability and handicap

Further gets support from Justice Krishna Iyer who explains handicap as ‘a disadvantage for a given individual resulting from impairment or a disability’ that limits or prevents the fulfillment of a role that is normal (depending upon age, sex and social and cultural factors) for that individual.

In this sense every handicapped person has one or the other disability, but every disability may not necessarily lead to a handicap. It is the social handicap, more than any disability or impairment that aggravates the problems of the disabled.

A British psychologist distinguishes the terms 'Disability' and 'Handicap' by using the term 'Impairment' which he defines as any deviation from the normal resulting into defective function, structure, organization, or development of the whole or any part an individual's faculties. Here impairment is of anatomical nature which reduces the ability of a person to function as a biological organism but does not necessarily reduce his capacity to perform social roles. Thus, for example, impairments might include night blindness, loss of an arm or a leg, poor vision, hard of hearing, flat foot, and enlarged bones and so on. All such impairments have functional effect in the sense! That they do reduce the capacity of the individual to perform some biological function but these reductions function does not necessarily lead to reduce social capacities.

Disability always leads to a limitation of some bodily functions sensory or psycho-motor functions. However, it does not remain confined to physical aspect only. It goes beyond covering various aspects like the psychological, social, educational, and economical aspects. The cumulative effect of all these aspects is nothing but a 'handicap'. The disabled feels handicapped and is made to feel handicapped. He is

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treated as an object of pity, ridicule or comedy. For example, on a countless occasions we hear people addressing the disabled not by their names but by their disability like 'Langra' (for a person without legs), 'Behra' (for a deaf), 'Gunga' (for a dumb), and 'Andha' (for a blind).

Impairment causes some kind of sensory-motor dysfunction which renders the individual incapacitated to perform certain bodily activities in a normal fashion. This disability to have a normal pattern of human actions when reacted to adversely by the peer group or society at large includes a feeling of insecurity in the disabled individuals. This ultimately creates a consciousness of being handicapped.

According to the World Health organization,\(^{19}\) a disabled person is one who suffers from any one of the following:

(a) **Impairment**: It is concerned with abnormalities of body structure and appearance and with organ or system function resulting from any cause; in principle, impairments represent disturbance at the organ level.

(b) **Disability**: It reflects the consequences of impairment in terms of functional performance and activity by the individual; disabilities, thus, represent disturbances at the individual level of the person.

(c) **Handicap**: It is concerned with the disadvantage experienced by the individual as a result of impairments and disabilities; handicap thus reflects interaction with and adaption to the individual's surroundings.

Making the Declaration on the Rights of the Disabled Persons, the General Assembly (of the United Nations) at its plenary meeting on 9th December, 1975 defined a disabled person "as any person unable to ensure by himself or herself wholly or partly, the necessities of a normal individual and/or social if as a result of a deficiency, either congenital or not, in his or her physical or mental capabilities".\(^{20}\)

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A similar view was put forward in the 1976 General Assembly Resolution No. 31/123 dated 16 December 1976.\textsuperscript{21} It may be pointed out here that no attempt was made to distinguish between the three related terms i.e. Impairment, Disability and Handicap. The term disability was broadly used to encompass the different meanings.

Another international organization which has systematically tried to define the meaning of the term 'Disability' is \textit{International Labor Organization}. In its Recommendation No. 99, it provides a clear and concise definition of the term 'disabled'. It says: "A disabled person is an individual whose prospects of securing and retaining suitable employment are substantially reduced as a result of physical or mental impairment".\textsuperscript{22} It may be submitted here that the definition of disabled person adopted by \textit{International Labor Organization} is of limited scope because it takes into consideration only a particular aspect of disability. It is true that disability does reduce the prospects of securing or retaining suitable employment but its dimensions are more than that also. So ability can't be construed in terms of Employment alone. It is worth mentioning over here that the prospects of securing or retaining a suitable job do not always depend upon physical ability alone. It depends upon so many other factors also. However, this definition is a guiding torch for all the nations while legislating on industrial injuries and industrial disablement and compensation problems.

Indian Legislation with regard to industrial injuries and compensation seems to be in tune with the \textit{ILO's} conceptualization of disability. The Workmen's Compensation Act, 1923 (an Indian Statute) categorizes disability as under:

(1) Temporary total disability is that period in which the injured is totally unable to work;

(2) Temporary partial when disability period is that recovery has reached the stage of impairment so that the person may begin some kind of gainful occupation.

\textsuperscript{21} By this resolution \textit{United Nations} declared (1981): International Year of Disabled Persons.
(3) Permanent disability refers to permanent damage or loss of use of some part of the body after the stage of maximum improvement from orthopedic or other medical treatment has condition is been reached and stationery.23

Again, India passing Parliament while the Employees State Insurance Act, 1948 seems to be in line with the definition in disability given of ILO's as conceptualization of disability. The Act classifies and defines disability as under:

(1)  **Temporary disablement**: It is a condition resulting from an employment injury. This requires medical treatment and renders an employed temporarily incapable of doing the work which he was doing prior to or at the time of injury.

(2)  **Permanent Partial Disablement**: It is such disablement of a permanent nature as reduces the earning capacity of an employee in every employment which he was capable of undertaking at the time of the accident resulting in the disablement.

(3)  **Permanent total disablement**: It is such disablement of a permanent nature as incapacitates an employee for all work which he was capable of performing at the time of accident resulting in such disablement.24

Severity of disability affects the degree to which an individual's performance of customarily expected activities is restricted. It may be a congenital or acquired deformity. Keeping in view the severity/degree of disability, persons can be categorized as under:

(1)  **Not disabled**: No disability present, that is, the individual can perform the activity or sustain the behaviour unaided and on his own without difficulty.

(2)  **Difficulty in performance**: Difficulty is present, that is, the individual can perform the activity on his own but only with difficulty.

