Chapter II

THEORETICAL OVERVIEW
AND
REVIEW OF RELATED LITERATURE

2.1 Theoretical Overview

2.1.1 Laws and policies related with disabilities

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REVIEW OF LITERATURE

A literature review means locating and summarizing the studies about a topic. Often these are research studies (since you are conducting a research study), but they may also include conceptual articles or thought pieces that provide frameworks for thinking about topics. There is no single way to conduct a literature review, but many scholars proceed in a systematic fashion to capture, evaluate, and summarize the literature (Creswell 2009).

Besides selecting a quantitative, qualitative, or mixed methods approach, the proposal designer also needs to review the literature about a topic. This literature review helps to determine whether the topic is worth studying, and it provides insight into ways in which the researcher can limit the scope to a needed area of inquiry.

A literature review is an account of what has been published on a topic by accredited scholars and researchers. More often it is part of the introduction to an essay, research report, or a thesis. Literature review discusses published information in a particular subject area, and sometimes information in a particular subject area within a certain time period.

The purpose of literature review is to convey what knowledge and ideas have been established on a topic, and what their strengths and weaknesses are. As a piece of writing, the literature review must
be defined by a guiding concept. It is not just a descriptive list of the material available, or a set of summaries.

A literature review can be just a simple summary of the sources, but it usually has an organizational pattern and combines both summary and synthesis. A summary is a recap of the important information of the source, but a synthesis is a re-organization or a reshuffling, of that information. It might give a new interpretation of old material or combine new with old interpretations. It might trace the intellectual progression of the field, including major debates. And depending on the situation, the literature review may evaluate the sources and advise the reader on the most pertinent or relevant issues. Besides enlarging knowledge about the topic, writing a literature review helps to gain and demonstrate skills in two areas; the information seeking and critical appraisal. Information seeking denotes the ability to scan the literature efficiently, using manual or computerized methods, to identify a set of useful articles and books. In the Critical appraisal; the ability to apply principles of analysis to identify unbiased and valid studies.

Also a literature review must be organized around and related directly to the thesis or research question which the researcher are developing, Synthesize results into a summary of what is and is not known Identify areas of controversy in the literature and formulate questions that need further research. In the present study the review of pertinent literature dealt primarily with the areas of awareness,
attitude on disabilities, laws and funds for the persons with disabilities.

2.1 THEORETICAL OVERVIEW

2.1.1 LAWS AND POLICIES RELATED WITH DISABILITIES

India as a signatory of UN Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which India signed on 30th March, 2007, was ratified and came into force on 3.05.2008. Three important obligations arise out of the Convention, namely (a) Implementation of provisions of the UNCRPD, (b) Harmonization of Indian Laws with the UNCRPD, and (c) Preparation of a Country Report by 2010.

All concerned Central Ministries were requested to implement the provisions of the UNCRPD in so far as these relate to them. The need for focus on women and children was also emphasized. The Ministries were also requested to identify statutes and orders that require amendment in the light of the Convention and to initiate the process of amendment. All Chief Ministers of States and Administrators of Union territories were similarly requested to refer to various obligations under the Convention that relate to the State Governments and to implement the same. State Governments and Union territories were also requested to furnish the status report for preparation of Country Report.
Rehabilitation Council of India Act, 1992

The Act relates to standardization of training courses for rehabilitation professionals, to accreditation of training institutions and of individuals desirous of becoming rehabilitation professionals.

Definitions

"hearing handicapped" means with hearing impairment of 70 decibels and above, in better ear or total loss of hearing in both ears; "locomotor disability" means a person’s inability to execute distinctive activities associated with moving, both himself and objects from place to place and such inability resulting from affliction of either bones joints muscles or nerves; "mental retardation" means a condition of arrested or incomplete development of mind of person which is specially characterized by sub-normality of intelligence; "Rehabilitation professional" means- audiologists and speech therapists; clinical psychologists; hearing aid and ear mould technicians; rehabilitation engineers and technicians; special teachers for educating and training the handicapped; vocational counsellors, employment officers and placement officers dealing with handicapped; multi-purpose rehabilitation therapists, technicians; or such other category of professionals as the Central Government may, in consultation with the Council, notify from time to time; "visually handicapped" means a person having severe reduction in vision that cannot be corrected with standard glasses or contact lenses and reduces his/her ability to function at certain or all tasks.
The Rehabilitation Council of India was initially set up and given Statutory Status by an Act of Parliament namely Rehabilitation Council of India Act, 1992. The Act was subsequently amended in 2000. The Council is responsible for regulating and monitoring the training of rehabilitation professionals and personnel, promoting research in rehabilitation and special education.

Other major initiatives

Artificial Limbs Manufacturing Corporation of India (ALIMCO) was set up in 1972 by the Government of India, a—Non profit company with the mission of Empowerment of Persons with Disabilities and restoration of their dignity by way of manufacturing and supplying durable, sophisticated, scientifically manufactured modern and ISI standard quality Assistive aids and appliances that can promote physical, psychological, social economic and vocational rehabilitation by reducing the effect of disabilities and enhancing potential for self-dependence. ALIMCO is the premier and the largest manufacturer of quality Aids & Appliances in whole of South Asia.

Accessibility to Buildings: Sections 45 and 46 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 envisage barrier free accessibility in public buildings which includes ramps, adaptation of toilets for wheel chair users etc. Several Central Ministries have been requested to take appropriate steps in this regard. In a pursuant accessibility to websites. Ministry of Social Justice & Empowerment has launched its
accessible website - www.socialjustice.nic.in which is persons with disabilities friendly. A new category of National Awards for the welfare & development of persons with disabilities has been announced for launching persons with disabilities friendly websites in Government Public and Private Sectors. Dedicated Satellite Channel on Disability: The EDUSAT Channel NAVSHIKHAR has been set up at RCI Office in collaboration with Indian Space & Research Organization (ISRO) and Media Lab Asia (MLA) for the benefits of the students, trainees and parents of the persons with disabilities. National Interactive Web Portal on Disability: RCI in collaboration with the Media Lab Asia (MLA) has developed a comprehensive national web portal namely - www.punarbhava.in on disability. The portal is designed to provide all related information regarding different disability issues at one platform on regular basis. Yet another act was passed in parliament in relation to protect the rights of the disabled person in India in 1995, known as the persons with disabilities act.

**Persons with Disabilities Act, 1995**

(Equal Opportunities, Protection of Rights and Full Participation) Act, 1995) the aims and objectives of the Act are:

To spell out the responsibility of the state towards the prevention of disabilities, protection of rights, provision of medical care, education, training, employment and rehabilitation of persons with disabilities; to create a barrier free environment; to counteract any situation of abuse
and exploitation of persons; and to make special provision of the integration of persons with disabilities into the social mainstream.

The obligations vested on governments are undertake surveys, investigations and research concerning the cause of occurrence of disabilities, promote various methods of preventing disabilities, Screen all the children at least once in a year for the purpose of identifying “at risk” cases, provide facilities for training to the staff at the primary health centres, Sponsor awareness campaigns and disseminate information on general hygiene, health and sanitation, take measures for pre-natal and post-natal care of mother and child, educate the public through the pre-schools, schools, primary health centres, village level workers and anganwadi worker and create awareness amongst the masses through television, radio and other mass media on the causes.

The education aim of PWD act ensuring that every child with disabilities have access to free education in an appropriate environment till 18 years of age, promoting the integration of students with disabilities in normal schools, promoting setting up of special schools in government and private sector in such a manner that children with disabilities living in any part of the country have access to such schools and equip these schools with vocational training facilities, conducting part-time classes in respect of children with disabilities who having completed education up to class fifth and could not continue their studies on a whole-time basis, conducting
special part-time classes for providing functional literacy for children in the age group of sixteen and above, imparting non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation imparting education through open schools or open universities, conducting class and discussions through interactive electronic or other media and providing every child with disability free of cost special books and equipments needed for his education. (Section 27).

This act evolve comprehensive schemes to be prepared by the government for: Transport facilities to the children with disabilities or in the alternative financial incentives to parents or guardians to enable their children with disabilities to attend schools, the removal of architectural barriers from schools, Colleges or other institution, imparting vocational and professional training, the supply of books, uniforms and other materials to children with disabilities attending school, the grant of scholarship to students with disabilities, Setting up of appropriate forums for the redresses of grievances of parent, regarding the placement of persons with disabilities children, suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision and restructuring of curriculum for the benefit of children with disabilities.

All government educational institutions and other educational institutions receiving aid from the government are to reserve not less than 3 per cent of its seats for persons with disabilities. In kerala a
dispute made between Mrs Mary and State of Kerala, she is a mother of disabled child regarding three percent of seats reservation for persons with disabilities who obtained the verdict in favour of them as mentioned in the PWD act. (State of Kerala v. Mary Joseph, (2001) 3 Kerala Law Times 26, Section 39)

Regarding employment opportunities, the appropriate governments to identify posts in government establishments, which can be reserved for persons with disabilities and review the list of posts at periodic intervals (not exceeding three years) (Section 32) and at least 3 percent of vacancies in every government establishment are to be reserved for persons with disabilities. Out of which 1 percent each shall be reserved for persons suffering from blindness or low vision and the other 2 percent for persons with hearing impairment and locomotor disability or cerebral palsy. But the central government may exempt any establishment from the above requirements if the nature of work in such establishments is that persons with disabilities are unable to work in such establishments. (Section 33)

PWD act insists schemes to be formulated by the appropriate government for the training and welfare of persons with disabilities, the relaxation of upper age limit, regulating the employment, health and safety measures and creation of a non-handicapping environment in places where Persons with disabilities are employed, the manner in which and the person by whom the cost of operating the schemes is to
be defrayed and constituting the authority responsible for the administration of the scheme. (Section 38)

Non-discrimination: the following facilities shall be arranged for the PWD act such as adapt rail compartments, buses, vessels and aircrafts in such a way as to permit easy access to such persons, adapt toilets in rail compartments, vessels, aircrafts and waiting rooms in such a way as to permit the wheel chair users to use them conveniently. (Section 44), install auditory signals at red lights in the public roads for the benefit of persons with visually handicap, make curb cuts and slopes in pavements for the easy access of wheel chair users, engrave the surface of the zebra crossing for the blind or for persons with low vision, engrave the edges of railway platforms for the blind or for persons with low vision, devise appropriate symbols of disability, provide warning signals at appropriate places.(Section 45), provide ramps in public buildings, provide Braille symbols and auditory signals in elevators or lifts and provide ramps in hospitals, primary health centres and other medical care and rehabilitation institutions.

The affirmative Action for the PWD act such as (Section 42) Special schemes are to be notified for the preferential allotment of land at concessional rates for, housing , setting up business, setting up special recreational centres, establishment of special schools, establishment of research centres and establishment of factories by entrepreneurs with disabilities (Section 43)
Statutory Committees

Central Coordination Committee (CCC) constituted under Section 3 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, is chaired by the Minister for Social Justice and Empowerment and has official and non-official members, including Members of Parliament, representatives of organizations of persons with disabilities and experts in the field of disability. It serves as the national focal point on disability matters and facilitates the continuous evolution of a comprehensive policy towards solving the problems faced by persons with disabilities. It advises the Central Government on the formulation of policies, programmes, legislation and projects with respect to disability and reviews and coordinates the activities of all the Ministries/Departments of Government and other Governmental and Non-Governmental Organizations which are dealing with matters relating to persons with disabilities. It takes up the cause of persons with disabilities with the concerned authorities and international organizations with a view to provide for schemes and projects for the persons with disabilities in the national plans and other programmes and policies evolved by the international agencies.

