Chapter Two

LITERATURE REVIEW ON DISABILITY AND REHABILITATION
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Literature Review of Disability and Rehabilitation

Disability is an area, which is least, explored in the social sciences. Major work in this area has been done around 1981 the International Year for Persons with Disabilities celebrated by the United Nations. Attempt here is to explore the research in the areas of disabilities and rehabilitation in India but some of the prominent international experiences are also included. Literature on disability and rehabilitation is divided in to different categories based on their main focuses.

2.1. INSTITUTIONAL FRAMEWORK

Choudhury Ravindra Kr. (2000) concluded that reliable data for handicapped population is not available. Using limited available data on disability author pointed out that proportion of rural disability to total disability is too high as compared to similar proportion for urban areas. Lack of awareness of the rural people about the welfare schemes of the disabled on one hand and poor facilities for rehabilitation of the disabled in the regions' urban areas on the other are major reasons for this trend. Welfare schemes for handicapped are mainly pursued through non-governmental organisations. However, they do not seem to have made an impact on improving the status of the handicapped. The government awakening on the issue is perhaps more due to increasing awareness of the disabled persons about their rights than due to sincere desire on the part of the government to arm them with empowerment.

Natrajan M. (1981) in his paper stated that the biggest weakness is the lack of some infrastructural organisation on a state and national level which would coordinate, stimulate, oversee and monitor activities and help them to be more productive and avoid overlapping and wastage. Author emphasizes on total rehabilitation of the disabled to their fullest possible physical, economic and social independence. At village level he proposed diagnostic, minimal treatment, and referral services through primary health care centre, medical officer, and workers cum therapists. At District level he proposed medical, educational, and vocational rehabilitation services with the help of different
government department, educational institutions, and voluntary organisations. At state level he proposed the establishment of State Commission for the Handicapped with concerned ministers as members and Chief Minister as Deputy Chairman. He also proposed a statutory board for the handicapped consisting of directorates of various departments. At national level, he proposed setting up of National Commission for the Handicapped under the chairmanship of Prime Minister.

Goel Madan Mohan (1991) was of the view that economic potentials of the physically handicapped persons can be enhanced and utilized by reducing the negative effects of their disabilities by providing them relevant aids and tools, education and vocational training and thus converting them into working human capital. In his study of institutions working for physically handicapped in Haryana he observed that facilities for rehabilitation of physically handicapped persons have expanded but not to the extent of expansion programmes in general. Budgetary provisions almost remain underutilized because of improper implementation or lack of awareness of the programme. Investment in voluntary organisations for the physically handicapped persons has increased although the increase is slightly lower than that for the voluntary organisations in general. Author suggested consistency of the definition of physically handicapped persons, need for specially trained staff, rural based institution, education for parents, strengthening of preventive and curative measures, need for creating job opportunities, linkages between various agencies, need for treating welfare of the physically handicapped persons as an indicator of development and treating expenditure on physically handicapped persons as investment.

Inamdar N.R. and Parajpe Nalini (1981) say that the welfare services for the handicapped in the country are hamstrung by inadequate finance. Allocations are regarded as consumption expenditure with the connection that they mean drain on the economy. They view that the Third Plan no doubt called for investment in human resource, but this is not seen in practice and the welfare schemes of the handicapped are still in essence seen as measures of charity.
They called for a cost benefit analysis of the different services so that the meager resources can be put to the best use.

Kumar B.B. (2000) in his paper argued that the problems of disabled in India are as complex as the society itself. He warns against the danger in adoption of borrowed foreign model for welfare activities and urged for rehabilitation model around family. Indian family is most stable part of social system. It looked after the physical, material, educational, emotional and all other needs of its members in such a way that their sufferings are minimized. Self sufficient and self-supporting family is capable to fulfill all the needs of persons with disabilities. There should be efforts to pool and mobilize the resources to help Indian families to be self sufficient and self-reliant. It should be the duty of the welfare agencies to motivate the families and other members of the society to help the disabled persons. He also urged for social campaign to increase awareness about the problems of disabled people, their prospects and improvement, and legal provisions.

Bhuyan Bandana (2000) in his paper focused on the role of government, NGOs, Educational institutions and corporate bodies in prevention, early identification, and intervention and rehabilitation of disabled. According to him, the success of all programmes largely depends on the role played by these institutions and coordination among them. Convergence of efforts from different sectors is the only solution in reducing the incidence of problems associated with disabilities. All efforts therefore should be made to achieve inter-sectoral convergence. He also suggested that all agencies should have more need based and suitable programmes according to the socio-cultural background of the people.

Klasing Insa (2007), based on the participatory research study of rural disabled in Andhra Pradesh and Rajasthan, observed inadequate medical care, aids, lack of training, inadequate attention on disability prevention and barriers in accessing medical care. Geographical, emotional, physical and attitudinal barriers play a major role in keeping the majority of disabled people in rural area, illiterate or low literate creating the situation of social and
economic dependency by confining them to low skill, low return occupations. Employment is beyond the reach of the majority of the disabled in rural areas and many of them are engaged in low return jobs as agricultural labourers and petty businesses, which along with discrimination add further to their hardships. Low level of education, physical and social barriers, and ignorance of the employers about the potentials of persons with disabilities are major hindrances in their employment. Negative social attitude, beliefs on the part of non-disabled towards the impairment creates the sense of being disabled. The study suggested better co-ordination between various institutions, advocates for rehabilitation model suitable to Indian rural demand, emphasis on the enabling environment, and focuses on need for social awareness, vocational training, micro finance etc. for the development of persons with disabilities.

Rathna N (1985) outlining the Programme of Action Concerning Disabled Persons adopted in 37th session of United Nations General Assembly 1982, pointed out the need for overall social and economic development along with the development of abilities of the disabled in India. As per this study, India presents confusing picture with the presence of major institutions on one side and existence of large rural disabled population without access to any help on the other side. Urgent attention is needed in the areas of immunization, integrated rehabilitation programme, greater interaction and coordination, strengthening of community based rehabilitation, public awareness, effective legislation, training of personnel, and applied research in the area of disability. A suggestion is made for the systematic evaluations of various programmes at regular interval for better implementations.

Ahuja Suresh C (1985) in his paper expressed dissatisfaction over the fact that neither government nor voluntary agencies have made headway in providing services for the disabled in rural areas. Most of the services for disabled population of India existed in the cities and larger town. He also presented a fact that today we have reached a level of awareness where disabled demand the right of education, the right to work, right to equal opportunities, the right to an improved life style, and right to contribute to the
community. Under this situation, disability prevention, education and employment of disabled appear as priority area for government and voluntary organizations. The author recommended for formation of national policy for disabled and active cooperation between government and voluntary agencies as partner to achieve common goal.

Kothari Gopa (1985) highlighted war, accidents, malnutrition, and diseases as major causes of disablement and suggested for coordinated use of medical, social educational and vocational measures in order to facilitate the social integration. Kothari also expressed deep concern regarding the fact that despite considerable increase in facilities over the years, the gap between available facilities and required facilities remains vast. The problem of disability and underlying impairment is so vast that what is being done is far short of what is needed to be done and many of the limited available institutions are located in urban areas. Focusing on community based rehabilitation approach this study urged for training, schooling, and increased social awareness. For meaningful rehabilitation approach the study recommended for change in the attitude and knowledge of the people as a whole.

Mohan Dinesh (1988) tried to correlate disability statistics with socio-economic and health statistics to understand the factors which influences the disability rates the most. Results of the study indicate that consumption of pesticides is significantly correlated with disability rates indicating the necessity to introduce control on the manufacturing and sale of such hazardous pesticide. Study also revealed that as health care services, nutrition and income improves the prevalence of disability also increase though the causes of disabilities will change. The number of disabled in India does not seem to decrease with improvement in per capita income or health facilities. Consequently the demand for aids will increase disproportionately to the increase in population requiring special disability prevention programmes.

Zutshi Bupinder (2004) observed that defining disability is difficult to accommodate the expectations of all disabled groups since disabled people
are not homogeneous groups. Author was satisfied with decrease in prevalence rate in the age group of less than 15 years and above 45 year but not satisfied with increase in the prevalence rate in the age group of 15-44. Activities of NGOs are not sufficient and needed to be extended. Buildings infrastructure and space was found not appropriate for the disabled and health care facilities are provided by only few organisations. Quality of education was not up to the mark and vocational training component was inappropriate and not conducive to provide self-employment opportunities.