(3)  **Aided performance**: Aids and appliances are necessary, that is, the individual can perform the activity only with a physical aid or appliance.

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23 Workmen's Compensation Act (1923): Sub Section (g) and (1) Section 2
24 Employees State Insurance Act (1948): Sub Section 21(A) and (B).
(4) **Assisted performance**: The need for a helping hand is a must, that is the individual can perform the activity, whether augmented by aids or not, only with some assistance from another person.

(5) **Dependent performance**: At this stage there is complete dependence on the presence of another person for the performance of an activity.

(6) **Augmented inability**: At this stage it is impossible to perform the activity without the help of another person and the latter needing an aid or appliance to enable him to provide this help.

(7) **Complete inability** at this stage, activity or behavior is impossible to achieve or sustain.

It is very difficult to estimate the incidence and prevalence of various types of disabilities among the Indian population because of some inherent problems. The detection of disability for that matter is not easy in any part of the world particularly because of the problem of accurate and exact definitions. No two countries subscribe the same definition. The term 'disabled' is also defined in different ways depending upon the purpose in view i.e. Medical or Administrative. The two approaches can be very limited and one-sided in emphasis. The clinical approaches stress the mental health aspect of disability while the administrative approach would be more focused on the work efficiency of the individual concerned.  

Amidst all these efforts, it must not be supposed that the disabled individual is passive. His behavior will depend on how he defines himself. Is he well or sick? Permanently impaired or convalescing until he returns to normal? Others may call him disabled what meaning does the label have for him? Compared to his neighbors or to family members, is he hindered in taking what he sees to be his normal role in society? What is his understanding of his physical condition and what is his picture of the future?

The individual's self-definition challenges both the State and the Society.

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2.2. Causes of Disability

Disability is considered undesirable by all the four: the individual who is disabled, who is made to feel handicapped in taking what he sees to be his normal role in society; the family which feels cursed on the birth of a child with deformities; the society which expects some contribution from all its members including the disabled lot and which in its rat race to make a successful living, looks at everything that is deviant from the normal as a mishap. A child with disability would be considered, therefore, as a disturbance for the course of progress of the society and the State who is under an obligation\(^\text{27}\) to make effective provision for the rehabilitation of the disabled. Something which is viewed as so deadly by all has to be prevented by all means. But before we can make an effort to prevent it, we need to know its root cause(s) and the sources from where it comes and spreads. There can't be any conclusive list of causes of disability applying to all the nations, because a particular cause amply rendering a good number of people disabled in one country may be the cause at the lowest step of the ladder in the other country. For example, malnutrition because of poverty is one of the

Major causes of disability in India but it is not so in America. The President the United Nations General Assembly in his International humanistic message Year of Disabled Persons said:

"When we consider the problem of the disabled it behooves us to remember that the line that separates them from world's healthy people is not a static one. Those who are healthy today could easily become the disabled of tomorrow. Old age, disease, accidents all these can transform our situation in life.\(^28\)"

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\(^{27}\) The Constitutional provision for this purpose exists in Article 41 which lays down: "The State shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness, and disablement", Employees State Insurance Act, (1948) also has provision for the rehabilitation of the insured employee who has become disabled. Section 19 of the Act lies down: "the 'Corporation' may, in addition to the scheme of benefits specified in the Act, promote measures for the improvement of the health and welfare of the insured persons and for the rehabilitation and re-employment of insured persons who have been disabled or injured".

\(^{28}\) Quoted in Krishna Iyer (1999): Law Justice and the Disabled see supra note 11 at pp.52-53 at p. 51
Several factors are responsible for causing disability genetic disorders, Congenital disturbances, injury at pre-natal, natal or Post natal stage, traffic accidents, occupational accidents, malnutrition of expectant and nursing mothers and children, infectious diseases, environmental pollution, natural and man-made catastrophes are the apparent factors responsible for different types of disabilities varying in degrees and dimensions. 'Added to this list are the conditions of ignorance and poverty. Poorer sections of the society are invariably more prone to these factors.  

As identified by the UNICEF the following major causes have been considered to be responsible for causing disability:

(1) **Inadequate Nutrition of Mothers and Children including Vitamin Deficiencies.**

It has been pointed out that (as per old survey in 1982) we had more than 2.5 million children in India who were affected by blindness in early childhood on account of lack of vitamin 'A'. About 14 thousand go blind every year because of this deficiency. About 10 to 15 percent of all children suffer from night blindness. While talking on the problem of disability at length suggests vitamin 'A' so cheap, if given to children, will prevent blindness in many cases. Over-population, poverty and ignorance are a few main reasons for inadequate and malnutrition of expectant and nursing mothers and children.

(2) **Pre-natal, Natal and Post-natal Damage**

It is tragic that majority of the pregnant women go without medical care even when it is very much required prior to delivery. Once again, poverty in some cases and

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29 Supra note (2002): Though not direct, the relationship between disability and poverty has been clearly established. While the risk of impairment is much greater for poverty stricken, the converse is also true. The birth of an impaired child or the occurrence of disability in the family, often places heavy demands on the limited resources of the family thus thrusting it deeper into poverty. The combined effect of these factors results in higher proportions of disabled persons among the poorest strata of society at p. 5.


ignorance in others are the reasons of course, the Government is doing a lot of publicity in all possible ways about the various do's and don'ts for the pregnant women, yet it is noticed that very few pregnant women have medical consultation before delivery. Congenial medical care at the time of delivery and prompt pediatric attention must be ensured to avoid any damage or deformity.

(3)  **Misuse of Drugs by Expectant Mothers**

It has been noticed that misuse (excessive use of self-medication) of drugs by expectant mothers leads to injuries to the foetus and causes handicaps to the child when it is born. Sale of drugs harmful during pregnancy should be discouraged without medical prescription and should bear the warning 'Injurious to expectant mothers' on the packing. Use of spurious drugs and medicines manufactured unmindfully by money-minded people can also cause disorders and deformities in the child in the mother's womb.