Central Executive Committee (CEC) constituted under Section 9 of the Persons with Disabilities Act, 1995, chaired by the Secretary, Ministry of Social Justice and Empowerment, is the executive body of the Central Coordination Committee. It is responsible for carrying out
the decisions of the Central Coordination Committee and performs such other functions as may be delegated to it by the Central Coordination Committee.

Provisions of the PWD Act relating to Rehabilitation

Section 2(w) of the PWD Act, 1995, defines rehabilitation as a process aimed at enabling persons with disabilities to reach and maintain their optimal, physical, sensory, intellectual, psychiatric or social functional levels. Section 66 of the PWD Act, in which deals with rehabilitation. Accordingly appropriate Governments and local authorities shall within the limits of their economic capacity and development undertakes or causes to be undertaken rehabilitation of all persons with disabilities. For the purposes of sub-section (1), the appropriate Government and local authorities shall grant financial assistance to non-governmental organizations. The appropriate Governments and local authorities while formulating rehabilitation policies shall consult the non-governmental organizations working for the cause of persons with disabilities. And some of the main components of rehabilitation of persons with disabilities are: provision of assistive aids and appliances, education, vocational training, assistance for employment and training in or assistance for independent living. Central Government has been providing grant-in-aid to non-governmental organizations over successive Five Year Plans through various schemes for projects relating to rehabilitation of persons with disabilities, including the Deendayal persons with
Review of Literature

disabilities Rehabilitation Scheme that covers components (ii) to (v) above and the Scheme of Assistance to persons with disabilities Persons for Purchase/ Fitting of Aids/Appliances (ADIP), covering component (i) above.

As per the direction by the PWD act the Ministry of Social Justice and Empowerment operates various schemes for empowerment and rehabilitation of persons with disabilities (PWDs). The schemes aim to promote physical, psychological, social, educational and economic rehabilitation and development of persons with disabilities to enhance their quality of life and also enable them to lead a life with dignity. The major schemes for rehabilitation of persons with disabilities are:

- **Scheme of Assistance to persons with disabilities Persons for Purchase/Fitting of Aids/Appliances (ADIP)** - aims at physical rehabilitation of persons with disabilities through provision of assistive aids and appliances.

- **Deendayal persons with disabilities Rehabilitation Scheme (DDRS)** - an umbrella scheme that addresses all aspects of rehabilitation and includes projects covering various services ranging from programmes for pre-school and early intervention to rehabilitation of leprosy-cured persons.

- **Scheme for Implementation of Persons with Disabilities Act** - under the scheme funds are provided for projects to make public
buildings barrier-free, support to the institutions at regional and
district level providing services to persons with disabilities and
the creation of awareness on related issues.

- Scheme of Incentives to Employers in the Private Sector for
  Providing Employment to Persons with Disabilities. There are seven
National Institutes under MSJE working in the field of disability.
These institutes are engaged in human resources development in
the field of disability, providing rehabilitation services to the persons
with disabilities, research and development. These National
Institutes including their regional centres and composite regional
centres run 80 courses of one year or more duration in special
education and rehabilitation for the persons with disabilities. The
seven National Institutes are:- National Institute for the Visually
Handicapped (NIVH), Dehradun; National Institute for
Empowerment of Persons with Multiple Disabilities (NIEPMD),
Chennai; Swami Vivekananda National Institute for the
Rehabilitation, Training and Research (SVNIRTAR), Cuttack;
National Institute for the Hearing Handicapped (NIHH), Mumbai;
National Institute for the Mentally Handicapped (NIMH),
Secunderabad; National Institute for the Orthopedically
Handicapped (NIOH), Kolkata and Pt. Deendayal Upadhaya
Institute for the Physically Handicapped (PDUIPH), New Delhi.

Regional and District-level Centres for Persons with Disabilities
Composite Regional Centre. The scheme of setting up of Composite
Regional Centres is a part of overall strategy to reach out to the persons with disabilities in the country and to facilitate the creation of the required infrastructure and capacity building at Central, State and District levels and below for awareness generation, training of rehabilitation professionals, service delivery etc. At present, there are six CRCs functioning at Sundernagar, Srinagar, Lucknow, Guwahati, Patna and Bhopal.

District Disability Rehabilitation Centres: To facilitate the creation of infrastructure and capacity building at district level for awareness generation, rehabilitation, training and guiding rehabilitation professionals, MSJE with the active support of the State Governments is providing comprehensive services to the persons with disabilities by way of setting up of District Disability Rehabilitation Centres in all the unserved districts of the country.

**National Trust Act 1999**

National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities is a statutory body set up under the National Trust for the welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act (Act 44 of 1999), 1999. The main objective of National Trust is to ensure persons with disabilities to lead independent life with dignity, support and strengthen NGOs and other service providers and appoint legal guardians to take care the needs of persons with disabilities. The major activities of National Trust include training and awareness programmes,
capacity building programme & shelter, care giving & empowerment programmes.

India has enacted 3 legislations in the 1990s. The first, in 1992, was the Rehabilitation Council of India Act, which relates to standardization of training courses for rehabilitation professionals, to accreditation of training institutions and of individuals desirous of becoming rehabilitation professionals.

To date, Rehabilitation Council of India has recognized 161 training centres offering 200 courses and registered 20,000 professionals.

Under PWD Act over 6300 grievances have been redressed. However, the more newly recognized disabilities like autism and multiple disabilities were not included in the 1995 Act, nor were there any specific provisions for persons with Cerebral Palsy and Mental Retardation.

In December 1999, therefore, after a decade of lobbying by parents and professionals, the Parliament of India enacted the Act entitled “National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities”. It is a statutory autonomous body under the aegis of the Ministry of Social Justice & Empowerment, Government of India.

The Following Definitions have been made to explain this ACT
"Autism" means a condition of uneven skill development primarily
affecting the communication and social abilities of a person, marked by repetitive and ritualistic behaviour; "Board" means Board of trustees constituted under section 3; "Cerebral palsy" means a group of non-progressive conditions of a person characterized by abnormal motor control and posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development; "Mental Retardation" means a condition of arrested or incomplete development of mind of person which is specially characterized by sub normality of intelligence; "Multiple Disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996); "Registered organization" means an association of persons with disability or an association of parents of persons with disability or a voluntary organization, as the case may be, registered under section 12; "Severe disability" means disability with eighty percent or more of one or more multiple disabilities; "Trust" means the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability constituted under sub-section (1) of section 3.
The objects of the Trust shall be –

(a) To enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong;

(b) To strengthen facilities to provide support to persons with disability to live within their own families;

(c) To extend support to registered organizations to provide need based services during period of crisis in the family of persons with disability;

(d) To deal with problems of persons with disability who do not have family support;

(e) To promote measures for the care and protection of persons with disability in the event of death of their parents or guardians;

(f) To evolve procedure for the appointment of guardians and trustees for persons with disability requiring such protection;

(g) To facilitate the realization of equal opportunities, protection of rights and full participation of persons with disability; and

(h) To do any other act this is incidental to the aforesaid objects.

Above all the government of India have enacted the national policy for Persons with Disabilities, 2006 for the empowerment of the disabled persons.
The National Policy recognizes that Persons with Disabilities are valuable human resources for the country and seeks to create an environment that provides those equal opportunities, protection of their rights and full participation in society. It is in consonance with the basic principles of equality, freedom, justice and dignity of all individuals that are enshrined in the Constitution of India and implicitly mandate an inclusive society for all, including persons with disabilities. The National Policy recognizes the fact that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures. The salient features of the National Policy are: Physical Rehabilitation, which includes early detection and intervention, counselling and medical interventions and provision of aids and appliances. It also includes the development of rehabilitation professionals; Educational Rehabilitation which includes vocational training; and Economic Rehabilitation, for a dignified life in society. Mechanism for implementation of National Policy.

The following mechanism is in place for implementation of the National Policy: The Ministry of Social Justice & Empowerment is the nodal Ministry to coordinate all matters relating to implementation of the Policy. The Central Coordination Committee, with stakeholder representation, coordinates matters relating to implementation of the National Policy. There is a similar Committee at the State level. Panchayati Raj Institutions and Urban Local Bodies are associated in
the functioning of the District Disability Rehabilitation Centres. They are required to play a crucial role in the implementation of the National Policy to address local level issues. The Ministries of Home Affairs, Health and Family Welfare, Rural Development, Urban Development, Youth Affairs and Sports, Railways, Science and Technology, Statistics and Programme Implementation, Labour, Panchayati Raj and Women and Child Development and Departments of Elementary Education and Literacy, Secondary and Higher Education, Road Transport and Highways, Public Enterprises, Revenue, Information Technology and Personnel and Training are also identified for implementation of the policy. The Chief Commissioner for Persons with Disabilities at Central level and State Commissioners at the State level play key role in implementation of National Policy, apart from their statutory responsibilities.

Economic Empowerment of persons with disabilities

National Handicapped Finance and Development Corporation (NHFDC) is an apex institution for channelizing the funds to persons with disabilities through the State Channelizing Agencies (SCAs) nominated by the State Government(s) or through Non Government Organizations (under Micro Credit Scheme) with the following purposes:

- To promote economic development activities and self-employment ventures for the benefit of persons with disability.
To extend loan to the persons with disability for upgradation of their entrepreneurial skill for proper and efficient management of self-employment ventures.

To extend loans to persons with disability for pursuing professional/technical education, leading to vocational rehabilitation/self-employment.

To assist self-employed persons with disability in marketing their produce.

In order to support, government of India has given national Awards for the Empowerment of Persons with Disabilities having outstanding achievements and the individuals and organizations that are working for the empowerment of persons with disabilities. These awards have been instituted with the objective to focus public attention on the issues concerning persons with disabilities and to promote their mainstreaming in the society. The awards are given on 3rd of December in every year, which has been declared as International Day of persons with disabilities Persons.

In addition national handicapped welfare fund, subsequently renamed as National Fund for People with Disabilities (National Fund) was established in 1983. Presently, the National Fund is implementing a scholarship scheme for students with disabilities.

Trust Fund for Empowerment of Persons with Disabilities: In pursuance of the directions of the Hon’ble Supreme Court judgment
dated 16.04.2004; a Trust Fund for Empowerment of Persons with Disabilities (chaired by Comptroller & Auditor General of India) was registered on 21.11.2006.

Programmes and Activities of other Ministries relating to Disability besides Ministry of Social Justice and Empowerment other Ministries and Departments of Government of India which attend to certain policy measures and other incidental issues related to disability through their programmes and activities are as follows:

Ministry of Women and Child Development

Ministry of Human Resource Development

Ministry of Health and Family Welfare

Ministry of Urban Development

Ministry of Housing and Urban Poverty Alleviation

Ministry of Rural Development

Ministry of Labour and Employment

Department of Higher Education

Department of Personnel and Training (DOP&T)

Department of Science and Technology

Department of Scientific and Industrial Research.
THE RIGHTS OF PERSONS WITH DISABILITIES BILL, 2012

The Persons with Disabilities Rules, 1996 have been amended in 2009 which inter-alia prescribed a simplified and decentralized procedure for issuance of Disability Certificate. In the amended rules, instead of Medical Board, Medical Authorities has been prescribed for issue of medical certificates. The Medical authorities have to be notified by the appropriate governments.