Mishra A.K. & Gupta Ruchika (2006) constructed a disability index considering the educational opportunities, opportunities for skill development, and employment opportunities, in order to measure the deprivation suffered by the disabled. Disabled are being bypassed in the development process. Highest disability index and high illiteracy rate for mentally retarded indicate the deprivation since birth. Only limited proportion of disabled children attended pre-school intervention programmes. The proportion of children attending special school was negligible especially in villages. Further regardless of age, more than three fourth of the disabled suffering from mental disability and blindness were in non-working category.

Zadek Simon & Scott- Parker Susan (2001) stated that organizations which have the insight, the will and the competencies to engage with the diverse and growing population will gain from a competitive edge through access to increased spending power, a pool of skills and talents, and the support of disabled people as shareholders and voters. These organizations will further benefits from the support of the relatives, colleagues, friends and carers of disabled people who will respond in the marketplace to the ways in which disabled people are treated by particular companies and by the business community as a whole. Business that has the vision and the will to create an enabling environment for diverse parts of the community will prosper.

2.2. PREVALENCE AND PREVENTION
Das P.K. (2000) defines happiness as a state of mind and it differs from individual to individual, society to society, culture to culture, but one thing
remain disputed that good health is prerequisite for maintenance of happy life. Role of genetic disorder in case of different categories of disabilities is highlighted. Different form of disabilities brought in by different genes can hardly be cured with the aid of therapeutic intervention. The only alternative is preventing the incidence of genetically induced disability in the population with the help of pre-natal or preconception genetic counselling. The advance made in Western countries is not available to economically disadvantage, socially backward, and ignorant people of East. Little facilities available in well-equipped hospitals and clinics are available to affluent because of high cost. Organisation and implementation of pragmatic and pro-people genetic screening and counselling programme are earnestly expected from the planners and administrators including politicians in the best interest of the society. Education regarding genetic disorder is necessary for the people to take advantage from genetic revolution that may take place in India.

Sengupta Keya (2000) focusing on human development highlighted the fact that economic development can be meaningful only when it can improve the living conditions of all people living in the society including disabled. Study analyses the relationship between economic development of the state in terms of their NDP as well as per capita income and examine their relationship in simple tabular form, with the percentage of disabled population and concluded that economic development is a necessary pre-condition for improving the living conditions of each and every person in the society able as well as disabled. This will have overall favourable impact on Human Development. The conclusion is further strengthened by the fact that higher the per capita income lowers the level of disability. The government expenditure which forms an important instrument for reducing the number of disability in a welfare state, has failed to have much impact on the magnitude of disability in the states of North East Region. Individual health expenditure however, seems to have a favourable impact on the number of disabled persons. Along with health expenditure, literacy rate taken as a proxy for general awareness is accepted as an important determinant of disability in the region. The study calls for a reorientation of governmental developmental objectives by keeping the welfare of this section in mind.
Ghai Anita (2001) focuses on different meaning of globalization for people oppressed because of their gender, class, race, religion, caste, displacement and disability. The comprehension and meaning of disability in India needs to be negotiated as embedded in multiple culture disclosures, with subtle nuances. The major causes of impairment and disability among children reflect the mother’s health. Women with borderline health status, coupled with poor educational status, eventually have high risk regencies and low weight babies, whose chances of acquiring impairment increases considerably. Author considers integrated education as an illusory concept where schools continue to marginalize children, especially girls, for being different. Inclusion and integration are difficult concepts in a culture embedded in discrimination. The need of the disabled to establish adult autonomy, respect and interdependency through paid employment remains unmet. Schemes for self employment exist largely on paper, as vocational training often fails to consider local market demands, resulting in ill-equipped individuals with inadequate skills for the competitive market. Service provision strategies like Community Based Rehabilitation will not be of much use because the notion of community is rather complex in Indian culture. Author concluded that the evaluation of effective possibilities for change would be greatly enriched by an understanding of the universal issues that confront disabled people. The sharing of experiences provides opportunities to learn from one another and to connect to common fight from our specific locations.

Gokhale S.D. (1984) focused on the vicious circle of disability and poverty and stated that combination of disability and poverty brings about deeper, more fundamental change in the personality and attitude of people than natural calamity or war. Various problems faced by disabled individual, family and society are very often felt but are rarely quantified in economic terms or analysed in sociological way. He presented his worries about the increasing number of disabled in future due to factors such as decrease in morbidity of communicable diseases, worsening food situation contributing to malnutrition, increasing industrialisation and urbanisation, traffic conditions, factory and agriculture accidents and galloping population in the developing countries. To provide every person with service aimed at preventing the appearance of
possible disabling conditions and give all necessary treatment to lighten the
disability and to develop patient's remaining ability to the highest possible
level and to provide society with a means of regaining economic contributions
of the disabled and reduce the cost of institutional care should be the major
goals of rehabilitation. Western model of rehabilitation cannot be applied to
underdeveloped counties because of its prohibitive costs. Family has to be
the focal point of any rehabilitation policy and programme aiming at normal
schooling, training, freedom from physical barriers and removal of
discrimination.

Gokhale S. D. (1984) highlighted malnutrition, poor sanitation, endemic and
epidemic, crippling conditions, and faulty practices at the time of births, and
inadequate treatment of infections as causes of disability. He brought out the
correlation between disability and impoverished conditions of slums and rural
areas. Services of rehabilitation programmes do not reach the rural areas and
urban slums. Stating the positive relationship between social security and
social welfare, he focused on the issue that social services might be seen as
humanizing factor in social security. Development of social service should be
the primary important task of government and social security organizations. In
case of injuries rehabilitation services should be available from time of injury
and should continue to be made available in completely coordinated and
uninterrupted fashion until optimum recovery has been achieved. Rehabilitation techniques used in developed countries are unsuitable in
developing countries unless they are altered to fit in with rural needs. His
emphasis is on convincing every one who deals in policy that disability is an
important cause of underdevelopment, and that dealing with it must be a
priority item in any intelligent development plan.

Saini Surrender (1981) observed that for neglected lot of deaf, the services
are ad-hoc and confined to urban areas. Much of the deafness is preventable
by early detection, diagnosis and proper treatment and it is advisable to cater
to these aspects of the people's health problem, The economic rehabilitation
of the deaf is also possible through their proper training.
Menon M.G.K. (1985) in his keynote address at 2\textsuperscript{nd} all India conference on work for the disabled focused on the problem of exiting health system which is relatively expensive, hospital oriented, and urban centered which does not carry out the preventive and promotive measures. He also suggested that what is suitable for foreign countries may not suit the Indian conditions. Therefore items coming from foreign countries must be used in a manner, which is relevant to Indian conditions. The problem should be dealt with in a preventive basis. National health policy, publicity and primary health care system and quick deliver system will have larger impact on the disability issues. Government can only provide basic infrastructure, but it is the society, which can make programme successful.

Shariff Abusaleh (1999) noted that most physical disabilities are genetic, biological, and even birth defects, and future research must focus on the causes of such disabilities among very young population in India. No clear association seems to exist between physical disability and most of the population groups. What appears to be the only trend is the somewhat higher incidence among the non-landowning classes, especially wage earners.

Sarvekshana (1983) found that among all categories of disabled, persons with locomotor disability were highest followed by visual disability. Prevalence of locomotor disability among males was much higher than among females in the rural as well as urban areas. In the urban areas, the incidence of disability due to paralysis and that of amputation among males was higher than among females while the rate of deformity of limb and dysfunction of joints came to be same for both males and females. Injuries, burns and polio were the primary causes of deformity of limbs in both urban and rural areas while injuries, burns and leprosy were the primary causes of amputation both in rural and urban areas.

Sarvekshna (2003) estimated number of disabled persons in India to be 18.49 million forming about 1.8 percent of total population. Among different types of disabilities, the prevalence of locomotor disability was highest followed by visual disability. Survey revealed that about 13 percent of the physically
disabled were severely disabled, about 26 percent were employed and out of 1000 disabled persons only 15 to 35 completed any vocational courses. Deformity of limb was highest among locomotor disability followed by the cases of dysfunction of joints of the limbs.