(4)  **Accidents**

Whatever is the cause of an accident, but it does cause disability to the victim in many cases. Accidents may be of the following types:

(a) Road or traffic accidents which may be reduced or minimized through proper education in traffic behavior, traffic regulations and their execution as well as by paying attention to the condition of the vehicles.

(b) Work or occupational accidents the Industrial Revolution has brought in bargain a big toll of accidents every day. Legislation and law enforcement, health control of workers by the employers, monitoring of accidents and environmental hazards, introducing safety measures by management, occupational health authorities and labor organizations are some of the measures which can mitigate the agony caused by the accidents.

(c) Home accidents, for instance burns caused while using the cooking appliances, accidents caused following roof-fall or tree falling. Community education, improvement of home installation and housing, redesigning of cooking stoves,
use of less dangerous fuel can be the measures that, if taken, can reduce the after effects of such accidents.

(5) Genetic Factor

Nowadays there is an increasing awareness of the importance of genetic factors in the etiology and pathogenesis of many disorders affecting man. In a survey carried out in Newcastle in 1970, no less than 42% of childhood deaths could be attributed to diseases which are of genetic causation. For a vast majority of disorders caused by genetic factors there is yet no effective treatment and prevention is the main approach to the problem. Club feet, cleft lip and palate, epilepsy, cerebral palsy, mental retardation, congenital heart diseases, and dislocation of hip are some of the common disorders caused by genetic factor. The model of such disorders may be viewed as a sequence:

Etiology > pathology > manifestation,

The sequence underlying illness/disorders related to phenomena thus needs extension to show the progression as:

Disease/disorder > impairment > disability > handicap

(6) Other Factors

Several other factors such as environmental pollution, food adulteration, lack of sanitation, excessive use of alcohol by expectant mothers, excessive exposure to radiation, war and other violence, and superstitions are also causes of disability.

The World Programme of Action Concerning Disabled persons concluded that many factors are responsible for the rising numbers of disabled persons and the relegation of disabled persons to the margin of the society. These include:

34 Id., at p. 106.
(a) Wars and the consequences of wars; and other forms of violence, epidemics, destruction, poverty, hunger, major shifts in population.

(b) A high proportion and impoverished of over-burdened families; overcrowded and unhealthy housing and living, conditions.

(c) Populations with a high proportion of illiteracy and little awareness of basic social services or of health and education measures.

(d) An absence of accurate knowledge about disability, its causes, prevention this includes and treatment stigma, ideas on discrimination misconceived and disability.

(e) Inadequate primary care and health of programmer services.

(f) Constraints, including lack of a resource, geographical distance, physical and social barriers, that make it to take impossible people for many advantage of available services.

(g) The channeling of resources of highly specialized services that is not relevant to the needs of the majority of people who need help.

(h) The absence or weakness of an infrastructure of related services for social assistance, health, education, vocational training and placement.

(i) Low priority in social and economic development for activities related to equal is at ion of opportunities, disability, prevention and rehabilitation.

(j) Industrial, agricultural and transportation-related accidents.

(k) Natural disasters and earthquake.

(l) Pollution of the physical environment.

(m) Stress and other psycho-social problems associated with the transition from a traditional to a modern society.

(n) The imprudent use misuse medication, of the therapeutic substances and the illicit use of drugs and stimulants.

(o) The faculty treatment of injured persons at the time of a disaster, which can be the cause of avoidable disability.

(p) Urbanization and population growth and other indirect factors.

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37 Id., p. 40.
2.3. The Concept of Rehabilitation

'Rehabilitation' is a big word with a bigger purpose.\(^{38}\) Its scope and horizons get widened when it relates to the 500 million\(^{39}\) tenants of our planet\(^{40}\) seeking a sense of security and peace. The term has its origin in the civil or canon law of a feudal society of the middle ages. At that time, its meaning was the restoration to a Knight of a former right, rank or privilege which had been lost or forfeited,' because of the lord's whim or restoring the reputation of someone by clearing of unjust or unfounded charges.\(^{41}\) It was only after the First World War and more specifically the Second World War that concern towards the rehabilitation of the disabled gained momentum with the advent of modern social thinking and practice, the word has come to mean, most often concerning one's physical or mental capacity. Rehabilitation is entering its golden age when it can truly become an accepted theory and practice of medical procedure, of social case work, of vocational education and counseling, of individual and group therapy, of management-labor concern, of agency planning and of community understanding.

Looked at from this point of view, an objective oriented rather than service-oriented rehabilitation supports the philosophy that 'what a person is capable of doing is of greater importance than that which he or she cannot do.'\(^{42}\) The United Kingdom, the National Council on Rehabilitation in 1942 issued a definition of rehabilitation which is still widely quoted and used: 'restoration of the handicapped to the fullest physical, mental, social, and vocational capable'.\(^{43}\) And economic usefulness of which they are in an attempt to clarify the situation and provide classification\(^{44}\) schemes and definitions of the basic terms, the World Health Organization drew up a Manual\(^{45}\) which defined 'Rehabilitation' with reference to the disabled as follow:

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39 UNICEF (1975): "The Disabled Child", people throughout the world suffering all types and degrees of disability thus numbered an estimated 490 million (12.3% of the world population), by the year 2000, their number will reach an estimated 846 million (13.5% of the world population).
44 Classification of Impairment, Disabilities and Handicaps
Rehabilitation means a goal-oriented and time limited process aimed at enabling an impaired person to reach an optimum mental, physical and/or social functional level, thus providing him or her with the tools to change her or his own life. It can involve measures intended to compensate for a loss of function or functional limitation (for example by technical aids) and other measures intended to facilitate social adjustment or re-adjustment.\footnote{Ibid., at p.7}

