CHAPTER 1
INTRODUCTION
CHAPTER-I

SECTION-I

INTRODUCTION

The world is looking forward to achieve "Health for All" by 2000 A.D. and almost all countries are gearing themselves to implement all its sub-components with different strategies. Attainment of positive health status by majority of the population is however a distant dream for developing nations. Revised strategies are aimed at primary health care delivery to prevent disease and promote health and enable citizen to lead a socially and economically productive life (Gartner 1982). In each society there are some individuals who have acquired physical incapacity or disability either from birth or at a certain point of time in their life. While some persons are disabled because of crippling diseases, many are crippled because of accidents (domestic, road, agriculture and industry etc.) at a time when they are in the prime of their youth and in the most productive years of their life. This group is constantly increasing in size because of modern technological advancement and change in the ways of life. To restore them to socially useful and productive life is the underlying assumptions behind the conceptual framework of rehabilitation services. It will not only help the disadvantaged group in their reintegration but also help the nation and society at large. Hence "Rehabilitation has assumed a great importance in the "Health for All." Meagre attention
has so far been paid to understand the nature and problem faced by these disadvantaged persons. There are some ambiguity with the label 'handicapped' or 'handicappism' itself. According to Krigel (Krigel 1977) "There are some factors which compelled the evolution of the word "Handicappism" in the line of racism and sexism." The label 'Handicappism' carry the societal messages that disability derived from social norm is synonymous with helplessness, pathos, pity, incompetence, criminality or perhaps even saintliness. But positive or negative, the individual self of the disabled is lost due to the singularity of label or characterization. This along with some unknown factors create hurdles for the disabled in the process of their rehabilitation. The main aim of this research is to find out the factors responsible for the emergence of "Handicappism" and what can be done to eradicate this age-old problem.

For a disable man, a wide variety of factors determines his status in a given society. People, possessing physical defects of one kind or the other, were termed for centuries as cripples. It was only last hundred years or so, they gradually came to be known by the more accepted terms like "Physically Handicapped" or the "Disabled". The emergence of the new terminology is quite significant as it indicates the new approach to the problems of the physically disabled. This new approach was indeed, the result of changing cultural and social values and economic and technical advancement which consequently modified the attitude of the community towards
disability. This change was further reinforced by factors such as increasing incidence of disabled population, availability of medical, educational and vocational know-how of rehabilitation, the spread of religious ideas and political ideas like liberty, equality and fraternity and a number of other factors gradually softened the societal attitude towards the miserable plight of the physically disabled. Statesman, social thinkers, and philanthropists turned their attention towards them and tried to put an end to their misery mainly through charity. Consequently a number of institutions sprang up to protect and take care of the disabled. Governmental and constitutional measures were taken up by some progressive countries to ameliorate their plight. The two World Wars and the development in science and technology over the years nurtured a concern for concerted efforts for rehabilitating this section of neglected humanity all over the world. The concept of charity therefore gave way to the concept of social welfare and every effort was made to bring them to the mainstream of the socio-economic life.

The disabled constitute about one tenth population of the world. It is not only in-human but also uneconomical to discard their economic potentiality and consider them as burden on the society. Due to psycho-social barrier, vast productive potential of the country goes unrecognized and therefore, unutilized. As a consequence not only the disabled are subject to traumatic experiences, but also the community
suffers a great social cost in terms of potential loss of their contribution. These considerations bring out the necessity to integrate them in the socioeconomic main stream of the country. Scholars in various disciplines owe a duty to rouse the social conscience so that a positive approach is adopted.