Blisht D.B. (1985), focusing on the activities of Sreemanta Sankar Mission for the welfare of blind, stated that in the national interest, it is necessary to take steps to prevent disability, which can only be achieved only if both people and state work together in harmony. He urged voluntary organizations to support the economically and educationally backward people. Author also stressed the paramount need of primary prevention of disability by active immunization of all children, ensuring proper traffic rules in the cities, prevention of injuries due to industrial hazards, agricultural and household accidents, and control on the use of alcohol and drugs, in order to minimize if not root out the very basis of disabilities.

2.3. SOCIAL FRAMEWORK
Gokhale S. D. (1984) defines social disability as the negative part of the continuum of social response which begins with total acceptance and ends in complete rejection. Social disability is spelled as denial of opportunities as well as restriction to make contributions. Author has identified status of nutrition, health service, education, welfare services, etc. as cusses of social disability along with economic variables such as growth of population, industrialisation, urbanisation, and increasing dependency ratio. In consideration with this sound prenatal and postnatal care, vaccination and immunization, training for independence, education and vocational training, and social integration are recommended as solutions to prevent social disability.

Gokhale S. D. (1984) states that while India has made significant progress in lying down the mechanics of rehabilitation work, the fight against social barriers, which inhibit and hinder actual work of rehabilitations in taking long to win. With increased mobility created by industrial and democratic revolution, social institutions have taken a role, which previously was handled by family
system. Some of the common barriers to the integration of disabled to community life include, commercial exploitation, submission of disabled persons to beggary, and consideration of disabled persons as mere object of charity, segregation, exemption of handicapped children from compulsory education, imposition of restrictions on employment of disabled persons and discriminatory attitude in this regard, lack of understanding, psychological and emotional barriers, ignorance of the sexual problems of disabled persons, abuse and prejudices in general. Author proposed measures such as community awareness and enlightened attitude, review of social policies and legalisations, creating among disabled a sense of pride and confidence, establishment of rehabilitation service that include prevention of disability in general and strengthening of familial and social relationships, and building a barrier free social structure.

Ramalingaswami V. (1981) suggested that Social integration of the disabled persons and their participation in community activities are the main goals of the rehabilitation services and removal of a feeling of inadequacy and inferiority, restoration of confidence and a spirit of independence are the most important aims of rehabilitation. We can not hope to solve our rehabilitation problem by 'zerox-copying' technologies developed in the West. They are inappropriate and too expensive. We need innovative efforts to develop new indigenous technologies suitable to our conditions and accessible to our people and affordable by them.

Friese Afzal Jehan (1981) talked about the changing philosophy and attitude towards the development of the disabled. Lack of necessary inputs makes the disabled a social burden. The social cost of disability can be reduced to a great extent by providing opportunities for learning and development of skills and desired attitudes. The most important thing, he suggested, that disabled should not be looked upon as a burden, an unfortunate being and the object of pity. With proper attention and care, the disabled too can be helped to realise their full potentials, making them into assets for themselves, their families and the nation.
Batra Sushma (1981) has conducted a study on the integration of the blind person with the normal persons. The study aims at analysing the factors which have increased or hindered the integration of the blind with the society. Her findings are that the disability of the blind is not just physical and the greatest hurdle in their integration with the normal people is the misconception prevalent among them about the blind. Most of it is the result of ignorance. Researcher noted that once the people with normal vision come in contact with the blind a very positive attitude towards each other develops.

Varma S K. and Chawla Anil (1981) have drawn attention to the correlation between disability and socio-economic disadvantages and opine that no single intervention at any one stage would solve what is complete and multifaceted problem of the disabled.

Reddy P.K.(2000) stressed the fact that handicapped persons suffer not only from a physical deformity and a sense of inferiority, but they face constantly the agony of impairment and very often, cruel treatment by their own people. Focusing on the hearing impaired children of Shillong, stress on the need for special education since hearing impairment have a disastrous effect on the child’s development, education, social skill and communication depending on the degree of hearing impairment. Author suggested for the comprehensive approach of helping the handicapped to overcome physical defects by educating and training them to gain vocational competence and placement in employment. Handicapped person must be able to feel that he/she is never alone or useless.

Hazarlka Lakesheswer (1985) stressed on the cordial relationship between disabled and able bodied. For effective rehabilitation of the disabled, he suggested intensive drive towards job-oriented education, up gradation of institutions, trained teachers and financial support is suggested. In view of the prejudice against the disabled prevailing in the society, it is important to make jobs available to them through reservation in government, private and proprietary institutions.
Johnson E.M. (1985) suggested that while social order is geared to suit the needs and abilities of non-disabled people and thus put the disabled to a great disadvantage not because they are intellectually inferior but simply because they suffer from a physical disability which reduces their opportunities to achieve education, employment and right to social status. Economic rehabilitation, if undertaken in collaboration and co-operation with the families and society, is an answer to this problem. He recommended special focus on the disabled living in rural areas and remote villages.

John J (2001) stated that the relationship between disability and work is an issue least explored by policy makers and academics in India. Issues, which are required to be explored, include contribution by disabled in the national income, types of work they are engaged in, and income received by them. The locus of the problem of disability is not people with disabilities but with the society, laws, rules, environment, prejudice, attitudes and expectations. Author suggested social model of disability in place of medical model, and rigorous steps to implement PWD Act.

Nanda Antara (2001) focused on the fact that laws formulated to integrate persons with disabilities in mainstream have remained on paper in terms of pathetic implementation. Another problem dealt with is lack of networking between NGOs, the SEE's and the Government organizations. With most NGOs engaged in service delivery, the training imparted to the disabled people is often not commensurate with the skill required to join an industrial unit or service sector.

Baquer Ali Sharma Anjali (2006) stated that despite growing universal awareness of the rights of people with disabilities, bold political decisions and practical actions taken in several countries, including India, in the form of the enactment of appropriate laws, the plight of most disabled people remains serious. Disabled people are, undeniably, the victims of discrimination, marginalisation and of a vicious cycle of multiple deprivation. Their situation is "the silent emergency" of our times because they are prevented from participating in the mainstream activities of society. They may not be able to
tolerate this injustice for too long and have started to demand their rightful status.

Bhatt Usha (1963) stated that handicap is the combined effect of physical, mental and environmental obstacles caused by disability. The problem of physically handicapped in India differs from that of the physically handicapped in western countries, not only in magnitude but also in effects. One of the most human cause of disablement in India is deliberate mutilation and willful negligence of a large number of unfortunate children, estranged from their parents by professionals' beggars with a view to exploiting their disability to make money.

2.4. EDUCATIONS AND TRAINING
Thangavelu M. (1981) concluded that developing countries have many disabled population who are dependent on the family and community. A concerted effort through education and training could considerably lessen their economic dependence and contribute toward their participation in the social development of the community. Author suggested three phased policy for organisation and rehabilitation of the disabled. First stage covers identification and quantification of problems of disabled and training of disabled family member’s and community. In the second phase comprehensive training and rehabilitation services will be carried out and final phase consists of co-ordination, evaluation, research, collaboration and exchange of information. All these activities will be carries out with active participation of disabled, family members and community. Regarding resources, he suggested use of budgetary support in the initial stage and tapping of financial support form industnes, banks, insurance companies, and social, religious and cultural organisations.

Seetharam Makkavilli (1984) focuses of the need for integrated education for disabled. Study stressed need for provision of information and advice about the disabled children to the members of the ordinary school, community, and counseling for normal students, staff and teachers. This aspect has not received adequate attention in the integrated schools. Author concluded that
there is no need to wait for the development of special schools for those with minor structural or functional handicaps, but instead extended integrated care and compensatory stimulation in the optimal learning period in the ordinary schools. The problems of administrative, communication and inter-departmental coordination, hamstring the implementation of the schemes. Comprehensive legislative provision encompassing the various dimensions of rehabilitation such as education, vocational training, employment and social adaptation etc. is long overdue.

Karna G.N suggested the model for addressing the phenomenon of disability in a scientific manner in the Indian perspective. According to him, the tone and tender of disability right movement has radically changed the disability disclosure. Disability is perceived as socio-political and human right issue instead of personal state of affair. Author urged for inclusion of disability as a separate discipline, there by exploring the prospects for incorporating teaching and research in this emerging area in the curriculum of Indian universities and academic institutions. According him, this could go long way in transforming the public perception about disability related issues. He urged the policy makers, funding agencies, universities, developmental organizations, and academic institutions to focus on the areas of disability from multidisciplinary orientations.