The process of rehabilitation of the disabled is essentially one of optimizing the effectiveness of personal health services; medical care, counsel and material and other assistance and it must provide solutions to a number of individuals. The process often involves the diagnosis of unique problems and complications. These solutions include: early detection of physical, psycho-social and vocational or educational impairment and early management of the conditions that will lead to disability, provision for a prospective plan of care and its implementation for functional evaluation, diagnosis and prognosis, exploitation of potential capabilities of the patient and health professionals serving him in a responsive psycho-social system and reduction of environmental barriers both physical and social to provide opportunities for "full participation and equality,"\footnote{Keynote of International Year for Disabled Persons (1981): \textit{Full Participation and Equality}, proclaimed by the General Assembly of the United Nations in their resolution No: 31/123 dated 16th December 1976.} in the mainstream of life and lastly enduring achievement of personal independence from supportive services and exercise of personal prerogatives for rewarding vocational, educational and recreational activities. Rehabilitation, being a philosophy, an objective and a method, involves the performance of a task; namely the organization of the means to overcome the effects of disability. Like all assignments, it requires tools and, in general, and with regard to the disabled,

These may be categorized\footnote{Scott Allan (1987): \textit{Rehabilitation}, see supra note 38 at p. 21.} into:

(i) Programmers,
(ii) Services,
(iii) Personnel and
(iv) Facilities.
Programme means a broad plan of procedure to be initiated and carried out in rendering services to the disabled. Rehabilitation programmers differ in scope, organization, purpose and practical operation. The scope of a programme may be of national, state or local level. Some programmers may operate at all the three levels. The practical programmer in operation of rehabilitation of the disabled may be along several lines given below:

(a) Establishment of services;
(b) Information and publicity;
(c) Co-ordination of activities;
(d) Professional exchange of ideas;
(e) Fund-raising plans; and
(f) Research/Education plans.

Services: The second category in the tools of rehabilitation consists of the services, which are specific in nature, to be rendered for the benefit of the disabled persons. Webster's Dictionary defines services as “any result of useful labor which does not produce tangible or as conduct commodity a contributing to the advantage of another or others”. The services normally included in the rehabilitation process can be listed as follows:

(a) Physiotherapy;
(b) Occupational therapy;
(c) Speech and Hearing Therapy;
(d) Counseling(Psychological & Vocational) ;
(e) Vocational Training and Placement;
(f) Prosthetic Service(fitting and training in the use of artificial limbs or other device) ;
(g) Medical Treatment(identification and evaluation of disability, surgery);
(h) Institutional nursing Care (hospital, home, rehabilitation centre etc.);
(i) Sheltered employment;
(j) Work Evaluation, and
(k) Recreational Services.
(iii) **Personnel:** The following may be the personnel involved in rendering services to the disabled:

(a) Physicians and Surgeons;
(b) Nurses;
(c) Physiotherapist;
(d) Occupational therapist;
(e) Speech and Hearing therapist;
(f) Counseling and Social Workers; and
(g) Voluntary Organizations.

(iv) **Facility:** The dictionary meaning of the word 'facility' is "a thing ease of any action that promotes the operation or course of conduct". In other words, it means the specific locations for medical, psychological and vocational rehabilitation of the disabled. Such facilities would of the following types:

(a) Hospitals (particularly rehabilitation wings),
(b) Rehabilitation institutes or centre’s,
(c) Vocational training schools,
(d) Schools for particular disabilities.

Our first and foremost need for translating the process of rehabilitation from philosophy to practice, from word to work and from knowledge to karma requires the knowledge of the fact that 'human beings are most important. No rehabilitation activity can be advocated or carried on by ignoring the importance of human life and dignity of man. Imbued with this kind of philosophy, it becomes inconceivable to relegate the disabled to seclusion, and apathy, and their' institutionalization as a substitute for the family shelter.\footnote{Virendra kumar (1982): “*Family Shelter to the Disabled: A Blend of Compassion, Commitment and Claims of Conscience*”, a paper read in Seminar on 'Disabled Persons and the Law’ Department of Laws, Panjab University Chandigarh.}
2.4. Some Pre-Requisites for an Adequate Rehabilitation Programme

Certain specific challenges\textsuperscript{50} confront those who are concerned with rehabilitation, whether physician, administrator, therapist, counselor or community planner. The following seem to be some of the areas of challenge which could well serve as guidelines for future planning and action:

\textit{(i) Developing an Improved Public Attitude towards the Handicapped}

Barring a few, the benefits of several ameliorative state legislations' executive concessions and judicial help cannot reach the door of the handicapped unless public attitude towards them changes from pity to acceptance, and accepting them for their abilities and not for their disabilities. Rehabilitation is not just the job of the specialized agencies; it is the responsibility of the community as a whole.

\textit{(ii) Weaving the Pattern of Rehabilitation into Practice of Medicine}

Rehabilitation begins with diagnosis\textsuperscript{51} and this can be made in a hospital or other diagnostic centers. The hospital may be reasonably expected to incline heavily towards the in-patient type of rehabilitation care and towards physical, restoration. With the advances in the complexity of our industrial civilization causing new risks and hazards to life and limb present a new kind of challenge to the world of medicine. Certainly if rehabilitation is to be considered in a broad sense as something which must be planned for or actually begin as soon as the patient has fallen victim to injury, impairment or illness, then it must be the prime concern of the hospital and its medical staff from the day of admission. Unfortunately, our doctors, in the past, regarded rehabilitation as something which is really outside the province of their profession - something which is primarily of concern to social workers, various types of therapists, vocational and psychological counselors and voluntary agencies. However, during World War II, the close relationship between the growing field of rehabilitation and the specialist of physical medicine became increasingly evident. The lessons' learnt from the rehabilitation of battle casualties were gradually translated to the civilian population.