The International Year of the Disabled Persons (IYDP) 1981, was proclaimed by resolution 31/123 adopted by the General Assembly on 16th December 1976 and was celebrated throughout the world with the theme "Full participation and equality" (Sing, 1980). The year had as its main objectives: "Promoting all national and international efforts to provide disabled persons with proper assistance, training, care and guidance to ensure their full integration in the society" (WHO technical Report series 1981). In 1977, the World Health Assembly decided that the main targets of the coming decade should be attained by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life (Gartner, 1982). In 1978 at Alma -Ata International Conference on Primary Health Care, it was declared that the key to the attainment of the global "Health for All" by 2000 A.D. was the primary health care improvement. "Health for All" includes disability prevention and rehabilitation also. Primary Health care is the key to the attainment of the main goal, therefore is also the general approach of WHO for preventing disability and providing rehabilitation. In 1983, the WHO has started a
global campaign for the prevention of avoidable disabilities and India has been selected for the inaugural launch of the project. Its main aim was to create awareness and consciousness among the people and to highlight the avoidable disabilities and some preventive measures to be adopted. It was formally launched by the President of India on 2nd October 1983. (T.O.I., of 3-10-83). Inspite of all these developmental activities, the state of the disabled persons is really deplorable. The main aim of the present study is to trace the underlying factors bedevilling the integration of the disabled into the mainstream of society.

It is generally believed that disabled persons rarely think of leading a normal life after the occurrence of disability. Even after medical and at times social and vocational rehabilitation which only 2% lucky disabled population get (Mullaferoze, 1967), some factors compel them to create a boundary around themselves which hold them back from being totally rehabilitated. They are forced to create a world of their own where they have their own world views and almost all of them have the common feelings that they are unlucky, inferior, incompetent etc, even though educated among them may not accept this publicly. Preliminary study of the available literature gives a hint that there are some other factors apart from medical and social factors which affect the process of rehabilitation. One of the main problems of the study is to probe into those forces which contribute to
the self-isolation attitude of the disabled.

Efforts to define the term handicap, handicappism disability and disabled have already resulted in a multiplication of documents. As a working basis the researcher preferred W.H.O.'s definition which distinguishes between impairment, disability and handicap and identifies more than 200 types of the disabling conditions.

According to W.H.O.'s definition, (WHO publication No. 1211), an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function. A disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. A handicap is a disadvantage for a given resulting from an impairment or disability that limits or prevents the fulfillment of a role (depending on age sex socio-cultural factors) for that individual. In simple terms a disabled is a person who cannot undertake certain activities that are normal for a person of his/her age and sex. For example, moving parts of the body, seeing, hearing, speaking, learning and so forth. Besides, these terminological problems, the concept of disability faces another kind of problem, i.e. the lack of well-conceived definition of disability. According to Karna, (Karna, 1990) this problem is due to the fact that different countries follow different criteria to define disability. So much so that the scholars and the international bodies have adopted
various approaches to study the disability. These approaches may be categorized as, medical approach, psychological approach, economic vocational approach and socio-political approach.

The medical approach emphasizes on the physical functioning and its whole orientation is individual centered. The World Health Organization (WHO) is its best representative example (ICIDH, 1980). The second approach lays stress on psychological aspect of disability. It aims at making the disabled self-reliant. The economic-vocational approach is concerned with the vocational limitations of the disabled and it is directed towards the vocational rehabilitation of the disabled. The International labour Organisation (I.L.O.) is the most ardent proponent of this approach. The socio-political approach regards disability as a by-product of interaction between individual and environment. Contrary to the medical approach, it holds the failure of the structured social environment responsible for disability instead of personal disorders or deficiencies (Hahn, 1988). It, therefore, emphasizes on the need for strengthening the laws to combat discrimination against the disabled. All the above approaches take a narrow view of disability, and confine themselves to only one aspect of disability at a time. From the holistic point of view, the definition of the term 'Disability' as given by United Nations seems to be quite exhaustive in its meaning. There are different types of disability, namely, (i). visual, (ii). Hearing (ii). speech (iv).
Mental retardation (v). orthopedic disability. All these types of disabled are covered in the definition of the term 'Disabled' as given by the United nations. It defines the disabled as "any person, unable to ensure by himself or herself wholly or partly, the necessities of a normal Individual and/or social life as a result of a deficiency, either congenital or not, in his/her physical or mental capabilities" (U.N.O. Publication).