Joshi Uma (1983) observed that the disabled children have not benefited from the expansion of educational opportunities because of various misconceptions. Author refers to the national policy on the education which has recommended for the placement of disabled children in regular schools.

Devatia Nandini (1985) in her paper attempted to review the achievements of decade of disabled persons and what can be aspired in the next decade. Paper focuses on the fact that disabled have proved that they need no longer be dependent upon others and live on charity. But they can be well educated, vocationally trained and can be gainfully employed in society if they are provided with suitable facilities and necessary encouragement. She feared that most of the voluntary organizations are located in urban areas and
covered only small section of disabled population. Major recommendations in her paper pertaining to education are establishment of special schools, trained teachers, training along with education, and extra curricular activities. Regarding vocational training she suggested sheltered workshops for severally disabled, special qualified trainers, training facilities in rural areas and training as per the demand of the market. Vigor and dedicated implementation of existing schemes for comprehensive rehabilitation is also suggested. At the end of the paper, author recommended for the giving more attention on internal science of inner space (spiritual laws) than external science of outer space.

Singh J.P & Dash Manoj K (2005) indicated that in special schools continue to be relevant even if they can not provide education to large number of children with disabilities because of their limited presence and capacity. They can perform as resource and guidance centers for training the teachers of general school in the locality to provide appropriate education to children with disabilities. Along with various models for integrated education such as itinerant model, resource model, combined model and co-operative model, they also suggested innovative models like home based education programme, distance learning, alternative schooling and open learning.

NCPEDP (2001) survey of various universities and colleges and schools observed that in most part of the country, education of disabled children is still seen as the responsibility of charitable institutions. The NGOs however are certainly not equipped to meet the higher educational needs of disabled students. Colleges and schools were found, unaware of disability act, not employing disabled students, not providing facilities for disabled students, and not admitting disabled students. Further government focus on educating girls does not seem to have much impact on the education level of girls with disabilities.

Unnikrishnan Praseetha (2007) in her study of ICDS scheme found that the scheme has been a boom for many and has helped many disabled children improve upon their disability especially of lower and middle income groups
and the specialized teachers are like drivers who steer the effective implementation of scheme by guiding and helping disabled children, their parents, normal children and normal teachers. There are numerous practical problems faced in the implementation of the scheme. Further, lack of awareness among the parents about the actual purpose of the scheme and other related issues, lack of orientation of normal teachers about the schemes, and lack of awareness about the problems concerning the disabled amongst the normal children have also somewhat affected the implementation of the scheme.

2.5. EMPLOYMENT/OCCUPATIONS

Broota Sakshi (1999) conducted the survey of ‘Super 100’ companies in India to review the current employment scenario in the corporate sector in the context of disability act and employment of disabled people. Results of the survey point towards a dismal trend in terms of the current employment practices in the corporate sector with regard to people with disabilities. It reveals that most companies do not employ any disabled person. Average employment rate of disabled people was 0.28 percent, 0.54 percent and 0.05 percent in private sector, public sector and multinational companies respectively. In majority of the respondent companies, the percentage of the disabled workforce ranged between 0.01 to 0.09 percent. There was no company in the Super 100 where even 2 percent of the workforce is comprised of disabled persons. Percentage of locomotor disabilities was found to be the highest among the disabled employees. Percentage of employees with mental disabilities was found to be the lowest, confirming the stigma that still dictates the employment practices in India.

Arrora Anjali (2001) stated that disabled face several challenges in their efforts towards becoming a part of the labour force such as in getting good opportunity for employment, getting equal treatment in the matter of remuneration, getting conducive conditions for full participation, appropriate working conditions, security in continuity of employment and insurance against unforeseen happening and deterioration in physical state. With technology making great strides in producing user-friendly machinery, the
disabled persons can be equally skilled and trained like any of their other colleagues and capable of operating machines in the industries. Author suggested appropriate changes and proper enforcement of Disability Act, Industrial Employment Standing Order Act, Minimum Wage Act, Provident Fund Act, Employees State Insurance Act and Workmen's Compensation Act to ensure that disabled are accorded a status of dignity and due recognition which they deserve.

Menon Sindhu (2001) in his paper focused on the discrimination of the disabled people which stars at the level of family and spills over to education and employment. For disabled getting job is difficult. Even if he/she manages to find one, it is usually in the lowest paid category, which requires less skill, quite often far below the abilities and potentials of the candidates. Three percent reservation for disabled assured by the Disability Act, remains on paper, bound by red tape. Disabled face various problems in education because of ignorance of parents, unhealthy attitudes, scarcity of study materials, and stagnant technology. Majority of employer consider disabled as cheap labour force, they are paid meager salary and are given less skilled jobs. At the time of crisis disabled are the first to be thrown out. Trade unions are not sensitive to the issues of disabled. Author proposed major role for media in generating awareness, prompting positive attitude, and sensitizing public about the rights of persons with disabilities.

Burchardt Tania (2000), using the national representative survey to examine the past and present position of disabled people of working age in the income distribution and the labour market, observed that employment rates among disabled people were low at around 40 percent, getting work was more difficult for disabled and half of the disable people have income below half the general population means after making an adjustments for extra cost. It was also observed that disabled people were disproportionately likely to be in manual occupations and lower average hourly earnings. Study recommended that inclusion will not be achieved until both the impairment specific and more general barriers to participation are dismantled.
Meager N, Bates P, Honey S & Williams M (1998) based on the national interview survey observed that unemployed disabled people generally have a positive outlook on getting work. Adaptation can play a role in keeping disabled people in work. Disabled people are more likely to work in manual and lower skilled occupations, and less likely to work in managerial, professional and high skilled occupations. The most common form of discriminations include the prejudice among the minds of the employers about the ability of disabled peoples.

Hotchkiss Julie L. (2004), using U.S.A. data on employment among disabled for the period 1984-2000 concluded that the percentage of non-disabled workers employed in part-time decreased slightly, but, percentage of disabled workers employed part-time increased. The probability that a disabled person is employed part-time is 4 percentages point higher than the probability that a non-disabled person is employed part-time. Among part-time workers, disabled are 5 percentage points more likely to be voluntarily employed part-time than non-disabled part-time worker. It means that part-time employment has become more attractive through accommodations employers made in allowing disable workers to work part-time in jobs that would be available only on full time basis for non-disabled workers making part-time jobs more attractive to disabled workers. Author also found that part-time jobs held by disabled are not becoming relatively more attractive in a qualitative sense, leaving one to conclude that the financial incentives of the disability policy change are the most likely source of the increase in voluntary part-time employment among disabled workers.

2.6. GENDER PERSPECTIVE

Bhambani Meenu (2003) in her paper focused on the issue of disabled women. Triple discrimination of disability, gender and economic status makes them marginalized sub component within marginalized women population. Societal response to disable women is of utter neglect and total submission. Solution, according to her, lies in sifting away from the traditional attitude of tearing women as object of worship which makes them bestowed of services and deprives them to nght to procure anything for them. According to her
there is dire need for empowering women with educational and vocational skills so as to make them productive and enhance their economic and social worth. She also urged educated and privileged women to voice the concerns of less privileged and unfortunate disabled sisters.

Darnbrough Ann (1988) focused on the fact that while disabled women share common cause with all women in their struggle for equal rights, they also face specific barriers to full equality and advancement because of their disability. World over, disabled women are struggling because of the cultural and religious discrimination, exclusion from employment, exclusion from government and exclusion from education. They are not yet fully integrated either in the disability movement or with women’s movement. They are commonly devalued because of the emphasis on physical appearance, and strength to carry out household duties as well as work outside the home. Towards the empowerment of disabled women, author suggested that all disabled women should get together to share their experiences to gain strength from one another and to provide positive role models.

Maqbool Salma (1988) focusing on the situation of disabled women in Asian region stated that they are poor and subjected to oppressive discriminatory practices, myths and taboos fostered by the ignorance of the people over centuries. They suffer from malnutrition, lack of health care, education, training and employment opportunities. Girls and women with disabilities are subject to many types of discriminations like considered as sin, hidden from community, over protection, sheer neglect, not trained and denied right to marriage. Lack of education facilities, vocational training, employment opportunities, and exclusion from inheritance of family properties are considered as the main reason for their backwardness.