This Act may be called the “The Rights of Persons with Disabilities Act, 2012”. It extends to the whole of India except the State of Jammu and Kashmir. It shall come into force on such date as the Central Government may, by notification, appoint. In this Act, unless the context otherwise requires: ‘abuse’ includes verbal and physical abuse; ‘appellate authority’ means an authority designated under sub-section (1) of Section 63 or sub-section (1) of Section 69 of this Act, as the case may be; ‘appropriate government’ means, in relation to an establishment of the Central Government, or an establishment, wholly or substantially owned or financed by that Government, or a Cantonment Board constituted under the Cantonment Act, 1924, or a union territory without legislature, or the provider of a service which pertains to List I in Schedule VII of the Constitution, the Central Government; In all other cases, the State Government or, as the case may be, the Government of a UT with legislature. ‘augmentative and alternative communication (AAC)’ are alternative systems or methods of communication that may supplement or complement the use of one’s
own speech to fulfil the daily communication needs of persons with speech, communication or language disabilities in accordance with their requirements and enables them to participate and contribute to their community and society, ‘barrier’ means any factor including attitudinal, communicational, cultural, economic, environmental, institutional, political, religious, social or structural factors which hampers the full and effective participation, of persons with disabilities in society; ‘care giver’ is a person who on payment provides care, support or assistance to a person with disability, ‘communication’ includes languages, display of text, Braille, tactile communication, signs, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology; “certifying authority”, in relation to certification of a person with benchmark disability, means an authority designated under sub-section (1) of section 67 of this Act, ‘competent authority’ means an authority appointed under sub-section(1) of section 44 or section 59 of this Act; ‘convention’ means the United Nations Convention on the Rights of Persons with Disabilities; ‘disabled persons’ organization’ (DPO) means an organization registered under an Act of Parliament, or a State Legislature, and controlled by a majority of persons with disabilities at the board and membership levels, ‘discrimination on the basis of disability’ means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or
nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field and includes all forms of discrimination, including denial of reasonable accommodation;

‘Establishment’ means and includes:

Departments and Ministries of Government; Local authorities and authorities or bodies owned, controlled or aided by the Central or State Government; Any statutory or non-statutory body created, owned, financially or administratively controlled or aided by the Central or State Government or any such body performing public or civic functions and includes Government Companies as defined in Section 617 of the Companies Act, 1956; Any company, firm, cooperative or other society, association, trust, agency, institution, organization, union, industry, supplier of goods or services, factory or other non-statutory body which is not covered under clause (a) to (c) and provides services as defined in clause (gg) section 2; 

Explanation The term ‘industry’ shall have the same meaning as in Section 2 (j) of the Industrial Disputes Act, 1947, ‘exclusive disability rights court’ means a court notified under Section 106 of this Act, ‘exploitation’ means a person using the disability of another person to his own advantage to which he is not otherwise entitled, and/or to the latter’s disadvantage, to which such latter person is not otherwise liable, ‘higher education’ means a course of education which can be pursued after completing twelve years of school education, ‘high support’ means an intensive support –
physical, psychological and otherwise, which may be needed by individuals for activities of daily living; independent and informed decision-making; accessing facilities and participating in all areas of life including education; employment; family and community life; treatment and therapy; recreation and leisure;

‘Human rights’ shall have the meaning assigned to it in Clause (d) of Section 2 of the Protection of Human Rights Act, 1993; ‘inclusive education’ means a system of education wherein all students – i.e. those with and without disability – learn together, most or all of the time, and the system of teaching-learning is suitably adapted to meet the learning needs of different types of students such that learning outcomes of comparable/satisfactory quality are achieved for all students; ‘institution’ for persons with disabilities means an institution for the reception, care, protection, education, training, rehabilitation or any other service of persons with disabilities; ‘Language’ includes spoken and signed languages and other forms of non spoken languages; ‘local authority’ means a municipality, a cantonment board, a panchayat or any other authority, established under an Act of Parliament, or a State Legislature to administer the civic affairs of any habitation as defined in or under such Act; ‘National Commission’ means the National Commission for Persons with Disabilities constituted under Section 84 of this Act.

‘Person with benchmark disability’ means a person with not less than forty percent of a specified disability, as certified by a competent
authority; ‘person with disability’ means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder his full and effective participation in society on an equal basis with others; ‘person with disability having high support needs’ means a person with benchmark disability who is certified under section 44 to require high support on an ongoing basis, and may, in particular, include such persons confined to their homes or living in institutions, or who may be concealed, neglected or segregated, or destitute or homeless; ‘Prescribed’ means prescribed by rules made under this Act; ‘prohibited grounds’ are the grounds on the basis of which persons with disabilities may be discriminated against, and include the following grounds: Disability, Perceived disability, whether the perception is accurate or otherwise, or, association of a person with persons to whom one or more prohibited grounds apply, or combination of disability and any other ground such as religion, race, caste, tribe, place of birth, age, language, sex, gender identity, sexual orientation, pregnancy, maternity, marital status, care giver status, economic status, political or other opinion. ‘Public building’ means a building, irrespective of ownership, which is used and accessed by the public at large; and includes its entrance, exit, parking space, footpath and other appuntenant lands;

‘Reasonable accommodation’ means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons
with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms; ‘registered organization’ means an association of persons with disabilities or a Disabled Persons’ Organisation, association of parents of persons with disabilities, association of persons with disabilities and family members, or a voluntary, non-governmental or charitable organization or trust, society, nonprofits company working for persons with disabilities, duly registered under an Act of Parliament or a State Legislature;

‘Rehabilitation’ refers to a process aimed at enabling persons with disabilities to attain and maintain maximum independence, full physical, sensory, intellectual, psychiatric, social and vocational ability, and full inclusion and participation in all aspects of life. ‘services’ means services provided by members of any profession or trade, or provided by any government, local authority or establishment and includes services relating to banking and finance; education; health; insurance; rehabilitation; entertainment, recreation and hospitality; transport or travel; and telecommunications; ‘Specified disability’ means:- i. autism spectrum disorder; ii. Blindness; iii. Cerebral palsy; iv. Chronic neurological conditions; v. deaf blindness; vi. haemophilia; vii. Hearing Impairment; viii. Intellectual disability; ix. Leprosy cured. Locomotor disability; xi. Low vision; xii. Mental illness; xiii. Muscular dystrophy; xiv. Multiple sclerosis; xv. Specific learning disability; xvi. Speech and language disability, and xvii. Thalassemia; xviii. Multiple disability; as defined in the Schedule.
‘State Commission’ means a State Commission for Persons with Disabilities constituted under Section 96 of this Act. ‘universal design’ means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall also apply to assistive devices including advanced technologies for particular groups of persons with disabilities;

‘Violence’ means causing physical or mental harm or injury; ‘Voluntary care-giver’ means a person, who provides voluntary care, support and assistance to a person with disability without any payment for his work;

Guiding Principles

Appropriate governments and local authorities shall, subject to the provisions of this Act and any other laws for the time being in force, take all necessary steps to secure for persons with disabilities the following: Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons, Non-discrimination, Full and effective participation and inclusion in society, Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity, Equality of opportunity, Accessibility, Equality between men and women and Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.
Equality and Non-discrimination

The appropriate government shall take all necessary steps to ensure that persons with disabilities enjoy the right of equality guaranteed by Article 15 of the Constitution of India, on an equal basis with others.

No person with disability shall be discriminated, unless it can be shown that the impugned act, provision, criterion, practice, treatment or omission is a proportionate means of achieving a legitimate aim.

The appropriate government shall take all necessary steps to ensure reasonable accommodation.

A person with disability shall not be forced or compelled to partly or fully pay any of the costs incurred to provide reasonable accommodation.

Any affirmative action or measure aimed to accelerate or achieve de facto equality of persons with disabilities shall not constitute discrimination.

Women and Girls with Disabilities

The appropriate government and local authorities shall take measures to ensure the full and equal enjoyment of all rights by women and girls with disabilities.

The appropriate government and local authorities shall take measures to ensure the full development, advancement and empowerment of women and girls with disabilities, for the purpose of
guaranteeing them the exercise and enjoyment of the human rights on an equal basis with others.

*Children with Disabilities*

The appropriate government and local authorities shall take all necessary measures to ensure that children with disabilities enjoy human rights on an equal basis with other children.

The appropriate government and local authorities shall ensure that all children with disabilities shall have on an equal basis with all other children a right to freely express their views on all matters affecting them; and provide them age and disability appropriate support for the exercise of this right.

*Legal Capacity and Equal Recognition before the Law*

Notwithstanding anything contained in any other law to the contrary, persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life and have the right to equal recognition everywhere as persons before the law.

Any express or implied disqualification on the grounds of disability prescribed in any legislation, rule, notification, order, by-law, regulation, custom or practice which has the effect of depriving any person with disability of legal capacity shall not be legally enforceable from the date of enforcement of this Act.

Notwithstanding anything contrary contained in any other law, all persons with disabilities have right, on an equal basis with others,
to own or inherit property; control their financial affairs; obtain access to bank loans, mortgages and other forms of financial credit, and not to be arbitrarily deprived of their property.

All persons with disabilities have the right to access all arrangements and support necessary for exercising legal capacity in accordance with their will and preferences.

The legal capacity of a person with disability shall not be questioned or denied, irrespective of the degree and extent of support, by reason of accessing support to exercise legal capacity.

When a conflict of interest arises between a person providing support and a person with disability in a particular financial, property or other economic transaction, then such supporting person shall abstain from providing support to the person with disability in that transaction.

**Explanation**

There shall not be a general presumption of conflict of interest just on the basis that the supported person is related to the person with disability by blood, affinity or adoption.

No person providing support either individually or as part of a network shall exercise undue influence on a person with disability. Such support when provided by an individual or a network shall be so provided that it respects the autonomy, dignity and privacy of persons with disabilities.
A person with disability may alter, modify or dismantle any support arrangement and substitute it with another. Provided that such alteration, modification or dismantling shall be prospective in nature and shall not nullify any third party transactions entered into by the person with disability with the aforesaid support arrangement.

**Duty to Provide Support in Exercise of Legal Capacity**

The appropriate governments shall establish or designate one or more authorities to mobilize the community and create social networks to support persons with disabilities in the exercise of their legal capacity.

An authority authorized or designated under sub-section (1) should, inter-alia, perform the following functions, viz.: institute support measures for the exercise of legal capacity by persons with disabilities living in institutions and those with high support needs, and set up suitable support arrangements, other than limited guardianship to assist persons with disabilities, who have exited from plenary guardianship, in the exercise of their legal capacity.

**Right to Life, Liberty & Justice**

**Right to Life and Personal Liberty**

The appropriate government shall take necessary steps to ensure that persons with disabilities enjoy the right to life with dignity and to personal liberty guaranteed by Article 21 of the Constitution of India on an equal basis with others.
No person shall be deprived of his personal liberty only on the ground of disability.

Right to live in the community

All persons with disabilities shall have the right to live in the community with choices equal to others.