There are no dearth of definitions of rehabilitation. According to Rusk and Taylor (Rusk and Taylor, 1949), rehabilitation is a programme designed to enable the individual who is physically disabled, chronically ill or convalescing to live and to work to his utmost capacity. In other words, it means the restoration of the disabled to the fullest physical, mental, social, vocational, economic usefulness of which they are capable. Mary Switzer, the director of vocational rehabilitation of WHO (Taylor, 1979) has defined Rehabilitation in a very appealing manner. She says that Rehabilitation is a bridge spanning the gap between uselessness and usefulness, between despair and happiness. Medically rehabilitation is described as the third phase of medicine, the first other two being diagnosis and therapy (Sethi, 1980). According to Hajaranavis (Hajaranavis, 1990), Rehabilitation of patients is an indivisible process beginning with the onset of the sickness or injury and continuing throughout treatment until final resettlement in the most suitable working and living condi-
tions is achieved. After prevention diagnosis and treatment, the next phase of medical practice is rehabilitation.

Community based rehabilitation involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and handicapped persons themselves, their families and the community as a whole.

Social integration is viewed as active participation of the disabled and the handicapped persons in the main-stream of community life. In order to achieve this aim it is necessary to provide adequate rehabilitation for all the disabled and handicapped and reduce to minimum all handicapping conditions in all aspects of their environment.

Total rehabilitation means medico-socio-psycho-cultural rehabilitation which makes the disabled man feel that he is in no way inferior to the able-bodied people. A totally rehabilitated man may be expected to be free from the self isolation phenomenon and is expected to come out of the narrow world of the disabled by breaking the boundary. By using properly his abilities, he is back in the society as a complete human being in all aspects and lives as a useful member of his family as well as society. Thus rehabilitation is the most strategic weapon to combat the menace of disability (Karna, 1990). There are two perceptions of rehabilitation. One is medical perception which views rehabilitation as assisting all those medical
measures which expedite recovery in the physical sense. Where as according to the other view, rehabilitation means the restoration of the disabled to the fullest physical, mental, social, vocational and economic usefulness of which he or she is capable. In otherwords, rehabilitation is a goal oriented programme which aims at enabling an impaired person to reach an optimum mental, physical or social functional level in consonance with his current abilities. The rehabilitation process thus involves basically three aspects. These aspects are: 1. Physical rehabilitation or the medical rehabilitation, 2. Vocational rehabilitation and 3. Psycho-social integration. All these aspects are inter linked with each other and equally significant in the rehabilitation process.

Problems affecting the rehabilitation of the disabled in India are likely to be different from those in the other part of the world. They are likely to be different, not only in the magnitude and causative factors, but also in their effects on the disabled person because of the special features of Indian social set-up, social customs, social values and the way of life. Inadequacy and inaccessibility of services add to the problems. Depending upon the level of organisation of the society, application of its organized community resources for the benefit of those in need, the efficiency of the rehabilitation services will vary. In a developing country like ours, it is worthwhile to make a systematic survey of the facilities available at the national level and to delineate the problems.
encountered by the actual sufferers in obtaining rehabilitative services. Understanding of the psycho-social factors that contribute for additional burden of suffering will be of importance to organize services in a meaningful manner.