Singh Surmail (1999) tries to bring the gender dimension of disability more clearly by using state level data suggested that the visual disability is significantly higher among females, speech and locomotor disability does not differ significantly among male and female population. This pattern of gender differentials in disability hold trues both for rural and urban India. Study also
suggested that a major variation in the disability among the males and females in the case of visual, hearing and locomotor disabilities is due to the same set of factors. Only small proportion of the differences is due to set of factors that affect two sexes differently and results in gender bias in prevalence of disability among males and females.

Das D & Agnihotri S B (1998) analyzed NSSO data on disability and concluded that incidence of locomotor and hearing disability is higher for male population. For visual disability, the incidence is higher for female while for speech disability the two do not differ significantly. Reductions in the overall level of various disabilities confer advantage on the different sexes differently; therefore, the intervention and preventive strategies will have to be gender specific.

Sim Foo Gaik (1999) in the study related to vocational rehabilitation of women and girls, quoted that they face triple discrimination by society not only because of their disabilities but also because they are female and poor. Most women with disabilities are likely to be extremely poor, no schooling, no vocational training, no employment, unmarried, no access to public services and physically and sexually or psychologically abused. Therefore they need education, vocational training and employment along with the removal of attitudinal, architectural, and informational barriers.

2.7. GOVERNMENT: POLICIES AND BENEFITS
Gokhale S. D. (1984) focused on the economic implications of rehabilitation investment in terms of cost benefits to individual, family and society. With opportunities for development, disabled persons can become economic assets to the country instead of being a burden on himself, family and state. The best way of rehabilitation is achieving economic and social independence within the community and not by being segregated in an institution. Rehabilitation services in underdeveloped countries are inadequate, diffused in nature, unscientific, uneconomic, and urban centered. They lack planning, co-ordination and trained personnel. Due to limited fund, investment in rehabilitations services needs to be allocated carefully. Priorities should be for
young rather than old, rural rather than urban, and preventive rather than curative. Cost and benefits of rehabilitation investment to individual, family and state should be considered carefully.

Mohsini S R & Gandhi P. K. (1982), in their study of the physically handicapped recipients of Government of India Scholarship in Punjab, Haryana, Delhi & Chandigarh during the period 1963-64 to 1973-74 observed that as compared to magnitude of the handicapped population, the scheme of scholarship seems to be much less availed of. Scheme had not benefited much because of cumbersome application procedure, lack of publicity, and faulty disbursement procedures. They recommended national policy, development of special institutions, financial assistance under integrated education, simplification of application procedure, wider coverage, regularity in disbursement, reasonable amount of scholarship, incentives for women and review of rates at regular interval. There is need for close contact between special employment exchange and institutions for training and education for physically handicapped.

Uma Devi & P. Adinaryana Reddy (2006) in their study have undertaken to evaluate the functioning of the employment exchanges with regard to persons with disabilities in the state of Andhra Pradesh. The authors observed male dominance, both among employment officers as well as registered members. Majority of the registered members were male, in younger age group, under privileged sections of society and from lower income group. Registered members were satisfied with the functioning of exchanges in registration, counseling, re-registration etc but expressed dissatisfaction over job market information and long waiting period. The objective of creation of special cell/exchanges for the benefit of the disabled was found successful in terms of the registration of the disabled only. The performance of the exchanges has to be increased in term of receipts of notifications for the positions for the disabled and sponsoring the candidates. Employment exchanges have performed poorly in creating awareness among the disabled about the self-employment and in convincing the disabled to adopt the self-employment rather than aspiring for government job.
Chopra R. M. (1975) has undertaken study of the special employment exchanges for the physically handicapped, New Delhi. He has ascertained the views of the job seekers towards the employment officers and staff of the employment exchanges which was found satisfactory. However, the job seekers felt that the waiting for employment through exchange was delayed because of the severity of their handicap, employers' reluctance and very few job opportunities. The maximum number of employers employing physically handicapped have policy decision as their main considerations in employing them.

Mandal B.B. (1979) has made an empirical study of the desirable impact of the post-metric scholarship to the physically handicapped persons since 1955. It has been revealed that the financial assistance in the form of scholarship will promote education and training among the handicapped which in turn will help in assuring the adult roles in work, marriage, and community participation. The study point out that though the scholarship has enabled the handicapped recipients to take up higher education, yet their number has been rather small over the decades. The reasons listed include lack of information about the schemes, ignorance about the educational facilities, and concentration of institutions for higher education in certain pockets of the state. Thus, on the one hand, there is a cry for a better deal to the handicapped, while on the other hand; there is under-utilization of opportunities like the scholarship schemes.

Goel M.M. (1982) shows an increasing trend of registration and placement of the physically handicapped in employment exchanges during 1966 to 1981. The placement rates were 42 percent of the registration during this period. In Haryana, the blind are comparatively more educated than the other categories of the physically handicapped job seekers. The maximum of the job seekers belong to the poorer strata of the society. The facilities and concessions available in the state remain underutilized because of the lack of confirmation, transportation, finance; nepotism etc. The author has also studied the attitude of employers towards their physically handicapped workers in relation to their
productivity and production capacity, ability to work independently, relationship with their colleagues and superiors, working conditions of the physically handicapped who got employment, and analysed the extent to which these conditions are different from those of normal workers.

Uma Devi and P. Adinaryana Reddy (2006) conducted a study of employment exchanges of Andhra Pradesh to understand their functioning, socio-economic and educational background of registered disabled, level of satisfaction and problems. They observed that most of the employment officers as well as registered disabled were male. Disabled in younger age group from backward castes working in unorganized sector prefer to register with employment exchanges. Disabled prefer jobs in government departments followed by quasi-government and private organisations. District employment officers were found satisfactory in counselling the candidates but half of the exchanges were not having exhibition kits. Registered members felt the need for additional facilities in the exchanges. Inadequate number of staff and negative attitude of the staff was also observed along with long registration process.

Modi Jyotsna (1985) expressed a satisfaction over the fact that there is definite movement away from the concept of custody, care and treatment, to the concept of education and re-education, habilitation and rehabilitation. Explaining the role of government and non-governmental organisations she stressed that it is indeed difficult to ascertain the exact nature and the volume of rehabilitation services in the country, particularly in the absence of specifically documented and nationally accepted policy. Fear is also expressed over the use of imported technology not suitable to indigenous needs due to high price. To overcome the limitations like limited coverage, isolation, divorce from mainstream of educational thinking, and high costs of specialized institution based services she recommended family based rehabilitation.

Basu C.S (1985) explains in detail the rehabilitation process and also the functioning of special employment exchanges. According to him, the problem
of rehabilitation of the physically handicapped persons is a quite gigantic task in the situation of high unemployment rate prevailing in the country. Giving details of the steps taken by the government of India he stated that within the resources available the foundation for the rehabilitation of disabled has been laid and we have to steadily move towards better day for the disabled. In this direction he call for the support from the non-governmental organizations in formulating the needs, suggesting solutions and providing complementary services. He also call for community participation and sharing of financial burden by all sections of the society.

2.8. REHABILITATION INCLUDING CBR
M. N. Karna (2000) highlighted the difference in the nature of disabilities in developed and developing countries. Given the difference in profile and socio-economic scenario, the solution to the problem of disability should be area specific and indigenous. Most of the disabilities are preventable and associated with poverty, diseases, malnutrition, low sanitary conditions, lack of medical care, and high prevalence of infectious diseases. People in general are not aware of the fact that the handicapped person can be educated, and trained to become useful and productive member of the society. Rehabilitation approach adopted so far in the country isolated the disabled and goes for special institutions, special classes for children and special place of work. A quick appraisal of programmes of prevention and rehabilitation of disable suggest that a welcome change in the attitude of the government has taken place during the last few decades. However, the government still relies heavily on non-governmental agencies for creating and managing services for the handicapped. The efforts on the part of government and voluntary agencies till date have been satisfying. The need of the hour is to consolidate the existing schemes to reach large number of disabled and achieve maximum coverage with essential rehabilitation through the development of community based rehabilitation services.

Sharma Manoj (2005) describes that applied field such as disability and rehabilitation do not have their own theories, but depend on theories from other behavioural and social sciences for these theories. He proposed to use
Capability Theory of Amartya Sen in disability and rehabilitation research. Based on review of literature on Capability Theory, authors has identified five constructs viz. exchange entitlement, characteristics, capabilities, functioning, and well being and suggested the ways to use these constructs in disability and rehabilitation research and also in intervention. Author concluded that, persons with disabilities are at a disadvantage as the capabilities in their lives are often stunted due to the physical, mental, or social limitations imposed by their shortcomings. However, the construct of capabilities is amenable to modifications through factors that pertain to personal, institutional and social level that makes it appealing for field such as the field of disability and rehabilitation. Meaningful interventions can be designed that, modify this construct and improve the lives of persons with disabilities.