The appropriate government and local authorities shall take appropriate measures to ensure full enjoyment of the right mentioned in sub section (1) including by:- not obliging persons with disabilities to live in any particular living arrangement, according due recognition to the age and gender needs of persons with disabilities, ensuring that persons with disabilities have access to a range of in-house, residential and other community support services, including personal assistance necessary to support living and inclusion with community; and making community services and facilities for the general population available on an equal basis to persons with disabilities

Right to Integrity

Every person with disability has a right to respect for his or her physical and mental integrity on an equal basis with others.

Protection from torture or cruel, inhuman or degrading treatment or punishment

The appropriate government and local authorities shall take all appropriate administrative and other measures to protect persons with disabilities from being subjected to torture, or cruel, inhuman or degrading treatment or punishment.
No person with disability shall be a subject of any research without:--his or her free and informed consent, obtained through accessible modes means and formats of communication; and prior permission of an Ethics Committee constituted for the purpose by the appropriate government in as may be prescribed in which not less than half the members shall themselves be either persons with disabilities or members of registered organizations;

**Protection from Abuse, Violence and Exploitation**

The appropriate government and local authorities shall take all appropriate administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of abuse, violence and exploitation.

Any person, or registered organization who or which has reason to believe that an act of abuse, violence or exploitation has been, or is being, or is likely to be committed against any person with disability, may give information about it to the Executive Magistrate in whose jurisdiction such incident occurs or is likely to occur, who, on receipt of such information, shall take immediate steps to stop it or prevent its occurrence as the case may be, or pass such order as he deems fit for the protection of such person with disability including an order: to rescue the victim of such act, authorizing the police or any reliable organization working for persons with disability to provide for the safe custody, or rehabilitation of such person with disability, or both, as the case may be;
For providing protective custody to the person with disability if such person so desires; to provide for maintenance to such person with disability.

No civil or criminal liability shall be incurred by any person who in good faith furnishes information under sub section (2).

Any police officer who receives a complaint or otherwise comes to know of abuse, violence or exploitation towards any person with disability shall inform the aggrieved person of: the right to apply for protection under subsection (2), the particulars of the nearest organization or institution working for the rehabilitation of persons with disabilities who have been subject to abuse, violence or exploitation, the particulars of the Executive Magistrate having jurisdiction to provide assistance to aggrieved person, of the right of the person with disability to free legal services under the Legal Services Authorities Act, 1987 (Act No. 39 of 1987) and any other services offered by the National Legal Services Authority or the State Legal Services Authority for the benefit of persons with disabilities, of the right to file a complaint under the relevant provisions of the Indian Penal Code or any other law dealing with such crimes. Provided that nothing in this section shall be construed to free such police officer of his obligation to proceed in accordance with law upon receipt of information as to the commission of a cognizable offence.

If the Executive Magistrate finds that the alleged act or behaviour would also be an offence under the Indian Penal Code, 1860
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(Act No. 40 of 1860) or under any other law imposing criminal sanctions on such acts, he may forward a complaint to that effect to the judicial or metropolitan magistrate, as the case may be, having jurisdiction in the matter, whereupon the latter shall act on it forthwith in accordance with law.

The appropriate government shall take all appropriate measures to prevent abuse, violence and exploitation against persons with disabilities by, inter alia, providing information and raising awareness on: taking cognizance of incidents of abuse, violence and exploitation, the legal remedies available against such incidents, steps to be taken for avoiding such incidents, procedure for reporting such incidents and steps required for the rescue, protection and rehabilitation of persons with disabilities who have been victims of such incidents.

Right to Political Participation

The Election Commission of India and the State Election Commissions shall ensure that all polling stations are accessible to persons with disabilities and that all materials related to the electoral process are easily understandable by and accessible to persons with disabilities.

Without prejudice to the generality of the provisions contained in sub–section (1), the measures undertaken by an Election Commission in pursuance of that sub– section shall include: the construction and availability of ramps at all polling booths, separate queues for persons with disabilities at all polling booths with clear
pictorial signs, the availability of ballot papers and/or electronic voting machines with candidates’ information available in Braille and other accessible formats, the fitting of audio devices to electronic voting machines, training programs to sensitise polling officers about the special requirements of persons with disabilities.

If the Presiding Officer of a polling booth is satisfied that, due to disability, a person with disability is unable to recognise the symbols or to record vote without assistance, the presiding officer shall permit the elector to take a companion of not less than eighteen years of age to the voting compartment for recording/casting the vote.

Access to Justice

All persons with disabilities and Disabled Persons’ Organizations shall, in their individual or representative capacity, as the case may be, have the right to move any court; tribunal; authority; commission; or any other body having judicial or quasi judicial or investigative powers on an equal basis with others.

The authorities in subsection (1) shall ensure that persons with disabilities are able to exercise the right to approach these authorities without discrimination on the basis of disability and provide reasonable accommodation.

All the authorities mentioned in subsection (1) shall evaluate the testimony, opinion or argument given by a person with disability on an
equal basis with others and ensure that there is no discrimination whether directly or indirectly on the basis of disability.

National and State Legal Services Authorities shall make provisions including reasonable accommodations to ensure that persons with disabilities have access to any scheme, programme, facility or service offered by them on an equal basis with others.

The authorities in sub-section (1), shall take steps to ensure that all their public documents are in accessible formats, ensure that filing departments, registry or any other office of records are supplied with necessary equipment to enable filing, storing and referring to the documents and evidence in accessible formats and make available all necessary facilities and equipment to facilitate recording of testimonies, arguments or opinion given by persons with disabilities in their preferred language and means of communication.

Duty of Educational Institutions to Provide Inclusive Education to Students with Disabilities

Appropriate governments and local authorities shall ensure that all educational institutions funded or recognized by them, provide inclusive education, and towards that end, *inter alia*:- Admit students with disabilities without discrimination and provide them education as also opportunities for sports, recreation and leisure activities on an equal basis with others, Make their building, campus and various facilities accessible to students with disabilities, Provide reasonable accommodation of the individual’s requirements, Provide necessary
support – individualised and otherwise - in environments that maximize academic and social development, consistent with the goal of full inclusion, Ensure that education to persons who are blind, deaf or deaf blind is delivered in the most appropriate languages and modes and means of communication for the individual, Specific learning disabilities in children are detected at the earliest, and suitable pedagogical and other measures are taken to enable the children to overcome them, and Monitor participation, progress in terms of attainment levels, and completion of education, in respect of every student with disability.

*Duty of Appropriate Governments and Local Authorities, to Promote and Facilitate Inclusive Education*

In order to ensure inclusive education of students with disabilities, and to enable educational institutions funded or recognized by them to comply with the provisions of Section 21, appropriate governments and local authorities shall, *inter alia*, take the following measures:-

In surveys of children of school-going age, provide especially for identifying children with disabilities, and ascertaining their special needs and the extent to which these are being met,

Establish an adequate no. of teacher training institutions, so that teachers equipped to teach students with various kinds of disabilities are available in adequate number,
Train and employ teachers, including teachers with disabilities, who are qualified in sign language and Braille,

Train professionals and staff to support education of persons with disabilities at all levels, establish an adequate no. of resource centres at appropriate locations to support educational institutions in their vicinity, by way of special teachers, teacher trainers, educational aids, equipment and material etc.

Promote the use of appropriate augmentative and alternative modes, means and formats of communication, including Braille and Sign Language, Promote the use of educational techniques and materials to support the education of persons with disabilities, viii. provide to students with benchmark disabilities, books, other learning material and appropriate assistive devices, free of cost, upto the age of 18 years, and either free or at affordable cost, thereafter, Provide transport facilities or transport allowance, and scholarships, in appropriate cases, to students with benchmark disabilities, Make suitable modifications in the curriculum and examination system to meet the needs of students with disabilities e.g. extra time for completion of examination paper, facility of scribe/amanuensis, exemption from second and third language courses, etc., and Promote research aimed at improvement of learning by students with disabilities and equalising educational opportunities for them.
**Adult Education for Persons with Disabilities**

Appropriate governments and local authorities shall ensure participation of persons with disabilities in adult education and continuing education programmes on an equal basis with others.

**Vocational Training and Self-Employment**

(1) The appropriate government shall formulate schemes and programmes to facilitate and support employment of persons with disabilities especially for their vocational training and self-employment.

(2) The appropriate governments shall institute mechanisms for provision of loans at concessional rates to persons with disabilities for self-employment ventures, and for marketing of their products.

**Non Discrimination in Employment**

(1) No establishment shall discriminate against any person with disability in any matter relating to employment including but not limited to recruitment, promotion and other related issues.

(2) Every establishment shall provide reasonable accommodation to employees with disability.

(3) No establishment shall dispense with, or reduce in rank, an employee who acquires a disability during service,

Provided that such employee may, if required by the nature of disability, be shifted to another post with the same pay scale.
and service benefits; Provided further that if it is not possible to adjust the employee against any post, he may be kept on a supernumerary post until a suitable post is available or he attains the age of superannuation, whichever is earlier;

Provided that the appropriate Government may, having regard to the type of work carried on in any establishment, by notification and subject to such conditions, if any, as may be specified in such notification, exempt any establishment from the provisions of this section.

(4) Any person with disability, if eligible for any post which is sought to be filled, shall have the right to appear for selection and hold the post if selected.

Equal Opportunity Policies

(1) Within one year of the commencement of this legislation, every establishment shall notify an Equal Opportunity Policy detailing measures proposed to be taken by it in pursuance of the provisions of this Chapter and any Rules made there under.

(2) The Equal Opportunity Policy of an establishment shall, inter-alia delineate the following:- measures taken or proposed to be taken in order to comply with the provisions of the Act, strategy to increase employment opportunities for persons with disabilities, measures taken or proposed to be taken to provide
reasonable accommodation to employees, especially women employees with disabilities.

(3) A copy of the Equal Opportunity Policy of every establishment shall be deposited and registered with the State Commission for Persons with Disabilities.

Social Security

(1) Appropriate governments shall promulgate necessary schemes and programmes to safeguard and promote right of persons with disabilities to adequate standard of living and living conditions to enable them to live independently and in the community. In devising these schemes and programmes the diversity of disability, gender, age, and socio-economic status shall be relevant considerations.

(2) The schemes under sub-section (1) shall inter-alia provide for: safe and hygienic community centres with decent living conditions in terms of nutritious food, sanitation, health care and counselling, facilities for persons including children with disabilities who have no families or have been abandoned, or are without shelter or livelihood, support required during times of natural or man-made disasters and in areas of conflict, support to women with disabilities for livelihood; and support for upbringing of their children, access to safe drinking water and appropriate and accessible sanitation facilities especially in urban slums and rural areas, provision of aids and appliances,
medicine and diagnostic services and corrective surgery without
cost to persons with disabilities subject to such income ceiling
as may be notified, disability pension to persons with disabilities
subject to such income ceiling as may be prescribed, unemploy-
ment allowance to unemployed persons with disabilities regis-
tered with special employment exchange for more than two
years and who could not be placed in any gainful occupation,
care-giver allowance to persons with disabilities with high
support needs and comprehensive insurance scheme for per-
sons with disabilities, not covered under the Employees
State Insurance Schemes, or any other statutory or government-
sponsored insurance schemes.