QUANTUM OF THE PROBLEM: The need and importance of this study can be best understood, if we keep in view the number of the disabled population in the world and in India. This silent minority of disabled persons constitute roughly 10% of the human population. (Helander, 1981). According to one United Nations estimate more than 500 million people in the world are physically or mentally disabled. (UN publication, 1983) Which is equivalent to the entire population of African continent. The population of the disabled increases every year by some 15 millions as a result of war, accidents, malnutrition and disease (Harper, 1989). This means the population of a country like Afghanistan is added to the disabled world population every year. If this trend continues, then the figure may surpass 700 million mark by 2000 A.D. (Harper, 1989). Out of the total disabled population, women account for more than one third of it. But if the female disabled children are included in the calculation then the total female population with disability would be around 250 million which comes to be about 5% of the world population (Stance, 1986) who are subject to double discrimination, firstly because of their gender and secondly because of the disa-
bility. There are no reliable estimate of the nature and magnitude of disabilities in India. But it is generally believed that there are no less than 50 million persons with disability and one million are added each year (Ramalingaswami, 1981). While delivering the key note address on policies, the Joint Secretary of the Ministry of Social Welfare noted that there are an estimated 363600 persons who are totally disabled (Crippled) apart from 4.8 lakh blind and 2.8 lakh mute persons according to 1981 census. (Narsimhan, 1983.). The survey conducted by I.C.M.R. in 1975 reflects that there could be around 2.4 million blind in the then total population of 600 millions (T.O.I.-25-11-75). The N.S.S.O. Reports of Physically Disabled Persons records 12 million such people, which constitute 1.8% of the total population. In this first ever extensive survey it was found out that out of the estimated 12 million disabled around 9.7 million belonged to rural areas. A total of 5.43 million suffered from locomotor disability, 3.47 million had visual disability, 3.02 million had hearing disability and 1.70 million suffered from speech disability (NSSO, 1983. This study was conducted in 1981 and report was published in 1983.). Some local studies conducted by Babusesan in Trivandrum (Babusesan, 1967) Natarajan in Madras (Natarajan, 1967) and Sahashrabudhe in 22 villages in pune, (Sahashrabudhe, 1979) show that there were 1.2% ,1.4% and 1.96% physically disabled persons in these localities respectively. The N.S.S.O. has conducted a survey on the disabled population of India in 1991. The data is being compiled and the report is likely to be published by the end of
1992. (Personal communication by Mr. Mishra, Deputy Director of N.S.S.O., Sambalpur Division.). The steady rise in the general population which raises the level of poverty, prevails on all the factors contributing to the rise in the disabled population. A considerable section of the disabled consists of children. About 4 lakhs of the total 4390,000 blind estimated by the Ministry of Education in 1967 are said to be of school going age (Taylor, 1970). Among 2 million deaf 20% are school going children (Taylor, 1970). The distribution of the disabled population varies in different regions. The highest incidence of disability in rural areas is found in Punjab, whereas the highest incidence of disability in urban area is found in Haryana. Assam constituted the lowest density of disabled population in both urban and rural parameters. (NSSO 1983). The main idea of presenting the above data is to emphasise the magnitude and severity of the problem in the country.

ORTHOPAEDICALLY DISABLED IN INDIA:

The orthopedically disabled in India, constitute a unique majority, embracing every religion, caste, both males and females in all ages from the new born to the elderly. The NSSO report (1983) estimated 1,047 males and 597 females per 1,00,000 population who have shown at least one of the locomotor disabilities in rural India. The estimated number for the urban areas are 800 males and 544 females per 100,000 population.
According to the census report of India (1981), the population of the totally crippled was reported to be 3,63,600 which accounts for the second largest number of the disabled in the World. Among the totally disabled, the total number in rural areas was found to be 3,04,640 as compared to 58960 in urban areas. The proportion of totally disabled per 1000 population was estimated to be 0.555. It is obvious that the problem of physically handicapped in India is a major one.

PRESENT POSITION OF THE DISABLED IN THE WORLD :-

If cold statistics are to be believed, the total disabled persons in the world today stands at more than 500 millions (1981 estimates says it was 450 million at that time.) Which is equivalent to the entire population of African continent. Out of this 500 millions 1/3rd are children and 4/5 live in developing countries. Heander explains that 10% of human population has the problem of this kind. In developing countries 98% are not cared for or get no attestation of any kind. Over 80% of all disabling condition fall in the large category of chronic diseases including arthritis, cardiovascular diseases, poliomyelitis, tuberculosis, cancer, chronic diseases of central nervous system and mental illnesses. Accidents (Occupational, traffic or those in home) cause 10% of the chronic conditions. WHO statistics published in 1976 and quoted by Anderson in 1981 shows that noncommunicable somatic diseases and malnutrition are two major causes of disability.
SITUATION IN INDIA :- There are no reliable estimates of the nature and magnitude of disabilities in India. But it is generally believed that there are no less than 50 million persons with disabilities one million added each year.