Gokhale S.D. (1984)\(^8\) in the paper focused more on the rehabilitation activities in the rural areas. According to the author, rehabilitation, unless it is closely related to the total environment of the disabled person, can restore functionality only very superficially. Rehabilitation planning, particularly for the rural sector pertains to transforming rehabilitation from an individual aid to an community service which must be hastened since that is the principal way in which to overcome the gap created by the absence of even minimal conventional services. Applying the broad definition of rehabilitation, there several areas of disparities between rural and urban rehabilitation are observed, which can be viewed as direct consequences of the peculiar milieu in the rural sector. These disparities are discussed in four principal areas viz. social, economic, medical and technological. As basic tenets of planning, author suggests removal of social and physical barriers, changing social attitudes, community participation, close relation with immediate environment, totality of rehabilitation, functional and not cosmetic rehabilitation, influencing social values, specialized approach, decentralized and democratized in favour of rural based population, appropriate technology, people’s participation, and documentation and sharing of innovative experiments and success stories.

Gokhale S.D. (1984)\(^5\) stated that rehabilitation efforts in rural areas are grossly limited not only characterized by a simple arithmetical lack of
adequate detection, prevention, and treatment services and data but also by insufficient appreciation, of the need to treat functionality and its restoration in a total societal rather than a purely physical context. The narrow definition of rehabilitation provided by WHO is responsible for rehabilitation being so far confined to being strictly occupational. The societal role, status, and function of the disabled persons, as a social being, have all been neglected. Broader view of rehabilitation as a process restoring total functionality including functional, social, and economic independence of disabled individual is thus called for. Focusing on the areas of disparities between rural and urban rehabilitation, author suggested that rehabilitation in rural areas should be related to immediate environment, it should be functional and not cosmetic, it should be in totality and not partial. Decentralized, democratized and, specialized approach with people's participation was emphasized by the author. Author proposed global bodies to reorient their efforts and resources towards the rural sector.

Gokhale S.D. (1984) in his paper focused on the development aspects of disability and rehabilitation of disabled in underdeveloped countries. In developing countries, rehabilitation services should be closely related to or attuned to the total environment of the disabled persons. Rehabilitation of disabled in rural areas needs different treatment because of different causes of disablement. In underdeveloped countries, rehabilitation is projected as an essentially medical exercise and educational and vocational rehabilitation have been found to be close behind. The rehabilitation model applicable in West may not be equally applicable in East. General ignorance and scarcity of resources are two major constraints in rehabilitation efforts in underdeveloped countries. As an action plan, author suggested removal of physical barriers, rights of education, rural camps and referral services, bank of artificial aids and appliances, recreation and leisure facilities, and adjustment assistance to disabled.

The Handicapped International (1981) in their study concluded that the vocational rehabilitation of the disabled can add to the national product through the individual disabled persons who is placed in productive
employment. There is not only increase in his life time earnings but also his tax payments and the savings and social security benefits including sickness and invalidity payments, which without rehabilitation efforts, he and his dependents might receive throughout his life time. A nation may thus regain the cost of its rehabilitation services in a comparatively short period (say 3 to 5 years) where the disabled workers may be productive for as long as 30 to 40 years.

Jyrwa L.N. (2000) in his paper tries to clarify the policy makers and programme managers the objectives of CBR (Community Based Rehabilitation) and methods of implementing it. The community-based approach becomes formalized through the efforts of WHO and United Nations in the year 1982. CBR is an alternative way of delivering the services to people with disabilities in varied and diverse types of communities especially in rural and semi-urban areas. The aim of CBR is to promote collaboration among personnel in the health, education, social welfare, labour sector, community and rural development, vocational skills and between rehabilitation personnel and organizations of or for people with disabilities. With detailed discussion on objectives, components and factors leading to sustained CBR, author tries to encourage the government, NGOs and others to adopt CBR in disability policies and programmes and integrate CBR into development programmes.

Varma S.K. & Singh U (1985) focused on the close relationship between disability and socio-economic levels, poverty, lack of education and job opportunities, working conditions, geographical isolation, social prejudice, and religious factors. Due to high cost of total rehabilitation programmes, it is not possible to provide rehabilitation facilities to the entire population of disabled. They urged that preventive programmes must be supported by such component of common approaches like educating the public, politicians, and policy planners for their development. Technology for prevention or control of most disablement is available and improving, but there is need for commitment by society to overcome the problems and strengthening
international cooperation in the exchange of information, technical experiences, and innovation in this field.

Kenmore Jeanne R (1985) in his paper proposed community based rehabilitation as an alternative to special education. He argued for rehabilitation activities in rural areas. In community based rehabilitation programme, to be carried out in rural area, he recommended employment of local people, as far as possible simple training, trainers from local community, training according to local needs and limited geographical coverage.

Westaway Don (1985) in his paper focused on the individualism approach as a real long term solution to rehabilitation problem. According to him, development of individual disabled person is more important that trying to change the environment. Pointing out the missing link of present system which focuses on academic education and job skill, he stressed on training in social competency, which included development of self confidence. Shifting focus from agency centered to home center services; he suggested that individual disabled persons would be better off if economic rehabilitation is seen as a challenge.

Punani B (1985) stated the universal truth that economic rehabilitation is the ultimate step in the spectrum of rehabilitation. Listing the factors affecting the economic rehabilitation he focused on need based rehabilitation, client centered approach, constitutional support, legal status and use of modern approaches to employment along with vocational counselling, and compatibility between training and employment. He recommended use of modern techniques of employment, job identifications, and publicity campaign to create awareness about the production potentials of disabled. Economic rehabilitation, according to him, not only restores confidence and human dignity but also expedites the process of his integration in the society.

Joglekar A.J. (1985) in his paper stressed on the challenges to economic rehabilitation for both those who are born disabled and those who become disabled later in life. Economic rehabilitation presupposes that the disabled
will have achieved some skill in some trade which will qualify them for employment or self-employment. According to him, economic rehabilitation can be brought about by means of getting job or work to the disabled or introducing him to be small entrepreneur matching with his economic conditions, family background, and skill achieved. He suggested awareness programmes, training and legislative provisions, modern training, job reservation, and reorientation of existing programmes for better economic rehabilitation.

According to Narsimham M.C. (1986) despite tremendous progress achieved in other areas, it is unfortunate fact that only small sections of disabled population in its major urban and rural areas are able to secure any consistent services. The relevance and efficacy of western model is questionable in Indian rural setup. Therefore he suggested alternative model for rural rehabilitation aiming at reaching the largest section of the disabled population for its all around development. Rural rehabilitation model should be cost effective, catering to the needs of all categories of disabled, comprehensive plan coordinated by central agency It should be based on non-segregation, employing rural people and leading to optimum utilization of existing infrastructure.

Mukharjee A, K, (1983) narrating the history of rehabilitation in India, stated that existing facilities for the training of medical and paramedical personnel are grossly inadequate which must be expanded. Author recommended for short term orientation courses, training community health workers from rural areas, mass education programmes for rural communities, and setting of national committee for identifying the areas of research and for coordinating the activities between various rehabilitation centers of the country. Author also proposed for inclusion of rehabilitation as subject in the curriculum of various universities.

Macchiwal Ashraf I. (1983) quoted the history of rehabilitation and stated that there has been tremendous increase over the decade in voluntary programme for the handicapped but still there is vast gap between the actual handicapped
population and the number covered by services. Major recommendations of the author include identification and registration of all groups of handicapped, lobbying by voluntary organizations for national policy for each category of handicapped, and better co-ordination and co-operation between voluntary organizations.

Singh J.P & Dash Manoj K (2005) focused on the vocational rehabilitation which most important aspect of rehabilitation process. Rehabilitation programmes will not be considered successful unless and until the disabled persons are made economically independent. Highlighting the role of various national agencies including VRCs and Special Employment Exchanges, they stated that future of availing the employment opportunities to any person including PWD lies in finding out suitable self-employment option for all because jobs in the formal and informal sector are not increasing sufficiently.