Health

(1) Appropriate Governments and local authorities shall take
necessary measures to provide to persons with disabilities:
health care within a reasonable distance from their location,
especially in rural areas; which shall be free in case of persons
with disability, whose family income is below such limit as the
appropriate government may notify, barrier-free access in all
parts of the hospitals and other healthcare institutions and
centres run or aided by them and priority in attendance and
treatment.

(2) In fulfilment of its obligation under this Section, the appro-
priate governments shall make schemes and programmes with
participation and involvement of persons with disabilities and care-givers that inter-alia makes provision for: minimization and prevention of further disabilities with requisite education, training, information and intervention, health care of persons with disabilities during times of natural disasters and other situations of risk, disability specific equipments and accessible infrastructure at all health care centres; public buildings and places; and all other such places that may be notified by the appropriate government from time to time, ‘essential medical facilities’ for all life saving emergency treatment and procedures, sexual and reproductive health especially for women with disabilities, pre-natal, peri-natal and post natal care of mother with disabilities and their children, nutritional intervention for children with disabilities and coverage of medical expenses, travel allowances and therapeutic intervention within a comprehensive insurance scheme for persons with disabilities.

**Insurance for Employees with Disabilities**

1. All establishments shall provide medical and life insurance to their employees with disabilities on an equal basis with others.

2. Denial of insurance to employees with disabilities or its provision on disproportionate premium or iniquitous conditions would constitute discrimination against such employees.
Rehabilitation

(1) The appropriate Governments and local authorities shall undertake or cause to be undertaken services and programmes of rehabilitation, particularly in the areas of health, education and employment for all persons with disabilities.

(2) The above services and programmes shall be:- so designed as to begin at the earliest possible stage, based on a comprehensive assessment of individual needs and strengths delivered as close to the residence of persons with disabilities as possible including in rural areas and involve family care givers and guardians of persons with disabilities, for which adequate training shall be provided.

(3) For purposes of sub-section (1), read with sub-section (2), the appropriate Governments and local authorities shall, subject to fulfilment of financial and other norms, and availability of budgetary allocation, grant financial assistance to non-governmental organizations.

(4) The appropriate Governments and local authorities, while formulating rehabilitation policies, shall consult the non-governmental organizations working for the cause of persons with disabilities.

(5) Without prejudice to the generality of sub-section (1), the appropriate Governments shall by notification make schemes to
provide aids and appliances to persons with disabilities, especially for those with family income lower than the prescribed limit.

Reservation of Posts for Persons with Benchmark Disabilities

(1) Every appropriate government shall reserve, in every establishment under them, not less than 5% of the vacancies meant to be filled by direct recruitment, for persons or class of persons with benchmark disability, of which 1% each shall be of all posts reserved for persons with following disabilities:
- blindness & low vision (with reservation of 0.5% of the vacancies for each of the two disabilities),
- hearing impairment & speech impairment,
- locomotor disability including cerebral palsy, leprosy cured and muscular dystrophy,
- autism, intellectual disability and mental illness,
- multiple disabilities from among i to iv above including deaf blindness.

Provided that the appropriate Government may, having regard to the type of work carried on in any department or establishment, by notification subject to such conditions, if any, as may be specified in such notification, exempt any establishment from the provisions of this section.

(2) If sufficient number of qualified persons with benchmark disabilities are not available in a particular year, then the reservation may be carried forward for up to the next three recruitment years, and if in such succeeding recruitment years also a suitable person with benchmark disability is not available,
then the post in the fourth year may be first filled by interchange among the categories of disabilities; and only when there is no person with any benchmark disability available for the post in that year, the vacancy may be filled by appointment of a person, other than a person with benchmark disability.

DUTIES AND RESPONSIBILITIES OF APPROPRIATE GOVERNMENTS SUCH AS PANCHAYATH, MUNICIPALITY AND CORPORATION

Appropriate Governments and the local authorities, with a view to preventing the occurrence of disabilities, shall - Undertake or cause to be undertaken surveys, investigations and research concerning the cause of occurrence of disabilities, Promote various methods of preventing disabilities, Screen all the children at least once in a year for the purpose of identifying "at risk" cases, Provide facilities for training to the staff at the primary health centers, Sponsor or cause to be sponsored awareness campaigns and disseminate or cause to be disseminated information for general hygiene, health and sanitation. Take measures for pre-natal, peri-natal and post-natal care of mother and child, Educate the public through the pre-schools, schools, Primary Health Centres, village level workers and anganwadi workers and Create awareness amongst the masses through television, radio and other mass media on the causes of disabilities and the preventive measures to be adopted.
Awareness Raising

(1) Appropriate governments, in consultation with the National or State Commission, as the case may be, shall conduct, sponsor, encourage, support or promote on a regular and continuous basis information campaigns and sensitization programmes to ensure that the rights recognized in this legislation are respected, protected and promoted. Such campaigns should aim at enabling both state and civil society to comprehend disability as an integral part of the human condition; to recognize the capabilities and contributions of persons with disabilities; and to combat the stereotypes, prejudices and harmful practices which impede the participation of persons with disabilities on an equal basis with others;

(2) Without prejudice to the general objectives of the information campaigns and sensitization programmes stated in sub section (1), the appropriate governments shall ensure that the aforementioned awareness programmes especially draw attention to the direct and indirect discrimination faced by women and children with disabilities;

(3) Without prejudice to the general awareness raising obligation in sub section (1), such programmes, campaigns and workshops shall inter-alia: Promote values of inclusion, tolerance, empathy and respect for diversity, Advance recognition of the skills, merits and abilities of persons with disabilities and of their
contributions to the workforce, labour market and professional fee, Foster respect for the decisions made by persons with disabilities on all matters related to family life, relationships, bearing and raising children, Provide orientation and sensitization at the school, college, university and professional training level on the human condition of disability and the rights of persons with disabilities and Provide orientation and sensitization on disabling conditions and Rights of Persons with Disabilities to employers, administrators and co-workers.

Accessibility

(1) Appropriate governments and establishments shall ensure that all persons with disabilities have the right on an equal basis with others to the physical environment, transportation, information and communications, including appropriate technologies and systems, and other facilities and services open or provided to the public, both in urban and in rural areas.

(2) Rights of persons with disabilities to accessibility as outlined in sub section (1) of this section are fully protected.

Accessibility Standards

(1) The National Commission shall formulate regulations which lay down the standards of accessibility for the physical environment, transportation, information and communications, including appropriate technologies and systems, and other facilities and
services open or provided to the public, both in urban and in rural areas.

(2) The National Commission shall formulate the regulations, in consultation with experts, by adopting or adapting prevailing international standards on physical environment and information and communication technologies and systems to local conditions. It shall ensure that the regulations are age and gender appropriate and are applicable to:

a. All buildings and facilities used by the public;
b. Permanent, temporary or emergency conditions;
c. Pedestrian infrastructure;
d. Ports;
e. Road based transport; Aviation; Railways; Maritime transport; Rural Public Transport System; and all other modes of transport so as to ensure that persons with disabilities travel in safety and comfort.

(3) The National Commission shall, within a period of one year, develop and notify the aforesaid accessibility standards regulations for both urban and rural areas. It shall review these regulations every five years and revise them if required in order to ensure universal coverage of all transport and built environment.
(4) The appropriate governments and establishments shall take suitable measures:

a. to provide facilities for persons with disabilities at bus and railway stations and airports that meet the accessibility standards relating inter alia to parking spaces, toilets, ticketing counters and ticketing machines;

b. to provide access to all modes of transport that conform to design standards, including retrofitting old modes of transport, wherever technically feasible and safe for persons with disabilities, economically viable and without entailing major structural changes in design.;

c. to ensure that where no modifications are possible, human assistance is made available to persons with disabilities;

d. to provide support services to persons with disabilities to negotiate and interact with unfamiliar people, environs and spaces;

e. to provide for rural modes of transport and accessible roads to address mobility needs of persons with disabilities in rural areas.

Personal Mobility

(1) Appropriate governments and establishments shall develop schemes and programmes to promote the personal mobility of
persons with disabilities at affordable cost, according to their choice.

(2) Such schemes may *inter alia* provide:

a. incentives and concessions to provide accessible transport facilities to persons with disabilities;

b. for retrofitting of vehicles for persons with disabilities;

c. appropriate personal mobility assistance;

d. rural modes of transport to address mobility needs of persons with disabilities in rural areas.

*Access to Services*

(1) Appropriate governments and establishments shall ensure that all services and facilities provided by them are available to persons with disabilities on an equal basis with others; and that such services are provided in such mode or format which is responsive to the needs of persons with disabilities but at no extra cost to them.

(2) All appropriate governments and establishments shall ensure that all announcements inviting public response including those made for procurement, entitlement, employment, public health and disaster preparedness are accessible to persons with disabilities.
(3) The National and State Commission shall make available to service providers information on how they can make their services accessible to persons with disabilities.

Access to Information and Communication Technology

(1) Appropriate governments and establishments shall take measures to ensure that:

a. All content in whichever medium whether audio, print or electronic shall be made available to persons with disabilities in accessible format;

b. Persons with disabilities have access to electronic media by providing for audio description, sign language interpretation and close captioning;

c. Accessibility to telecommunication services where telecommunications will include any kind of transmission of information of the user's choosing without change in form or content of information as sent or received;

d. Electronic goods and equipment of everyday use shall follow the principles of universal design;

e. Schemes are formulated or amended to ensure affordable access to Information and Communication Technology & Electronics for persons with disabilities in rural as well as urban areas;
f. Incentives and concessions are provided to support existing websites to make them accessible to persons with disabilities.

(2) All government websites and private websites providing consumer services shall be made accessible, in accordance to the regulations formulated by the National Commission, within a maximum period of one year from the date of notification of such regulations.

Access to Consumer Goods and Services

(1) Appropriate governments and establishments shall take measures to:

a. promote development, production and distribution of universally designed consumer products and accessories for general use;

b. provide accessible consumer services, including personal grooming and fitness training services.

Service Animals

(1) The National Commission shall formulate regulations for Service Animal training facilities so as to ensure that persons with disabilities in need of Service Animals can get the services of trained animals.

(2) The appropriate governments and establishments shall permit and facilitate the use of Service Animals by persons with
disabilities on roads, buildings, all transport systems, public facility or service.

(3) A person with disability needing assistance shall have a right to be accompanied by a Service Animal.

**Mandatory Observance of Accessibility Norms**

(1) No individual, organization or establishment shall be granted permission to build any structure if the building plan does not adhere to the regulations formulated by the National Commission.

(2) No individual, organization or establishment shall be issued a certificate of completion or allowed to take occupation of a building if it has failed to adhere to the regulations formulated by the National Commission.

**Time Limit for Making Existing Infrastructure and Premises Accessible and Action Plan for that Purpose**

(1) All existing public buildings shall be made accessible in accordance with the regulations formulated by the National Commission, within a period not exceeding five years from the date of notification of such regulations.

(2) Appropriate Governments and Local Authorities shall formulate and publish an action plan based on prioritization, for providing accessibility in all their buildings and spaces providing essential services such as all Primary Health Centres, Civil/District
hospitals, Primary schools/ secondary schools, railway stations and bus stations.

(3) All plans prepared under sub-section (2) shall be public documents and shall be made available in formats accessible to persons with disabilities.

(4) The National and State Commissions shall set up a system of monitoring all existing built infrastructure once the plans to provide accessibility have been made public.