According to 1981 census India's population was 683,810,051 out of which 23.73% lived in urban areas and 76.27% lived in rural areas. N.S.S.O. conducted a survey of physically disabled persons during the period July-December 1981. The first report was released in March 1983. According to it, there were 12 million physically disabled persons in India which is approximately 1.8% of the total population. (It should be noted here that only acute disabilities were included in this survey and the detection was done by Laymen and not medical experts.) There were 424000 amputees out of which 90% prostheses fitted were for lower limbs. It should be noted that N.S.S.O. data does not give socio economic background of the disabled people.

FACILITIES AVAILABLE FOR REHABILITATION IN INDIA :- An effort is made below to review the facilities available in our country with regard to rehabilitation of orthopaedically handicapped persons with serious lower limb disabilities. The first major limb fitting centre in India was established in Pune in 1944 by armed forces. Now approximately 50 private and public organizations are engaged in the rehabilitation of the
physically handicapped persons in India. Of these 6 centres
are recognized as Regional Limb Fitting center (namely Trivandrum, Nagpur, Jaipur, Madras, Calcutta and Cuttack.) by Arti-
ficially Limb Fitting Corporation of India (ALIMCO) which is
situated at Kanpur. In addition to these six centres, 27
centres recognized as peripheral limb fitting centres.

SOCIAL ISSUES IN THE REHABILITATION OF THE DISABLED :

Social issues in rehabilitation are as important as medical
issues of rehabilitation. Unfavorable social situations aggra-
vate the plight of disability and delays the rehabilitation
process. One of the greatest single cause for growing number
of handicapped can simply be described as 'social neglect'.
The social segregation of disabled persons is extremely wide
spread. It affects not only persons with communicable diseases
(for example T.B. or Leprosy) but also those with visible
defects (for example persons missing one eye, nose or limb or
those with kyphosis or a large scar,) and with mental retarda-
tion, psychosis, epilepsy etc. In many primitive societies the
disabled were often segregated because of deep-rooted fears
and beliefs originating from age-old cultural and religious
conviction- for instance, that the disabled were possessed or
were under divine punishment. Although such negative atti-
tudes and discriminatory behaviour towards the disabled are no
longer prevalent as they were before, the underlying prejudice
indignity towards the physically disabled still persist.

The disabled are very often excluded from any position of
leadership in their communities. They are seldom elected or appointed to any position of political office, and are in general, excluded from planning and decision-making in their societies. This almost total lack of representation in community affairs results in the neglect of their needs.

The quality of life of disabled persons in developing countries has been the subject of many scientific studies. It is well known that disabled persons receive less education, vocational training and are often unemployed. Although they receive disability benefit, their economic situation is less favorable than those of the able-bodied and thus their standard of living is lower. Fewer of them marry and establish a family. The problems related to their lack of say in their own welfare have been somewhat realized during the last few decades, but still many of the disabled have no influence on policies and services aimed at them. They are hardly consulted to find out their felt-need for proper rehabilitation. In order to combat this social injustices towards the disabled, outdated sentiments of charity and pity should be substituted by most positive and forward looking activities and legislative measures in favor of disabled. Promotion of the awareness among of the public about the needs, abilities, and aspiration of the disabled and fostering of the participation with equality and integration of the disabled people in their society or community is the need of the hour.
PROBLEMS FACED BY HANDICAPPED AT FAMILY LEVELS - DEPENDENCY - NEW ROLE :

Prior to the incidence of handicappism, a disabled man leads a normal life. Once handicapped, his position and status definitely makes a downward dive. He is given consolation by all the family members which disturbs him psychologically. When some family members weep or express sorrow over the tragedy, the handicapped man obviously develops the feeling of inferiority complex, which is directly proportional to the degree of disability. He has to accept a new role in the family setup depending upon his dependency on others. His new role is greatly influenced by his monetary status prior to disability and after disability. His capacity to earn also is a determining factor for his new position.