RCI (2003) stated that a good system of rehabilitation of locomotor disabled persons must first concentrate on effective prevention measures to eliminate causes of disablement. For their proper integration with the society, a comprehensive system of education in all its respects, including vocational training must be available to the disabled. More effective steps are needed to remove unemployment of the disabled population. A positive attitude of the community towards social and psychological problems of locomotor disabled persons is a pre-requisite for the successful implementation of policies and programmes for their rehabilitation.

2.9. LEGAL FRAMEWORK
Ganguly J.B. (2000) in his review of the Indian Acts on the Persons with Disabilities in the North Eastern scenario stated that the status and treatment of persons with disabilities even in non-tribal societies are not as bad as that in other parts of the country. Using the information provided by Census of India 1981, author concluded that there is a big gap in our knowledge about the status of and opportunities for full participation of persons with disabilities in educational and training courses and in productive activities. Persons with disabilities need to be made aware of their constitutional and legal rights to
equality in the society in the matter of enjoying educational, training, and health care facilities and in the matter of employment.

Tyagi D. (2000) explained different definitions of disabilities and major provisions of Persons with Disabilities Act which if implemented properly and appropriately there will be tremendous improvement in the upliftment of the disabled. Inspite of the enactment of an Act, there is a need for awareness among the general public about the miseries and difficulties faced by disabled persons. Three major factors which influence the attitude of general public are socio-cultural traditions, old age religious beliefs and the ignorance about the disabled persons' potentialities and needs. The lack of awareness and shortage of money are the two major factors for the present state of the disabled persons in India. Author suggested for collection of information about the disabled in India including their family background so that proper rehabilitative measures can be taken. To help him to rehabilitate, it is essential to provide education, vocational training, job and economic independency. Beside government and voluntary agencies, society should provide better social and mental environment and economic support.

Gamgataran A. (2001) focused on the barriers faced by disabled in education, training and employment. Author tried to find the solution of the question of what is the purpose of learning new skills when there is no possibility to utilizing them. He suggested that working capacity of an individual with disability should not be identified on the basis of natural inhibitions. It must be tested in the field and if possible, proper methodology must be evolved to improve the work output. Author was of the opinion that the crux of the issue is not of 'preferential treatment', 'positive discrimination' or 'reservation' but of providing an equal opportunity endowed with proper training facility, supportive and substitutive mechanism and barrier free infrastructure network, thereby creating a level playing field for persons with disabilities. Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full participation) Act 1995 remains more or less on paper and has failed to deliver any tangible results because of lack of political will and lack of co-ordination between various implementing agencies.
Meenakshi (1981) focused on the definitional aspect of disability and its impact on socio-economic life of the disabled. Surveys on disabled population give different results because of definitional differences. Author highlighted the problems in defining disability because of its relative nature in terms of physical fitness, and personal judgments. Because of problems in defining disability, it turns into being handicap by the society. Social handicap has roots in the stigma towards physically disabled. Incapability between clinical and administrative defining system is also highlighted. Job oriented purposeful education along with adequate employment opportunities were suggested by the author.

Seetharam Makkavilli (1981) presented a descriptive and analytical review of the existing legislation concerning the disabled persons and tries to bridge the gulf between existing laws and the needs of the society called social legislation. According to author, a clear understanding of the concepts of disability and handicap is necessary in formulating legislative action for rehabilitation. Highlighting various approaches to disability, he pointed out existing legislation and the gaps in them. Special focus was given to constitutional provisions, job reservation, special employment exchanges, guaranteed employment, apprenticeship programme, labor laws, war disabled, laws for lepers, problems of mentally disabled, and provision in general laws. The need for comprehensive legislation in consideration with declarations, guidelines and recommendations given by internationals institutions for the rehabilitation of the disabled is suggested.

Arthur O'Reilly (2003) gives overview of principal international legal instruments and policy of relevance to the rights of persons with disabilities with specific focus on employment and work. Author stated that despite existing national, regional and international laws and other instruments, and despite the activities of international bodies and efforts of non-governmental organizations, persons with disabilities throughout the world continue to be subject ed to widespread violations of their human rights. Unemployment rate among workers with disabilities tends to be twice or three times that of other
Problems of access to the physical environment, including transportation, housing, and workplaces, coupled with still held prejudices among many employers, co-workers and the general public, aggravated an already difficult situation.

Tuli Uma (2001) in an interview stated that three percent reservation, if implemented properly, can become a major boon for disabled. But there are many constraints. We cannot think of the majority of disabled absorbed in government jobs. The option is to either promote entrepreneurship among disabled or to motivate the private sector. The first obstacle as far as private sector is concerned is that they are not aware of the potential of the disabled.

Government of Gujarat (1982) reserved positions for physically handicapped person in factories registered under Factories Act and employing more than 100 employees. Factories are required to maintain the records of physically handicapped person employed by in the prescribed format and powers are given to factory inspector to inspect the records. Penalty provisions of imprisonment and fine for offence or false certificates are also laid down in the Act.

2.10. INTERNATIONAL PERSPECTIVE

Jayasooria Denison, Krishnan Bathmavathi & Ooi Godfrey (1997) stated that the traditional approach in providing assistance centers around the perspective of charity or welfare. This takes a paternalistic orientation and creates a subsidy and dependency mentality. This is the dominant philosophy, which undergirds a majority of the services provided for disabled people in Malaysian society. Disabled people and their organisations in Malaysian society are currently challenging this approach. Disabled people do not want to be sidelined as they realise that Vision 2020 provides numerous new opportunities. They are seeking to directly benefit from the economic growth. Disabled people want social organisations to adopt a strategy for self-reliance and helping the vulnerable break the cycle of dependency. However, as disabled people are a neglected, disadvantaged minority, specific attention must be provided in line with equalizing opportunities, which will enable their
full participation and integration into Malaysian society. Currently, there is no comprehensive National Policy for the development of programmes and services for disabled people in Malaysia. Authors recommended that a specific policy be developed, which could serve as the framework for action. This policy must be in line with the dynamic agenda of Vision 2020. The Malaysian National Policy on Disabled People should ensure that disabled people as citizens can enjoy the same opportunities as others in Malaysian society.

Patel Sangita and Majmudar Raju (1989) concentrate on the study of UNICEF aided project on prevention, early identification and intervention of childhood disability in slums. The authors observed positive relationship between family size and incidence of disability and more number of family members combined with the low income made them the poorest of poor making rehabilitation more difficult. Ignorance, low level of education among parents, and a lack of awareness poses serious obstructions in the way of rehabilitation. They have observed that the phenomenal increase in the education opportunities have not benefited disabled because all disabled cannot be placed in integrated programme. Special schools, therefore continue to play a significant role. However, the services of special schools have reached only limited number of children.

Hassan Anf (1984), based on the review of relevant literature, concluded that it is time we should fully realize our responsibilities for this suffering segment of the society and come out of the handicaps which have resulted in their gross neglect over the years. It is urgently required that extensive mass publicity should be made to make people aware of the preventive measures of diseases. Modern means of medical treatment should be adequately expanded, educational facilities for blind and deaf should be extended to the remote areas, and adequate attention should be given for their job placement.

Sackstein Ed (1985) in his paper outlined the activities of ILO in the areas of vocational rehabilitation and social integration of disabled. The special services make the integration a more difficult task. So the main thrust of the
paper is on integrated rehabilitation which is an attempt to assist a far greater number of disabled persons by putting them, at earliest possible moment, directly into the mainstream or community activities, that is, along with their able bodied fellow citizens rather than limiting their potential/ opportunities to a very restricted number of places in special rehabilitation programmes. He calls for action aimed at transforming vision of integrated rehabilitation into reality.

Clemens Russell (1998) based on the study of Denmark, Spain, Germany and United Kingdom, stated that large number of people with disabilities is excluded from employment because of their inadequate or inappropriate education and training, combined with inaccessibility to workplace and ongoing stereotype assumed by employers and educators. Therefore, in order to ensure the integration of people with disabilities in open labour market, education and training must be better suited to their needs and more informed of skills demanded by employers.

ILO (2001) stated that high unemployment and low level of basic education and vocational training among people with disabilities are common problem among the Accession countries. Improved access to education, training and employment creation is considered of utmost high importance. Poor motivation, problem of negative attitudes and low self-esteem among people with disabilities were considered a barrier to employment, therefore vocational rehabilitation and training should include confidence-building exercise. Report also stress on the lack of and need for information concerning models of vocational rehabilitation, training and employment of disabled people living in Accession Countries. Training package for policy and decision makers, as well as tools for evaluating the impact of vocational rehabilitation and employment policies were also called for.