\textsuperscript{50} Scott Allan (1958): "Rehabilitation", see supra note 38 at p. 220.
and to community health services. In its most effective form, the rehabilitation programme in the general hospital(s) will make significant contribution in the following areas:

(i) Insure maximum functional use of affected body parts.
(ii) Insure more prompt recovery and a shorter hospital stay for the patient with acute medical or surgical condition.
(iii) Prepare the severely disabled patient for self sufficient living at home.
(iv) Lay the ground work for much more effective vocational or other special rehabilitation therapy and training after discharge.

(iii) Planning for Adequate Rehabilitation and Proper Facilities

It has the connotation in and medical and rehabilitation building circles of the institution or the actual in which certain definitive services for the disabled are rendered. Proper use of such Facilities is basic to effective rehabilitation. Self-interest must give way to sound community planning. Comprehensiveness rather than specialization seems the desirable aim in facility planning.\textsuperscript{52}

(iv) Integrity of Public and Private Programmes

Proper planning of the programmes and their execution is not the prerogative of the State or voluntary agencies alone. They must Join hands and have equal partnership in the deal which deals with the disabled. Without this partnership, services rendered under rehabilitation schemes shall be scattered and not reach the ones who need them most. Rehabilitation process involves various specialized services\textsuperscript{53} which can be best rendered if divided among the government and voluntary agencies. It may be the real challenge we face in the coming years is to see whether it is going to be possible for the

\textsuperscript{52} "Health Message to Congress" (1954): White House Press Release, January 18.

\textsuperscript{53} For example, some of them can be: hospitalization, physiotherapy, occupational therapy, speech and hearing therapy, vocational therapy, vocational and psychological counseling, recreational services, producing awareness among the masses, informing the \textit{disabled} about the facilities available, raising the. Funds, proper distribution of such funds on various programmes etc. Some of these can be best performed by the Government and others by the voluntary agencies depending upon their resources and capacity.
public and private agencies and a multitude of professional disciplines to work together affectively for meeting the needs of the disabled.\(^{54}\)

(v) **Recruiting and Training Rehabilitation Personnel**

The basic core disciplines involved in rehabilitation consist of specialists in rehabilitation medicine, nursing specialists, physical and occupational therapists, prosthetics, orthotics, audiologists and speech pathologists, rehabilitation counselors, psychologists and social workers. The efforts of these specialists have to be supplemented by an array of supportive personnel. 'The tools to him who can handle them', should be the criterion while recruiting various personnel in rehabilitation programme. Training them from time to time would multiply the benefits to the disabled. Grants can be placed in the social work training field to prepare some students for working in settings that serve disabled people and to encourage inclusions of material about disability and rehabilitation in the curriculum of all students of social work discipline.

(vi) **Improving the Social Laws to Include Specific Provision for Rehabilitation**\(^{55}\)

Only in the recent past has there grown recognition of the fact that it makes more sense socially and economically to restore a disabled individual to a responsible role in society than to pay him indefinitely for his disability. Imbued with this kind of thinking, an increasing amount of attention has to be given to the impact of rehabilitation administration of the social legislation.

Barring one\(^{56}\) all important social laws,\(^{57}\) In India, like most social or welfare legislation, are remedial in nature. In fact the administration of medical care and rehabilitation of the injured workers has never been a point of emphasis in our workmen's compensation system. Assisting and helping the injured workmen to regain their former physical fitness following occupational accident or industrial disease, in

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\(^{55}\) Ibid., at p. 45

\(^{56}\) Employees State Insurance Act (1948)

order that they may again become a productive and useful member of the society, should be the primary object of our compensation laws,\textsuperscript{58} for, we can never compensate, in monetary for the self-respect and self-reliance they have lost.\textsuperscript{59}

\textit{(vii) Gearing Health Plan Programmes Towards Rehabilitation}

Prevention is cheaper and better than cure' and 'nip the evil in the bud' need to be the basis of all health plans. No doubt, that in India, we have made some progress in reducing the maternal mortality from 10 for every 1000 women to 5 and infant mortality from 110 to about 80 for 11000 child births.\textsuperscript{60} This does not necessarily mean that we have acquired a significant controlling success in or preventing various forms of diseases and deformities with which children are born. The primary medical care that we now advocate emphasizes on providing adequate care to the expectant and nursing mother. Nearly 50\% of the child births in India occur unattended by the trained personnel. If this is what we see, there is likelihood of many problems being associated with child birth leading to handicaps.\textsuperscript{61} Whatever is the cause of disability, early detection, diagnosis and proper treatment can prevent to a certain extent the disability of the person.\textsuperscript{62}

\textit{(viii) Maintaining Flexibility of Programmes to Meet Changing Disability Needs}

Any rehabilitation measure, without scope for change as and when required, would not be able to serve in the real sense. With the advances in industrial civilization and mechanized farming, new hazards to life present a new kind of challenge to our rehabilitation programmes. No definite planning for community rehabilitation can be done without a careful survey of the need.


\textsuperscript{62} Ibid., at p. 34
Approving and Supporting Rehabilitation as an International Force

A disabled person has no identity of a region nor is there any dependence on caste or religion. It is a universal problem and should be tackled as such. It is generally agreed that facilities for the handicapped must form an integral part of the services in the field of health, education, social welfare and employment in every national programme.

Used wisely and sincerely, medical care and better rehabilitation could form a potent force for international security and mutual trust. The measures suggested by U.N., UNICEF, UNESCO, ILO, and WHO can be of help nation while formulating great to every it’s ‘Rehabilitation Plan’ for the disabled.