Another discriminating factor of position at family level will depend upon the sex of the handicapped. If the handicapped person happens to be a girl, she is generally considered as a heavy burden to the family. Once handicapped, he/she may not get that much of importance as he/she deserves or desires in the family. This may provoke him to keep aloof and try to build a world of his own.

PROBLEM FACED AT SOCIAL LEVEL :- Once handicapped he/she is made an object of pity by the society. The degree of concern depends upon the degree of handicappism. He/she is hurt by the changing attitude of friends. Over sympathy or avoidance
of friends adds to their plight. The social importance he/she used to enjoy either remains same or changes depending upon his economic, political, academic and artistic position. But as generally a physically handicapped man is also handicapped at all those factors mentioned above, he is looked down upon by the able-bodied persons in a society. Added to this is the difficulty involved in getting the services offered by the rehabilitation centers.

PROBLEMS AT WORK SITE: - A handicapped man, however skilled, is certainly made to feel that he is inferior to his able-bodied counterpart at the work site. He does not get proper respect from his subordinates and is often neglected by his superiors. Getting promotion is another difficult job for him. Most private firms and companies prefer able-bodied workers inspite of 3% reservation for physically handicapped. If an able-bodied worker becomes handicapped during the course of his duty, he is often given a small compensation and asked to accept a job which his physical fitness allows. Discrimination at every stage makes him more pessimistic and may became more negative and withdrawn. Unable to fightback or compete with the able bodied counterpart, he retires to the isolation of his world.
CONSTITUTIONAL PROVISIONS RELATING TO THE DISABLED :-

The governmental attempts for the welfare of the disabled started during the second world war. But during this period such efforts were mainly for the welfare of the blind. It was only after independence, the government extended its welfare services to other sections of the disabled, namely the deaf and dumb, orthopaedically disabled and the mentally retarded.

The constitution of India, which is the supreme law of the land, has many provisions for safeguarding the rights of the disabled population of the community. As India is a welfare state, it guarantees all its citizens equality of rights and equal protection under the law irrespective of sex, caste, creed, place of birth etc. However the government may have special provisions for the upliftment of the disadvantaged section of the state.

Justice V.R. Krishna Iyer, while delivering V.K. Krishna Menon Memorial Lecture in Jan 1978 at Trivandrum stressed that "Every man must be able to manifest his capabilities despite the disabilities through a dynamic discovery of himself assisted in the process by society in the field of education, employment cultural exercises and the pursuits of happi-
ness. The disabled persons, as a special group have a constitutional claim for suitable employment, special facilities for education and to overcome disablement and all forms of assistance to neutralize their undeserved afflictions" (Krishna Iyer, 1978)

Laws relating to the disabled comes under the VIIth Schedule of the Concurrent Legislative List keeping in view of the welfare of the socially and economically disadvantaged people. It is emphatically stressed in the preamble of the constitution that the states need to secure "Justice, social and economic and equality of status and opportunity...and...the dignity to the Individual".

"(Constitution of India, 1950)

Guaranteeing justice, equality and dignity to the disabled section, article 15(4) of the constitution of India reads "Nothing in this article or in clause 2 of the article 29 shall prevent the state from making any special provision for the advancement of any socially and educationally backward classes of citizens or for the scheduled caste or scheduled tribe" (constitution of India, 1950). Again article 16 (4) of the constitution clearly says that "Nothing in this article shall prevent the state from making any provision for the reservation of appointments or posts in favor of any backward class of citizen, which in the opinion of the state, is not adequately represented in the service under the state"
(Constitution of India, 1950). The above two articles of Indian constitution makes it clear that, though the constitution guarantees equality to every citizen of India, it reserves the power to make special provisions for the disadvantaged groups to bring them at par with others.