**Time Limit for Accessibility Duties of Service Provider**

All service providers shall provide services in accordance with the regulations on accessibility formulated by the National Commission within a period of one year from the date of notifications of such regulations.

**Human Resource Development**

(1) The appropriate governments shall ensure that social, economic and civil political rights guaranteed in this Act are duly implemented and to that end shall:

a. undertake the development of human resource so that both inclusive and specialized services are made available to persons with disabilities;

b. orients, sensitizes and trains existing personnel and creates curricula which is disability sensitive;
c. make provision for adequate numbers of professionals in such manner that such personnel are available in appropriate ratios to provide services for persons across all disabilities at the central, state, local and panchayat level;

d. the provision of personnel to monitor the conduct of training at central, state, district and local bodies and panchayat levels to ensure effective functioning of institutions and professionals.

(2) In order to fulfil the obligation stated in sub section(1) the appropriate governments shall every three years undertake a needs based analysis and formulate plans for the recruitment, induction, sensitization, orientation and training of suitable personnel to undertake the various responsibilities outlined in this Act.

(3) Without prejudice to any function and power of Rehabilitation Council of India contained in the Rehabilitation Council of India Act and in addition to the cadre creating obligations outlined in sub section (2), the appropriate governments and establishments shall ensure human resource development in this sector by inter alia:

a. Mandating training on disability rights in all courses for the training of panchayati raj members. Legislators, administrators, police officials, judges, lawyers and judicial officers;
b. Induction of disability as a component for all education courses programmes for school, college and university teachers, doctors, nurses, para-medical personnel, social welfare officers, rural development officers, Aasha workers, Anganwadi workers engineers, architects, other professionals and community workers;

c. Initiating capacity building programmes, including training in independent living and community relationships for families, members of community and other stakeholders and care providers on care giving and support;

d. Ensuring independence training for persons with disabilities to build community relationships on mutual contribution and respect;

e. Conducting training programmes for sports teachers with focus on sports, games, adventure activities, athletics and skill demonstration of persons with disabilities.

(4) All Universities shall promote teaching and research in disability studies including, establishment of centres for such studies.

Disability Audit

Appropriate governments shall undertake an audit of all general schemes and programs in order to ensure that they do not have an adverse impact upon persons with disabilities and meet the requirements and concerns of persons with disabilities.
Management and Utilization of the Fund

Central Government may from time to time fix an amount to be known as the corpus of the Fund;

An amount equal to the corpus shall be invested in such manner as may be prescribed and shall not be spent, except with the prior approval of the Central Government.

All moneys belonging to the Fund shall be deposited in such banks or invested in such manner as the Governing body, may, subject to the general guidelines of the Central Government, decide.

Amounts in excess of the corpus, including the interest accruing on the corpus, may be spent for one or more of the following purposes in relation to persons with disabilities: education, health and rehabilitation, vocational training and employment, generation of awareness, administrative and other expenses of the Fund, as may be required to be incurred by or under this Act, and such other purposes as may be prescribed.

Definitions of Specified Disabilities

‘Autism Spectrum Disorder’ refers to a neuro-psychological condition typically appearing in the first three years of life that significantly affects a person’s ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.
‘Blindness’ refers to a condition where a person has any of the following conditions, after best correction: Total absence of sight; or Visual acuity not exceeding 3/60 or 10/200 (Snellen) in the better eye, or Limitation of the field of vision subtending an angle of 10 degree or worse.

‘Cerebral Palsy’ refers to a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.

‘Chronic neurological conditions’ refers to a condition that has its origin in some part of person’s nervous system lasting for a long period of time or marked by frequent recurrence.

‘Deaf blindness’ refers to a condition in which people may have a combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

Deaf blindness may include:

- Moderate to profound hearing and significant visual impairments;
- Moderate to profound hearing and significant visual impairments and other significant disabilities;
- Central processing problems of vision and hearing;
- Progressive sensory impairments/ significant visual impairment; and

- Possible loss of auditory processing mechanisms (associated with severe physical disability or severe cognitive disability) and severe communication delay”

‘Haemophilia’ refers to an inheritable disease, usually affecting only males but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor would may result in fatal bleeding.

‘Hearing Impairment’ refers to loss of 60 decibels hearing level (HL) or more in the better ear in the conversational range of frequencies.

‘Intellectual Disability’ refers to a condition characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which covers a range of everyday social and practical skills.

‘Leprosy cured person’ refers to any person who has been cured of leprosy but is suffering from: Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity, Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity, Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful
occupation, and the expression “leprosy cured” shall construed accordingly.

‘Locomotor Disability’ refers to a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal and/or nervous system.

‘Low-vision’ refers to a condition where a person has any of the following conditions, namely: Visual acuity not exceeding 6/18 or 20/60 and less than 6/60 or 20/200 (Snellen) in the better eye with correcting lenses; or Limitation of the field of vision subtending an angle of more than 10 degree and up to 40 degree.

‘Mental Illness’ refers to a chronic disturbance of mood, thought, perception, orientation or memory which causes significant impairment in a person’s behaviour, judgement and ability to recognize reality or impairs the persons’ ability to meet the demands and activities of daily life.

‘Multiple Dystrophies’ refers to a group of hereditary genetic muscle disease that weakens the muscles that move the human body. People with MD have incorrect or missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue.

‘Multiple Sclerosis’ refers to an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of
the brain and spinal cord are damaged, leading to demyelisation and affecting the ability of nerve cells in the brain and pineal cord to communicate with each other.

‘Specific Learning Disabilities’ refers to a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.

‘Speech & Language Disability’ means a permanent disability arising out of conditions such as Laryngectomy or Aphasia affecting one or more components of Speech and Language due to organic or neurological causes.

‘Thalassemia’ refers to a group of inherited disorders characterized by reduced or absent amounts of haemoglobin.

‘Multiple disabilities’ mean two or more of the specified disabilities listed at S.No.1 to 17 above, occurring in a person at the same time.

2.2 STUDIES RELATED TO AWARENESS ON DISABILITIES

Sheetal (2013) studied to find out the level of awareness among the parents of children with mental retardation with regard to PWD act 1995. A survey was conducted with a sample of 200 parents from rehabilitation organizations and special schools of children with mental retardation situated, Hyderabad and Secunderabad. A
questionnaire was developed to find out the level of awareness among the parents. The questionnaire consists of questions regarding PWD act. Item analysis was carried out to find out the level of awareness among parents with regard to PWD act. Results indicated that there is urgent need to educate parents about PWD act.

Kusuma (2013) found that the awareness of teachers towards children with learning disabilities. To study the teacher’s awareness towards children with learning disabilities and effect of their age and gender. The study indicates the teachers awareness towards children with disabilities were high. Age has effect on teacher’s awareness towards children with learning disabilities. Gender was clearly noted that the level of awareness in the male teachers is higher than the female teachers towards children with learning disabilities.

Kuppusamy (2012) conducted on awareness among family members of children with intellectual disability on relevant legislations in India. A sample of 103 respondents attending home based training services for their wards at National Institute for the Mentally Handicapped (NIMH), India, were administered a thirty item questionnaire, classified into awareness of legislations, awareness of rights, concessions and benefits and life cycle needs. There is a moderate level of awareness on legislative aspects. Educated respondents showed better awareness about legislations than less educated persons. Respondents were better aware of
benefits and concessions because of their direct utility in their day-to-day activities.

Akshatha (2012) studied that study aimed at comparing the performance of phonological awareness in children with poor academic performance and children with learning disability across grade one to grade six. A total of 24 participants in the study were divided into three groups. Group 1 consisted of eight students with normal academic performance, group 2 consisted of eight children with poor academic performance, and group 3 had eight children who were previously diagnosed as learning disabled by a qualified psychologist or speech language pathologist. A test of learning disability in Canada was used to assess the phonological awareness in the above mentioned three groups. The test has 7 subtests which includes, phoneme oddity, phoneme stripping, syllable oddity, syllable stripping, rhyme recognition, clusters and blending. The words were presented orally by the investigator to the subjects. The subjects were instructed and were scored as per the test material. Paired sample t-test was done to compare the phonological awareness between the three groups and results indicated that group 1 obtained the higher score followed by children with poor academic performance. And children with learning disability obtained the least score. The results also revealed significant difference between the three groups for all the tasks included except for the syllable oddity and final task. Further research should be carried out an aspect of phonological awareness between poor
academic performers and children with learning disability and this could further strengthen the results of the present and also be useful for the differential diagnosis of children with poor academic performance and children with learning disability.

Gerson (2012) studied; the purpose of this study was to examine the relationship between preschool teachers' awareness of disabilities, their exposure to disabilities, and their self-efficacy in a classroom, and how they affect teachers' attitudes toward inclusion. Another purpose was to investigate the extent to which class composition (all boys, all girls, co-ed schools) and length of teacher experience would affect teacher attitude. One hundred and seventy-four female head teachers working at the preschool level in Orthodox Jewish Day Schools in New York State completed a brief demographic questionnaire, a short version of Shapiro's Disability Awareness Scale (DAS), Cochran's Scale of Teachers' Attitudes Toward Inclusive Classrooms (STATIC), and Woolfolk and Hoy's Teacher Sense of Efficacy Scale (TSES). Results indicated a positive relationship between exposure to disabilities and teachers attitudes, and there was also a positive relationship between disability awareness and teachers attitudes. Teachers who had more exposure and awareness to disabilities had more positive attitudes toward people with disabilities than teachers who had little or no exposure or awareness. Another finding was that teachers who felt they had more self-efficacy to teach persons with disabilities students had more positive attitudes toward
teaching children with disabilities. No significance was found in relation to class composition or length of teaching experience. One of the important implications of this study is that school administrators need to provide additional support and professional development to teachers in order for teachers to feel confident in teaching inclusion classes. Another implication involves the necessity for greater pre-service education for teachers who will likely work with students with disabilities. Further research is needed in several areas including the examination of the nature of in-service support given to teachers who work with students with disabilities and its impact.

Shruthi (2012) conducted on employment rights of disabled persons in Karnataka. The Karnataka High Court vide its interim order dated 02.08.2012 has in a significant move ordered the Government of Karnataka to review its list of posts identified for persons with disabilities. Section 32 of the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 mandates that state governments should identify posts in government establishments that can be reserved for persons with a disability and further requires state governments to review the list prepared at least every three years to take into consideration the advancement in technology that may enable disabled persons to perform jobs that was previously not possible by them. The State of Karnataka however has not reviewed its list of jobs in Group ‘C’ and ‘D’ since 2002, i.e., in the last 10 years while its list of jobs in Groups ‘A’
and ‘B’ has not been reviewed since 2009. This puts the employment rights of the disabled and the equal participation goal in serious detriment as they stay ineligible for applying to various new posts that arise and several other posts although they may be fully qualified and capable. Further, the lists prepared by the State Government is extremely restricted and limited in number. For instance, while the Central Government has identified more than 325 posts in more than 100 departments for the blind and persons with low vision, the state of Karnataka in comparison has only identified 36 posts under 31 state departments for the blind and persons with low vision.