2.5. Disability in Terms of:

(i) Blindness
(ii) Deafness and Dumbness
(iii) Orthopedically Handicapped
(iv) Mentally Handicapped

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63 P.P. Bhalerao (1987): "Modes of Cross Disabilities Co-operation and Joint Programmes for the Upliftment of Women with Disabilities", "Disabled People's International (DPI) Asia/Pacific Leadership Training Seminar for Women with Disability organized by Disabled Peoples' Federation of Pakistan (DPFP) at Islamabad, Pakistan, November 29 December 3, at p. 73.


65 United Nations basic objective is to build peace and keep peace and also to see to it that the human rights are honored by all the nations of the world. Of late, United Nations and its specialized agencies have started paying lot of attention towards the rights of women, children, the aged, and the disabled.

66 United Nations Children's Fund: UNICEF is basically an organization taking care of children and mothers. It is only natural; therefore, that it should pay attention to special needs of children with physical and mental handicaps and disabilities.

67 United Nations Educational Scientific and Cultural Organisation: UNESCO is supporting all activities aimed at integrating the disabled into the life of the community by way of promoting special needs relating to education.

68 International Labor Organization: ILO is an organization which is supposed to look after the welfare and upliftment of the workers. During the performance of their work, the laborers sometimes meet with an accident resulting into some physical impairment to them. ILO, would, therefore, be interested in the rehabilitation of this category of persons.

69 World Health Organization: As an organization concerned with health, the WHO has an abiding interest in the prevention of disability and rehabilitation of the disabled.
Considering the modes of disabilities, the world of the disabled encompass four major categories; namely, the visually handicapped (blindness), the handicap of speech and hearing (deafness and dumbness), orthopedically handicapped, and the mentally handicapped (mentally retarded and mentally ill persons). The exact estimates regarding the number of physically handicapped and their break-up in each category of disability are not available in India. Even estimating, much less determining, the percentage or the total number of disabled in the country is extremely difficult, without huge expenditure of time, money and energy. Since we have no central health or social agency to which all disabling conditions are reported, it is possible only to use partial figures (many of which may contain duplication or other statistical error) and to project these towards a tentative national level. However, according to a survey\textsuperscript{70} in India, the number of physically handicapped persons per 1000 population by nature of disability was as under:

<table>
<thead>
<tr>
<th>Disability</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind</td>
<td>0.51</td>
<td>1.44</td>
</tr>
<tr>
<td>Deaf</td>
<td>0.42</td>
<td>0.93</td>
</tr>
<tr>
<td>Dumb</td>
<td>0.31</td>
<td>0.68</td>
</tr>
<tr>
<td>Lame</td>
<td>0.48</td>
<td>1.07</td>
</tr>
<tr>
<td>Crippled</td>
<td>0.76</td>
<td>1.19</td>
</tr>
</tbody>
</table>

2.48 5.31

The exact total number of the disabled of all the four categories could not be known because the survey was not conducted for the mentally handicapped persons.

\textsuperscript{70} National Sample Survey Organization (1974): “Report of survey of Disabled,” Department of Statistics, 28\textsuperscript{th} round, October-June, New Delhi. A person handicapped by more than one disability is counted under each of the disability but counted only once in the total.
2.5.1. **Blindness**

The country-wide survey conducted in 1981,\textsuperscript{71} estimated that the number (per 1,00,000) of persons with visual disability were 553 and 356 for rural and urban areas respectively. The Census Report of India,\textsuperscript{72} 1981 enumerated that there were 4,78,675 totally blind persons, the majority of them (4,24,307) were from rural areas. It may be mentioned here that this figure would have been much higher if partially blind\textsuperscript{73} persons were also counted.

In practice, the term 'blindness' means total absence of vision and 'blind' means those individuals whose vision is of no use at all in their performance of daily activities, particularly seeing, reading, walking, cooking etc. In India, a person is considered blind who can-not count the figures of an outstretched hand held at yard's distance.\textsuperscript{74}

For the purposes of granting scholarships to the blind students,

The visually handicapped are those who suffer from any of the following conditions:

(a) total absence of sight,
(b) visual acuity not exceeding 6/60 or 20/200 snellen in the better eye with correcting lenses,
(c) Limitation in the field of vision sub standing an angle of 20 degree worse.\textsuperscript{75}

A person whose degree of vision falls within the range of 20/200 snellen in the better eye is considered to be blind. If the vision in the better eye is '20/70 or less' he is considered to have impaired vision with substantially reduced visual ability. This would


\textsuperscript{73} Partially blind person is also termed as 'disabled' if the consequences of impairment are reflected in terms of functional performance and activity by the individual.


mean that the affected person's better eye can see only at 20 feet whereas a person
feet. The visual with normal vision can impairment see about 200 in a person may fall
in any of the following three categories:

(a) **Congenital blindness:** Where the affected person has never experienced sight
and is unable to visualize visual concepts.

(b) **Adventitious blindness:** Where the affected person developed blindness later in
life, gradually or all of a sudden.

(c) **Partial sightedness:** Where affected person's vision falls 'within the range of
20/200.

Cataract, malnutrition, injuries to eye, illiteracy and lack of eye care
education, and games sports, unhygienic living environmental hazards, rapid
industrialization and industrial hazards, inadequate medical facilities, accidents, and
genetic disorders are some of the major causes for blindness in India.

2.5.2. **Deafness and Dumbness**

Deafness is the most serious handicapping condition. Of all forms of physical
handicaps, it is the only handicap which is invisible. Usually, no organic conditions are
associated with deafness and dumbness that might prevent the development of speech.
The deaf are those in whom the sense of hearing is non-functional for ordinary
purposes of life. In other words, a deaf person cannot hear, being deaf in both ears
while dumb is a person who cannot speak.

Sound is the basis of human speech. The basic indications of language are
sound symbols. A child who is born deaf or becomes deaf shortly after birth finds it
extremely difficult to speak. He is thus a citizen of the 'The world of the Mute’ the
silent world, segregated from the world of sound.  