Furthermore, Article 41 of the constitution, which falls under the Directive Principles of state Policies, directs the states to make effective provisions for securing the right to work, the education and public assistance in case of employment, old age, sickness, disablement and other cases of undeserved want. This provision has just one limitation, namely, 'within the limits of its economic capacity and development'. Article 46 of the constitution of India further adds that, the state shall promote with special care the educational and economic interest of the weaker section of the people and shall protect them from social injustice and all forms of exploitation. The disabled are further assured justice through Article 38 of Indian constitution which says that "the state shall strife to promote the welfare of the people by securing and protecting as effectively as it may a social order in which justice - social, economic and political, shall inform all the institutions of national life" (Constitution of India, 1950). From the above discussion, it is clear that, the disabled being citizens of India have the right to an adequate means of livelihood and on account of their disability which impairs their physical and social functioning, and to lead a
life of dignity and decency.

The state, being the custodian of the society, has the duty to assist in the rehabilitation of the disabled section of the population and should help them to achieve the maximum physical, mental, social, vocational and economic usefulness of which they are capable. The state, therefore, is expected to provide adequate opportunities for obtaining medical treatment, education and training, gainful employment, or resettlement in employment and social rehabilitation, that is acceptance by the family and the community to which they belong. But the fact remains that there is no comprehensive rational legislation on this subject, so as to render effective assistance and to provide adequate guidance to the disabled persons as a section of suffering humanity.

Even then, there are certain minimal legal facilities available for the disabled persons in various fields of public administration. The first category of legal measures are concerned with general population relating to preventive aspect of the disability. This includes laws relating to industrial accidents, consumer protection, traffic regulation, and other safety codes etc. The second group of legislative acts become effective only after a person becomes disabled and is exclusively for the disabled persons.
The government has been trying to formulate a National Policy for the disabled. In November 1987, the Government of India constituted a committee on the legislation of the disabled under the chairmanship of justice Baharul Islam (then MP) which gave its report in June 1988. The committee has worked out in detail, the scope, objectives and general schemes of legislation for the disabled covering various aspects including prevention, rehabilitation, social security and welfare of the disabled with special reference to their economic rehabilitation in the open and sheltered employment. (Islam, 1988). The proposed legislation of the Baharul Islam Committee covers the following categories of the handicapped community namely, 1. Visually handicapped, 2. Speech and hearing handicapped, 3. Locomotor handicapped, 4. The mentally Handicapped and 5. The multiple handicapped including Cerebral palsied persons.

The areas suggested for the coverage under the legislation for the handicapped are, 1. Proposed amendments to the constitution (i.e. clearly mentioning the word "physically and mentally handicapped person/citizen,") in Articles 15(3), 15(4), 16(4) and Article 46 of the constitution and transferring the entry 9 in the List II of the VIIth Schedule which speaks of "relief of the disabled and the unemployable" to List III and bring it to the preview of the Concurrent list.

2. Prevention, early detection, intervention, habilitation
and rehabilitation of the handicapped, 3. Education of the handicapped, 4. Vocational training and placement services, 5. Employment, 6. Transportation, 7. Recreation, 8. Access to public buildings, 9. Fiscal incentives and benefits, 10. General provisions for the handicapped, and last but not least, 11. some special provisions. But unfortunately the report of this committee has been in cold storage so far and it is yet to be introduced in the parliament.

CONCLUDING REMARKS: The quality of life of the disabled persons in developed and developing countries has been subject of many scientific studies. It is well known that the disabled persons receive less education and vocational training, and are often unemployed. Although some of them receive disability benefit, their economic situation is less favorable than that of the able-bodied and thus, their standard of living may be lower. Some of them marry and raise a family. The problems related to lack of say in their own welfare have been somewhat magnified during the last few decades, but still many of the disabled have no influence on policies and services aimed at them.

In the developing country as ours, the problem of rehabilitation of the physically disabled has to be viewed in the total context of the enormous problems that confront our population in general. While extreme poverty, disease and
literacy handicap the efforts at solving the problems of food, clothing and housing, the one factor which overcomes even the most optimist planner is the physical enormity of the task facing us in terms of a big population increasing at an uncontrollable fast rate. Any rational endeavor to solve a most difficult situation must be preceded by a scientific evaluation of the extent of the problems and clear and a realistic spelling out of our goals and objectives.