Laura (2012) conducted a study on colleagues challenged the genetic counselling profession by calling attention to tensions between the profession and the disability community. Their commentary inspired renewed debate about whether the genetic counselling profession is committed to understanding the perspective of people with disabilities, to partnering with disability rights organizations, and to educating students regarding disability awareness. Although there have been previous studies that explored genetic counselling training program curricula with respect to disability related issues, there have been no recent studies assessing genetic counsellors’ exposure to disability awareness. The aim of this study was to assess the extent to which recently trained genetic counsellors have had experiences related to disability awareness issues, including experiences that have occurred before, during and after their genetic counselling training. We
also sought to assess genetic counsellors’ perception of the adequacy of their training with respect to disability awareness and their comfort levels in discussing disability with patients and families. To this end they recruited genetic counsellors who graduated between 2007 and 2011 to complete an anonymous, online survey. Of the 107 respondents, 36% reported that they had experience working with individuals with disability prior to graduate school. However, there was considerable variation in the extent to which our participants had experienced disability awareness training during graduate school. Only 14% of respondents reported having experiences involving direct interaction with people who have disabilities during their training, aside from time spent in clinical internships. Only 26% felt highly adequate in their preparation to counsel patients about disability immediately after graduation, and in their current jobs, 41% of counsellors replied that they sometimes felt conflicted in their discussions about disability. Finally, our study participants suggested that the genetic counselling profession should consider changing genetic counselling program requirements and offer more opportunities for CEUs to promote disability awareness.

Ajesh and Baburaj (2008) conducted a study among 66 members of legislative assembly in Kerala, on “Awareness and attitude of members of legislative assembly on disability in Kerala”. The level of awareness of members of legislative assembly on disability in kerala
was found to be average and their attitude towards persons with disabilities was positive.

Robin et al. (2006) conducted a study on awareness about the person with disability act among leprosy patients and other disabled patients to assess the level of awareness about the different provisions of the person with Disabilities Act (PWD act) 233 disabled persons from the self help group formed by vadathorasalur Leprosy control client have been interviewed using a structure interview checklist. The result show that 74.7% of the respondent were aware that identity cards are available for the disabled, 56.2% were aware of free education benefit to the disabled, as low as 35.6% knew about the employment reservations, 24.9% heard about the housing scheme of government for the disabled, 24.5% only know about the law against discrimination, 31.8% came in contact with institutions for the severely disabled and only 16% were aware of the unemployment allowance to the disabled. The level of to the awareness disabled. The level of awareness is low among women with regard to all components of the act. It was found students studying up to secondary level were not aware of the availability of scholarships and free educations. The level of formal education played a significant role in increasing awareness about the Act among literates. The study showed that there is a great need for an educational intervention programme to publicize the provisions of the Act among the disabled and their families.
Sindhu and Singh (2004) studied on persons with disability act: awareness among beneficiaries and members of rehabilitation team. Estimated 70 million people are disabled in India (~7% of population). “The Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995” (PWD Act) is a landmark legislation for the disabled in India. Certification of orthopaedic and neurologic disability is a part of a spectrum of activities conducted by a rehabilitation team. It decides whether a person comes under the preview of PWD Act or not. The effective utilization of various provisions of this Act plays an integral part in ultimate socio-vocational rehabilitation of its beneficiary. This is possible only if the concerned person is aware of his rights and knows how to go about it. Therefore it is necessary to frequently assess the awareness of any program among its beneficiaries, implementers and any contact persons to assess the success of effectiveness of it. Here, an attempt is made to assess the level of awareness of PWD Act beneficiaries through a short survey. Rehabilitation Team Members are also surveyed, who are frequent contact personnel for people with these special needs. Though many people are aware of educational and employment benefits under the Act, very few know the details and how to avail them. Everyone knows about Travel concessions in public transport system but none is aware of the facilities to be provided in it. Some suggestions
are pointed which are applicable at department or hospital level to increase the awareness of people attending hospitals and of staff members.

Tsiantis (2004) investigated the mental health needs of adults with learning disabilities have not been adequately addressed in many European countries. Although carers can play a significant role in identification and referral, they usually lack the expertise necessary to identify signs of mental disorders. This study evaluated a care staff training programme aiming at improving awareness on issues of dual diagnosis in a group of 36 care staff from residential and community centres in Greece. Training was based on the British Mental Health in Learning Disabilities Training Pack and the PAS–ADD Checklist. The overwhelming majority of staff was very satisfied with training. Staff from institutional work settings, with no previous training on dual diagnosis and with a lower level of education, benefited to a significant degree. Changes occurred mostly in their knowledge and attitudes rather than practice. Supervised practical training is vital to transfer, strengthen and maintain positive changes at work.

Stephen and Karen (1994) studied the rising number of college students with disabilities and federal regulations concerning them impel educators to increase their own and non persons with disabilities students' awareness of learning disabilities, physical disabilities, and emotional disorders. We describe simulation activities, discussion topics, and speakers appropriate for courses in abnormal psychology
and perception. Students who simulated auditory or visual disabilities reported increased empathy toward people with disabilities, greater understanding of the stigma associated with disability, and a heightened appreciation for their sensory systems. We suggest that interested faculty work with existing campus offices for persons with disabilities students to implement these activities.

Baggett (1994) conducted a study of 422 faculty and interviews with 11 deans, department heads, and administrators at the University of Massachusetts at Amherst were conducted to determine faculty awareness of disability. At the time of the study, there were approximately 425 individuals with documented disabilities receiving services at the University. These included students with learning disabilities, mobility impairments, visual impairments, and hearing impairments. In the survey, 77 percent of the faculty indicated that they had taught five or fewer students with disabilities during the last 4 years. Many faculties noted that they could identify only students who disclosed their disability. To gain a better understanding of students with disabilities, faculty preferred such resources and interventions as a directory of services, faculty handbook, and campus newspaper articles, rather than workshops and open houses by service providers. Gender differences were also identified. Analysis of the data indicated that respondents lack experience teaching students with disabilities, are unfamiliar with disability rights laws, and are unfamiliar with
University services for students with disabilities. Respondents were most familiar with teaching students with learning disabilities. A multimodal approach for increasing faculty awareness of disability is presented.

2.3 STUDIES RELATED TO ATTITUDE ON DISABILITIES

Daisy (2013) conducted the study was to assess the knowledge and attitude of hearing impaired adolescents on sex education. Most of the students (71.25%) had poor knowledge, 28.75% had moderate knowledge only and no one had good knowledge towards sex education. Majority of the students (56.25%) had neutral attitude, 26.25% had positive attitude and only 17.5% had negative attitude towards sex education.

Chetna ,P. (2013) Conducted the study on relationship between environmental attitude and environmental education among secondary students of isce board. Environmental attitudes can be defined as a collection of beliefs, affects and behavioral intention a person holds regarding environmentally related activities or issues. In the case of exploring individual’s environmentally responsible behaviour it was found that environmental education inevitably plays an important part in providing support to the widespread concern about environmental sustainability and its entire ramification. Environmental attitude scale and achievement test for environment studies on the sample for the present study comprises of 450 Secondary students of ICSE board who have studied environmental education till class X. It was found that
environmental attitude is positively related to achievement in environmental education among all the students of ICSE board. In boys with increased level of achievement i.e. from low to average and average to high, there is significant increase in the development of positive environmental attitude. In girls, it was seen that as compared to low achievers, average and high achievers have more positive environmental attitude. Thus it can be concluded that environmental education in students of ICSE board till class X only also helps in enhancing environmental attitude of students.

Clara and Carmen and Sebastian and Judy (2012) an instrument was constructed to assess faculty attitudes toward university students with disabilities and accommodations in the United States and México. Faculty in the United States were more positive about their professional development and had more positive general assumptions about students with disabilities. Faculty in both countries were very similar in their willingness to accommodate most types of students with disabilities and to become friends with people with disabilities.

Sukumaran and Maya (2011) studied on the attitude of parents towards their children with mental retardation. An attitude scale was developed and standardized for collecting the relevant data on various aspects, namely, education, health, vocational training, socialization and future of their children with mental retardation. The parental attitude scale consists of 54 items of Likert type with a five point rating. The
descriptive method of research was employed for the study. Parents of 100 children with mental retardation studying in five special schools of Kottayam district of Kerala state constitute the sample. Statistical techniques such as arithmetic mean, standard deviation, independent’s’ test and one way analysis of variance were used to analyze the data. The results reveal that parents have highly positive attitude towards their children with mental retardation. None of the socio-demographic variables studied were found to be significantly influencing the parental attitude.

Albany (2010) conducted on employer attitude towards employing blind and vision impaired people. Blind and vision impaired people were less favoured in comparison with other disability groups as potential employees, and secondly, to determine employer attitude and perception towards employing blind people, and how or why these attitude and perceptions influence employers to overlook the blind and vision impaired when employing office two hundred were participated in the survey. The research found participates had mainly favourable attitudes towards blind and vision impaired people.

Jessica and Kelsey and Donald (2010) understanding attitudes that may lead to barriers to equality can help enhance social inclusion and quality of life for individuals with intellectual disabilities. The current study examined multidimensional attitudes toward individuals with intellectual disabilities. We expected that those with more knowledge and greater quantity and quality of contact with people with intellectual disabilities would have more positive attitudes toward this
social group. Hierarchical multiple regressions revealed that greater knowledge and quantity of contact were unrelated to attitudes. Greater quality of contact, however, was associated with more positive attitudes. These findings add support to previous findings that positive experiences may lead to less intergroup anxiety, less hostility, and less avoidance of out groups.

Molly and Cortney (2010) research indicated that societal attitudes toward persons with disabilities are largely negative. One approach to negative perception, the socio-cognitive model of stigmatization, states that when compared to emotional or social disabilities, attitudes toward individuals with physical disabilities are more favourable. The purpose of this study was to investigate attitudes toward different types of disabilities: congenital physical, acquired physical, and psychiatric. In particular, attitudes of American college students were compared to the attitudes of Chinese international college students in the United States. Participants completed the Attitudes toward Persons with Disabilities Scale and a Q-sort by ranking nine cards describing individuals with varying disability types and severities according to preference. It was hypothesized that physical disabilities would be perceived more positively than psychiatric disabilities. Significant differences were found among the three disability types. It also was hypothesized that American participants would view persons with disabilities more positively overall than Chinese participants. However, the Chinese reported
significantly higher scores on the ATDP scale, which corresponded with more favourable attitudes toward persons with disabilities.

Antonak, Fielder and Mulick (2008) conducted a study of the attitudes of diverse samples towards the application of eugenics to the treatment of people with mental retardation, a 32-item summated rating scale was developed as a contemporary, brief, easy to administer and score, and psychometrically sound instrument. Data were collected and analyzed that indicated satisfactory item characteristics and reliability, and initial support for the content and construct validities of the scale. Analyses of social desirability data revealed that scale scores were not influenced by the subjects' desire to adhere to socially desirable expectations. The scale should be useful for the investigation of questions concerning the formation, structure and correlates of attitudes toward the application of eugenics to the treatment of people with mental retardation, and the relationship of these attitudes to contemporary mental retardation policies and practices.

Suman and Geeta (2007) conducted a study to investigate the attitudes of parents towards their hearing impaired children. The sample comprised of 60 parents (30 fathers and 30 mothers) of 0-12 year old hearing impaired children, in and around Mumbai, India. "Parental Attitudes Scale" a self-assessment tool was specially developed for the purpose of the study. The scale has a reliability of .67, consisting of 33 statements. Results indicate that there was a significant difference between the fathers and mothers' attitudes with
the fathers exhibiting more favourable attitudes towards male children. The findings of the study indicate the importance of counselling focused specifically towards developing healthy parental attitudes which would in turn result in acceptance of the child’s disability and facilitate therapeutic progress.