ILO (2003) in its India Country Profile stated that while legislative provisions and framework is in place to promote employment of people with disabilities, it would appear that this framework has not yet had a significant impact on the
employment opportunities open to disabled job seekers and that action is required to improve its effectiveness.

Dayal Virendra (2003) in his statement at Ad Hoc Committee stressed on the need for the development of a Comprehensive and integrated International Convention on the Protection and Promotion of the Rights of Persons with Disabilities to give status, authority and visibility to disability issues because the existing international standards are subject to widespread violations of their human rights. Such convention should be comprehensive, right based, taking in to considerations situation of all disability groups and diverse conditions related to gender, race, color, age, ethnicity etc.

U.N. (2002) in its study about the current use and future potentials of the United Nations human rights instruments in specific field of disability observed dramatic shift in the perspective from an approach motivated by charity towards the disabled to one based on rights. Though the process of ensuring that people with disabilities enjoy their human rights is slow and uneven, but it is taking place in all economic and social systems. State parties are demonstrably moving in the direction of the human rights perspective on disability by adopting non-discrimination or equal opportunity legislation in the context of disability. National institutes for the promotion and protection of human rights throughout the world have begun to take active interest in disability issues. People with disabilities themselves are now framing their long-felt sense of grievance and injustice in to the language of rights.

ILO, UNESCO, & WHO, (2004) in their joint position paper stated that disability is no longer viewed as merely the result of impairment. The social model of disability has increased awareness that environmental barriers such as product and technology, natural environment and human made changes in it, support and relations, attitude and services, and systems and policies, are major cause of disability. A strong correlation was also stated between disability and poverty. Lack of access to health care and rehabilitation, education, skills, training and employment contributes to the vicious cycle of poverty and disability. Responsibilities lie on the shoulders of professionals and disabled people's organizations to identify the needs of all people with
disabilities to make their needs known and to promote appropriate measures to address the needs. Productive and decent work for persons with disabilities was also advocated.

ILO (1994) stated that at least 4 percent of any working population is likely to have significant physical or mental impairment. People with disabilities are more likely to expose to unemployment than rest of the population. In many urban areas the chances of their being without work are five times more than for others. This remains true despite the fact that most disabled people work well with appropriate training and in working environment suitable to their particular disability. Disabled people who are employed often work for long hours, doing low paid manual tasks, with little or no chances of acquiring more skills or being promoted. Disabled women have fewer opportunities for vocational training and they are discouraged by their family members from having role outside the home and are likely to remain uneducated. Report suggested for the removal of all barriers, physical, communications and architectural that affects the disabled people’s access to transport, education, training, education and employment.

ILO (1955) suggested that wherever possible disabled person should receive training with and under the same conditions as non-disabled persons and special services should be set up only for severely disabled. Financial, medical, technical and vocational measures should be taken to encourage employers to provide training for disabled persons. Closest cooperation between various activities and institutions responsible for medical treatment, and vocational rehabilitation was also recommended. The competent authority should take necessary and desirable measures to achieve co-operation and co-ordination between public and private bodies engaged in vocational rehabilitation. Scientific studies and research in the areas of vocational rehabilitation is also recommended.

ILO Convention No 159 (1983) urged all the member nations to formulate and periodically review a national policy on vocational rehabilitation and employment of disabled persons. Vocational rehabilitation measures should
be based on the principle of equal opportunities and should be available to all categories of disabled and promote employment opportunities for them in open labour market. Such policy should be framed in consultation with the representatives of employers organizations, public and private bodies, and disabled people’s organizations. Special focus should be given to vocational rehabilitation services in rural areas with adequate provision of suitable qualified staff for vocational guidance, training and placement of disabled persons.

ILO Recommendation No 168 (1983) recommended all the members to use the existing services with necessary adaptation in planning for vocational rehabilitation services for disabled persons. For this purpose, all the bodies responsible for medical and social rehabilitation should be co-operated. Appropriate measures including financial incentives to employers should be taken to create job opportunities in the open labour market. Government should support and encourage the vocational training, vocational guidance, sheltered employment, self-employment, co-operatives, training of staff, and community participation. Special attention is required for vocational rehabilitation services in rural areas.

ILO (1997) indicated that government, employers and workers share a common obligation to promote the effective labour market participation of disabled persons. The schemes of quota-levy system in one country cannot simply be translated to another without considering the guiding principles, historical, social and economical context, disability perception, and objectives of the system. Adequate infrastructure of vocational rehabilitation, training and employment employer commitment, and public confidence are necessary for viability of quota-levy schemes. Properly managed funds with participation of government, employers and workers, representatives of disabled people have an essential and responsible role to ensure that people with disabilities are counted as equally productive members of the society and in securing their prospects of obtaining, retaining, and advancing employment.
U N. (1977) denoted the attitudinal, institutional and social factors functioning in the economy, culture and organizations of community life which impede disabled persons from fulfilling the normal social role of members of the community and from participating in the normal economic, political, and cultural activities of their society at par with the able bodied. Societal factors that might create or affect the social behaviour include the state of development of social services, political and economic system and ideology, legislation, values and norms of communication and culture.

Jones Melanie K. (2005) identified concentration of disabled workers in part-time work in U.K. and examines the reasons for the same. Part-time employment provides an important way of accommodating a work limiting disability rather than reflecting marginalisation of the disabled employees. Individual with mental health problems are significantly more likely to be employed part-time, in addition to being the least likely to be in employment confirming the particular labour market disadvantage faced by this disabled group.

U N. (1982) states that, the purpose of World Programme of Action Concerning Disabled Persons was to promote effective measures for prevention of disability, rehabilitation and realization of the goal of full participation of disabled persons in social life and development, and of equality. Much disability can be prevented through the measures against malnutrition, environmental pollution, poor hygiene, inadequate prenatal and postnatal care, water born diseases, and all types of accidents. Member states are requested to adopt policy and supporting structure of services to ensure that disabled persons have equal opportunities for productive and gainful employment in open labour market.

ILO (2002) stated that in the low-income countries, person with disabilities belong to the poorest of poor. Apart from some notable exceptions, persons with disabilities have either been forgotten or treated in a way that does not correspond to their aspirations to socio-economic integrations. Persons with
disabilities have not been involved in an opportunity to be included in the most important poverty reduction initiatives of recent years.

U N. (1975) passes a resolution which states that disabled persons have the right to economic and social security and a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive, and remunerative occupations and to join trade unions. They shall be protected against all exploitations, all regulations and all treatment of a discriminatory, abusive or degrading nature.

ILO (2001) code of practice in managing disability in the work place stated that employment among disabled reduces the cost of disability and reduces poverty. Disability management practices are more effective when based on positive co-operations among governments, employers’ organizations, workers’ representatives, workers’ organizations, and organizations’ or persons with disabilities. Disability management strategy should include the provisions for recruiting jobseekers with disabilities, equal opportunities for them, and job retentions by employees who acquired a disability.

ILO (1992) concludes that, with the advancement of new technology, it is now possible for disabled persons to live productive lives who were banned from employment in an earlier era. Since, possibility exists, it would be a disgrace if we were not able to master the technology and to muster the will to bring the advantages of new technology to those disabled persons who could most profit by them.

2.11. OTHERS
Kapoor Punit & Sen Anima (1984) Authors have tried to study the effect of congenital and adventitious blindness on some psychological variables, both personality and cognitive, vis-à-vis their sighted persons from Delhi. Three groups, congenitally blind, adventitiously blind and sighted were compared for psychological variables like behaviour rigidity, social responsibility, and emotional stability. Studies do not preclude the possibility of differences in personality factors of three groups
Husain M.G. (1984) conducted a study to know the differences between normal and orthopedically handicapped children with regard to personal characteristics like creativity and achievements. Study shows interrelations between creativity scores of both the groups. But significant differences were observed in the achievement scores showing normal children better off than orthopedically children. Study concluded that achievement of normal might be high due to their proper schooling, prenatal background, and attention paid to them by their teachers and peers. As the handicapped fails to receive such treatment, they are unable to show better performance due to frustration. Study further concluded that creative potential are unaffected by physical handicap and it may be increased among such population with various methods.