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76 Ibid., at p. 56
77 *Cataract* usually occurs in old age and is curable by timely treatment.
78 A large number of children lose their sight of one eye or both the eyes every year due to injuries
caused by *'gulli-danda*', a popular game amongst children in Punjab and sports like *'bows and
arrows’*. *Fire crackers* during Diwali or other festivals also sometimes cause injuries to the eyes.
79 *Bhopal Gas Tragedy* (1983): is the self-speaking example of industrial hazards bringing unending
darkness to many.
80 Mehta, *Disabled in India*, see supra note 25 at p. 67.
The training centre for the adult deaf established by the Central Government at Hyderabad defines the 'deaf' as those in whom the sense of hearing is non-functional for the ordinary purpose of life which would mean a loss of 70 decibels or above by air conduction in the better ear.  

For the purpose of granting scholarships to the physically handicapped students, the deaf and dumb are viewed as those in whom the sense of hearing is non-functional, for ordinary purpose of life. They don't hear/understand sound at all even with amplified speech. The cases included in this category are those having hearing loss more than 70 decibels in the better ear (profound impairment) or total loss of hearing in both ears.  

A 'hard-of-hearing' person is one who, generally with the use of hearing aid, has residual hearing sufficient to enable successful processing of linguistic information through audition. Such losses are further categorized as mild (20 to 54 db), moderate (55 to 69 db), severe (70 to 89 db) and profound (90 db and above).  

The country-wide survey conducted in 1981 estimated that the total number of deaf and hard-of-hearing in India was 2.30 lakh. This figure included both, the congenitally deaf (one who is born without hearing) and the adventitiously deaf (One who is born with hearing sufficient for acquisition of speech, but, later, as a result of illness, or accident, suffered severe hearing impairment).  

The following have been established to be the main causes of deafness:

1. Otitis media (infection of the middle ear)
2. Acute infectious diseases (communicable disease In their acute stage)
3. Chronic rhinitis (inflammation of nasal cavity for a long period)
4. Eruptive fevers (fever with some eruption over the skin)

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82 Government of India, Ministry of Welfare, Rules to Regulate Scholarship, see supra note 75.
83 E. Blender Ruth (1970): The Concept of Deafness, London & Cleveland, the Press of Western Reserve University, at p. 11.
84 Census (1981): see supra note at p. 72.
5. Cerebrospinal meningitis (acute inflammation of the covering of brain meninges)
6. Adenoiditis (inflammation of adenoids)
7. Malaria (intermittent fever caused by a protozoa plasmodium species)
8. Mumps (viral infection of parotid and other salivary glands)
9. Congenital syphilis (a spirochaetal disease since birth)

2.5.3. Orthopedically Handicapped

Persons disabled because of defects in bones, 'joints', 'muscles', tendons, ligaments of spine and the limbs fall in the category of orthopedically handicapped. The orthopedic handicap is either congenital\textsuperscript{86} caused due to genetic factors\textsuperscript{87} or acquired later in life because of illness\textsuperscript{88} or accident.\textsuperscript{89} The 1981 Census\textsuperscript{90} has put the figure of orthopedically handicapped as 3.64 lakh. Among the totally crippled, the total number in rural areas was found to be 3.12 lakh as compared to 88 thousand in urban areas. The proportion of the totally crippled per 1,000 population was estimated to be 0.555. The figure included only totally crippled persons as orthopedically handicapped and while counting the number the State of Assam was excluded. The National Sample Survey report of 1983\textsuperscript{91} estimated those 1,047 males and 597 females per 10,000 populations who have shown at least one of the loco motor disabilities in rural areas in India. For urban areas this number was 800 males and 544 females per 10,000 populations.

The term 'orthopedically handicapped' has been defined in various ways by different authorities. These definitions are based on different purposes\textsuperscript{92} and different criteria.\textsuperscript{93} The Planning Commission in India defined orthopedically handicapped as

\textsuperscript{86} Abnormal development of the embryo in the mother's womb, infection during pregnancy, gross malnutrition, excessive exposure to radiation, this results in club feet, webbed fingers or toes, deformed legs, wry neck, dislocation of hip joints etc.
\textsuperscript{88} Poliomyelitis, tuberculosis, small-pox, muscular dystrophy cerebral palsy etc
\textsuperscript{89} Accidents may be (i) Road Accident (ii) Occupational Accidents (iii) Home Accidents, *Causes of Disability*, pp. 24-33 at p.29.
\textsuperscript{90} Census (1981): supra note 72.
\textsuperscript{91} Medical, administrative, functional aspects
\textsuperscript{93} Orthopaedically Handicapped persons may be classified from the point of view of eligibility for some Government concession, aid or benefit. Without reference to the cause of handicap, or they
those whose physical capacity is impaired by the loss, deformity or paralysis of one or more limbs. They are the victims of diseases or injuries which cured leave behind a certain disability which is permanent or life-long: This definition was further clarified from functional point of view by the Association of Physically Handicapped, Bangalore, which defined orthopedically handicapped as "persons who have defects which cause deformity or an interference with normal functions of the bones, muscles or joints." This definition has been accepted as such by the Government of India for determining the eligibility requirements for the grant of scholarship to the physically handicapped persons and reservations for them in the employment for the posts in the Central Government. The definition of the term 'orthopedically handicapped' is on similar lines both in United States and New York.

2.5.4. The Mentally Handicapped

The definition and terminology used for mentally Handicapped (mental retardation) have changed over the decades. Social norms, philosophy and attitudes and provisions available in societies varied. Different consequently, the definition and classification of mental retardation are also influenced from time to time throughout the world. Professionals working in this field have been using various terms for persons with mental deficiency, viz., 'exceptional individuals', 'typical individuals',

may be categorized etiologically according to the pathogenic (nature of the causative factors) or the nature of implications and consequent problems (functional aspect).