Faragher (2007) researched on attitude to disability need to be changed. A massive 92% of respondent told they felt there was still prejudice around disabled people in employment while 86% believed recruiters would be more likely to choose a non disabled one. There is a huge lack of clarity around the disability. Discrimination act and what it covers. More clarity is needed, but complying with the law is not enough. There needs to be a fundamental change in attitudes towards how we employ people with disabilities and that change needs to start with human resource.

David et al. (2003) studied the purpose of examine the ethnic and religious perspectives of people who are training for and working in the helping professions regarding disability and people with disabilities. An inference is that these perspectives affect the ways in which personnel in the helping professions react to and deal with people with disabilities. The Modified Issues in Disabilities Scale (MIDS) was administered to a sample of persons working in the helping professions and/or training to enter them. The scores on the MIDS can be viewed as a knowledge inventory about persons with disabilities or as a scale measuring attitudes toward persons with disabilities. A statistically significant
association was found between ethnic and religious perspectives and the scores on the MIDS. The conclusion is that people preparing to enter and people presently in the helping professions, but more importantly teachers of people studying to enter the helping professions, must be aware of the influence of ethnic and religious perspectives and how to counter any negative effects which are to be found.

Darlene (2002) reported employers' attitudes toward workers with disabilities. Factors that may affect employers' attitudes toward persons with disabilities in the workforce are provided, as well as a description of the methodologies used in the investigations. Although several key themes emerge, decades of employer attitudinal research has generally produced inconsistent findings due to variations in research design. The finding from the study was the type and severity of disability may affect the extent to which persons with disabilities are included in the workforce. For instance, employers expressed greater concern with hiring individuals with mental or emotional disabilities than individuals with physical disabilities.

Govender (2002) examined the attitudes of parents towards their mentally retarded children in rural areas of Zululand. The study sample was obtained from a local hospital, a clinic and a special school for the mentally retarded in the Zululand area. The findings of this study revealed that parents in rural areas of Zululand have positive attitudes towards their mentally retarded children. There were no differences between the attitudes of mothers and fathers with both parents having
more positive attitudes. This study further revealed that parents in rural areas of Zululand loved and accepted their mentally retarded children. However, the majority of parents were found to be disappointed by having a mentally retarded child and expressed feelings of embarrassment. In the light of these findings further research areas is recommended with the aim of using such information to build appropriate and successful rehabilitation and intervention programs for mentally retarded children and their parents.

Richard and Hanoch (2000) assisted those engaged in research dealing with attitudes towards persons with disabilities by presenting a catalogue of various attitude measurement methods. A review shows methodological and psychological literatures on the measurement of attitudes towards persons with disabilities. The review uncovered 10 direct methods to measure attitudes, in which the respondents are aware that they are participating in an experiment and 14 indirect methods in four categories that are not plagued by attitudes distorting influences because the respondents are not aware that their attitudes are being measured. A discussion of each method with examples is provided, followed by implications for rehabilitation practitioners, rehabilitation education and training, and rehabilitation researchers. The investigation of attitudes towards persons with disabilities requires innovative experimental methods and psychometrically sound instruments that are reliable, valid, and multidimensional. Without such instruments, it will not be possible to obtain conclusive answers to
important research questions concerning the relationship between these attitudes and the acceptance and integration of persons with disabilities into society.

Elizabeth and Judith (2000) conducted study on the attitudes of people with physical disabilities toward genetic counselling and prenatal diagnosis. Articles in the lay press and social science literature on this topic, mainly written by disability rights activists and advocates, imply opposition to prenatal diagnosis and the field of clinical genetics by the physically persons with disabilities population. In this study, 15 adults with physical disabilities were interviewed regarding their attitudes toward genetic counselling and prenatal diagnosis. Genetic counselling and prenatal diagnosis were generally viewed favourably by this sample of the disability community. Only a small percentage of the sample perceived genetics to be eugenic. Implications for genetic counselling and future research are discussed.

Dennis (1997) studied, Nepalese children's attitudes toward peers with visible physical disabilities were studied, using a picture-ranking interview, and compared to a Western standard. Nepalese children expressed a positive preference toward peers with obesity that departed from all prior Western findings. Children's attitudes and comments implied that body size was associated with wealth, power, and food availability. Males were more avoidant of physical disabilities that interfere with functional activities, whereas females expressed a lower preference for cosmetic disabilities (in this instance, a facial cleft).
Disabilities that are physically threatening to daily functioning are reported as less common and are avoided, reflecting feelings of unfamiliarity and potential survival threat.

John (1996) conducted a comparative international project on disability attitudes, beliefs and Behaviours was carried out in Bangladesh, Canada, India and Indonesia in collaboration with partner institutions and researchers. This paper presents an overview of the preliminary findings across all communities, and includes information on sample and scale characteristics, and scale distributions. Among the variables measured were: beliefs (causal beliefs, control beliefs); and attitudes toward persons with a disability, and towards modes of relations with such persons. Responses within cultures (comparing persons with a disability, their family members, and community members), and across cultures indicate both similarities and differences that can be interpreted in terms of disability status and cultural background. Implications of these findings for health promotion and disability prevention in varying cultural contexts are presented although these are selected and preliminary results, some important meanings can be discerned from them. Beliefs and attitudes towards causes control and responsibility for disability, and relationships with persons with a disability, clearly vary across the samples in this study. To the extent that such beliefs and attitudes affect PWD's (as proposed in Figure 1), it is essential to understand such variations in how they are viewed. No community presented a profile of beliefs and attitudes that
was identical to any other community. Thus, programmes to change beliefs and attitudes will need to be tailor-made for each community, and be based on these findings. Of particular interest is the contrast between causal beliefs across the samples: they were clearly low in Napanee and Bombay, intermediate in Allahabad and Indonesia, and high in Bangladesh. One possible explanation is the varying nature of religious beliefs across these cultures, with a differential acceptance of fate as a cause of one’s problems. Also of interest is the contrast between the minimal variability in attitudes (Likert and Affective) across samples, and the substantial variability in Relational Attitudes across samples. Previous research has emphasized measures of liking or acceptance of PWD’s (which, in this study lie at, or just above, the midpoint of acceptance), while the more important story in this study is in the variation in how one wishes to relate to PWD’s. In all cases Integration and Assimilation attitudes (which indicate acceptance of PWD’s) are more positive than Segregation and Marginalization (which indicate rejection), but there is wide variation in the relative preferences for these various options across cultures. This approach to understanding attitudes may well prove to be the more informative when gauging people’s orientations to PWD’s and in developing appropriate programmes. Changing these Relational Attitudes may prove to be more useful than just focusing on affective reactions, since they indicate practical ways in which relationships may be restructured.
Mary, Varoe and Mark (1993) revealed health practitioners ($N = 665$) from the Chinese, Italian, German, Greek, Arabic and Anglo Australian communities used social distance scales to rate the attitudes of people in their communities toward 20 disability groups. Significant differences were found in community attitudes toward people with 19 of these disabilities. Overall the German community expressed greatest acceptance of people with disabilities, followed by the Anglo, Italian, Chinese, Greek and Arabic groups. However the relative degree of stigma attached to the various disabilities by the communities was very similar. In all communities, people with asthma, diabetes, heart disease and arthritis were the most, and people with AIDS, mental retardation, psychiatric illness and cerebral palsy, the least accepted of the disability groups. These stigma hierarchies were remarkably similar to other hierarchies reported over the last 23 years. The findings have important implications for people with disabilities and health practitioners in multicultural societies.

Gilbride (1993) examined attitudes of parents ($n=93$) who had child with a disability. Found that parents of children with disabilities who held more positive attitudes had higher vocational and social expectations for their children. Findings suggest that professionals working with families should take special care in assessing parents’ beliefs about their capacity to cope with their child’s needs.

Upadhayay (1992) study on student participation in university administration is noteworthy. His study is essentially a study of attitude...
of teachers, students and administrators and suggests areas where
students could be involved.

Pandey (1991) studied the attitude of the rural community in
Eastern Uttar Pradesh to personal with disability and exhibited social
prejudice towards them. They were unwelcome in public places and
social functions. The reason was absence of facilities of education and
rehabilitation in the area and lack of awareness and environment
building activities.

Panda (1991) reported differential attitudes towards persons with
different disabilities varying from the type and degree of disabilities. The
community had mixed attitudes positive towards some and negative
towards others.

Tiwary et al. (1989) reported positive attitude towards children
with disability in families which had access to information and had
knowledge about potentialities and limitation.

Singh (1988) found organizational climate is significantly related
to teacher’s attitude. An open climate leads to more positive attitude and
a closed climate to less positive attitude.

Siperstein, Bak and O’Keefe (1988) examined the relationship
between the attitudes children express toward mentally retarded peers
in laboratory settings and their social acceptance of such peers in their
mainstream classrooms was examined. Forty-six fourth through sixth
graders expressed their attitudes toward an unknown mentally retarded
student presented in a videotape. They also indicated their social acceptance, rejection, or neglect of a mentally retarded peer in their classroom. A step-wise multiple regression analysis showed that children's attitudes toward the target child in the laboratory setting were related to their sociometric choices of the retarded classmate. Results supported previous indirect evidence of a relationship between children's attitudes toward retarded peers presented in a laboratory setting and their social acceptance of retarded peers mainstreamed in their classrooms.

Graffi (1988) examined attitudes of 80 kindergarten and 80 third-grade subjects responding to videotape excerpts of children either with or without Down syndrome and with or without the label and description "mentally retarded" were examined and affect, belief endorsements, and behavioural intentions were assessed. Multivariate analyses of variance indicated that subjects were significantly less positive in their affective evaluations and belief endorsements toward target children labelled and described as mentally retarded. Third-grade children were significantly more negative in their affective responses toward children with Down syndrome, and kindergarten children were more positive in their evaluations of such children. Possible reasons for the lack of significant gender and contact differences were discussed.

Leyser and Abram (1982) administered a social distance scale among 57 teachers in a small rural Midwestern school district in order to assess their attitudes toward normal and exceptional groups.
Findings revealed a hierarchy of preference for the different groups. Normal and gifted were the most accepted, followed by perceptually handicapped and physically handicapped. Least accepted were mentally retarded, emotionally disturbed, and delinquent. An analysis of eight different interpersonal situations revealed that, for all situations except marriage, teachers tended to accept several handicapped groups, including physically handicapped, speech handicapped, and perceptually handicapped. Mentally retarded, emotionally disturbed, and delinquent groups were rejected for all interpersonal situations.

2.4 SUMMARY

Theoretical overview on the whole gives a clear picture about laws and funds for differently abled in India. The chapter also gives an overall picture on the laws and implementation of laws and funds by responsible bodies. An intensive review of the literature and research studies pertaining to various aspects of this research problem has been made. Topics such as awareness, attitude, laws and funds for differently abled are discussed in detail. Review of literatures of awareness and attitudes were helped the investigator to the tools preparation.

The major part of this chapter includes the details about various acts existing in India for the education, training, protection and welfare of persons with disabilities. The review helped the researcher in the selecting design, tool construction, analysis and interpretation of data.