98 M. Sethi and Anima Sen (2000): The sub-committee on the crippled, of the White House Conference on Child Health and Protection states that the crippled child, in the orthopedic sense, is a child that has the defect which causes a deformity or an interference with normal functions of the bones, muscles or joints. A Comparative Study of Orthopaedically handicapped children with their normal peers on some psychological variable Personality Study and Group Behaviour, Vol. I (2), pp. 83-95 at p. 89.
99 Anima Sen (2000): “A crippled child is an individual under twenty one years of age who is so handicapped through congenital or acquired defect in the use of his limbs and body musculature as to be unable to complete on terms of equality with a normal individual of same age”, New York, Psychosocial Integration of the Handicapped, supra note 15 at p. 156.
'individuals with developmental disability or: handicap', 'psychotic', 'feeble-minded individuals'. Most of the contemporary psychologists or psychiatrists prefer to use the term 'mentally retarded' or 'mentally handicapped'.

According to English law "Mental retardation is a condition of arrested or incomplete development of mind existing before the age of 18 years whether arising from inherent causes or induced by disease or injury". This definition was purely in terms of some physical deficiency causing mental retardation. However, the psychologists during that period defined mental retardation in terms of physical impairment and its effects in individual's normal working. For example it was in 1937 when a renowned psychologist Tredgold Stated that "it (mental retardation) is a state of incomplete mental development of such a kind and degree that the individual is not capable of adapting himself to the normal environment of his fellow in such a way as to maintain existence independently of supervision, control or external support."

The American Psychiatric Association defined mental retardation as "Subnormal general intellectual functioning which originates during the development period and is associated with impairment of either learning and social adjustment or maturation or both". World Health organization referred to it as "incomplete or insufficient general development of mental capacities."

The different definitions, discussed above, are all similar and the key concept underlying these definitions is intelligence. By far the most widely accepted definition of mental retardation is the one given by The American Association of Mental Deficiency, which not only takes into account intellectual ability but also adaptive ability. It refers to mental retardation as "sufficiently sub-average in general

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102 Section 2 (1929): Mental Deficiency Act.
intellectual functioning existing currently with deficits in adaptive behavior and manifested during the development period".  

In India, the Indian Lunacy Act of 1912 is the only piece of legislation covering the mentally retarded. This law confuses the mentally ill (insane) with mentally retarded when it defines a lunatic as "an idiot or person of unsound mind". Though the Act defines 'lunatic' as an idiot or a person of unsound mind the said words have not been defined. Both the terms indicate an abnormal state of mind as distinguished or senility mind from weakness of following old age. Lunacy is a state of mind, defective and undeveloped as in or idiot deranged or cases a disordered and thus abnormal. Thus, lunacy is a defect of reason.

2.5.4.1. Levels of Mental Handicap

The definition of mental retardation in terms of both intellectual functioning and adaptive behavior, gives rise to four categories of mentally handicapped:

(a) **Mild retardation** (I.Q. 52 to 68): The development of an individual in this category is slow. He is not dependent upon others for his daily activities, education, or earning livelihood.

(b) **Moderate retardation** (I.Q. 36 to 51): The development of an individual in this category also is slow but they are capable of being trained to manage their own affairs. With some training, they can work in sheltered workshop and live in protected environment.

(c) **Severe retardation** (I.Q. 20-35): The development of an individual in this category is very slow. Such an individual feels unable to manage his own affairs and his motor development including speech and language may also be affected in many cases.

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107 Section 3(5) of *The Indian Lunacy Act* 1912.
110 Ibid.
(d) **Profound retardation** (I.Q. 19 and below): The degree of defectiveness of the individuals in this category is of very serious nature rendering them unable to guard themselves even against common physical danger. Most often they are physically handicapped also and need constant custodial care for survival.

### 2.6. The Causes of Mental Retardation

There are a number of known and unknown causes which impair the brain cells leading to mental retardation. It can be caused by conditions occurring before birth, during birth and after birth. During pregnancy, the developing brain of the child can be hurt by many harmful influences such as infections and diseases of the mother, too much X-Ray and screening exposure, low oxygen, malnutrition and anemia, excessive drugging, etc. At the time of birth, too, fast or a prolonged and difficult delivery can affect the Child’s brain cells. After birth, there are a number of factors such as injury from falls and accidents, bacterial and viral infections, especially meningitis, encephalitis, tuberculosis, poliomyelitis, malnutrition, jaundice, dehydration etc.¹¹¹

### 2.7. To sum up

Despite the fact that the three terms namely, physical impairment, disability and physical handicap are closely related and many writers tend to use them interchangeably, there seems to be a need to distinguish them more carefully for different shades of meaning attached to these terms might have important implications for the legal, vocational and socio-cultural provisions, which society might wish to evolve for the rehabilitation of these individuals who are categorized thus Cultural values, legal requirements, vocational context, purpose of defining, all have bearing on the definition of these terms.

Definitions given by WHO, ILO and U.N. and many famous writers in this area, however help in distinguishing the meaning of these terms. Impairment signifies broadly physical speaking, while physical injury or deficit and disability imply the functional incapacity which is produced because of the bodily limitation. The concept

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of physical handicap is more abstract and implies how the individual psychologically and socially adjusts to the impairment or disability and the effect the impairment or disability has on his mind. Depending upon the context under the legal, vocational or socio-cultural, the relative emphasis on these segments of meanings change. While legal decisions regarding compensation for the bodily injury and selection for and placement on different vocational jobs might require the consideration of physical impairment and disability aspects, the general psycho-social adjustments of these individuals in the society calls for keeping in mind the concept of physically handicapped. Our understanding of the meaning and further, the causation of these physical conditions eventually helps in evolving legal, vocational and cultural measures for the rehabilitation of the individuals suffering from physical Impairment and disability as discussed in this chapter.